



## **Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) 2021 Перечень покрываемых лекарств (Формуляр)**

### **Введение**

Настоящий документ называется *Перечнем покрываемых лекарств* (также называемым Перечнем лекарств). В нем приведены лекарства по рецепту и отпускаемые без рецепта, которые покрывает план Health Net Cal MediConnect. Из Перечня лекарств также можно узнать, распространяются ли на лекарства, покрываемые планом Health Net Cal MediConnect, какие-либо особые правила или ограничения. Основные термины и их определения приведены в последней главе *Справочника участника плана*.

**Для получения самой последней информации или по другим вопросам** свяжитесь с нами по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или по телефону 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Или посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).

Обновление от 12/01/2021г.

Номер файла утвержденного Перечня покрываемых лекарств HPMS: 21465 Номер версии: 19  
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## LANGUAGE ASSISTANCE

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 in Los Angeles County or 1-855-464-3572 in San Diego County (TTY: 711) from 8:00 a.m. to 8:00 p.m, Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

## ARABIC

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً اتصل بالرقم 1-855-464-3571 في Los Angeles County والرقم 1-855-464-3572 في San Diego County (TTY: 711)، من الساعة 8:00 صباحاً حتى 8:00 مساءً، من يوم الاثنين إلى الجمعة، وللاتصال في غير أوقات الدوام الرسمي، أيام الأجازات والعطلات، يمكنك ترك رسالة. سنرد على مكالمتك في يوم العمل التالي. هذه المكالمة مجانية.

## ARMENIAN

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե Հայերեն եք խոսում, անվճար լեզվական օգնության ծառայություններ են հասնում Ձեզ : Ձանգահարեք 1-855-464-3571 Los Angeles County-ում կամ 1-855-464-3572 San Diego County-ում (TTY` 711) երկուշաբթիից ուրբաթ, կ.ա. 8:00-ից կ.հ. 8:00-ը: Աշխատանքային ժամերից անց, հանգստյան օրերին եւ տոներին, կարող եք թողնել հաղորդագրություն: Ձեր զանգը կվերահարձվի հաջորդ աշխատանքային օրվա ընթացքում: Հեռախոսագանգն անվճար է:

## CAMBODIAN (KHMER)

ចំណាប់អារម្មណ៍: បើសិនអ្នកមិនចេះនិយាយភាសាអង់គ្លេស សេវាជំនួយខាងភាសាឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ ហៅលេខ 1-855-464-3571 ក្នុង Los Angeles County ឬ 1-855-464-3572 ក្នុង San Diego County (TTY: 711) ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ ថ្ងៃច័ន្ទ រហូតថ្ងៃសុក្រ។ បន្ទាប់ពី ម៉ោងធ្វើការ នៅចុងអាទិត្យ និងថ្ងៃបុណ្យ អ្នកអាចទុកសារបាន។ អ្នកនឹងត្រូវបានហៅបកមកវិញ នៅថ្ងៃធ្វើការបន្ទាប់ទៀត។ ការហៅគឺឥតចេញថ្លៃឡើយ។

## CHINESE

請注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 Los Angeles County 1-855-464-3571 或 San Diego County 1-855-464-3572 (聽障專線：711)。週一至週五，上午 8 點到下午 8 點。非營業時間、週末及假日，您可以留言。我們會在下一個工作日給您回電。此專線為免付費電話。

## FARSI

توجه: اگر به فارسی صحبت می کنید، خدمات امداد زبانی به طور رایگان در اختیار شما می باشند. با شماره 1-855-464-3571 در Los Angeles County یا 1-855-464-3572 در San Diego County (TTY: 711) از ساعت 8 صبح تا 8 شب، دوشنبه تا جمعه تماس بگیرید. بعد از ساعات کاری، در آخر هفته ها و تعطیلات رسمی، می توانید پیام بگذارید. به تماس تلفنی شما در روز کاری بعدی پاسخ داده خواهد شد. این تماس رایگان است.

## **KOREAN**

알림:귀하께서한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. Los Angeles County: 1-855-464-3571 또는 San Diego County: 1-855-464-3572 (TTY: 711)번으로 월요일 - 금요일, 오전 8시부터 오후 8시까지 전화하십시오. 영업시간 이후, 주말 및 공휴일에는 메시지를 남기실 수 있습니다. 다음 영업일에 저희가 귀하께 전화를 드리겠습니다. 안내전화는 무료입니다.

## **RUSSIAN**

ВНИМАНИЕ: Если вы говорите по-русски, мы можем предложить вам бесплатные услуги переводчика. Звоните по телефону 1-855-464-3571 в Los Angeles County или 1-855-464-3572 в San Diego County (TTY: 711) с понедельника по пятницу с 8:00 часов утра до 8:00 часов вечера. В нерабочее время, а также в выходные и праздничные дни, вы можете оставить сообщение. Вам перезвонят на следующий рабочий день. Звонок бесплатный.

## **SPANISH**

ATENCIÓN: Si usted habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-464-3571 en Los Angeles County o 1-855-464-3572 en San Diego County (TTY: 711) de 8:00 a.m. a 8:00 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días feriados puede dejar un mensaje. Le devolveremos la llamada el siguiente día hábil. La llamada es gratuita.

## **TAGALOG**

PAALALA: Kung nagsasalita ka ng Tagalog, available sa inyo ang mga serbisyo ng tulong sa wika, nang walang singil. Tawagan ang 1-855-464-3571 sa Los Angeles County o 1-855-464-3572 sa San Diego County (TTY: 711) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Paglipas ng mga oras ng negosyo, tuwing Sabado at Linggo at sa pista opisyal, maaari kang mag-iwan ng mensahe. Ang iyong tawag ay ibabalik sa loob ng susunod na araw ng negosyo. Libre ang tawag.

## **VIETNAMESE**

XIN LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Vui lòng gọi 1-855-464-3571 ở Los Angeles County hoặc 1-855-464-3572 ở San Diego County (TTY: 711) từ 8 giờ sáng đến 8 giờ tối, từ thứ Hai đến hết thứ Sáu. Sau giờ làm việc, vào các ngày cuối tuần và ngày lễ, quý vị có thể để lại tin nhắn. Cuộc gọi của quý vị sẽ được hồi đáp vào ngày làm việc hôm sau. Cuộc gọi này miễn phí.

# Nondiscrimination Notice

Health Net Community Solutions, Inc. (Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

## Health Net Cal MediConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Health Net Cal MediConnect Customer Contact Center at 1-855-464-3571 (Los Angeles County), 1-855-464-3572 (San Diego County) (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends, and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Health Net Cal MediConnect has failed to provide these services or discriminated in another way, you can file a grievance by calling the number above and telling them you need help filing a grievance; the Health Net Cal MediConnect Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697) if there is a concern of discrimination based on race, color, national origin, age, disability, or sex.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Multi-Language Insert

## Multi-language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Chinese Mandarin:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

**Chinese Cantonese:** 注意：如果您說中文，您可獲得免費的語言協助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بالرقم 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Hindi:** ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). पर कॉल करें।

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). まで、お電話にてご連絡ください。

**Farsi:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Thai:** เรียน: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Armenian:** ՈւՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, սպաս ձեզ անվճար կարող են  
տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք  
1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)

**Cambodian:** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល  
គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.  
Hu rau 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।  
1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Laotian:** ໂປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາອັງກິດ, ການຊ່ວຍເຫຼືອດ້ານພາສາທີ່ບໍ່ເສຍຄ່າມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທ  
1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).





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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).





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## A. Предупреждения

Это перечень препаратов, которые участники могут получить в рамках плана Health Net Cal MediConnect.

- ❖ Health Net Community Solutions, Inc. — это медицинский страховой план, заключивший договора с программами Medicare и Medi-Cal. Эти договора позволяют нам предоставлять своим участникам страховое покрытие по обеим программам.
- ❖ ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 for Los Angeles County or 1-855-464-3572 for San Diego County (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.
- ❖ ATENCIÓN: Si usted habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-464-3571 en Los Angeles County o 1-855-464-3572 en San Diego County (TTY: 711) de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y los días feriados puede dejar un mensaje. Le devolveremos la llamada el siguiente día hábil. La llamada es gratuita.
- ❖ PAALALA: Kung nagsasalita ka ng Tagalog, available sa inyo ang mga serbisyo ng tulong sa wika, nang walang singil. Tawagan ang 1-855-464-3571 sa Los Angeles County o 1-855-464-3572 sa San Diego County (TTY: 711) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Paglipas ng mga oras ng negosyo, tuwing Sabado at Linggo at sa pista opisyal, maaari kang mag-iwan ng mensahe. Ang iyong tawag ay ibabalik sa loob ng susunod na araw ng negosyo. Libre ang tawag.
- ❖ XIN LŪ Yǐ: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Vui lòng gọi 1-855-464-3571 ở Los Angeles County hoặc 1-855-464-3572 ở San Diego County (TTY: 711) từ 8 giờ sáng đến 8 giờ tối, từ thứ Hai đến hết thứ Sáu. Sau giờ làm việc, vào các ngày cuối tuần và ngày lễ, quý vị có thể để lại tin nhắn. Cuộc gọi của quý vị sẽ được hồi đáp vào ngày làm việc hôm sau. Cuộc gọi này miễn phí.
- ❖ ВНИМАНИЕ: Если вы говорите по-русски, мы можем предложить вам бесплатные услуги переводчика. Звоните по телефону 1-855-464-3571 в Los Angeles County или 1-855-464-3572 в San Diego County (TTY: 711) с понедельника по пятницу с 8 часов утра до 8 часов вечера. В нерабочее время, а также в выходные и праздничные дни, вы можете оставить сообщение. Вам перезвонят на следующий рабочий день. Звонок бесплатный.
- ❖ 請注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 Los Angeles County 1-855-464-3571 或 San Diego County 1-855-464-3572 (聽障專線：711)。週一至週五，

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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



上午8點到下午8點。非營業時間、週末及假日，您可以留言。  
我們會在下一個工作日給您回電。此專線為免付費電話。

- ❖ ចំណាប់អារម្មណ៍៖ បើសិនអ្នកមិនចេះនិយាយភាសាអង់គ្លេស សេវាជំនួយខាងភាសាគតគិតថ្លៃ គឺមានសំរាប់អ្នក។ ហៅលេខ 1-855-464-3571 ក្នុង Los Angeles County ឬ 1-855-464-3572 ក្នុង San Diego County (TTY: 711) ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ ថ្ងៃច័ន្ទ រហូតថ្ងៃសុក្រ។ បន្ទាប់ពី ម៉ោងធ្វើការ នៅចុងអាទិត្យ និងថ្ងៃបុណ្យ អ្នកអាចទុកសារបាន។ អ្នកនឹងត្រូវបានហៅបកមកវិញ នៅថ្ងៃធ្វើការបន្ទាប់ទៀត។ ការហៅគឺគតិចត្រូវថ្លៃឡើយ។
- ❖ ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե Հայերեն եք խոսում, անվճար լեզվական օգնության ծառայություններ են հասնում Ձեզ : Չանգահարեք 1-855-464-3571 Los Angeles County-ում կամ 1-855-464-3572 San Diego County-ում (TTY՝ 711) երկուշաբթիից ուրբաթ, կ.ա. 8-ից կ.հ. 8-ը: Աշխատանքային ժամերից անց, հանգստյան օրերին եւ տոներին, կարող եք թողնել հաղորդագրություն: Ձեր զանգը կվերադարձվի հաջորդ աշխատանքային օրվա ընթացքում: Հեռախոսազանգն անվճար է:
- ❖ تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً اتصل بالرقم 1-855-464-3571 في County Los Angeles والرقم 1-855-464-3572 في San Diego County (TTY: 711)، من الساعة 8 صباحاً حتى 8 مساءً، من يوم الاثنين إلى الجمعة، وللاتصال في غير أوقات الدوام الرسمي، أيام الأجازات والعطلات، يمكنك ترك رسالة. سنرد على مكالمتك في يوم العمل التالي. هذه المكالمة مجانية.
- ❖ توجه: اگر به فارسی صحبت می کنید، خدمات امداد زبانی به طور رایگان در اختیار شما می باشند. با شماره 1-855-464-3571 در County Los Angeles یا 1-855-464-3572 در San Diego County (TTY: 711) از ساعت 8 صبح تا 8 شب، دوشنبه تا جمعه تماس بگیرید. بعد از ساعات کاری، در آخر هفته ها و تعطیلات رسمی، می توانید پیام بگذارید. به تماس تلفنی شما در روز کاری بعدی پاسخ داده خواهد شد. این تماس رایگان است
- ❖ 알림:귀하께서한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. Los Angeles County: 1-855-464-3571 또는San Diego County: 1-855-464-3572 (TTY: 711)번으로 월요일 - 금요일, 오전 8시부터 오후 8시까지 전화하십시오. 영업시간 이후, 주말 및 공휴일에는 메시지를 남기실 수 있습니다. 다음 영업일에 저희가 귀하께 전화를 드리겠습니다. 안내전화는 무료입니다.
- ❖ Вы можете получить данный документ бесплатно в других форматах, например, набранный крупным шрифтом, шрифтом Брайля или в виде аудиозаписи. Позвоните по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или по телефону 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный.

**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



❖ В Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) хотят, чтобы Вы понимали информацию, содержащуюся в Вашем плане медицинского страхования. Мы можем отправить Вам материалы на другом языке или в другом формате, если Вы попросите об этом. Это называется «постоянный запрос». Мы регистрируем Ваш выбор. Пожалуйста, позвоните нам, если:

- Вы хотите получать материалы на арабском, испанском, тагальском, вьетнамском языке или в другом формате. В округе Лос-Анджелес (Los Angeles County) Вы также можете запросить материалы на армянском, камбоджийском (кхмерском), китайском (традиционное письмо), фарси, корейском или русском языке. Вы можете запросить документацию на одном из этих языков в другом формате.

**или**

- Вы хотите изменить язык или формат, на котором мы отправляем Вам материалы.

Если Вам потребуется разъяснение материалов плана, позвоните в отдел обслуживания участников плана Health Net Cal MediConnect по телефону 1-855-464-3571 (Los Angeles County) или 1-855-464-3572 (San Diego County) (TTY: 711). Часы работы: с 8:00 до 20:00, с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день.

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## **В. Часто задаваемые вопросы**

Здесь Вы найдете ответы на вопросы об этом *Перечне покрываемых лекарств*. Вы можете прочитать только тот вопрос, на который Вы ищете ответ или полностью прочитать все вопросы и ответы в ЧЗВ для получения дополнительной информации.

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### **В1. Какие лекарства, выдаваемые по рецепту, входят в *Перечень покрываемых лекарств*? (Для удобства *Перечень покрываемых лекарств* мы будем кратко называть «Перечнем лекарств».)**

Препараты, входящие в Перечень лекарств, покрываются планом Health Net Cal MediConnect. Эти препараты можно приобрести в аптеках, входящих в нашу сеть. Аптека входит в нашу сеть, если у нас с ней заключен договор о предоставлении Вам услуг. Мы называет такие аптеки «сетевыми аптеками».

- Health Net Cal MediConnect покрывает все необходимые по медицинским показаниям препараты, перечисленные в Перечне лекарств, если:

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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



- Ваш врач или другой медицинский работник, выписывающий Вам препарат, считает, что он необходим Вам для лечения или сохранения здоровья; **и**
- Вы получаете препарат по рецепту в аптеке, которая входит в сеть Health Net Cal MediConnect.
- В некоторых случаях Вам необходимо будет выполнить определенные действия, прежде чем Вы сможете получить препарат (см. вопрос В4 ниже).

Вы также можете найти актуальный перечень препаратов, которые мы покрываем, на нашем веб-сайте [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com), или получите его, позвонив в отдел обслуживания участников плана по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или по телефону 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711).

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## **В2. Меняется ли содержание Перечня лекарств?**

Да, а сеть Health Net Cal MediConnect должна соблюдать правила программ Medicare и Medicaid при внесении изменений. Мы можем добавлять или удалять препараты из Перечня лекарств на протяжении года.

Мы также можем менять наши правила касательно препаратов. Например, мы можем:

- Принять решение требовать или не требовать получения предварительного разрешения для получения препарата. (Предварительное разрешение — это разрешение, которое дает план Health Net Cal MediConnect, прежде чем Вы сможете получить препарат.)
- Добавлять или изменять количество получаемого препарата («количественные ограничения»).
- Добавлять или изменять ограничения на поэтапное лечение определенным препаратом. (Поэтапное лечение означает, что Вы должны попробовать один препарат, прежде чем мы дадим согласие на покрытие другого препарата.)

Для получения дополнительной информации об этих правилах см. вопрос В4.

Если Вы принимаете препарат, который покрывался в **начале** года, то мы, как правило, не удаляем его из перечня и не меняем покрытие этого препарата **до конца года** за исключением случаев, когда:

- на рынке появляется более дешевый препарат, действующий так же эффективно, как препарат, имеющийся в Перечне лекарств; **или**
- нам становится известно, что препарат небезопасен; **или**

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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



- препарат удаляется с рынка.

В ответах на вопросы В3 и В6 содержится дополнительная информация о том, что происходит при изменении Перечня лекарств.

- Вы всегда можете ознакомиться с актуальным Перечнем лекарств плана Health Net Cal MediConnect онлайн по адресу [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).
- Вы также можете позвонить в отдел обслуживания клиентов, чтобы ознакомиться с действующим Перечнем лекарств, по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711).

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### **В3. Что произойдет, если содержание Перечня лекарств изменится?**

Некоторые изменения содержания Перечня лекарств происходят **незамедлительно**. Например:

- **Новое непатентованное лекарство становится доступным.** Иногда на рынке появляется новое непатентованное лекарство, действующее так же эффективно, как патентованное лекарство, имеющееся в Перечне лекарств. Когда это происходит, мы можем удалить патентованное лекарство и добавить новое непатентованное лекарство, но Ваши затраты на новый препарат останутся такими же или будут ниже. Когда мы добавляем новое непатентованное лекарство, мы также можем принять решение о том, чтобы сохранить патентованное лекарство в перечне, но изменить правила его покрытия или наложить ограничения.
  - Мы можем не проинформировать Вас, прежде чем внести это изменение, но мы отправим Вам информацию о конкретном изменении, которое мы внесли, если это случилось.
  - Вы или Ваш поставщик услуг можете запросить исключение из этих изменений. Мы отправим Вам уведомление с описанием шагов, которые Вы можете предпринять для запроса об исключении. Дополнительная информация об исключениях содержится в ответе на вопрос В10.
- **Препарат удаляется с рынка.** Если Food and Drug Administration (FDA) заявляет, что препарат, который Вы принимаете, не безопасен, или производитель препарата отзывает разрешение на продажу лекарства, мы удалим его из Перечня лекарств. Если Вы принимаете этот препарат, мы сообщим Вам об этом. Если у Вас есть вопросы о лекарственном препарате, снятом с продажи, Вам следует поговорить со своим врачом или другим медицинским работником, выписывающим препарат.

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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



**Мы можем вносить другие изменения, влияющие на принимаемые Вами лекарства.** Мы заранее расскажем Вам об этих других изменениях в Перечне лекарств. Эти изменения могут произойти, если:

- FDA вводит новые нормы или появляются новые клинические рекомендации относительно препарата.
- Мы добавляем непатентованное лекарство, уже имеющееся на рынке, и
  - заменяем патентованное лекарство, включенное в Перечень лекарств в настоящий момент; **или**
  - изменяем правила покрытия или ограничения на патентованное лекарство.

Когда эти изменения произойдут, мы:

- сообщим Вам не менее чем за 30 дней до внесения изменений в Перечень лекарств **или**
- сообщим Вам и выдадим Вам 30-дневный запас препарата после Вашего обращения за повторным получением препарата.

Это даст Вам время поговорить с Вашим врачом или другим медицинским работником, выписывающим препарат. Он поможет Вам определить:

- имеется ли в Перечне лекарств похожий препарат, который Вы можете принимать вместо текущего, **или**
- стоит ли запросить исключение из этих изменений. Чтобы узнать больше об исключениях, см. вопрос B10.

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#### **B4. Существуют ли какие-либо условия или ограничения на покрытие препаратов или нужно ли предпринимать какие-либо действия, чтобы получить определенные препараты?**

Да, в отношении некоторых препаратов действуют определенные правила покрытия или количественные ограничения. В некоторых случаях Вам, Вашему врачу или медицинскому работнику, выписывающему Вам препарат, необходимо будет выполнить некоторые действия, чтобы Вы могли получить препарат. Например:

- **Получить разрешение (или предварительное разрешение):** Для получения некоторых препаратов Вам, Вашему врачу или другому медицинскому работнику, выписывающему препарат, необходимо получить от плана Health Net Cal MediConnect соответствующее разрешение. Если Вы не получите разрешение, план Health Net Cal MediConnect может не оплатить такой препарат.

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**Если у Вас возникли вопросы,** позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



- **Количественные ограничения:** Иногда Health Net Cal MediConnect устанавливает ограничения на количество препарата, которое Вы можете получить.
- **Поэтапное лечение:** Иногда Health Net Cal MediConnect может потребовать от Вас пройти поэтапное лечение. Это означает, что Вам нужно попробовать разные препараты в определенном порядке при лечении Вашего заболевания. Вам, возможно, придется попробовать один препарат, прежде чем мы дадим разрешение на покрытие другого. Если Ваш врач считает, что первый препарат Вам не помогает, мы предоставим покрытие второго препарата.

Вы можете узнать, применяются ли к Вашему препарату какие-либо дополнительные требования или ограничения, из таблиц на странице 1 – Index 1. Дополнительная информация также представлена на нашем веб-сайте [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com). Мы опубликовали на нашем веб-сайте документы, в которых объясняются правила получения предварительного разрешения и ограничения поэтапного лечения. Вы также можете попросить нас выслать Вам копию.

Вы также можете запросить для себя «исключение» из этих ограничений. Это даст Вам время поговорить с Вашим врачом или другим медицинским работником, выписывающим препарат. Он поможет Вам определить, имеется ли в Перечне лекарств похожий препарат, который Вы можете принимать вместо текущего, или Вам следует подать запрос на исключение. Дополнительная информация об исключениях содержится в ответах на вопросы B10-B12.

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### **B5. Как узнать, наложены ли на препарат ограничения, и нужно ли Вам выполнить определенные действия, чтобы получить препарат?**

На странице 1 *Перечня покрываемых лекарств* представлен столбец с заголовком «Necessary actions, restrictions, or limits on use.»

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### **B6. Что произойдет, если мы изменим наши правила покрытия некоторых препаратов (например, введем предварительное разрешение (утверждение), количественные ограничения и/или ограничения поэтапного лечения)?**

В некоторых случаях мы заранее сообщим Вам о добавлении или изменении предварительного разрешения, количественных ограничений и/или ограничений поэтапного лечения в отношении препарата. См. ответ на вопрос B3 для получения дополнительной информации об этом предварительном уведомлении и ситуациях, когда мы не сможем сообщить Вам заранее об изменении наших правил в отношении препаратов в Перечне лекарств.

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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).





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## **В7. Как найти препарат в Перечне лекарств?**

Вы можете найти препарат двумя способами:

- по алфавиту (если Вы знаете правильное название препарата); **или**
- по заболеванию.

Чтобы найти препарат **по алфавиту**, перейдите к разделу Index of Covered Drugs. Вы можете найти его на странице Index 1.

Чтобы найти препарат **по заболеванию**, найдите раздел «Перечень лекарств с классификацией по заболеванию» на странице 1. В этом разделе препараты сгруппированы по категориям в зависимости от типа заболевания, для лечения которого они применяются. Например, если у Вас сердечно-сосудистое заболевание, Вам следует искать свой препарат в категории CARDIOVASCULAR AGENTS - MISC. – Drugs to Treat Heart and Circulation Conditions. В ней Вы найдете препараты для лечения сердечно-сосудистых заболеваний.

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## **В8. Что делать, если препарат, который Вы хотите получить, не входит в Перечень лекарств?**

Если Вы не можете найти свой препарат в Перечне лекарств, позвоните в отдел обслуживания участников плана по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711) и спросите о нем. Если Вы узнали, что Health Net Cal MediConnect не покрывает препарат, Вы можете сделать следующее:

- Попросите отдел обслуживания участников плана предоставить Вам список препаратов, похожих на тот, который Вы хотели бы получить. Затем покажите этот список своему врачу или другому медицинскому работнику, выписывающему препарат. Он может выписать Вам препарат, который входит в Перечень лекарств и может заменить тот препарат, который Вы хотели бы получать. **Или**
- Вы можете попросить, чтобы страховой план сделал исключение для покрытия Вашего препарата. Дополнительная информация об исключениях содержится в ответах на вопросы В10-В12.

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## **В9. Что делать, если Вы являетесь новым участником плана Health Net Cal MediConnect и не можете найти нужный препарат в Перечне лекарств, или если у Вас проблемы с получением Вашего препарата?**

Мы Вам поможем. Мы можем оплатить временный запас препарата на 30 дней в течение первых 90 дней Вашего участия в плане Health Net Cal MediConnect. Это даст Вам время

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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



поговорить с Вашим врачом или другим медицинским работником, выписывающим препарат. Он поможет Вам определить, имеется ли в Перечне лекарств похожий препарат, который Вы можете принимать вместо текущего, или Вам следует подать запрос на исключение.

Если Ваш рецепт выписан на меньшее число дней, мы разрешим Вам повторно получать лекарства по этому рецепту. Общее количество лекарства не должно, однако, превышать необходимого для приема в течение 30 дней.

Мы покроем 30-дневный запас Вашего препарата, если:

- Вы принимаете препарат, который не входит в наш Перечень лекарств; **или**
- правила медицинского страхового плана не позволяют Вам получить то количество, которое выписал Вам врач; **или**
- требуется получение предварительного разрешения плана Health Net Cal MediConnect на этот препарат; **или**
- Вы принимаете препарат, на который распространяется ограничение поэтапного лечения.

Если Вы проживаете в центре сестринского ухода или в другом медицинском учреждении долгосрочного ухода и нуждаетесь в препарате, которые не входят в Перечень лекарств, или если Вы не можете получить нужный Вам препарат, мы Вам поможем. Если Вы стали участником нашего плана более 90 дней назад, находитесь в учреждении по оказанию длительной помощи и нуждаетесь в лекарстве немедленно:

- Мы покроем запас нужного Вам препарата на 31 день (или меньше, в зависимости от Вашего рецепта), вне зависимости от того, являетесь ли Вы новым участником плана Health Net Cal MediConnect или нет.
- Это количество мы предоставляем дополнительно к временному запасу, который мы покрываем в течение первых 90 дней с момента Вашей регистрации в плане Health Net Cal MediConnect.

### **Изменение характера необходимой помощи**

Если уровень Вашего обслуживания изменится, мы покроем временный запас Ваших препаратов. Характер необходимой Вам помощи меняется, например, когда Вас выписывают из больницы. Это происходит также, когда Вы переезжаете домой из медицинского учреждения долгосрочного ухода или наоборот.

- Если Вы переезжаете домой из медицинского учреждения долгосрочного ухода или из больницы и нуждаетесь в получении временного запаса препарата, мы покрываем количество, необходимое для приема в течение

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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



30 дней. Количество может быть меньше, если рецепт Вам выписан на меньшее число дней. В этом случае мы разрешаем Вам повторно получать препарат по этому рецепту в количестве, необходимом для приема в течение максимум 30 дней.

- Если Вы переезжаете из дома или больницы в медицинское учреждение долгосрочного ухода и нуждаетесь в получении временного запаса препарата, мы оплачиваем количество, необходимое для приема в течение 31 дня. Количество может быть меньше, если рецепт Вам выписан на меньшее число дней. В этом случае мы разрешаем Вам повторно получать препарат по этому рецепту в количестве, необходимом для приема в течение максимум 31 дня.

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## **В10. Можете ли Вы подать запрос об исключении для покрытия Вашего препарата?**

Да. Вы можете попросить Health Net Cal MediConnect сделать исключение и оплатить препарат, который не входит в Перечень лекарств.

Вы также можете попросить нас изменить правила касательно Вашего препарата.

- Например, Health Net Cal MediConnect может ограничивать количество препарата, которое мы покрываем. Если в отношении Вашего препарата действует ограничение, Вы можете попросить нас изменить ограничение и покрыть большее количество препарата.
- Другие примеры: Вы можете попросить нас отменить ограничения поэтапного лечения или предварительное разрешение.

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## **В11. Как запросить исключение?**

Чтобы подать запрос об исключении, позвоните в отдел обслуживания участников плана. Отдел обслуживания участников плана поможет Вам и Вашему врачу подать запрос об исключении. Для получения дополнительной информации об исключениях ознакомьтесь с главой 9 *Справочника участника плана*.

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## **В12. Сколько времени занимает получение разрешения на исключение?**

Во-первых, мы должны получить заявление от Вашего врача с обоснованием Вашего запроса об исключении. После получения заявления мы примем решение по Вашему запросу об исключении в течение 72 часов.

Если Вы или Ваш врач считаете, что ожидание решения в течение 72 часов может представлять риск для Вашего здоровья, Вы можете попросить, чтобы решение было принято в ускоренном порядке. Это более быстрый процесс. Если Ваш врач,

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выписывающий рецепт, поддержит Вашу просьбу, мы примем решение в течение 24 часов после получения обоснования от Вашего врача.

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### **В13. Что такое непатентованные лекарства?**

Непатентованные лекарства имеют такой же состав, как и патентованные лекарства. Они, как правило, дешевле патентованных препаратов, и их названия менее известны. Непатентованные препараты утверждены Food and Drug Administration (FDA).

Health Net Cal MediConnect покрывает как патентованные, так и непатентованные препараты.

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### **В14. Что такое ОТС (безрецептурные) препараты?**

ОТС препараты — это препараты, которые отпускаются без рецепта. Health Net Cal MediConnect покрывает некоторые ОТС препараты, если рецепт на них выписывает Ваш врач.

Вы можете ознакомиться с Перечнем лекарств Health Net Cal MediConnect, чтобы узнать, какие ОТС препараты покрываются планом.

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### **В15. Покрывает ли план Health Net Cal MediConnect нелекарственные ОТС средства?**

Health Net Cal MediConnect покрывает некоторые нелекарственные ОТС средства, если они выписываются Вашим врачом по рецепту.

Примеры нелекарственных ОТС средств включают LATEX CONDOMS ИЛИ POCKET PEAK FLOW METER DEVI.

Вы можете ознакомиться с Перечнем лекарств Health Net Cal MediConnect, чтобы узнать, какие нелекарственные ОТС средства покрываются планом.

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### **В16. Какую сумму составляет доплата?**

Вы можете ознакомиться с Перечнем лекарств Health Net Cal MediConnect, чтобы узнать сумму доплаты за каждый препарат. Для участников плана Health Net Cal MediConnect, проживающих в центрах сестринского ухода или других медицинских учреждениях долгосрочного ухода, доплаты отсутствуют. Для некоторых участников, получающих долгосрочный уход в своем доме, доплаты также не предусмотрены.

Доплата определяется по уровням. Уровни — это группы препаратов с одинаковой доплатой.

- Для препаратов уровня 1 предусмотрена небольшая доплата. Это непатентованные препараты. Доплата составляет от \$0.00 до \$3.70. Доплата зависит от уровня Вашего дохода.
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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



- Для препаратов уровня 2 предусмотрена более высокая доплата. Это патентованные препараты. Доплата составляет от \$0.00 до \$9.20. Доплата зависит от уровня Вашего дохода.
- Для препаратов уровня 3 предусмотрена доплата в размере \$0.00. Это рецептурные и ОТС препараты, покрываемые по программе Medi-Cal.

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## С. Краткий обзор *Перечня покрываемых лекарств*

Следующий Перечень покрываемых лекарств включает информацию о препаратах, покрываемых Health Net Cal MediConnect. Если Вы не можете найти свой препарат в перечне, откройте Index of Covered Drugs на странице в Index 1. В Указателе в алфавитном порядке перечислены все препараты, покрываемые Health Net Cal MediConnect.

В первом столбце таблицы указано название препарата. Названия патентованных лекарств пишутся заглавным буквами (например, ELIQUIS TABS), а названия непатентованных лекарств пишутся строчными буквами курсивом (например, таблетки *warfarin sodium tabs*).

Информация в столбце «Necessary actions, restrictions, or limits on use» указывает, применяет ли Health Net Cal MediConnect какие-либо правила в отношении покрытия этого препарата.

**Примечание:** «NT» рядом с названием препарата означает, что препарат не относится к категории «препарата Части D». От Вас не потребуют оплату или доплату за эти препараты. В отношении таких препаратов также действуют другие правила для подачи апелляции.

- Апелляция — это способ официально попросить нас о пересмотре нашего решения о страховом покрытии. Если Вы считаете, что мы допустили ошибку, направьте нам апелляцию. Например, в некоторых случаях мы можем решить, что программа Medicare или Medi-Cal не покрывает или больше не покрывает для Вас определенный препарат, который Вы хотели бы получить.
- Если Вы или Ваш врач не согласны с нашим решением, Вы можете подать апелляцию. Если у Вас возникли вопросы, позвоните в отдел обслуживания участников плана по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711). Процедура апелляции также описана в главе 9 *Справочника участника плана*.

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### С1. Список препаратов, сгруппированных по заболеванию

В этом разделе препараты сгруппированы по категориям в зависимости от типа заболевания, для лечения которого они применяются. Например, если у Вас сердечно-сосудистое заболевание, Вам следует искать свой препарат в категории CARDIOVASCULAR AGENTS - MISC. – Drugs to Treat Heart and Circulation Conditions. В ней Вы найдете препараты для лечения сердечно-сосудистых заболеваний.

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**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



Далее представлены значения кодов, используемых в Перечне лекарств:

| Сокращение | Расшифровка                             | Как работает программа   |
|------------|---|--|
| AL         | Возрастное ограничение                  | На некоторые препараты может требоваться предварительное разрешение, если Ваш возраст не соответствует возрастным требованиям производителя, FDA или клиническим требованиям.  |
| B/D        | Medicare Часть В в сравнении с Частью D | Некоторые препараты требуют предварительного разрешения для того, чтобы решить, будут ли они покрываться по Medicare Части В или Части D. Это установленное правило Medicare. Ваш врач или другой медицинский работник, выписывающий препарат, может представить дополнительные факты, чтобы мы могли принять правильное решение.  |
| LA         | Ограниченный доступ                     | Этот рецептурный препарат можно приобрести только в определенных аптеках. Для получения дополнительной информации ознакомьтесь с Вашим <i>Указателем поставщиков медицинских услуг и аптек</i> или обратитесь в отдел обслуживания участников плана по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или по телефону 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вас могут попросить оставить сообщение. Мы перезвоним Вам на следующий рабочий день. |
| MO         | Заказ по почте                          | Этот препарат доступен в нашей аптеке по доставке препаратов почтой в дополнение к другим аптекам, сотрудничающим с нашим планом.  |
| NT         | Не относится к Части D                  | Этот препарат не является «препаратом части D».  |
| PA         | Предварительное разрешение              | Этот препарат требует предварительного разрешения. Это означает, что для назначения препарата Вам или Вашему врачу необходимо получить от нас соответствующее разрешение. Если Вы не получите разрешение, мы можем не покрыть такой препарат.  |
| QL         | Количественные ограничения              | Этот препарат имеет ограничение на сумму, которую покрывает наш план.  |

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| Сокращение | Расшифровка                            | Как работает программа  |
|------------|--|---|
| RX/OTC     | Рецептурные и безрецептурные препараты | Этот препарат предлагается как в рецептурной, так и в безрецептурной форме.   |
| SL         | Предел безопасности                    | У данного препарата имеется ограничение максимальной безопасной дневной дозы, утвержденной FDA. Это означает, что мы не будем покрывать лекарство в количестве, превышающем максимальную дневную дозу. Например, максимальная дневная доза <i>ibuprofen</i> , установленная FDA, составляет 3200 мг. Таким образом, мы предоставляем только четыре таблетки <i>ibuprofen 800 mg per day</i> . |
| ST         | Поэтапное лечение                      | Этот препарат требует поэтапного лечения. Это означает, что Вам нужно попробовать разные препараты в определенном порядке при лечении Вашего заболевания. Вам, возможно, придется попробовать один препарат, прежде чем мы дадим разрешение на покрытие другого. Если Ваш врач посчитает, что первый препарат Вам не помогает, мы предоставим покрытие второго препарата.                     |
| ^          | Нерасширенный запас                    | Это лекарство, выдаваемое по рецепту, может быть недоступно для создания расширенного запаса. Позвоните в отдел обслуживания участников плана, чтобы узнать, доступно ли это лекарство для создания расширенного запаса.  |

**Если у Вас возникли вопросы**, позвоните в Health Net Cal MediConnect по телефону 1-855-464-3571, если Вы проживаете в округе Los Angeles County, или 1-855-464-3572, если Вы проживаете в округе San Diego County (TTY: 711), с понедельника по пятницу с 8:00 до 20:00. В нерабочее время, в выходные и праздничные дни Вы можете оставить сообщение. Мы перезвоним Вам на следующий рабочий день. Звонок бесплатный. **Для получения дополнительных сведений** посетите веб-сайт [mmp.healthnetcalifornia.com](http://mmp.healthnetcalifornia.com).



| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b> |  |   |
| <b>Amphetamines</b>  |  |   |
| <i>amphetamine-dextroamphetamine cp24</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4 ea daily);<br>MO                             |
| <i>amphetamine-dextroamphetamine tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4 ea daily);<br>MO                             |
| <i>dextroamphetamine sulfate cp24 10 mg, 5 mg, 15 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(6 ea daily);<br>MO                             |
| <i>dextroamphetamine sulfate tabs 10 mg, 5 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(6 ea daily);<br>MO                             |
| <i>methamphetamine hcl tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; MO  |
| <b>Anorexiant Non-Amphetamine</b>  |  |   |
| <i>diethylpropion hcl tabs</i>   | \$0<br>(Tier 3)                          | PA; MO; NT  |
| <i>diethylpropion hcl tb24</i>   | \$0<br>(Tier 3)                          | PA; MO; NT  |
| LOMAIRA TABS   | \$0<br>(Tier 3)                          | PA; MO; NT  |
| <i>phentermine hcl caps</i>  | \$0<br>(Tier 3)                          | PA; MO; NT  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>phentermine hcl tabs</i>                            | \$0<br>(Tier 3)                          | PA; MO; NT  |
| QSYMIA CP24  | \$0<br>(Tier 3)                          | PA; NT  |
| <b>Anti-Obesity Agents</b>                             |  |   |
| ALLI CAPS  | \$0<br>(Tier 3)                          | PA; NT  |
| XENICAL CAPS   | \$0<br>(Tier 3)                          | PA; MO; NT  |
| <b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b> |  |   |
| <i>atomoxetine hcl caps 10 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(10 ea daily);<br>MO                            |
| <i>atomoxetine hcl caps 100 mg</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily);<br>MO                             |
| <i>atomoxetine hcl caps 18 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(5.55 ea daily);<br>MO                          |
| <i>atomoxetine hcl caps 25 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>atomoxetine hcl caps 40 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2.5 ea daily);<br>MO                           |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>atomoxetine hcl caps 60 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.66 ea daily); MO                             |
| <i>atomoxetine hcl caps 80 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.25 ea daily); MO                             |
| <i>clonidine hcl (adhd) tb12</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>guanfacine hcl (adhd) tb24</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <b>Dopamine and Norepinephrine Reuptake</b>     |  |   |
| SUNOSI TABS 150 MG                              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(1 ea daily); MO                            |
| SUNOSI TABS 75 MG                               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(2 ea daily); MO                            |
| <b>Histamine H3-Receptor Antagonist/Inverse</b> |  |   |
| WAKIX TABS                                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Stimulants - Misc.</b>                       |  |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>dexmethylphenidate hcl cp24 10 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily); MO                                |
| <i>dexmethylphenidate hcl cp24 15 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2.66 ea daily); MO                             |
| <i>dexmethylphenidate hcl cp24 20 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily); MO                                |
| <i>dexmethylphenidate hcl cp24 25 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.6 ea daily); MO                              |
| <i>dexmethylphenidate hcl cp24 35 mg, 30 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.33 ea daily); MO                             |
| <i>dexmethylphenidate hcl cp24 40 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily); MO                                |
| <i>dexmethylphenidate hcl cp24 5 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily); MO                                |
| <i>dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>methylphenidate hcl cp24 60 mg, 10 mg, 20 mg, 30 mg, 40 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>methylphenidate hcl cpcr 20 mg</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily);<br>MO                             |
| <i>methylphenidate hcl cpcr 30 mg</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>methylphenidate hcl cpcr 40 mg, 60 mg, 10 mg, 50 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily);<br>MO                             |
| <i>methylphenidate hcl tabs 10 mg, 20 mg, 5 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily);<br>MO                             |
| <i>methylphenidate hcl tb24 27 mg, 36 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Non-Osmotic<br>Release                            |
| <i>methylphenidate hcl tbcr 20 mg</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily);<br>MO                             |
| <i>methylphenidate hcl tbcr 36 mg, 54 mg, 18 mg, 27 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>modafinil tabs 100 mg</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; MO  |
| <i>modafinil tabs 200 mg</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; QL(1 ea daily);<br>MO                         |
| <b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b> |  |   |
| <b>Aminoglycosides</b>                                       |  |   |
| <i>amikacin sulfate soln</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| ARIKAYCE SUSP  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <i>gentamicin in saline soln 0.9 %-1 mg/ml</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>gentamicin sulfate soln</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>neomycin sulfate tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>paromomycin sulfate caps</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TOBI PODHALER CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>tobramycin nebu 300 mg/4ml</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | B/D   |
| <i>tobramycin nebu 300 mg/5ml</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D   |
| <i>tobramycin sulfate soln 1.2 gm/30ml, 80 mg/2ml</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tobramycin sulfate solr 1.2 gm</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b> |  |   |
| <b>Anti-TNF-alpha - Monoclonal Antibodies</b>  |  |   |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| HUMIRA PEN PNKT  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| HUMIRA PEN-CD/UC/HS STARTER PNKT                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| HUMIRA PEN-PS/UV STARTER PNKT                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| SIMPONI SOAJ   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| SIMPONI SOSY   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Antirheumatic - Enzyme Inhibitors</b>                       |  |   |
| RINVOQ TB24  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| XELJANZ SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| XELJANZ TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| XELJANZ XR TB24                                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Antirheumatic Antimetabolites</b>                  |  |   |
| OTREXUP SOAJ  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| RASUVO SOAJ   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| <b>Gold Compounds</b>                                 |  |   |
| RIDAURA CAPS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <b>Interleukin-1 Blockers</b>                         |  |   |
| ARCALYST SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Interleukin-1beta Blockers</b>                     |  |   |
| ILARIS SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b> |  |   |

| Name of drug                           | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>celecoxib caps</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diclofenac potassium tabs 50 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diclofenac sodium tb24</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diclofenac sodium tbec</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diclofenac w/ misoprostol tbec</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>etodolac caps</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>etodolac tabs</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>etodolac tb24</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>flurbiprofen tabs 100 mg</i>              | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>ibuprofen caps 200 mg</i>                 | \$0<br>(Tier 3)                          | MO; NT  |
| <i>ibuprofen chew 100 mg</i>                 | \$0<br>(Tier 3)                          | MO; NT  |
| <i>ibuprofen susp 100 mg/5ml</i>             | \$0<br>(Tier 3)                          | Over-the-counter;RX/OTC; MO; NT                   |
| <i>ibuprofen susp 100 mg/5ml</i>             | \$0.00<br>-\$3.70<br>(Tier 1)            | RX/OTC; MO  |
| <i>ibuprofen susp 40 mg/ml, 50 mg/1.25ml</i> | \$0<br>(Tier 3)                          | NT  |
| <i>ibuprofen tabs 100 mg</i>                 | \$0<br>(Tier 3)                          | NT  |
| <i>ibuprofen tabs 200 mg</i>                 | \$0<br>(Tier 3)                          | MO; NT  |
| <i>ibuprofen tabs 400 mg</i>                 | \$0.00<br>-\$3.70<br>(Tier 1)            | SL(8 ea daily); MO                                |
| <i>ibuprofen tabs 600 mg</i>                 | \$0.00<br>-\$3.70<br>(Tier 1)            | SL(5.33 ea daily); MO                             |
| <i>ibuprofen tabs 800 mg</i>                 | \$0.00<br>-\$3.70<br>(Tier 1)            | SL(4 ea daily); MO                                |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>indomethacin caps 25 mg, 50 mg</i>                     | \$0.00<br>-\$3.70<br>(Tier 1)            | AL(Up to 64 yrs old); MO                          |
| <i>indomethacin cpcr 75 mg</i>                            | \$0.00<br>-\$3.70<br>(Tier 1)            | AL(Up to 64 yrs old); MO                          |
| <i>ketorolac tromethamine soln ij 15 mg/ml, 30 mg/ml</i>  | \$0.00<br>-\$3.70<br>(Tier 1)            | AL(Up to 64 yrs old); MO                          |
| <i>ketorolac tromethamine soln im 30 mg/ml, 60 mg/2ml</i> | \$0.00<br>-\$3.70<br>(Tier 1)            | AL(Up to 64 yrs old); MO                          |
| <i>mefenamic acid caps</i>                                | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>meloxicam tabs 15 mg, 7.5 mg</i>                       | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>nabumetone tabs</i>                                    | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>naproxen sodium caps 220 mg</i>                        | \$0<br>(Tier 3)                          | NT  |
| <i>naproxen sodium tabs 550 mg, 275 mg</i>                | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>naproxen tabs 250 mg, 375 mg, 500 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>naproxen tbec 375 mg, 500 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>oxaprozin tabs</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>piroxicam caps</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sulindac tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Pyrimidine Synthesis Inhibitors</b>               |  |   |
| <i>leflunomide tabs</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Soluble Tumor Necrosis Factor Receptor Agents</b> |  |   |
| ENBREL MINI SOCT                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ENBREL SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ENBREL SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ENBREL SOSY  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ENBREL SURECLICK SOAJ  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b> |  |   |
| <b>Analgesics Other</b>  |  |   |
| <i>acetaminophen chew or 160 mg</i>  | \$0<br>(Tier 3)                          | NT  |
| <i>acetaminophen chew or 80 mg</i>   | \$0<br>(Tier 3)                          | MO; NT  |
| <i>acetaminophen liqd or 160 mg/5ml</i>  | \$0<br>(Tier 3)                          | MO; NT  |
| <i>acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>             | \$0<br>(Tier 3)                          | MO; NT  |
| <i>acetaminophen susp or 160 mg/5ml, 650 mg/20.3ml, 80 mg/2.5ml</i>                | \$0<br>(Tier 3)                          | MO; NT  |
| <i>acetaminophen tbdp or 160 mg</i>  | \$0<br>(Tier 3)                          | NT  |
| FEVERALL INFANTS SUPP  | \$0<br>(Tier 3)                          | NT  |
| NORTEMP INFANTS SUSP   | \$0<br>(Tier 3)                          | NT  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Salicylates</b>  |  |   |
| <i>aspirin buffered (cal carb-mag carb-mag oxide) tabs</i>                    | \$0 (Tier 3)                             | MO; NT  |
| ASPIRIN SUPP RE 300 MG, 600 MG  | \$0 (Tier 3)                             | NT  |
| <i>aspirin tabs or 325 mg</i>   | \$0 (Tier 3)                             | MO; NT  |
| <i>aspirin tbec or 325 mg, 81 mg</i>  | \$0 (Tier 3)                             | MO; NT  |
| <i>diflunisal tabs</i>  | \$0.00 - \$3.70 (Tier 1)                 | MO  |
| ECOTRIN REGULAR STRENGTH TBEC ( <i>aspirin</i> )                              | \$0 (Tier 3)                             | MO; NT  |
| ECOTRIN TBEC ( <i>aspirin</i> )   | \$0 (Tier 3)                             | MO; NT  |
| <b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b> |  |   |
| <b>Opioid Agonists</b>  |  |   |
| <i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | \$0.00 - \$3.70 (Tier 1^)                | PA; QL(4 ea daily); MO                            |
| <i>fentanyl citrate lpop bu 200 mcg</i>                                       | \$0.00 - \$3.70 (Tier 1^)                | PA; QL(8 ea daily); MO                            |
| <i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>   | \$0.00 - \$3.70 (Tier 1)                 | Limit 10 patches per month; QL(0.34 ea daily); MO |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>hydrocodone bitartrate cp12 10 mg, 15 mg</i>                   | \$0.00 - \$3.70 (Tier 1)                 | PA; QL(3 ea daily); MO                            |
| <i>hydrocodone bitartrate cp12 20 mg, 30 mg, 40 mg, 50 mg</i>     | \$0.00 - \$3.70 (Tier 1)                 | PA; QL(2 ea daily); MO                            |
| <i>hydromorphone hcl liqd or 1 mg/ml</i>                          | \$0.00 - \$3.70 (Tier 1)                 | QL(50 ml daily); MO                               |
| <i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i> | \$0.00 - \$3.70 (Tier 1)                 |   |
| <i>hydromorphone hcl soln ij 4 mg/ml, 1 mg/ml, 2 mg/ml</i>        | \$0.00 - \$3.70 (Tier 1)                 | MO  |
| <i>hydromorphone hcl tabs or 2 mg, 4 mg</i>                       | \$0.00 - \$3.70 (Tier 1)                 | QL(9 ea daily); MO                                |
| <i>hydromorphone hcl tabs or 8 mg</i>                             | \$0.00 - \$3.70 (Tier 1)                 | QL(6.25 ea daily); MO                             |
| LAZANDA SOLN 100 MCG/ACT  | \$0.00 - \$9.20 (Tier 2^)                | PA; QL(1 ea daily); MO                            |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use    |
|--|--|--|
| LAZANDA SOLN 400 MCG/ACT                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; Limit 8 bottles per month; QL(0.27 ea daily); MO |
| <i>methadone hcl soln or 10 mg/5ml</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(33.34 ml daily); MO                               |
| <i>methadone hcl soln or 5 mg/5ml</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(15 ml daily); MO                                  |
| <i>methadone hcl tabs or 5 mg, 10 mg</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(6 ea daily); MO                                   |
| <i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 50 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily); MO                                   |
| <i>morphine sulfate cp24 or 100 mg</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | QL(2 ea daily); MO                                   |
| <i>morphine sulfate cp24 or 60 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3.34 ea daily); MO                                |
| <i>morphine sulfate cp24 or 80 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2.5 ea daily); MO                                 |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>morphine sulfate soln ij 0.5 mg/ml</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>morphine sulfate soln ij 1 mg/ml</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>morphine sulfate soln or 10 mg/5ml</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(100 ml daily); MO                              |
| <i>morphine sulfate soln or 100 mg/5ml, 20 mg/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(10 ml daily); MO                               |
| <i>morphine sulfate soln or 20 mg/5ml</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(50 ml daily); MO                               |
| <i>morphine sulfate tabs or 15 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(13.34 ea daily); MO                            |
| <i>morphine sulfate tabs or 30 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(6.67 ea daily); MO                             |
| <i>morphine sulfate tbc or 100 mg, 200 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily); MO                                |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily);<br>MO                             |
| <i>oxycodone hcl caps 5 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(6 ea daily);<br>MO                             |
| <i>oxycodone hcl conc 100 mg/5ml</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(6 ml daily);<br>MO                             |
| <i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 5 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(6 ea daily);<br>MO                             |
| <i>oxycodone hcl tabs 30 mg</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4.44 ea daily);<br>MO                          |
| <i>oxymorphone hcl tabs 10 mg, 5 mg</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(6 ea daily);<br>MO                             |
| <i>oxymorphone hcl tb12 15 mg</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4.44 ea daily);<br>MO                          |
| <i>oxymorphone hcl tb12 7.5 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(8.89 ea daily);<br>MO                          |

| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| SUBSYS LIQD 100 MCG                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(16 ea daily);<br>MO                        |
| SUBSYS LIQD 1200 MCG                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(2 ea daily)                                |
| SUBSYS LIQD 1600 MCG, 400 MCG, 600 MCG, 800 MCG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(4 ea daily);<br>MO                         |
| SUBSYS LIQD 200 MCG                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(8 ea daily);<br>MO                         |
| <i>tramadol hcl tabs 50 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |
| <i>tramadol hcl tb24 100 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3 ea daily);<br>MO                             |
| <i>tramadol hcl tb24 200 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.5 ea daily);<br>MO                           |
| <i>tramadol hcl tb24 300 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily);<br>MO                             |

**Opioid Combinations**

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml, 120 mg/5ml-12 mg/5ml</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(150 ml daily); MO                              |
| <i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(13.3 ea daily); MO                             |
| <i>acetaminophen w/ codeine tabs 30 mg-300 mg, 300 mg-30 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(12 ea daily); MO                               |
| <i>acetaminophen w/ codeine tabs 60 mg-300 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(6 ea daily); MO                                |
| <i>butalbital-aspirin-caffeine w/cod caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(6 ea daily); MO          |
| <i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Limit 5535mls per month; SL(184.5 ml daily); MO   |
| <i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg, 7.5 mg-300 mg</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(13.3 ea daily); MO                             |
| <i>hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-7.5 mg, 7.5 mg-325 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(12.3 ea daily); MO                             |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>hydrocodone-ibuprofen tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(5 ea daily); MO                                |
| <i>oxycodone w/ acetaminophen tabs 10 mg-325 mg</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(6 ea daily); MO                                |
| <i>oxycodone w/ acetaminophen tabs 2.5 mg-325 mg, 325 mg-2.5 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(12.3 ea daily); MO                             |
| <i>oxycodone w/ acetaminophen tabs 325 mg-5 mg, 5 mg-325 mg</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(12 ea daily); MO                               |
| <i>oxycodone w/ acetaminophen tabs 7.5 mg-325 mg</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily); MO                                |
| <i>tramadol-acetaminophen tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily); MO                                |
| <b>Opioid Partial Agonists</b>   |  |   |
| <i>buprenorphine hcl subl sl 2 mg, 8 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily); MO                                |
| <i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-0.5 mg, 2 mg-8 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily); MO                                |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>butorphanol tartrate soln ij 2 mg/ml</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>butorphanol tartrate soln na 10 mg/ml</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Limit 210mls per month; QL(7 ml daily); MO        |
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b> |  |   |
| <b>Anabolic Steroids</b>                               |  |   |
| <i>oxandrolone tabs 10 mg</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>oxandrolone tabs 2.5 mg</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Androgens</b>                                       |  |   |
| ANDRODERM PT24   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| AVEED SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | LA  |
| <i>danazol caps</i>                                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>methyltestosterone caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>testosterone enanthate soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>testosterone gel td 20.25 mg/1.25gm, 40.5 mg/2.5gm, 1 %, 1.62 %, 25 mg/2.5gm, 50 mg/5gm</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>testosterone soln td 30 mg/act</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>       |  |   |
| <b>Intra-rectal Steroids</b>   |  |   |
| <i>hydrocortisone (intra-rectal) enem</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| UCERIS FOAM RE 2 MG/ACT  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Rectal Steroids</b>   |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>hydrocortisone (rectal) crea</i>   | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <b>Vasodilating Agents</b>  |  |   |
| RECTIV OINT   | \$0.00<br>-<br>\$9.20 (Tier 2)           | MO  |
| <b>ANTACIDS</b>   |  |   |
| <b>Antacid Combinations</b>   |  |   |
| <i>alum &amp; mag hydrox-simethicone chew 25 mg-200 mg-200 mg</i>   | \$0 (Tier 3)                             | NT  |
| <i>alum &amp; mag hydrox-simethicone liqd 40 mg/5ml-400 mg/5ml-400 mg/5ml, 20 mg/5ml-200 mg/5ml</i>   | \$0 (Tier 3)                             | MO; NT  |
| <i>alum &amp; mag hydrox-simethicone susp 240 mg/30ml-2400 mg/30ml-40 mg/5ml-40 mg/5ml-400 mg/5ml-400 mg/5ml, 400 mg/5ml-40 mg/5ml, 80 mg/10ml-800 mg/10ml-800 mg/10ml, 800 mg/10ml-80 mg/10ml-800 mg/10ml, 0.2 %-40 mg/10ml-400 mg/10ml-400 mg/10ml, 120 mg/30ml-1200 mg/30ml-1200 mg/30ml, 20 mg/5ml-20 mg/5ml-200 mg/5ml-200 mg/5ml-200 mg/5ml, 200 mg/5ml-20 mg/5ml-200 mg/5ml, 200 mg/5ml-200 mg/5ml-20 mg/5ml</i> | \$0 (Tier 3)                             | MO; NT  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antacids - Aluminum Salts</b>   |  |   |
| ALUMINUM HYDROXIDE SUSP OR   | \$0 (Tier 3)                             | NT  |
| <b>Antacids - Calcium Salts</b>  |  |   |
| <i>calcium carbonate (antacid) chew 500 mg, 750 mg</i>                     | \$0 (Tier 3)                             | MO; NT  |
| CALCIUM CARBONATE TABS 648 MG  | \$0 (Tier 3)                             | MO; NT  |
| <b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>                      |  |   |
| <b>Anthelmintics</b>   |  |   |
| <i>albendazole tabs</i>  | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <i>ivermectin tabs or 3 mg</i>   | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <i>pyrantel pamoate susp</i>   | \$0 (Tier 3)                             | MO; NT  |
| <b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b> |  |   |
| <b>Anti-infective Agents - Misc.</b>                                       |  |   |
| IMPAVIDO CAPS  | \$0.00<br>-<br>\$9.20 (Tier 2^)          | MO  |
| <i>metronidazole caps or 375 mg</i>  | \$0.00<br>-<br>\$3.70 (Tier 1)           | SL(10.6 ea daily); MO                             |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>metronidazole in nacl soln 0.79 %-5 mg/ml, 0.79 %-500 mg/100ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>metronidazole tabs or 250 mg</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(16 ea daily);<br>MO                            |
| <i>metronidazole tabs or 500 mg</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |
| <i>pentamidine isethionate solr ij</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>pentamidine isethionate solr in</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>tinidazole tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>trimethoprim tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| XIFAXAN TABS 550 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | QL(3 ea daily);<br>MO                             |
| <b>Anti-infective Misc. - Combinations</b>                            |  |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>sulfamethoxazole-trimethoprim soln</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sulfamethoxazole-trimethoprim susp</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sulfamethoxazole-trimethoprim tabs</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Antiprotozoal Agents</b>                                  |  |   |
| <i>atovaquone susp</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>nitazoxanide tabs</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Carbapenems</b>   |  |   |
| <i>ertapenem sodium solr</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>imipenem-cilastatin solr 250 mg-250 mg, 500 mg-500 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>meropenem solr 1 gm</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                 | What the drug will cost you (tier level)        | Necessary actions, restrictions, or limits on use |
|--|---|---|
| <i>meropenem solr 500 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)               |   |
| VABOMERE SOLR                                | \$0.00<br>-<br>\$9.20<br>(Tier 2)               |   |
| <b>Chloramphenicols</b>                      |   |   |
| <i>chloramphenicol sodium succinate solr</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)               |   |
| <b>Cyclic Lipopeptides</b>                   |   |   |
| <i>daptomycin solr 500 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1 <sup>^</sup> ) | MO  |
| <b>Glycopeptides</b>                         |   |   |
| DALVANCE SOLR                                | \$0.00<br>-<br>\$9.20<br>(Tier 2 <sup>^</sup> ) |   |
| FIRVANQ SOLR 25 MG/ML                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)               |   |
| FIRVANQ SOLR 50 MG/ML                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)               | MO  |

| Name of drug  | What the drug will cost you (tier level)        | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ORBACTIV SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2 <sup>^</sup> ) | MO  |
| <i>vancomycin hcl caps or 125 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | PA; QL(4 ea daily); MO                            |
| <i>vancomycin hcl caps or 250 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1 <sup>^</sup> ) | PA; QL(8 ea daily); MO                            |
| <i>vancomycin hcl solr iv 10 gm, 5 gm, 750 mg, 1 gm, 1000 mg</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)               |   |
| <i>vancomycin hcl solr iv 500 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML   | \$0.00<br>-<br>\$9.20<br>(Tier 2)               | MO  |
| VANCOMYCIN HYDROCHLORIDE/DEXTROSE SOLN 1 GM/200ML-5 %, 5 %-500 MG/100ML, 5 %-750 MG/150ML | \$0.00<br>-<br>\$9.20<br>(Tier 2)               |   |
| <b>Leprostatics</b>   |   |   |
| <i>dapsone tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <b>Lincosamides</b>   |   |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>clindamycin hcl caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clindamycin palmitate hydrochloride solr</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clindamycin phosphate in d5w soln</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>clindamycin phosphate soln 300 mg/2ml, 9 gm/60ml, 9000 mg/60ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>clindamycin phosphate soln 600 mg/4ml, 900 mg/6ml</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lincomycin hcl soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Monobactams</b>  |  |   |
| <i>aztreonam solr</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| CAYSTON SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <b>Oxazolidinones</b>   |  |   |

| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>linezolid in sodium chloride soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>linezolid soln iv 600 mg/300ml</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>linezolid susr or 100 mg/5ml</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>linezolid tabs or 600 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| SIVEXTRO SOLR IV                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| SIVEXTRO TABS OR                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| ZYVOX SOLN IV 200 MG/100ML               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Pleuromutilins</b>                    |  |   |
| XENLETA TABS OR 600 MG                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Polymyxins</b>                        |  |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>colistimethate sodium solr</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>polymyxin b sulfate solr</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <b>Streptogramins</b>                                 |  |   |
| SYNERCID SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Urinary Anti-infectives</b>                        |  |   |
| <i>methenamine hippurate tabs</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nitrofurantoin macrocrystal caps</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nitrofurantoin monohyd macro caps</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b> |  |   |
| <b>Antianginals-Other</b>                             |  |   |
| <i>ranolazine tb12</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Nitrates</b>                                       |  |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>isosorbide mononitrate tabs</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>isosorbide mononitrate tb24</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nitroglycerin pt24 td 0.1 mg/hr, 0.4 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nitroglycerin soln tl 0.4 mg/spray</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| NITROSTAT SUBL<br>( <i>nitroglycerin</i> )                              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>                      |  |   |
| <b>Antianxiety Agents - Misc.</b>                                       |  |   |
| <i>bupirone hcl tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                                       | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>hydroxyzine hcl soln im 50 mg/ml</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>hydroxyzine hcl syrp or 10 mg/5ml</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>hydroxyzine pamoate caps 25 mg, 50 mg</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <b>Benzodiazepines</b>                             |  |   |
| <i>alprazolam tabs</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>alprazolam tb24</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>alprazolam tbdp</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clorazepate dipotassium tabs</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>diazepam conc or 5 mg/ml</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diazepam soln or 5 mg/5ml</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lorazepam conc</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lorazepam soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lorazepam tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>oxazepam caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b> |  |   |
| <b>Antiarrhythmics Type I-A</b>                                |  |   |
| <i>disopyramide phosphate caps</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |

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| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| <i>quinidine gluconate tbcr</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>quinidine sulfate tabs</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Antiarrhythmics Type I-B</b>       |  |   |
| <i>mexiletine hcl caps</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Antiarrhythmics Type I-C</b>       |  |   |
| <i>flecainide acetate tabs 100 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>flecainide acetate tabs 150 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2.66 ea daily);<br>MO                          |
| <i>flecainide acetate tabs 50 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |
| <i>propafenone hcl cp12</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>propafenone hcl tabs</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Antiarrhythmics Type III</b>   |  |   |
| <i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dofetilide caps</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| MULTAQ TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b> |  |   |
| <b>Anti-Inflammatory Agents</b>   |  |   |
| <i>cromolyn sodium nebu</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <b>Antiasthmatic - Monoclonal Antibodies</b>                                    |  |   |
| CINQAIR SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| FASENRA SOSY  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| NUCALA SOLR 100 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |

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| Name of drug                              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use                |
|---|--|--|
| XOLAIR SOLR                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA   |
| XOLAIR SOSY                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA   |
| <b>Bronchodilators - Anticholinergics</b> |  |  |
| ATROVENT HFA AERS                         | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 2 inhalers per month; QL(0.86 gm daily); MO                |
| <i>ipratropium bromide soln</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO  |
| SPIRIVA HANDIHALER CAPS                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(1 ea daily); MO   |
| SPIRIVA RESPIMAT AERS                     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 1 inhaler per month (60 actuations); SL(0.14 gm daily); MO |
| <b>Leukotriene Modulators</b>             |  |  |
| <i>montelukast sodium chew 4 mg, 5 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily); MO   |
| <i>montelukast sodium tabs 10 mg</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily); MO   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>zafirlukast tabs</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>zileuton tb12</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | SL(4 ea daily); MO                                |
| <b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b> |  |   |
| DALIRESP TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1 ea daily); MO                                |
| <b>Steroid Inhalants</b>                               |  |   |
| ARNUITY ELLIPTA AEPB                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(1 ea daily); MO                                |
| <i>budesonide (inhalation) susp 0.25 mg/2ml</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; QL(8 ml daily); MO                           |
| <i>budesonide (inhalation) susp 0.5 mg/2ml</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; QL(4 ml daily); MO                           |
| FLOVENT DISKUS AEPB 100 MCG/BLIST                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(20 ea daily); MO                               |
| FLOVENT DISKUS AEPB 250 MCG/BLIST                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(8 ea daily); MO                                |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use                      |
|---|--|--|
| FLOVENT DISKUS AEPB 50 MCG/BLIST  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(40 ea daily); MO  |
| FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 2 inhalers per month; QL(0.8 gm daily); MO                       |
| FLOVENT HFA AERO 44 MCG/ACT   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 1 inhaler per month; QL(0.36 gm daily); MO                       |
| <b>Sympathomimetics</b>   |  |  |
| ADVAIR HFA AERO 21 MCG/ACT-115 MCG/ACT, 21 MCG/ACT-45 MCG/ACT, 45 MCG/ACT-21 MCG/ACT    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(4 gm daily); MO   |
| ADVAIR HFA AERO 21 MCG/ACT-230 MCG/ACT  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 1 Inhaler per month; QL(0.4 gm daily); MO                        |
| ADVAIR HFA AERO 21 MCG/ACT-230 MCG/ACT  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 2 inhalers per month (Institutional Pack); QL(0.54 gm daily); MO |
| <i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %, 0.5 %, 2.5 mg/0.5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO  |
| <i>albuterol sulfate syrp or 2 mg/5ml</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use                   |
|---|--|---|
| <i>albuterol sulfate tabs or 2 mg, 4 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| ANORO ELLIPTA AEPB  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(2 ea daily); MO  |
| BREO ELLIPTA AEPB 25 MCG/INH-100 MCG/INH, 25 MCG/INH-200 MCG/INH  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 1 inhaler per month; SL(2 ea daily); MO                       |
| BREO ELLIPTA AEPB 25 MCG/INH-100 MCG/INH, 25 MCG/INH-200 MCG/INH  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 2 inhalers per month (Institutional Pack); SL(2 ea daily); MO |
| COMBIVENT RESPIMAT AERS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 3 inhalers per 2 months; SL(0.14 gm daily); MO                |
| <i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 100 mcg/act-50 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily); MO  |
| <i>ipratropium-albuterol soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>levalbuterol hcl nebu</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use                     |
|--|--|---|
| <i>levalbuterol tartrate aero</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| PROAIR HFA AERS<br>( <i>albuterol sulfate</i> )  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| PROAIR RESPICLICK AEPB   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| SEREVENT DISKUS AEPB   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(2 ea daily);<br>MO   |
| STIOLTO RESPIMAT AERS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 1 inhaler per month; SL(0.14 gm daily); MO                      |
| STRIVERDI RESPIMAT AERS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 1 inhaler per month; SL(0.14 gm daily); MO                      |
| SYMBICORT AERO 4.5 MCG/ACT-160 MCG/ACT ( <i>budesonide-formoterol fumarate dihydrate</i> )                         | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 2 inhalers per month (Institutional Pack); SL(0.4 gm daily); MO |
| SYMBICORT AERO 4.5 MCG/ACT-160 MCG/ACT, 4.5 MCG/ACT-80 MCG/ACT ( <i>budesonide-formoterol fumarate dihydrate</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 1 inhaler per month; SL(0.34 gm daily); MO                      |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use                      |
|---|--|--|
| SYMBICORT AERO 4.5 MCG/ACT-80 MCG/ACT ( <i>budesonide-formoterol fumarate dihydrate</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 2 inhalers per month (Institutional Pack); SL(0.46 gm daily); MO |
| <i>terbutaline sulfate tabs or 2.5 mg, 5 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO   |
| TRELEGY ELLIPTA AEPB 25 MCG/INH-62.5 MCG/INH  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO   |
| TRELEGY ELLIPTA AEPB 25 MCG/INH-62.5 MCG/INH-200 MCG/INH                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily);<br>MO  |
| <b>Xanthines</b>  |  |  |
| <i>aminophylline soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |  |
| <i>theophylline tb12 300 mg, 450 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO   |
| <i>theophylline tb24 400 mg, 600 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO   |
| <b>ANTICOAGULANTS - Blood Thinners</b>  |  |  |
| <b>Coumarin Anticoagulants</b>  |  |  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>warfarin sodium tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Direct Factor Xa Inhibitors</b>                                    |  |   |
| ELIQUIS STARTER PACK TBPK   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(2 ea daily);<br>MO                             |
| ELIQUIS TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(2 ea daily);<br>MO                             |
| XARELTO STARTER PACK TBPK   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.7 ea daily);<br>MO                           |
| XARELTO TABS 10 MG, 15 MG, 20 MG                                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1 ea daily);<br>MO                             |
| XARELTO TABS 2.5 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(2 ea daily);<br>MO                             |
| <b>Heparins And Heparinoid-Like Agents</b>                            |  |   |
| <i>enoxaparin sodium soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fondaparinux sodium soln 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>fondaparinux sodium soln 2.5 mg/0.5ml</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| FRAGMIN SOLN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>heparin sodium (porcine) soln 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Thrombin Inhibitors</b>   |  |   |
| PRADAXA CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(2 ea daily);<br>MO                             |
| <b>ANTICONVULSANTS - Drugs to Treat Seizures</b>   |  |   |
| <b>AMPA Glutamate Receptor Antagonists</b>   |  |   |
| FYCOMPA SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| FYCOMPA TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Anticonvulsants - Benzodiazepines</b>   |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>clobazam susp</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clobazam tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clonazepam tabs 0.5 mg</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(40 ea daily);<br>MO                            |
| <i>clonazepam tabs 1 mg</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(20 ea daily);<br>MO                            |
| <i>clonazepam tabs 2 mg</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(10 ea daily);<br>MO                            |
| <i>clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| DIASTAT ACUDIAL GEL<br>( <i>diazepam<br/>(anticonvulsant)</i> )   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| DIASTAT PEDIATRIC GEL<br>( <i>diazepam<br/>(anticonvulsant)</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |

| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>diazepam (anticonvulsant)<br/>gel</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| NAYZILAM SOLN                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(0.34 ea daily); MO                         |
| SYMPAZAN FILM 10 MG, 20 MG               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| SYMPAZAN FILM 5 MG                       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| VALTOCO LIQD                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(0.34 ea daily); MO                         |
| VALTOCO LQPK                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(0.34 ea daily); MO                         |
| <b>Anticonvulsants - Misc.</b>           |  |   |
| APTIOM TABS 200 MG                       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| APTIOM TABS 400 MG, 600 MG, 800 MG       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------|--|---|
| BRIVIACT SOLN IV 50 MG/5ML | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | SL(20 ml daily)                                   |
| BRIVIACT SOLN OR 10 MG/ML  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(20 ml daily); MO                           |
| BRIVIACT TABS OR 10 MG     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(20 ea daily); MO                           |
| BRIVIACT TABS OR 100 MG    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(2 ea daily); MO                            |
| BRIVIACT TABS OR 25 MG     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(8 ea daily); MO                            |
| BRIVIACT TABS OR 50 MG     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(4 ea daily); MO                            |
| BRIVIACT TABS OR 75 MG     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(2.67 ea daily); MO                         |
| <i>carbamazepine chew</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------|--|---|
| <i>carbamazepine cp12</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>carbamazepine susp</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>carbamazepine tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>carbamazepine tb12</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| DIACOMIT CAPS             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| DIACOMIT PACK             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| EPIDIOLEX SOLN            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| FINTEPLA SOLN             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(11.82 ml daily); MO                        |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use | Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|--|--|---|
| <i>gabapentin caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | <i>levetiracetam soln iv 500 mg/5ml</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>gabapentin soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | <i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>gabapentin tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | <i>levetiracetam tabs or 250 mg, 1000 mg, 750 mg, 500 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| LAMICTAL XR KIT  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  | <i>levetiracetam tb24 or 500 mg, 750 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lamotrigine chew 25 mg, 5 mg</i>                                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | <i>oxcarbazepine susp</i>                                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | <i>oxcarbazepine tabs</i>                                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lamotrigine tb24 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | <i>pregabalin caps 100 mg, 25 mg, 50 mg, 75 mg</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily);<br>MO                             |
| <i>levetiracetam in sodium chloride soln</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   | <i>pregabalin caps 150 mg, 200 mg, 225 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily);<br>MO                             |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                    | What the drug will cost you (tier level)        | Necessary actions, restrictions, or limits on use |
|---------------------------------|---|---|
| <i>pregabalin caps 300 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | SL(2 ea daily);<br>MO                             |
| <i>pregabalin soln 20 mg/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | SL(30 ml daily);<br>MO                            |
| <i>primidone tabs</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>rufinamide susp 40 mg/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>rufinamide tabs 200 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>rufinamide tabs 400 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1 <sup>^</sup> ) | MO  |
| SPRITAM TB3D 1000 MG            | \$0.00<br>-<br>\$9.20<br>(Tier 2)               | PA; SL(3 ea daily); MO                            |
| SPRITAM TB3D 250 MG             | \$0.00<br>-<br>\$9.20<br>(Tier 2)               | PA; SL(12 ea daily); MO                           |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| SPRITAM TB3D 500 MG                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(6 ea daily); MO                            |
| SPRITAM TB3D 750 MG                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(4 ea daily); MO                            |
| <i>topiramate cpsp 15 mg, 25 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>topiramate tabs 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| VIMPAT SOLN IV 200 MG/20ML                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| VIMPAT SOLN OR 10 MG/ML                             | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>zonisamide caps</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

**Carbamates**

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>felbamate susp</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>felbamate tabs</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| XCOPRI TABS 100 MG, 150 MG, 200 MG, 50 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| XCOPRI TBPK                               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; 12.5-25 MG;MO                                 |
| XCOPRI TBPK                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; 50-200 MG                                     |
| XCOPRI TBPK                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; 50-100 MG;MO                                  |
| XCOPRI TBPK                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; 350 MG Daily Dose                             |
| XCOPRI TBPK                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; 150-200 MG ;MO                                |

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| XCOPRI TBPK                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; 100-150 MG;MO                                 |
| <b>GABA Modulators</b>                         |  |   |
| <i>tiagabine hcl tabs</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>vigabatrin pack</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | LA; MO  |
| <i>vigabatrin tabs</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | LA  |
| <b>Hydantoins</b>                              |  |   |
| DILANTIN CAPS                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>fosphenytoin sodium soln 100 mg pe/2ml</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>fosphenytoin sodium soln 500 mg pe/10ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| PEGANONE TABS                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug                                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>phenytoin chew 50 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>phenytoin sodium extended caps</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>phenytoin sodium soln</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>phenytoin susp 100 mg/4ml, 125 mg/5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Succinimides</b>                          |  |   |
| CELONTIN CAPS                                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>ethosuximide caps</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ethosuximide soln</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Valproic Acid</b>                         |  |   |
| <i>divalproex sodium csdr</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>divalproex sodium tb24</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>divalproex sodium tbec</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>valproate sodium soln or 250 mg/5ml</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>valproic acid caps</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>    |  |   |
| <b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>    |  |   |
| <i>mirtazapine tabs</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>mirtazapine tbdp</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Antidepressants - Misc.</b>                        |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|--|---|
| <i>bupropion hcl tabs 100 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4.5 ea daily); MO                              |
| <i>bupropion hcl tabs 75 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(6 ea daily); MO                                |
| <i>bupropion hcl tb12 100 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily); MO                                |
| <i>bupropion hcl tb12 150 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2.66 ea daily); MO                             |
| <i>bupropion hcl tb12 200 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily); MO                                |
| <i>bupropion hcl tb24 150 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3 ea daily); MO                                |
| <i>bupropion hcl tb24 300 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.5 ea daily); MO                              |
| <i>bupropion hcl tb24 450 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | ST; MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| FORFIVO XL TB24<br>( <i>bupropion hcl</i> )          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; MO  |
| <b>GABA Receptor Modulator - Neuroactive Steroid</b> |  |   |
| ZULRESSO SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Monoamine Oxidase Inhibitors (MAOIs)</b>          |  |   |
| EMSAM PT24   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| MARPLAN TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>phenelzine sulfate tabs</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tranylcypromine sulfate tabs</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>N-Methyl-D-aspartic acid (NMDA) Receptor</b>      |  |   |
| SPRAVATO 56MG DOSE SOPK                              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| SPRAVATO 84MG DOSE SOPK                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b> |  |   |
| <i>citalopram hydrobromide soln 10 mg/5ml</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(20 ml daily);<br>MO                            |
| <i>citalopram hydrobromide tabs 10 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>citalopram hydrobromide tabs 20 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |
| <i>citalopram hydrobromide tabs 40 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily);<br>MO                             |
| <i>escitalopram oxalate soln</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>escitalopram oxalate tabs</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluoxetine hcl caps</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------|--|---|
| <i>fluoxetine hcl cpdr</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluoxetine hcl soln</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluoxetine hcl tabs</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluvoxamine maleate cp24</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluvoxamine maleate tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>paroxetine hcl susp</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>paroxetine hcl tabs</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>paroxetine hcl tb24</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PAXIL SUSP 10 MG/5ML<br>( <i>paroxetine hcl</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>sertraline hcl conc</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sertraline hcl tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Serotonin Modulators</b>                       |  |   |
| <i>nefazodone hcl tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>trazodone hcl tabs</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| TRINTELLIX TABS 10 MG                             | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; QL(2 ea daily); MO                            |
| TRINTELLIX TABS 20 MG                             | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; QL(1 ea daily); MO                            |
| TRINTELLIX TABS 5 MG                              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; QL(4 ea daily); MO                            |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| VIIBRYD STARTER PACK KIT                            | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; MO  |
| VIIBRYD TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; MO  |
| <b>Serotonin-Norepinephrine Reuptake Inhibitors</b> |  |   |
| DESVENLAFAXINE ER TB24                              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; MO  |
| <i>desvenlafaxine succinate tb24</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| DRIZALMA SPRINKLE CSDR 20 MG                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(6 ea daily); MO                            |
| DRIZALMA SPRINKLE CSDR 30 MG                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(4 ea daily); MO                            |
| DRIZALMA SPRINKLE CSDR 40 MG                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(3 ea daily); MO                            |
| DRIZALMA SPRINKLE CSDR 60 MG                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(2 ea daily); MO                            |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>duloxetine hcl cpep 20 mg, 60 mg, 30 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| FETZIMA CP24 120 MG, 40 MG, 80 MG              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; QL(1 ea daily); MO                            |
| FETZIMA CP24 20 MG                             | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; QL(2 ea daily); MO                            |
| FETZIMA TITRATION PACK C4PK                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; MO  |
| <i>venlafaxine hcl cp24 150 mg</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.5 ea daily); MO                              |
| <i>venlafaxine hcl cp24 37.5 mg</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(6 ea daily); MO                                |
| <i>venlafaxine hcl cp24 75 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3 ea daily); MO                                |
| <i>venlafaxine hcl tabs 100 mg</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3.75 ea daily); MO                             |

| Name of drug                        | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------------|--|---|
| <i>venlafaxine hcl tabs 25 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(15 ea daily); MO                               |
| <i>venlafaxine hcl tabs 37.5 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(10 ea daily); MO                               |
| <i>venlafaxine hcl tabs 50 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.5 ea daily); MO                              |
| <i>venlafaxine hcl tabs 75 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(5 ea daily); MO                                |
| <i>venlafaxine hcl tb24 150 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.5 ea daily); MO                              |
| <i>venlafaxine hcl tb24 225 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | ST; SL(1 ea daily); MO                            |
| <i>venlafaxine hcl tb24 37.5 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(6 ea daily); MO                                |
| <i>venlafaxine hcl tb24 75 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3 ea daily); MO                                |

**Tricyclic Agents**

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------|--|---|
| <i>amitriptyline hcl tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>amoxapine tabs</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clomipramine hcl caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>desipramine hcl tabs</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>doxepin hcl caps</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>doxepin hcl conc</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>imipramine hcl tabs</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>imipramine pamoate caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>nortriptyline hcl caps</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nortriptyline hcl soln</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>protriptyline hcl tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>trimipramine maleate caps</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b> |  |   |
| <b>Alpha-Glucosidase Inhibitors</b>                  |  |   |
| <i>acarbose tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily); MO                                |
| <i>miglitol tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily); MO                                |
| <b>Antidiabetic - Amylin Analogs</b>                 |  |   |
| SYMLINPEN 120 SOPN                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; Limit 12mls per month; QL(0.4 ml daily); MO   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| SYMLINPEN 60 SOPN  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; Limit 12mls per month; QL(0.4 ml daily); MO   |
| <b>Antidiabetic Combinations</b>                               |  |   |
| <i>glipizide-metformin hcl tabs 2.5 mg-250 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily); MO                                |
| <i>glipizide-metformin hcl tabs 2.5 mg-500 mg, 5 mg-500 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily); MO                                |
| <i>glyburide-metformin tabs 1.25 mg-250 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(8 ea daily); MO          |
| <i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(4 ea daily); MO          |
| INVOKAMET TABS 150 MG-1000 MG, 150 MG-500 MG, 50 MG-1000 MG    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily); MO                                |
| INVOKAMET TABS 50 MG-500 MG                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(4 ea daily); MO                                |
| INVOKAMET XR TB24 150 MG-1000 MG, 150 MG-500 MG, 50 MG-1000 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily); MO                                |

| Name of drug                                | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| INVOKAMET XR TB24 50 MG-500 MG              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(4 ea daily); MO                                |
| JANUMET TABS                                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily); MO                                |
| JANUMET XR TB24 100 MG-1000 MG              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(1 ea daily); MO                                |
| JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily); MO                                |
| JENTADUETO TABS                             | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily); MO                                |
| JENTADUETO XR TB24 2.5 MG-1000 MG           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily); MO                                |
| JENTADUETO XR TB24 5 MG-1000 MG             | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(1 ea daily); MO                                |
| <i>pioglitazone hcl-glimepiride tabs</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.5 ea daily); MO                              |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>pioglitazone hcl-metformin hcl tabs</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3 ea daily);<br>MO                             |
| SYNJARDY TABS 12.5 MG-1000 MG, 5 MG-1000 MG                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily);<br>MO                             |
| SYNJARDY TABS 12.5 MG-500 MG, 5 MG-500 MG                     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(4 ea daily);<br>MO                             |
| SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily);<br>MO                             |
| SYNJARDY XR TB24 25 MG-1000 MG                                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(1 ea daily);<br>MO                             |
| <b>Biguanides</b>   |  |   |
| <i>metformin hcl tabs 1000 mg</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2.55 ea daily);<br>MO                          |
| <i>metformin hcl tabs 500 mg</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(5.1 ea daily);<br>MO                           |
| <i>metformin hcl tabs 850 mg</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3 ea daily);<br>MO                             |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>metformin hcl tb24 500 mg</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>metformin hcl tb24 750 mg</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2.66 ea daily);<br>MO                          |
| <b>Diabetic Other</b>                               |  |   |
| BAQSIMI ONE PACK POWD                               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| BAQSIMI TWO PACK POWD                               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>dextrose (diabetic use) gel 15 gm/38gm, 40 %</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <i>diazoxide susp</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| GLUCAGEN HYPOKIT SOLR                               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>glucagon (rdna) kit</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| GVOKE PFS SOSY                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| KORLYM TABS                                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(4 ea daily); LA; MO                        |
| <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b> |  |   |
| JANUVIA TABS 100 MG                              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1 ea daily); MO                                |
| JANUVIA TABS 25 MG                               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(4 ea daily); MO                                |
| JANUVIA TABS 50 MG                               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(2 ea daily); MO                                |
| TRADJENTA TABS                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1 ea daily); MO                                |
| <b>Dopamine Receptor Agonists - Antidiabetic</b> |  |   |
| CYCLOSET TABS                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(6 ea daily); MO                                |
| <b>Incretin Mimetic Agents (GLP-1 Receptor</b>   |  |   |

| Name of drug                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------------------------|--|---|
| BYDUREON BCISE AUIJ               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| BYDUREON PEN PEN                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| BYETTA SOPN                       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| OZEMPIC SOPN 2 MG/1.5ML           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | 1MG/Dose  |
| OZEMPIC SOPN 2 MG/1.5ML, 4 MG/3ML | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| RYBELSUS TABS                     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| TRULICITY SOPN                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| VICTOZA SOPN                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 9mls per month; QL(0.3 ml daily); MO        |
| <b>Insulin Sensitizing Agents</b> |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug                        | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------------|--|---|
| <i>pioglitazone hcl tabs 15 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3 ea daily);<br>MO                             |
| <i>pioglitazone hcl tabs 30 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.5 ea daily); MO                              |
| <i>pioglitazone hcl tabs 45 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily);<br>MO                             |
| <b>Insulin</b>                      |  |   |
| BASAGLAR KWIKPEN SOPN               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| FIASP FLEXTOUCH SOPN                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| FIASP PENFILL SOCT                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| FIASP SOLN                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| HUMULIN R U-500 (CONCENTRATED) SOLN | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 45mls per month;QL(1.5 ml daily); MO        |

| Name of drug                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------|--|---|
| HUMULIN R U-500 KWIKPEN SOPN | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 45mls per month;QL(1.5 ml daily); MO        |
| LEVEMIR FLEXTOUCH SOPN       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 45mls per month;QL(1.5 ml daily); MO        |
| LEVEMIR SOLN                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 45mls per month;QL(1.5 ml daily); MO        |
| NOVOLIN 70/30 FLEXPEN SUPN   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| NOVOLIN 70/30 SUSP           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| NOVOLIN N FLEXPEN SUPN       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| NOVOLIN N SUSP               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| NOVOLIN R FLEXPEN SOPN       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |

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| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| NOVOLIN R SOLN                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| NOVOLOG FLEXPEN SOPN                     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| NOVOLOG MIX 70/30 SUSP                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| NOVOLOG PENFILL SOCT                     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| NOVOLOG SOLN                             | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| TRESIBA FLEXTOUCH SOPN 100 UNIT/ML       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 45mls per month; QL(1.5 ml daily); MO       |
| TRESIBA FLEXTOUCH SOPN 200 UNIT/ML       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 27mls per month; QL(0.9 ml daily); MO       |

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TRESIBA SOLN                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(1.5 ml daily); MO                              |
| <b>Meglitinide Analogues</b>                   |  |   |
| <i>nateglinide tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily); MO                                |
| <i>repaglinide tabs 0.5 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(32 ea daily); MO                               |
| <i>repaglinide tabs 1 mg</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(16 ea daily); MO                               |
| <i>repaglinide tabs 2 mg</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily); MO                                |
| <b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b> |  |   |
| INVOKANA TABS                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| JARDIANCE TABS                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Sulfonylureas</b>                           |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------|--|---|
| <i>glimepiride tabs 1 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(8 ea daily); MO          |
| <i>glimepiride tabs 2 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(4 ea daily); MO          |
| <i>glimepiride tabs 4 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(2 ea daily); MO          |
| <i>glipizide tabs 10 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily); MO                                |
| <i>glipizide tabs 5 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily); MO                                |
| <i>glipizide tb24 10 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily); MO                                |
| <i>glipizide tb24 2.5 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily); MO                                |
| <i>glipizide tb24 5 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily); MO                                |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>glyburide micronized tabs 1.5 mg</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(8 ea daily); MO          |
| <i>glyburide micronized tabs 3 mg</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(4 ea daily); MO          |
| <i>glyburide micronized tabs 6 mg</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(2 ea daily); MO          |
| <i>glyburide tabs 1.25 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(16 ea daily); MO         |
| <i>glyburide tabs 2.5 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(8 ea daily); MO          |
| <i>glyburide tabs 5 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); SL(4 ea daily); MO          |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>         |  |   |
| <b>Antidiarrheal/Probiotic Agents - Misc.</b>                           |  |   |
| <i>bismuth subsalicylate chew 262 mg</i>                                | \$0<br>(Tier 3)                          | MO; NT  |
| <i>bismuth subsalicylate susp 1050 mg/30ml, 525 mg/15ml</i>             | \$0<br>(Tier 3)                          | NT  |
| <i>bismuth subsalicylate susp 262 mg/15ml, 525 mg/30ml, 527 mg/30ml</i> | \$0<br>(Tier 3)                          | MO; NT  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>bismuth subsalicylate tabs 262 mg</i>                               | \$0 (Tier 3)                             | NT  |
| <b>Antiperistaltic Agents</b>  |  |   |
| <i>diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg, 2.5 mg-0.025 mg</i> | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <i>loperamide hcl caps 2 mg</i>  | \$0.00<br>-<br>\$3.70 (Tier 1)           | RX/OTC; MO  |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>                              |  |   |
| <b>Antidotes - Chelating Agents</b>                                    |  |   |
| <i>deferasirox pack</i>  | \$0.00<br>-<br>\$3.70 (Tier 1^)          |   |
| <i>deferasirox tabs</i>  | \$0.00<br>-<br>\$3.70 (Tier 1^)          |   |
| <i>deferasirox tbso</i>  | \$0.00<br>-<br>\$3.70 (Tier 1^)          |   |
| <i>deferiprone tabs</i>  | \$0.00<br>-<br>\$3.70 (Tier 1^)          | PA; LA; MO  |
| FERRIPROX TABS 1000 MG   | \$0.00<br>-<br>\$9.20 (Tier 2^)          | PA; LA; MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use             |
|---|--|---|
| FERRIPROX TWICE-A-DAY TABS                              | \$0.00<br>-<br>\$9.20 (Tier 2^)          | PA; MO  |
| <b>Antidotes and Specific Antagonists</b>               |  |   |
| VISTOGARD PACK  | \$0.00<br>-<br>\$9.20 (Tier 2^)          | MO  |
| <b>Opioid Antagonists</b>                               |  |   |
| <i>naloxone hcl sosy 2 mg/2ml</i>                       | \$0.00<br>-<br>\$3.70 (Tier 1)           |   |
| <i>naltrexone hcl tabs</i>                              | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| NARCAN LIQD   | \$0.00<br>-<br>\$9.20 (Tier 2)           | 1box=15DS, 2boxes=30DS, Max 4 ea/month;QL(0.134 ea daily); MO |
| <b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b> |  |   |
| <b>5-HT3 Receptor Antagonists</b>                       |  |   |
| <i>granisetron hcl tabs or 1 mg</i>                     | \$0.00<br>-<br>\$3.70 (Tier 1)           | B/D; MO   |
| <i>ondansetron hcl soln ij 4 mg/2ml, 40 mg/20ml</i>     | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>ondansetron hcl soln or 4 mg/5ml</i>   | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <i>ondansetron hcl tabs or 24 mg</i>      | \$0.00<br>-<br>\$3.70 (Tier 1)           |   |
| <i>ondansetron hcl tabs or 4 mg, 8 mg</i> | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <i>ondansetron tbdp</i>                   | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <b>Antiemetics - Anticholinergic</b>      |  |   |
| <i>meclizine hcl chew 25 mg</i>           | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| <i>meclizine hcl tabs 12.5 mg, 25 mg</i>  | \$0 (Tier 3)                             | Over-the-counter;RX/OTC; MO; NT                   |
| <i>meclizine hcl tabs 12.5 mg, 25 mg</i>  | \$0.00<br>-<br>\$3.70 (Tier 1)           | RX/OTC; MO  |
| <i>scopolamine pt72</i>                   | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| TIGAN SOLN IM 100 MG/ML                   | \$0.00<br>-<br>\$9.20 (Tier 2)           | MO  |
| <b>Antiemetics - Miscellaneous</b>        |  |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| BONJESTA TBCR   | \$0.00<br>-<br>\$9.20 (Tier 2)           | SL(2 ea daily); MO                                |
| <i>dronabinol caps</i>                                | \$0.00<br>-<br>\$3.70 (Tier 1)           | B/D; MO   |
| SYNDROS SOLN  | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D; MO   |
| <b>Substance P/Neurokinin 1 (NK1) Receptor</b>        |  |   |
| <i>aprepitant caps 125 mg, 80 mg</i>                  | \$0.00<br>-<br>\$3.70 (Tier 1)           | B/D; MO   |
| <i>aprepitant caps 40 mg</i>                          | \$0.00<br>-<br>\$3.70 (Tier 1)           | PA; MO  |
| <i>aprepitant misc</i>                                | \$0.00<br>-<br>\$3.70 (Tier 1)           | B/D; MO   |
| VARUBI TBPK   | \$0.00<br>-<br>\$9.20 (Tier 2)           | B/D   |
| <b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b> |  |   |
| <b>Antifungal - Glucan Synthesis Inhibitors</b>       |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                         | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------------|--|---|
| ERAXIS SOLR                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <i>micafungin sodium solr 100 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>micafungin sodium solr 50 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <b>Antifungals</b>                   |  |   |
| ABELCET SUSP                         | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| AMBISOME SUSR                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| <i>amphotericin b solr</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; MO  |
| <i>flucytosine caps</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>griseofulvin microsize susp</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                            | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>griseofulvin microsize tabs</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>griseofulvin ultramicrosize tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nystatin tabs</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>terbinafine hcl tabs</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Imidazole-Related Antifungals</b>    |  |   |
| CRESEMBA CAPS OR 186 MG                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| CRESEMBA SOLR IV 372 MG                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>fluconazole in nacl soln</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>fluconazole susr</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                       | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------------|--|---|
| <i>fluconazole tabs</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>itraconazole caps 100 mg</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ketoconazole tabs</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| NOXAFIL SOLN IV 300 MG/16.7ML      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| NOXAFIL SUSP OR 40 MG/ML           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>posaconazole tbec</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| TOLSURA CAPS                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <i>voriconazole solr iv 200 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |

| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>voriconazole susr or 40 mg/ml</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(20 ml daily); MO                               |
| <i>voriconazole tabs or 200 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | QL(4 ea daily); MO                                |
| <i>voriconazole tabs or 50 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4 ea daily); MO                                |
| <b>ANTIHISTAMINES - Drugs to Treat Allergies</b> |  |   |
| <b>Antihistamines - Alkylamines</b>              |  |   |
| <i>chlorpheniramine maleate syrp 2 mg/5ml</i>    | \$0<br>(Tier 3)                          | NT  |
| <i>chlorpheniramine maleate tabs 4 mg</i>        | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Antihistamines - Ethanolamines</b>            |  |   |
| <i>carbinoxamine maleate soln 4 mg/5ml</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>carbinoxamine maleate tabs 4 mg</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>clemastine fumarate tabs 2.68 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>diphenhydramine hcl caps or 50 mg, 25 mg</i>  | \$0<br>(Tier 3)                          | MO; NT  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>diphenhydramine hcl liqd or 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml</i> | \$0 (Tier 3)                             | MO; NT  |
| <i>diphenhydramine hcl soln ij 50 mg/ml</i>                            | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <i>diphenhydramine hcl tabs or 25 mg</i>                               | \$0 (Tier 3)                             | MO; NT  |
| <b>Antihistamines - Non-Sedating</b>                                   |  |   |
| <i>cetirizine hcl chew 5 mg, 10 mg</i>                                 | \$0 (Tier 3)                             | MO; NT  |
| <i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>                           | \$0.00<br>-<br>\$3.70 (Tier 1)           | RX/OTC; MO  |
| <i>cetirizine hcl tabs 5 mg, 10 mg</i>                                 | \$0 (Tier 3)                             | MO; NT  |
| <i>desloratadine tabs 5 mg</i>   | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <i>desloratadine tbdp 5 mg</i>   | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>                  | \$0.00<br>-<br>\$3.70 (Tier 1)           | RX/OTC; MO  |
| <i>levocetirizine dihydrochloride tabs 5 mg</i>                        | \$0.00<br>-<br>\$3.70 (Tier 1)           | RX/OTC; MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>loratadine soln 5 mg/5ml</i>                       | \$0 (Tier 3)                             | MO; NT  |
| <i>loratadine syrp 5 mg/5ml</i>                       | \$0 (Tier 3)                             | MO; NT  |
| <i>loratadine tabs 10 mg</i>                          | \$0 (Tier 3)                             | MO; NT  |
| <i>loratadine tbdp 10 mg</i>                          | \$0 (Tier 3)                             | MO; NT  |
| <b>Antihistamines - Phenothiazines</b>                |  |   |
| <i>promethazine hcl soln ij 50 mg/ml, 25 mg/ml</i>    | \$0.00<br>-<br>\$3.70 (Tier 1)           | AL(Up to 64 yrs old); MO                          |
| <i>promethazine hcl soln or 6.25 mg/5ml</i>           | \$0.00<br>-<br>\$3.70 (Tier 1)           | AL(Up to 64 yrs old); MO                          |
| <i>promethazine hcl supp re 12.5 mg, 25 mg</i>        | \$0.00<br>-<br>\$3.70 (Tier 1)           | AL(Up to 64 yrs old); MO                          |
| <i>promethazine hcl syrp or 6.25 mg/5ml</i>           | \$0.00<br>-<br>\$3.70 (Tier 1)           | AL(Up to 64 yrs old); MO                          |
| <i>promethazine hcl tabs or 25 mg, 12.5 mg, 50 mg</i> | \$0.00<br>-<br>\$3.70 (Tier 1)           | AL(Up to 64 yrs old); MO                          |
| <b>Antihistamines - Piperidines</b>                   |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>cyproheptadine hcl syrp</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>cyproheptadine hcl tabs</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b> |  |   |
| <b>Antihyperlipidemics - Combinations</b>                    |  |   |
| <i>ezetimibe-simvastatin tabs 10 mg-10 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(8 ea daily); MO                                |
| <i>ezetimibe-simvastatin tabs 10 mg-20 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4 ea daily); MO                                |
| <i>ezetimibe-simvastatin tabs 10 mg-40 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily); MO                                |
| <i>ezetimibe-simvastatin tabs 10 mg-80 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily); MO                                |
| <b>Antihyperlipidemics - Misc.</b>                           |  |   |
| <i>icosapent ethyl caps</i>                                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | ST; MO  |

| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| <i>omega-3-acid ethyl esters caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| VASCEPA CAPS 0.5 GM                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; MO  |
| <b>Bile Acid Sequestrants</b>         |  |   |
| <i>cholestyramine light pack</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cholestyramine light powd</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cholestyramine pack</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cholestyramine powd</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>colesevelam hcl pack</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>colesevelam hcl tabs</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>colestipol hcl gran</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>colestipol hcl pack</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>colestipol hcl tabs</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Fibric Acid Derivatives</b>                           |  |   |
| ANTARA CAPS 30 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(4.33 ea daily); MO                             |
| ANTARA CAPS 90 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(1.44 ea daily); MO                             |
| <i>choline fenofibrate cpdr</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fenofibrate micronized caps 130 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily); MO                                |
| <i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| FENOFIBRATE<br>MICRONIZED CAPS 30<br>MG              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(4.33 ea daily); MO                             |
| <i>fenofibrate micronized caps 43 mg</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3.02 ea daily); MO                             |
| FENOFIBRATE<br>MICRONIZED CAPS 90<br>MG              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(1.44 ea daily); MO                             |
| <i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>gemfibrozil tabs</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>HMG CoA Reductase Inhibitors</b>                  |  |   |
| <i>atorvastatin calcium tabs</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluvastatin sodium caps 20 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 ea daily); MO                                |
| <i>fluvastatin sodium caps 40 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily); MO                                |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>fluvastatin sodium tb24 80 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lovastatin tabs 20 mg, 10 mg</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily);<br>MO                             |
| <i>lovastatin tabs 40 mg</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily);<br>MO                             |
| <i>pravastatin sodium tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily);<br>MO                             |
| <i>rosuvastatin calcium tabs</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily);<br>MO                             |
| <i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily);<br>MO                             |
| <i>simvastatin tabs 80 mg</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily);<br>MO                             |
| <b>Intestinal Cholesterol Absorption Inhibitors</b>   |  |   |
| <i>ezetimibe tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily);<br>MO                             |
| <b>Microsomal Triglyceride Transfer Protein (MTP)</b> |  |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| JUXTAPID CAPS 10 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(6 ea daily); LA; MO                        |
| JUXTAPID CAPS 20 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(3 ea daily); LA; MO                        |
| JUXTAPID CAPS 30 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(2 ea daily); LA; MO                        |
| JUXTAPID CAPS 5 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(12 ea daily); LA; MO                       |
| <b>Nicotinic Acid Derivatives</b>                              |  |   |
| <i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Proprotein Convertase Subtilisin/Kexin Type 9</b>           |  |   |
| PRALUENT SOAJ 150 MG/ML  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; Limit 2mls per 28 days; SL(0.08 ml daily); MO |
| PRALUENT SOAJ 75 MG/ML   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; Limit 4mls per 28 days; SL(0.15 ml daily); MO |
| REPATHA PUSHTRONEX SYSTEM SOCT                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| REPATHA SOSY  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| REPATHA SURECLICK SOAJ  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| <b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b> |  |   |
| <b>ACE Inhibitors</b>   |  |   |
| <i>benazepril hcl tabs</i>                                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>captopril tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>enalapril maleate tabs 10 mg</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>enalapril maleate tabs 2.5 mg</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(16 ea daily);<br>MO                            |
| <i>enalapril maleate tabs 20 mg</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |
| <i>enalapril maleate tabs 5 mg</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |

| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| <i>fosinopril sodium tabs</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lisinopril tabs</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>moexipril hcl tabs</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>perindopril erbumine tabs 2 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |
| <i>perindopril erbumine tabs 4 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>perindopril erbumine tabs 8 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |
| <i>quinapril hcl tabs</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ramipril caps</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                               | What the drug will cost you (tier level)        | Necessary actions, restrictions, or limits on use |
|--|---|---|
| <i>trandolapril tabs</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <b>Agents for Pheochromocytoma</b>         |   |   |
| <i>metyrosine caps</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1 <sup>^</sup> ) | MO  |
| <i>phenoxybenzamine hcl caps</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <b>Angiotensin II Receptor Antagonists</b> |   |   |
| <i>candesartan cilexetil tabs</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>irbesartan tabs</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>losartan potassium tabs</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>valsartan tabs</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <b>Antiadrenergic Antihypertensives</b>    |   |   |

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>clonidine hcl tabs</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clonidine ptwk</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>doxazosin mesylate tabs</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>guanfacine hcl tabs</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>prazosin hcl caps</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>terazosin hcl caps</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Antihypertensive Combinations</b>           |  |   |
| <i>amlodipine besylate-benazepril hcl caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>atenolol &amp; chlorthalidone tabs</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>benazepril &amp; hydrochlorothiazide tabs 5 mg-6.25 mg, 10 mg-12.5 mg, 12.5 mg-20 mg, 20 mg-25 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>bisoprolol &amp; hydrochlorothiazide tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>candesartan cilexetil-hydrochlorothiazide tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>enalapril maleate &amp; hydrochlorothiazide tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>irbesartan-hydrochlorothiazide tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lisinopril &amp; hydrochlorothiazide tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>losartan potassium &amp; hydrochlorothiazide tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>metoprolol &amp; hydrochlorothiazide tabs</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>quinapril-hydrochlorothiazide tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| TEKTURNA HCT TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg, 12.5 mg-80 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |
| <i>valsartan-hydrochlorothiazide tabs 12.5 mg-320 mg, 25 mg-160 mg, 25 mg-320 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily);<br>MO                             |
| <b>Direct Renin Inhibitors</b>   |  |   |
| <i>aliskiren fumarate tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Selective Aldosterone Receptor Antagonists</b>                                    |  |   |
| <i>eplerenone tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Vasodilators</b>  |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>hydralazine hcl tabs or 100 mg, 25 mg, 50 mg, 10 mg</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>minoxidil tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b> |  |   |
| <b>Antimalarial Combinations</b>                                     |  |   |
| <i>atovaquone-proguanil hcl tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| COARTEM TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Antimalarials</b>   |  |   |
| <i>chloroquine phosphate tabs 250 mg, 500 mg</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>hydroxychloroquine sulfate tabs 200 mg</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| KRINTAFEL TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | QL(0.14 ea daily)                                 |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>mefloquine hcl tabs</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>primaquine phosphate tabs</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| PRIMAQUINE PHOSPHATE TABS ( <i>primaquine phosphate</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>pyrimethamine tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>quinine sulfate caps</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; MO  |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                  |  |   |
| <b>Antimyasthenic/Cholinergic Agents</b>                  |  |   |
| FIRDAPSE TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(8 ea daily); LA; MO                        |
| <i>pyridostigmine bromide tabs 60 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>pyridostigmine bromide tbcr 180 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| RUZURGI TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(10 ea daily); MO                           |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |  |   |
| <b>Antimycobacterial Agents</b>  |  |   |
| CAPASTAT SULFATE SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <i>ethambutol hcl tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>isoniazid tabs or 100 mg, 300 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| PASER PACK   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| PRETOMANID TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| PRIFTIN TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>pyrazinamide tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>rifabutin caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>rifampin caps or 150 mg, 300 mg</i>                                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>rifampin solr iv 600 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| SIRTURO TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| TRECTOR TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b> |  |   |
| <b>Alkylating Agents</b>  |  |   |
| BENDEKA SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>busulfan soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>carboplatin soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>carmustine solr</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>cisplatin soln 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>cyclophosphamide caps or 25 mg, 50 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| CYCLOPHOSPHAMIDE SOLN IV 1 GM/5ML, 500 MG/2.5ML              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| CYCLOPHOSPHAMIDE TABS OR 25 MG, 50 MG                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| EVOMELA SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| IFEX SOLR 3 GM   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>ifosfamide solr 1 gm</i>                                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| IFOSFAMIDE SOLR 3 GM   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| LEUKERAN TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>melphalan hcl solr</i>                                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>melphalan tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>oxaliplatin soln 200 mg/40ml, 100 mg/20ml, 50 mg/10ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>oxaliplatin solr 100 mg, 50 mg</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| PEPAXTO SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |

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| Name of drug               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------|--|---|
| TEMODAR SOLR               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>thiotepa solr 15 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| TREANDA SOLR               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| YONDELIS SOLR              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| ZANOSAR SOLR               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Antimetabolites</b>     |  |   |
| ALIMTA SOLR                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| ARRANON SOLN               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>azacitidine susr</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>cladribine soln</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |
| <i>clofarabine soln</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>cytarabine soln</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |
| <i>decitabine solr</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>fludarabine phosphate solr 50 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>fluorouracil soln</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |
| FOLOTYN SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>gemcitabine hcl soln 1 gm/10ml, 2 gm/20ml, 200 mg/2ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>gemcitabine hcl soln 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>gemcitabine hcl solr 2 gm, 1 gm, 200 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| INFUGEM SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>mercaptopurine tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>methotrexate sodium soln ij 1 gm/40ml</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>methotrexate sodium solr ij 1 gm</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>methotrexate sodium tabs or 2.5 mg</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ONUREG TABS                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| PURIXAN SUSP                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| TABLOID TABS                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| TREXALL TABS                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| XATMEP SOLN                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| <b>Antineoplastic - Angiogenesis Inhibitors</b> |  |   |
| AVASTIN SOLN                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| CYRAMZA SOLN                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| INLYTA TABS                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------|--|---|
| LENVIMA 10 MG DAILY DOSE CPPK | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LENVIMA 12MG DAILY DOSE CPPK  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LENVIMA 14 MG DAILY DOSE CPPK | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LENVIMA 18 MG DAILY DOSE CPPK | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LENVIMA 20 MG DAILY DOSE CPPK | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LENVIMA 24 MG DAILY DOSE CPPK | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LENVIMA 4 MG DAILY DOSE CPPK  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LENVIMA 8 MG DAILY DOSE CPPK  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| MVASI SOLN                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| ZALTRAP SOLN                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ZIRABEV SOLN                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Antineoplastic - Anti-HER2 Agents</b> |  |   |
| HERCEPTIN SOLR                           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| KANJINTI SOLR                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| OGIVRI SOLR                              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| PERJETA SOLN                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| TRAZIMERA SOLR 420 MG                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                       | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------------|--|---|
| TUKYSA TABS                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Antineoplastic - Antibodies</b> |  |   |
| ARZERRA CONC                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| BAVENCIO SOLN                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| BESPONSA SOLR                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| BLNREP SOLR                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| BLINCYTO SOLR                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| DARZALEX SOLN                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| EMPLICITI SOLR                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------|--|---|
| ENHERTU SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| GAZYVA SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| IMFINZI SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| JEMPERLI SOLN | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| KADCYLA SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| KEYTRUDA SOLN | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| LIBTAYO SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| LUMOXITI SOLR | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------|--|---|
| MONJUVI SOLR      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| MYLOTARG SOLR     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| OPDIVO SOLN       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| PADCEV SOLR 20 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | SL(7 ea daily)                                    |
| PADCEV SOLR 30 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | SL(5 ea daily)                                    |
| POLIVY SOLR       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| POTELIGEO SOLN    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| RITUXAN SOLN      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------|--|---|
| RUXIENCE SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| RYBREVANT SOLN | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| SARCLISA SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| TECENTRIQ SOLN | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| TIVDAK SOLR    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| TRUXIMA SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| YERVOY SOLN    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ZYNLONTA SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |

**Antineoplastic - BCL-2 Inhibitors**

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                            | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| VENCLEXTA STARTING PACK TBPK            | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; LA; MO  |
| VENCLEXTA TABS                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; LA; MO  |
| <b>Antineoplastic - EGFR Inhibitors</b> |  |   |
| ERBITUX SOLN                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>erlotinib hcl tabs</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| GILOTRIF TABS                           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| IRESSA TABS                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| PORTRAZZA SOLN                          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| TAGRISSO TABS                           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| VECTIBIX SOLN                                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| VIZIMPRO TABS                                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Antineoplastic - Hedgehog Pathway Inhibitors</b> |  |   |
| DAURISMO TABS                                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ERIVEDGE CAPS                                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| ODOMZO CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <b>Antineoplastic - Hormonal and Related Agents</b> |  |   |
| <i>abiraterone acetate tabs</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| <i>anastrozole tabs</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>bicalutamide tabs</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use | Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------|--|---|---|--|---|
| ELIGARD KIT               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   | <i>hydroxyprogesterone caproate (antineoplastic) soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| EMCYT CAPS                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  | <i>letrozole tabs</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| ERLEADA TABS              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  | <i>leuprolide acetate kit</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>exemestane tabs</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | LUPRON DEPOT (1-MONTH) KIT                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| FIRMAGON SOLR 120 MG/VIAL | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   | LUPRON DEPOT (3-MONTH) KIT                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| FIRMAGON SOLR 80 MG       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   | LUPRON DEPOT (4-MONTH) KIT                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>flutamide caps</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | LUPRON DEPOT (6-MONTH) KIT                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>fulvestrant soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  | LYSODREN TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------|--|---|
| <i>megestrol acetate susp</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>megestrol acetate tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>nilutamide tabs</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| NUBEQA TABS                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ORGOVYX TABS                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| SOLTAMOX SOLN                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>tamoxifen citrate tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>toremifene citrate tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |

| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TRELSTAR MIXJECT SUSR                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| VANTAS KIT                                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| XTANDI CAPS 40 MG                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| XTANDI TABS 40 MG, 80 MG                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| YONSA TABS                                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ZOLADEX IMPL                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <b>Antineoplastic - Hypoxia-Inducible Factor</b> |  |   |
| WELIREG TABS                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Antineoplastic - Immunomodulators</b>         |  |   |
| POMALYST CAPS                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Antineoplastic - PDGFR-alpha Inhibitors</b> |  |   |
| AYVAKIT TABS                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Antineoplastic - XPO1 Inhibitors</b>        |  |   |
| XPOVIO 100 MG ONCE WEEKLY TBPB                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| XPOVIO 40 MG ONCE WEEKLY TBPB                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| XPOVIO 40 MG TWICE WEEKLY TBPB                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| XPOVIO 60 MG ONCE WEEKLY TBPB                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| XPOVIO 60 MG TWICE WEEKLY TBPB                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| XPOVIO 80 MG ONCE WEEKLY TBPB                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| XPOVIO 80 MG TWICE WEEKLY TBPB                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |

| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| XPOVIO TBPB                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Antineoplastic Antibiotics</b>          |  |   |
| <i>bleomycin sulfate solr</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |
| <i>dactinomycin solr</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>daunorubicin hcl soln</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>doxorubicin hcl liposomal inj</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>doxorubicin hcl soln</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>doxorubicin hcl solr</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                       | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------------|--|---|
| <i>epirubicin hcl soln</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>idarubicin hcl soln</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>mitomycin solr</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>mitoxantrone hcl conc</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>valrubicin soln</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <b>Antineoplastic Combinations</b> |  |   |
| DARZALEX FASPRO SOLN               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| INQOVI TABS                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| KISQALI FEMARA 200 DOSE TBPK       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug                                | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| KISQALI FEMARA 400 DOSE TBPK                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| KISQALI FEMARA 600 DOSE TBPK                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LONSURF TABS                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| PHESGO SOLN                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| VYXEOS SUSR                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Antineoplastic Enzyme Inhibitors</b>     |  |   |
| AFINITOR DISPERZ TBSO ( <i>everolimus</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| AFINITOR TABS 10 MG ( <i>everolimus</i> )   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ALECENSA CAPS                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------|--|---|
| ALIQOPA SOLR    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| ALUNBRIG TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| ALUNBRIG TBPk   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| BALVERSA TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| BELEODAQ SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| BORTEZOMIB SOLR | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| BOSULIF TABS    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| BRAFTOVI CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug           | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------|--|---|
| BRUKINSA CAPS          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| CABOMETYX TABS         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| CALQUENCE CAPS         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| CAPRELSA TABS          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| COMETRIQ KIT           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| COPIKTRA CAPS          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| COTELLIC TABS          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <i>everolimus tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                            | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>everolimus tbso</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| FARYDAK CAPS                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| FOTIVDA CAPS                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| GAVRETO CAPS                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| IBRANCE CAPS                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| IBRANCE TABS                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| IDHIFA TABS                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|--|---|
| <i>imatinib mesylate tabs</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| IMBRUVICA CAPS                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| IMBRUVICA TABS                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| INREBIC CAPS                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| ISTODAX ( <i>OVERFILL</i> ) SOLR | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| JAKAFI TABS                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| KISQALI TBPK                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| KOSELUGO CAPS                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|--|---|
| KYPROLIS SOLR                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>lapatinib ditosylate tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| LORBRENA TABS                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LUMAKRAS TABS                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LYNPARZA TABS                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| MEKINIST TABS                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| MEKTOVI TABS                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| NERLYNX TABS                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------|--|---|
| NEXAVAR TABS                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| NINLARO CAPS                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| PEMAZYRE TABS                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| PIQRAY 200MG DAILY DOSE TBPK | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| PIQRAY 250MG DAILY DOSE TBPK | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| PIQRAY 300MG DAILY DOSE TBPK | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| QINLOCK TABS                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| RETEVMO CAPS                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------|--|---|
| ROZLYTREK CAPS               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| RUBRACA TABS                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| RYDAPT CAPS                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| SPRYCEL TABS                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| STIVARGA TABS                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <i>sunitinib malate caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| TABRECTA TABS                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| TAFINLAR CAPS                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |

| Name of drug             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------|--|---|
| TALZENNA CAPS            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| TASIGNA CAPS             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| TAZVERIK TABS            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <i>temsirolimus soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| TEPMETKO TABS            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| TIBSOVO TABS             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| TRUSELTIQ CPPK           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| TURALIO CAPS             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------|--|---|
| UKONIQ TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| VELCADE SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| VERZENIO TABS | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| VITRAKVI CAPS | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| VITRAKVI SOLN | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| VOTRIENT TABS | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| XALKORI CAPS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| XOSPATA TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |

| Name of drug                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------|--|---|
| ZEJULA CAPS                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| ZELBORAF TABS                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| ZOLINZA CAPS                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| ZYDELIG TABS                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| ZYKADIA TABS                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Antineoplastic Enzymes</b> |  |   |
| ASPARLAS SOLN                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| ONCASPAR SOLN                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| RYLAZE SOLN                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <b>Antineoplastics Misc.</b>  |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------------------------|--|---|
| ACTIMMUNE SOLN                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| <i>arsenic trioxide soln</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>bexarotene caps</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>dacarbazine solr</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>hydroxyurea caps</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| INTRON A SOLN 10 MU/ML            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| INTRON A SOLN 6000000 UNIT/ML     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| INTRON A SOLR 10 MU, 18 MU, 50 MU | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |

| Name of drug                         | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------------|--|---|
| MATULANE CAPS                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| NIPENT SOLR                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| PROLEUKIN SOLR                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| SYNRIBO SOLR                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| TICE BCG SUSR                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>tretinoin (chemotherapy) caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| UVADEX SOLN                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <b>Chemotherapy Adjuncts</b>         |  |   |
| ELITEK SOLR                          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| KEPIVANCE SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Chemotherapy Rescue/Antidote/Protective Agents</b>                   |  |   |
| <i>dexrazoxane hcl solr</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| KHAPZORY SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>levoleucovorin calcium soln 175 mg/17.5ml</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>levoleucovorin calcium soln 250 mg/25ml</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>levoleucovorin calcium solr 50 mg</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>mesna soln</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| MESNEX TABS OR 400 MG                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <b>Mitotic Inhibitors</b>                               |  |   |
| ABRAXANE SUSR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>docetaxel soln 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| ETOPOPHOS SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <i>etoposide soln</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| HALAVEN SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| IXEMPRA KIT SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| JEVTANA SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| MARQIBO SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>paclitaxel conc 100 mg/16.67ml, 150 mg/25ml, 100 mg/16.7ml, 30 mg/5ml, 300 mg/50ml, 6 mg/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>vinblastine sulfate soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; MO  |
| <i>vincristine sulfate soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |
| <i>vinorelbine tartrate soln 10 mg/ml</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>vinorelbine tartrate soln 50 mg/5ml</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Oncolytic Viral Agents</b>  |  |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| IMLYGIC SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | 1000000 Unit/ML;MO                                |
| IMLYGIC SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | 100000000 Unit/ML;MO                              |
| <b>Topoisomerase I Inhibitors</b>  |  |   |
| <i>irinotecan hcl soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| ONIVYDE INJ  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>topotecan hcl solr 4 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| TRODELVY SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b> |  |   |
| <b>Antiparkinson Adjunctive Therapy</b>  |  |   |
| <i>carbidopa tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| NOURIANZ TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Antiparkinson Anticholinergics</b>                  |  |   |
| <i>benztropine mesylate soln ij 1 mg/ml</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>trihexyphenidyl hcl soln</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>trihexyphenidyl hcl tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <b>Antiparkinson COMT Inhibitors</b>                   |  |   |
| <i>entacapone tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily); MO                                |
| <i>tolcapone tabs</i>                                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Antiparkinson Dopaminergics</b>                     |  |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>amantadine hcl caps</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>amantadine hcl soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>amantadine hcl tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| APOKYN SOCT   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <i>bromocriptine mesylate caps</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>bromocriptine mesylate tabs</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>carbidopa-levodopa tbc 25 mg-100 mg, 50 mg-200 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>carbidopa-levodopa tbdp 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| DUOPA SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| NEUPRO PT24  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ropinirole hydrochloride tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ropinirole hydrochloride tb24</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Antiparkinson Monoamine Oxidase Inhibitors</b>  |  |   |
| <i>rasagiline mesylate tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>selegiline hcl caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>selegiline hcl tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b> |  |   |
| <b>Antimanic Agents</b>  |  |   |
| <i>lithium carbonate caps</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lithium carbonate tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lithium carbonate tbcr</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| LITHIUM SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Antipsychotics - Misc.</b>  |  |   |
| CAPLYTA CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| EQUETRO CP12   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |

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| Name of drug        | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------|--|---|
| LATUDA TABS 120 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(1.33 ea daily); MO                         |
| LATUDA TABS 20 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(8 ea daily); MO                            |
| LATUDA TABS 40 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(4 ea daily); MO                            |
| LATUDA TABS 60 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(2.67 ea daily); MO                         |
| LATUDA TABS 80 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(2 ea daily); MO                            |
| NUPLAZID CAPS       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| NUPLAZID TABS       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| VRAYLAR CAPS 1.5 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(4 ea daily); MO                            |

| Name of drug                        | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------------|--|---|
| VRAYLAR CAPS 3 MG                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(2 ea daily); MO                            |
| VRAYLAR CAPS 4.5 MG                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(1.4 ea daily); MO                          |
| VRAYLAR CAPS 6 MG                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(1 ea daily); MO                            |
| VRAYLAR CPPK                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| <i>ziprasidone hcl caps</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ziprasidone mesylate solr</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Benzisoxazoles</b>               |  |   |
| FANAPT TABS 1 MG, 10 MG, 2 MG, 4 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| FANAPT TABS 12 MG, 6 MG, 8 MG       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| INVEGA SUSTENNA SUSY 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| INVEGA SUSTENNA SUSY 39 MG/0.25ML, 78 MG/0.5ML              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| INVEGA TRINZA SUSY  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>paliperidone tb24 1.5 mg</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |
| <i>paliperidone tb24 3 mg</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>paliperidone tb24 6 mg</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |
| <i>paliperidone tb24 9 mg</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | SL(1.33 ea daily);<br>MO                          |
| PERSERIS PRSY   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------------------------|--|---|
| RISPERDAL CONSTA SRER 12.5 MG     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 8 vials per 28 days;SL(0.29 ea daily); MO   |
| RISPERDAL CONSTA SRER 25 MG       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 4 vials per 28 days;SL(0.15 ea daily); MO   |
| RISPERDAL CONSTA SRER 37.5 MG     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | Limit 4 vials per 42 days;SL(0.1 ea daily); MO    |
| RISPERDAL CONSTA SRER 50 MG       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | Limit 2 vials per 28 days;SL(0.08 ea daily); MO   |
| <i>risperidone soln</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>risperidone tabs</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>risperidone tbdp</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Butyrophenones</b>             |  |   |
| <i>haloperidol decanoate soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>haloperidol lactate conc</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>haloperidol lactate soln</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>haloperidol tabs</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Dibenzapines</b>                                  |  |   |
| <i>asenapine maleate subl 10 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | SL(2 ea daily);<br>MO                             |
| <i>asenapine maleate subl 2.5 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |
| <i>asenapine maleate subl 5 mg</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>clozapine tabs 200 mg, 50 mg, 100 mg, 25 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>clozapine tbdp 100 mg, 12.5 mg, 25 mg, 150 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>clozapine tbdp 200 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>loxapine succinate caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>olanzapine solr</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>olanzapine tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>olanzapine tbdp</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| SAPHRIS SUBL 10 MG<br>( <i>asenapine maleate</i> )                           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | SL(2 ea daily);<br>MO                             |
| SAPHRIS SUBL 2.5 MG<br>( <i>asenapine maleate</i> )                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(8 ea daily);<br>MO                             |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug                                      | What the drug will cost you (tier level)        | Necessary actions, restrictions, or limits on use |
|---|---|---|
| SAPHRIS SUBL 5 MG                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)               | SL(4 ea daily);<br>MO                             |
| SAPHRIS SUBL 5 MG<br>( <i>asenapine maleate</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2)               | SL(4 ea daily);<br>MO                             |
| SECUADO PT24 3.8<br>MG/24HR                       | \$0.00<br>-<br>\$9.20<br>(Tier 2 <sup>^</sup> ) | PA; SL(2 ea<br>daily)                             |
| SECUADO PT24 5.7<br>MG/24HR                       | \$0.00<br>-<br>\$9.20<br>(Tier 2 <sup>^</sup> ) | PA; SL(1.34 ea<br>daily); MO                      |
| SECUADO PT24 7.6<br>MG/24HR                       | \$0.00<br>-<br>\$9.20<br>(Tier 2 <sup>^</sup> ) | PA; SL(1 ea<br>daily)                             |
| VERSACLOZ SUSP                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2 <sup>^</sup> ) | PA; SL(18 ml<br>daily)                            |
| ZYPREXA RELPREVV<br>SUSR                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)               |   |
| <b>Dihydroindolones</b>                           |   |   |
| <i>molindone hcl tabs</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)               |   |
| <b>Phenothiazines</b>                             |   |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>chlorpromazine hcl soln ij<br/>25 mg/ml</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>chlorpromazine hcl soln ij<br/>50 mg/2ml</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>chlorpromazine hcl tabs or<br/>10 mg, 100 mg, 200 mg, 25<br/>mg, 50 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| CHLORPROMAZINE<br>HYDROCHLORIDE CONC  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| <i>fluphenazine decanoate<br/>soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluphenazine hcl conc or 5<br/>mg/ml</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluphenazine hcl soln ij 2.5<br/>mg/ml</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluphenazine hcl tabs or 1<br/>mg, 10 mg, 2.5 mg, 5 mg</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>perphenazine tabs</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>prochlorperazine edisylate soln 10 mg/2ml</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>prochlorperazine edisylate soln 50 mg/10ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>prochlorperazine maleate tabs</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>prochlorperazine supp</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>thioridazine hcl tabs</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>trifluoperazine hcl tabs</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Quinolinone Derivatives</b>                    |  |   |
| ABILIFY MAINTENA PRSY                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |

| Name of drug                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|--|---|
| ABILIFY MAINTENA SRER            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>aripiprazole soln 1 mg/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(30 ml daily);<br>MO                            |
| <i>aripiprazole tabs 10 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(3 ea daily);<br>MO                             |
| <i>aripiprazole tabs 15 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |
| <i>aripiprazole tabs 2 mg</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(15 ea daily);<br>MO                            |
| <i>aripiprazole tabs 20 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1.5 ea daily);<br>MO                           |
| <i>aripiprazole tabs 30 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily);<br>MO                             |
| <i>aripiprazole tabs 5 mg</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(6 ea daily);<br>MO                             |

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| Name of drug                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------|--|---|
| <i>aripiprazole tbdp 10 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | SL(3 ea daily);<br>MO                             |
| <i>aripiprazole tbdp 15 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | SL(2 ea daily);<br>MO                             |
| ARISTADA INITIO PRSY           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| ARISTADA PRSY                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| REXULTI TABS 0.25 MG           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(16 ea daily); MO                           |
| REXULTI TABS 0.5 MG            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(8 ea daily); MO                            |
| REXULTI TABS 1 MG              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(4 ea daily); MO                            |
| REXULTI TABS 2 MG              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(2 ea daily); MO                            |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| REXULTI TABS 3 MG                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(1.33 ea daily); MO                         |
| REXULTI TABS 4 MG                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(1 ea daily); MO                            |
| <b>Thioxanthenes</b>                                |  |   |
| <i>thiothixene caps</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>ANTIVIRALS - Drugs to Treat Viral Infections</b> |  |   |
| <b>Antiretrovirals</b>                              |  |   |
| <i>abacavir sulfate soln</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>abacavir sulfate tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>abacavir sulfate-lamivudine tabs</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>abacavir sulfate-lamivudine-zidovudine tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |

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| Name of drug                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------|--|---|
| APTIVUS CAPS 250 MG            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| APTIVUS SOLN 100 MG/ML         | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <i>atazanavir sulfate caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| BIKTARVY TABS                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| CABENUVA SUER                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| CIMDUO TABS                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| COMPLERA TABS                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| CRIXIVAN CAPS                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| DELSTRIGO TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| DESCOVY TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| DOVATO TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| EDURANT TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>efavirenz caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>efavirenz tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>emtricitabine caps</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>emtricitabine-tenofovir disoproxil fumarate tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| EMTRIVA SOLN 10 MG/ML                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>etravirine tabs</i>                                  | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| EVOTAZ TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>fosamprenavir calcium tabs</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| FUZEON SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| GENVOYA TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |

| Name of drug          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-----------------------|--|---|
| INTELENCE TABS 25 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| INVIRASE TABS         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| ISENTRESS CHEW 100 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(6 ea daily);<br>MO                             |
| ISENTRESS CHEW 25 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(24 ea daily);<br>MO                            |
| ISENTRESS HD TABS     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| ISENTRESS PACK 100 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily);<br>MO                             |
| ISENTRESS TABS 400 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| JULUCA TABS           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>lamivudine soln</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lamivudine tabs</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lamivudine-zidovudine tabs</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| LEXIVA SUSP 50 MG/ML                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>lopinavir-ritonavir tabs 25 mg-100 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lopinavir-ritonavir tabs 50 mg-200 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>nevirapine susp 50 mg/5ml</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------|--|---|
| <i>nevirapine tabs 200 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nevirapine tb24 100 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>nevirapine tb24 400 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| NORVIR PACK 100 MG            | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| NORVIR SOLN 80 MG/ML          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| ODEFSEY TABS                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| PIFELTRO TABS                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| PREZCOBIX TABS                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |

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| Name of drug                         | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use | Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------------|--|---|--|--|---|
| PREZISTA SUSP 100 MG/ML              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  | SELZENTRY TABS 150 MG, 300 MG                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| PREZISTA TABS 150 MG, 600 MG, 800 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  | SELZENTRY TABS 25 MG, 75 MG                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| PREZISTA TABS 75 MG                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  | <i>stavudine caps 15 mg, 20 mg, 30 mg, 40 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| RETROVIR IV INFUSION SOLN            | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   | STRIBILD TABS                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| REYATAZ PACK 50 MG                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  | SYMTUZA TABS                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>ritonavir tabs</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | TEMIXYS TABS                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| RUKOBIA TB12                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  | <i>tenofovir disoproxil fumarate tabs</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| SELZENTRY SOLN 20 MG/ML              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   | TIVICAY PD TBSO                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |

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| Name of drug                       | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------------|--|---|
| TIVICAY TABS 10 MG                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| TIVICAY TABS 25 MG, 50 MG          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| TRIUMEQ TABS                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| TROGARZO SOLN                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| TYBOST TABS                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| VIRACEPT TABS                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| VIREAD POWD 40 MG/GM               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| VIREAD TABS 150 MG, 200 MG, 250 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |

| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| <i>zidovudine caps</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>zidovudine syrp</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>zidovudine tabs</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>CMV Agents</b>                     |  |   |
| <i>cidofovir soln</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <i>ganciclovir sodium solr</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |
| PREVYMIS TABS OR 240 MG, 480 MG       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <i>valganciclovir hcl tabs 450 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <b>Hepatitis Agents</b>               |  |   |
| <i>adefovir dipivoxil tabs</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |

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| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| BARACLUDE SOLN 0.05 MG/ML                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>entecavir tabs</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| EPCLUSA TABS 100 MG-400 MG, 50 MG-200 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| EPIVIR HBV SOLN 5 MG/ML                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| HARVONI PACK 33.75 MG-150 MG, 45 MG-200 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| HARVONI TABS 45 MG-200 MG, 90 MG-400 MG    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <i>lamivudine (hbv) tabs</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| MAVYRET TABS 40 MG-100 MG                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug                        | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------------|--|---|
| PEGASYS SOLN                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| PEGASYS SOSY                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>ribavirin (hepatitis c) caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>ribavirin (hepatitis c) tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| VEMLIDY TABS                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | ST; MO  |
| VOSEVI TABS                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Herpes Agents</b>                |  |   |
| <i>acyclovir caps</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>acyclovir sodium soln</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>acyclovir susp</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>acyclovir tabs</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>famciclovir tabs</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>valacyclovir hcl tabs</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Influenza Agents</b>                           |  |   |
| <i>oseltamivir phosphate caps or 30 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4 ea daily);<br>MO                             |
| <i>oseltamivir phosphate caps or 45 mg, 75 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>oseltamivir phosphate susr or 6 mg/ml</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| RELENZA DISKHALER<br>AEPB                         | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>rimantadine hydrochloride tabs</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Respiratory Syncytial Virus (RSV) Agents</b>           |  |   |
| <i>ribavirin solr</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b> |  |   |
| <b>Alpha-Beta Blockers</b>                                |  |   |
| <i>carvedilol phosphate cp24</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>carvedilol tabs 12.5 mg</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |
| <i>carvedilol tabs 25 mg</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>carvedilol tabs 3.125 mg</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(32 ea daily);<br>MO                            |
| <i>carvedilol tabs 6.25 mg</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(16 ea daily);<br>MO                            |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Beta Blockers Cardio-Selective</b>                   |  |   |
| <i>acebutolol hcl caps</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>atenolol tabs</i>                                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>betaxolol hcl tabs</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>bisoprolol fumarate tabs</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>metoprolol succinate tb24</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Beta Blockers Non-Selective</b>                      |  |   |
| <i>nadolol tabs</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>pindolol tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sotalol hcl (afib/af) tabs</i>                                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sotalol hcl tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| SOTYLIZE SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b> |  |   |
| <b>Calcium Channel Blockers</b>                                      |  |   |
| <i>amlodipine besylate tabs 10 mg</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily);<br>MO                             |
| <i>amlodipine besylate tabs 2.5 mg</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>amlodipine besylate tabs 5 mg</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |
| <i>diltiazem hcl coated beads cp24</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diltiazem hcl coated beads tb24</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diltiazem hcl extended release beads cp24</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>felodipine tb24</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>nicardipine hcl caps or 20 mg, 30 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nifedipine tb24 30 mg, 60 mg, 90 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nimodipine caps</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nisoldipine tb24 17 mg, 34 mg, 8.5 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| NYMALIZE SOLN 30 MG/10ML, 60 MG/20ML  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>verapamil hcl cp24 or 100 mg, 300 mg, 360 mg, 120 mg, 180 mg, 200 mg, 240 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>verapamil hcl tabs or 40 mg, 120 mg, 80 mg</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>verapamil hcl tbc or 120 mg, 180 mg, 240 mg</i>                                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| VERELAN PM CP24 300 MG ( <i>verapamil hcl</i> )  | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>           |  |   |
| <b>Cardiac Glycosides</b>  |  |   |
| <i>digoxin soln or 0.05 mg/ml</i>  | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| <i>digoxin tabs or 0.25 mg, 250 mcg, 0.125 mg, 125 mcg</i>                             | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| LANOXIN TABS OR 62.5 MCG   | \$0.00<br>-<br>\$9.20 (Tier 2)           | MO  |
| <b>Inotropes</b>   |  |   |
| <i>dobutamine hcl soln</i>   | \$0.00<br>-<br>\$3.70 (Tier 1)           |   |
| <b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b> |  |   |
| <b>Cardiovascular Agents Misc. - Combinations</b>                                      |  |   |
| <i>amlodipine besylate-atorvastatin calcium tabs</i>                                   | \$0.00<br>-<br>\$3.70 (Tier 1)           | MO  |
| ENTRESTO TABS  | \$0.00<br>-<br>\$9.20 (Tier 2)           | MO  |

| Name of drug  | What the drug will cost you (tier level)     | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Prostaglandin Vasodilators</b>                   |  |   |
| ORENITRAM TBCR 0.125 MG                             | \$0.00<br>-<br>\$9.20 (Tier 2)               | PA  |
| ORENITRAM TBCR 0.25 MG, 1 MG, 2.5 MG, 5 MG          | \$0.00<br>-<br>\$9.20 (Tier 2 <sup>^</sup> ) | PA  |
| <i>treprostinil soln</i>                            | \$0.00<br>-<br>\$3.70 (Tier 1 <sup>^</sup> ) | B/D; LA   |
| TYVASO REFILL SOLN                                  | \$0.00<br>-<br>\$9.20 (Tier 2 <sup>^</sup> ) | B/D; LA   |
| TYVASO SOLN   | \$0.00<br>-<br>\$9.20 (Tier 2 <sup>^</sup> ) | B/D; LA   |
| TYVASO STARTER SOLN                                 | \$0.00<br>-<br>\$9.20 (Tier 2 <sup>^</sup> ) | B/D; LA   |
| VENTAVIS SOLN 10 MCG/ML                             | \$0.00<br>-<br>\$9.20 (Tier 2)               | B/D; LA   |
| VENTAVIS SOLN 20 MCG/ML                             | \$0.00<br>-<br>\$9.20 (Tier 2 <sup>^</sup> ) | B/D; LA   |
| <b>Pulmonary Hypertension - Endothelin Receptor</b> |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>ambrisentan tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA; LA  |
| <i>bosentan tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA; LA  |
| OPSUMIT TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Pulmonary Hypertension - Phosphodiesterase</b>  |  |   |
| <i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| <i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |
| <i>tadalafil (pulmonary hypertension) tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| <b>Pulmonary Hypertension - Prostacyclin Receptor</b>                                      |  |   |
| UPTRAVI TABS OR 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| UPTRAVI TBPB OR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Pulmonary Hypertension - Sol Guanylate Cyclase</b> |  |   |
| ADEMPAS TABS 0.5 MG                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(15 ea daily)                               |
| ADEMPAS TABS 1 MG                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(7.5 ea daily)                              |
| ADEMPAS TABS 1.5 MG                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(5 ea daily)                                |
| ADEMPAS TABS 2 MG                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(3.75 ea daily)                             |
| ADEMPAS TABS 2.5 MG                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(3 ea daily)                                |
| <b>Sinus Node Inhibitors</b>                          |  |   |
| CORLANOR SOLN 5 MG/5ML                                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(15 ml daily)                                   |
| CORLANOR TABS 5 MG                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(3 ea daily);<br>MO                             |
| CORLANOR TABS 7.5 MG                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(2 ea daily);<br>MO                             |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Transthyretin Stabilizers</b>                            |  |   |
| VYNDAMAX CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(1 ea daily)                                |
| VYNDAQEL CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(4 ea daily)                                |
| <b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b> |  |   |
| <b>Cephalosporins - 1st Generation</b>                      |  |   |
| <i>cefadroxil caps</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefadroxil susr</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefadroxil tabs</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefazolin sodium solr ij 500 mg, 1 gm, 10 gm</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cephalexin caps 750 mg, 250 mg, 500 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Cephalosporins - 2nd Generation</b>         |  |   |
| <i>cefaclor caps 250 mg, 500 mg</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefoxitin sodium solr 1 gm, 10 gm, 2 gm</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>cefprozil susr</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefprozil tabs</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefuroxime axetil tabs</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefuroxime sodium solr ij 750 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefuroxime sodium solr iv 1.5 gm</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <b>Cephalosporins - 3rd Generation</b>         |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|--|---|
| <i>cefdinir caps</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefdinir susr</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefixime caps 400 mg</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefpodoxime proxetil susr</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cefpodoxime proxetil tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ceftazidime solr ij 1 gm</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ceftazidime solr ij 6 gm</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>ceftazidime solr iv 2 gm</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>ceftazidime solr iv 6 gm</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>ceftriaxone sodium solr ij 1 gm</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>ceftriaxone sodium solr ij 2 gm</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |
| <i>ceftriaxone sodium solr ij 250 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(16 ea daily);<br>MO                            |
| <i>ceftriaxone sodium solr ij 500 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |
| <i>ceftriaxone sodium solr iv 1 gm</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily)                                    |
| <i>ceftriaxone sodium solr iv 10 gm</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ceftriaxone sodium solr iv 2 gm</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |

**Cephalosporins - 4th Generation**

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>cefepime hcl solr</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| CEFEPIME SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <b>Cephalosporins - 5th Generation</b>               |  |   |
| TEFLARO SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>   |  |   |
| <b>Combination Contraceptives - Oral</b>             |  |   |
| <i>desogestrel &amp; ethinyl estradiol tabs</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>desogestrel-ethinyl estradiol (biphasic) tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>drospirenone-ethinyl estradiol tabs</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ethynodiol diacet &amp; eth estrad tabs</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>levonorgestrel &amp; eth estradiol chew 0.1 mg-20 mcg</i>                                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>levonorgestrel &amp; eth estradiol tabs 0.03 mg-0.15 mg, 0.15 mg-30 mcg, 0.1 mg-20 mcg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>levonorgestrel-eth estradiol (triphasic) tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | biphasic;MO                                       |
| <i>norethin acet &amp; estrad-fe tabs 1 mg-20 mcg-75 mg, 1.5 mg-30 mcg-75 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>norethindrone &amp; eth estradiol tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>norethindrone &amp; ethinyl estradiol-fe chew 0.4 mg-35 mcg</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>norethindrone acet &amp; eth estra tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>norethindrone-eth estradiol (triphasic) tabs</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>norgestimate-ethinyl estradiol (triphasic) tabs</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>norgestimate-ethinyl estradiol tabs</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>norgestrel &amp; ethinyl estradiol tabs 0.3 mg-30 mcg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Combination Contraceptives - Transdermal</b>              |  |   |
| <i>norelgestromin-ethinyl estradiol ptwk</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Combination Contraceptives - Vaginal</b>                  |  |   |
| <i>etonogestrel-ethinyl estradiol ring</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Emergency Contraceptives</b>                              |  |   |
| ELLA TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <i>levonorgestrel (emergency oc) tabs</i>                    | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Progestin Contraceptives - Injectable</b>                 |  |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>medroxyprogesterone acetate (contraceptive) susp</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>medroxyprogesterone acetate (contraceptive) susy</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Progestin Contraceptives - Oral</b>   |  |   |
| <i>norethindrone (contraceptive) tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| SLYND TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b> |  |   |
| <b>Glucocorticosteroids</b>  |  |   |
| <i>betamethasone sod phosphate &amp; acetate susp</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>budesonide cpep 3 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cortisone acetate tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| DEPO-MEDROL SUSP 20 MG/ML  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>dexamethasone elix 0.5 mg/5ml</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>dexamethasone sodium phosphate soln ij 10 mg/ml</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Preservative Free;MO                              |
| <i>dexamethasone sodium phosphate soln ij 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dexamethasone soln 0.5 mg/5ml</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dexamethasone tbpk 1.5 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| EMFLAZA SUSP  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| EMFLAZA TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <i>hydrocortisone tabs or 10 mg, 20 mg, 5 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| KENALOG-10 SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| MEDROL TABS 2 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>methylprednisolone acetate susp 80 mg/ml, 40 mg/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>methylprednisolone sod succ solr</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>methylprednisolone tabs</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>methylprednisolone tbpk</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>prednisolone sodium phosphate soln or 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>prednisolone soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>prednisolone tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| PREDNISONE INTENSOL CONC   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>prednisone soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>prednisone tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>prednisone tbpk</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| SOLU-CORTEF SOLR 100 MG, 250 MG, 500 MG                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| SOLU-CORTEF SOLR 1000 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <i>triamcinolone acetamide susp 200 mg/5ml, 40 mg/ml, 400 mg/10ml</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Mineralocorticoids</b>   |  |   |
| <i>fludrocortisone acetate tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b> |  |   |
| <b>Antitussives</b>   |  |   |
| <i>benzonatate caps 100 mg, 200 mg</i>                                      | \$0<br>(Tier 3)                          | MO; NT  |
| HYCODAN SYRP ( <i>hydrocodone w/ homatropine</i> )                          | \$0<br>(Tier 3)                          | MO; NT  |
| <i>hydrocodone w/ homatropine syrp</i>                                      | \$0<br>(Tier 3)                          | MO; NT  |
| <i>hydrocodone w/ homatropine tabs</i>                                      | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Cough/Cold/Allergy Combinations</b>                                      |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>brompheniramine &amp; phenyleph elix 1 mg/5ml-1 mg/5ml-2.5 mg/5ml-2.5 mg/5ml</i> | \$0 (Tier 3)                             | NT  |
| <i>brompheniramine &amp; pseudoeph elix</i>   | \$0 (Tier 3)                             | NT  |
| <i>brompheniramine &amp; pseudoeph liqd</i>   | \$0 (Tier 3)                             | NT  |
| <i>cetirizine-pseudoephedrine tb12</i>  | \$0 (Tier 3)                             | MO; NT  |
| <i>chlorpheniramine &amp; phenylephrine tabs 4 mg-10 mg</i>                         | \$0 (Tier 3)                             | MO; NT  |
| CLARINEX-D 12 HOUR TB12   | \$0.00 - \$9.20 (Tier 2)                 | MO  |
| ED CHLORPED D LIQD  | \$0 (Tier 3)                             | NT  |
| <i>guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml</i>                                | \$0 (Tier 3)                             | MO; NT  |
| <i>guaifenesin-codeine soln 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml</i>          | \$0 (Tier 3)                             | MO; NT  |
| <i>guaifenesin-codeine syrup 10 mg/5ml-100 mg/5ml, 100 mg/5ml-10 mg/5ml</i>         | \$0 (Tier 3)                             | MO; NT  |
| <i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>                      | \$0 (Tier 3)                             | MO; NT  |
| <i>loratadine &amp; pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg</i>              | \$0 (Tier 3)                             | MO; NT  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>promethazine &amp; phenylephrine syrup</i>           | \$0.00 - \$3.70 (Tier 1)                 | AL(Up to 64 yrs old); MO                          |
| <i>promethazine w/codeine soln</i>                      | \$0 (Tier 3)                             | MO; NT  |
| <i>promethazine w/codeine syrup</i>                     | \$0 (Tier 3)                             | MO; NT  |
| <i>promethazine-dm syrup</i>                            | \$0 (Tier 3)                             | MO; NT  |
| <i>promethazine-phenylephrine-codeine syrup</i>         | \$0 (Tier 3)                             | MO; NT  |
| RYMED TABS  | \$0 (Tier 3)                             | MO; NT  |
| <i>triprolidine &amp; pseudoephedrine tabs</i>          | \$0 (Tier 3)                             | MO; NT  |
| <b>Misc. Respiratory Inhalants</b>                      |  |   |
| <i>sodium chloride (inhalant) aers</i>                  | \$0 (Tier 3)                             | NT  |
| <b>Mucolytics</b>                                       |  |   |
| <i>acetylcysteine soln</i>                              | \$0.00 - \$3.70 (Tier 1)                 | B/D; MO   |
| <b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b> |  |   |
| <b>Acne Products</b>                                    |  |   |
| ACNE MEDICATION 10 LOTN                                 | \$0 (Tier 3)                             | NT  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>adapalene crea 0.1 %</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>adapalene gel 0.1 %</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <i>benzoyl peroxide gel 2.5 % , 5 % , 10 %</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <i>benzoyl peroxide liqd 10 %</i>              | \$0<br>(Tier 3)                          | MO; NT  |
| <i>benzoyl peroxide liqd 5 %</i>               | \$0<br>(Tier 3)                          | RX/OTC; MO; NT                                    |
| <i>benzoyl peroxide-erythromycin gel</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clindamycin phosphate (topical) foam</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clindamycin phosphate (topical) gel</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clindamycin phosphate (topical) lotn</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>clindamycin phosphate (topical) soln</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ml daily); MO                                |
| <i>clindamycin phosphate (topical) swab</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>erythromycin (acne aid) soln</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>isotretinoin caps 30 mg , 10 mg , 20 mg , 40 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>sulfacetamide sodium (acne) lotn</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tretinoin crea 0.05 % , 0.1 % , 0.025 %</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1.5 gm daily); MO                              |

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| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>tretinoin gel 0.01 %, 0.025 %</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1.5 gm daily); MO                              |
| <i>tretinoin microsphere gel</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1.67 gm daily); MO                             |
| <b>Anti-inflammatory Agents - Topical</b>       |  |   |
| <i>diclofenac epolamine ptch</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; MO  |
| <i>diclofenac sodium (topical) gel 1 %</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(33.34 gm daily); RX/OTC; MO                    |
| FLECTOR PTCH<br>( <i>diclofenac epolamine</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| PENNSAID SOLN                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(8 gm daily); MO                            |
| <b>Antibiotics - Topical</b>                    |  |   |
| <i>bacitracin (topical) oint</i>                | \$0<br>(Tier 3)                          | MO; NT  |
| <i>bacitracin zinc oint</i>                     | \$0<br>(Tier 3)                          | MO; NT  |
| <i>bacitracin-polymyxin b oint</i>              | \$0<br>(Tier 3)                          | MO; NT  |

| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>gentamicin sulfate (topical) crea</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>mupirocin oint</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.74 gm daily); MO                             |
| <b>Antifungals - Topical</b>             |  |   |
| ALEVAZOL OINT                            | \$0<br>(Tier 3)                          | NT  |
| <i>ciclopirox gel 0.77 %</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ciclopirox olamine crea</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ciclopirox olamine susp</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ciclopirox sham 1 %</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ciclopirox soln 8 %</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clotrimazole (topical) crea</i>       | \$0<br>(Tier 3)                          | Over-the-counter;RX/OTC; MO; NT                   |

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| Name of drug                              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>clotrimazole (topical) crea</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <i>clotrimazole (topical) soln</i>        | \$0<br>(Tier 3)                          | Over-the-counter;RX/OTC; MO; NT                   |
| <i>clotrimazole (topical) soln</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <i>clotrimazole w/ betamethasone crea</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 gm daily); MO                                |
| <i>clotrimazole w/ betamethasone lotn</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>econazole nitrate crea</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3 gm daily); MO                                |
| <i>ketoconazole (topical) crea 2 %</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 gm daily); MO                                |
| <i>ketoconazole (topical) foam 2 %</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3.34 gm daily); MO                             |
| <i>ketoconazole (topical) sham 2 %</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4 ml daily); MO                                |

| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>miconazole nitrate (topical) crea</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <i>naftifine hcl crea 2 %</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>naftifine hcl gel 1 %</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| NAFTIN GEL 1 % ( <i>naftifine hcl</i> )  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| NAFTIN GEL 2 %                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>nystatin (topical) crea</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 gm daily); MO                                |
| <i>nystatin (topical) oint</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 gm daily); MO                                |
| <i>nystatin (topical) powd</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 gm daily); MO                                |
| <i>nystatin-triamcinolone crea</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>nystatin-triamcinolone oint</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>terbinafine hcl (topical) crea</i>                 | \$0<br>(Tier 3)                          | MO; NT  |
| <i>tolnaftate crea</i>                                | \$0<br>(Tier 3)                          | MO; NT  |
| <i>tolnaftate liqd</i>                                | \$0<br>(Tier 3)                          | RX/OTC; NT  |
| <i>tolnaftate soln</i>                                | \$0<br>(Tier 3)                          | RX/OTC; NT  |
| <b>Antineoplastic or Premalignant Lesion Agents -</b> |  |   |
| <i>CARAC CREA (fluorouracil (topical))</i>            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>diclofenac sodium (actinic keratoses) gel</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; QL(3.34 gm daily); MO                         |
| <i>fluorouracil (topical) crea 0.5 %</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>fluorouracil (topical) crea 5 %</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluorouracil (topical) soln 2 %, 5 %</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PANRETIN GEL                                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| PICATO GEL  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| TARGRETIN GEL EX 1 %                              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(2 gm daily)                                |
| VALCHLOR GEL                                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Antipruritics - Topical</b>                    |  |   |
| <i>doxepin hcl (antipruritic) crea</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; QL(1.5 gm daily); MO                          |
| <i>PRUDOXIN CREA (doxepin hcl (antipruritic))</i> | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; QL(1.5 gm daily); MO                          |
| <i>ZONALON CREA (doxepin hcl (antipruritic))</i>  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; QL(1.5 gm daily); MO                          |
| <b>Antipsoriatics</b>                             |  |   |
| <i>acitretin caps 10 mg, 25 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------|--|---|
| <i>acitretin caps 17.5 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>calcipotriene crea</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4 gm daily);<br>MO                             |
| <i>calcipotriene oint</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4 gm daily);<br>MO                             |
| <i>calcipotriene soln</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(4 ml daily);<br>MO                             |
| <i>methoxsalen rapid caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| SKYRIZI PSKT 75 MG/0.83ML     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| STELARA SOLN                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| STELARA SOSY                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

| Name of drug                       | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------------|--|---|
| TALTZ SOAJ                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| TALTZ SOSY                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <i>tazarotene crea</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| TAZORAC CREA 0.05 %                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| TAZORAC GEL 0.05 %, 0.1 %          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Antiseborrheic Products</b>     |  |   |
| <i>selenium sulfide lotn 2.5 %</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Antivirals - Topical</b>        |  |   |
| <i>acyclovir topical crea</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | QL(1 gm daily);<br>MO                             |
| <i>acyclovir topical oint</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| DENAVIR CREA                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>docosanol crea</i>                            | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Burn Products</b>                             |  |   |
| <i>silver sulfadiazine crea</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| SULFAMYLON CREA 85 MG/GM                         | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Corticosteroids - Topical</b>                 |  |   |
| <i>alclometasone dipropionate crea</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>alclometasone dipropionate oint</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>amcinonide crea</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>betamethasone dipropionate (topical) crea</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>betamethasone dipropionate (topical) lotn</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>betamethasone dipropionate (topical) oint</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>betamethasone dipropionate augmented crea</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>betamethasone dipropionate augmented gel</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>betamethasone dipropionate augmented lotn</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>betamethasone dipropionate augmented oint</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>betamethasone valerate crea</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>betamethasone valerate foam</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use | Name of drug                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|-----------------------------------|--|---|
| <i>betamethasone valerate lotn</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | <i>clobetasol propionate oint</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.15 gm daily); MO                             |
| <i>betamethasone valerate oint</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | <i>clobetasol propionate sham</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.15 ml daily); MO                             |
| <i>clobetasol propionate crea</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.15 gm daily); MO                             | <i>clobetasol propionate soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.15 ml daily); MO                             |
| <i>clobetasol propionate emollient base crea</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.15 gm daily); MO                             | <i>desonide crea</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 gm daily); MO                                |
| <i>clobetasol propionate emulsion foam</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.15 gm daily); MO                             | <i>desonide lotn</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3.94 ml daily); MO                             |
| <i>clobetasol propionate foam</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.15 gm daily); MO                             | <i>desonide oint</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 gm daily); MO                                |
| <i>clobetasol propionate gel</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.15 gm daily); MO                             | <i>desoximetasone crea 0.25 %</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(3.34 gm daily); MO                             |
| <i>clobetasol propionate lotn</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(7.15 ml daily); MO                             | <i>desoximetasone gel 0.05 %</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>desoximetasone oint 0.25 %</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>diflorasone diacetate oint</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 gm daily);<br>MO                             |
| <i>fluocinolone acetonide crea</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluocinolone acetonide oil</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluocinolone acetonide oint</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluocinolone acetonide soln</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluocinonide crea 0.05 %</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluocinonide emulsified base crea</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>fluocinonide gel 0.05 %</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluocinonide oint 0.05 %</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluocinonide soln 0.05 %</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluticasone propionate crea</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluticasone propionate lotn</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluticasone propionate oint</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>halobetasol propionate crea</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1.67 gm daily);<br>MO                          |
| <i>halobetasol propionate oint</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>hydrocortisone (topical) crea 0.5 %</i> | \$0<br>(Tier 3)                          | MO; NT  |

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| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>hydrocortisone (topical) crea 1 %</i>   | \$0 (Tier 3)                             | Over-the-counter;RX/OTC; MO; NT                   |
| <i>hydrocortisone (topical) crea 1 %</i>   | \$0.00 - \$3.70 (Tier 1)                 | RX/OTC; MO  |
| <i>hydrocortisone (topical) crea 2.5 %</i> | \$0.00 - \$3.70 (Tier 1)                 | MO  |
| <i>hydrocortisone (topical) lotn 2.5 %</i> | \$0.00 - \$3.70 (Tier 1)                 | MO  |
| <i>hydrocortisone (topical) oint 0.5 %</i> | \$0 (Tier 3)                             | NT  |
| <i>hydrocortisone (topical) oint 1 %</i>   | \$0 (Tier 3)                             | Over-the-counter;RX/OTC; MO; NT                   |
| <i>hydrocortisone (topical) oint 1 %</i>   | \$0.00 - \$3.70 (Tier 1)                 | RX/OTC; MO  |
| <i>hydrocortisone (topical) oint 2.5 %</i> | \$0.00 - \$3.70 (Tier 1)                 | MO  |
| <i>hydrocortisone (topical) soln 1 %</i>   | \$0 (Tier 3)                             | NT  |
| <i>hydrocortisone butyrate crea</i>        | \$0.00 - \$3.70 (Tier 1)                 | QL(1.5 gm daily); MO                              |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>hydrocortisone butyrate hydrophilic lipo base crea</i> | \$0.00 - \$3.70 (Tier 1)                 | QL(1.5 gm daily); MO                              |
| <i>hydrocortisone butyrate oint</i>                       | \$0.00 - \$3.70 (Tier 1)                 | QL(1.5 gm daily); MO                              |
| <i>hydrocortisone butyrate soln</i>                       | \$0.00 - \$3.70 (Tier 1)                 | QL(2 ml daily); MO                                |
| HYDROCORTISONE OINT EX 1 %                                | \$0 (Tier 3)                             | NT  |
| <i>hydrocortisone valerate crea</i>                       | \$0.00 - \$3.70 (Tier 1)                 | MO  |
| <i>hydrocortisone valerate oint</i>                       | \$0.00 - \$3.70 (Tier 1)                 | MO  |
| <i>hydrocortisone-aloe vera crea</i>                      | \$0 (Tier 3)                             | NT  |
| <i>mometasone furoate crea</i>                            | \$0.00 - \$3.70 (Tier 1)                 | MO  |
| <i>mometasone furoate oint</i>                            | \$0.00 - \$3.70 (Tier 1)                 | MO  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>mometasone furoate soln</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Emollients</b>   |  |   |
| <i>lactic acid (ammonium lactate) crea 12 %</i>                     | \$0<br>(Tier 3)                          | Over-the-counter;RX/OTC; MO; NT                   |
| <i>lactic acid (ammonium lactate) crea 12 %</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <i>lactic acid (ammonium lactate) lotn 12 %</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <b>Enzymes - Topical</b>  |  |   |

| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| SANTYL OINT                                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Immunomodulating Agents - Topical</b>         |  |   |
| <i>imiquimod crea 3.75 %</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>imiquimod crea 5 %</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| ZYCLARA CREA<br>( <i>imiquimod</i> )             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| ZYCLARA PUMP CREA<br>2.5 %                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| ZYCLARA PUMP CREA<br>3.75 % ( <i>imiquimod</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <b>Immunosuppressive Agents - Topical</b>        |  |   |
| <i>pimecrolimus crea</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; QL(3.34 gm daily); MO                         |
| <i>tacrolimus (topical) oint</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA; MO  |

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| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| <b>Keratolytic/Antimitotic Agents</b> |  |   |
|                                       | \$0.00<br>-                              | MO  |
| <i>podofilox soln</i>                 | \$3.70<br>(Tier 1)                       |   |
| <b>Local Anesthetics - Topical</b>    |  |   |
|                                       | \$0.00<br>-                              | QL(4 ml daily);<br>MO                             |
| <i>lidocaine hcl gel ex 2 %</i>       | \$3.70<br>(Tier 1)                       |   |
|                                       | \$0.00<br>-                              | MO  |
| <i>lidocaine hcl prsy ex 2 %</i>      | \$3.70<br>(Tier 1)                       |   |
|                                       | \$0.00<br>-                              | QL(6.67 ml daily);<br>MO                          |
| <i>lidocaine hcl soln ex 4 %</i>      | \$3.70<br>(Tier 1)                       |   |
|                                       | \$0.00<br>-                              | QL(3 gm daily);<br>MO                             |
| <i>lidocaine oint ex 5 %</i>          | \$3.70<br>(Tier 1)                       |   |
|                                       | \$0.00<br>-                              | PA; SL(3 ea daily);<br>MO                         |
| <i>lidocaine ptch ex 5 %</i>          | \$3.70<br>(Tier 1)                       |   |
|                                       | \$0.00<br>-                              | QL(1 gm daily);<br>MO                             |
| <i>lidocaine-prilocaine crea</i>      | \$3.70<br>(Tier 1)                       |   |
| <b>Misc. Topical</b>                  |  |   |
| CALAMINE LOTN                         | \$0<br>(Tier 3)                          | Calamine-Zinc Oxide Lotion;MO; NT                 |

| Name of drug                        | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------------|--|---|
| GNP CALAMINE LOTN                   | \$0<br>(Tier 3)                          | Calamine-Zinc Oxide Lotion;MO; NT                 |
| HM CALAMINE LOTN                    | \$0<br>(Tier 3)                          | Calamine-Zinc Oxide Lotion;MO; NT                 |
| MEIJER CALAMINE LOTN                | \$0<br>(Tier 3)                          | Calamine-Zinc Oxide Lotion;MO; NT                 |
| PX CALAMINE LOTN                    | \$0<br>(Tier 3)                          | Calamine-Zinc Oxide Lotion;MO; NT                 |
| QC CALAMINE LOTN                    | \$0<br>(Tier 3)                          | NT  |
| SM CALAMINE LOTN                    | \$0<br>(Tier 3)                          | Calamine-Zinc Oxide Lotion;MO; NT                 |
| <b>Rosacea Agents</b>               |  |   |
|                                     | \$0.00<br>-                              | MO  |
| <i>azelaic acid gel</i>             | \$3.70<br>(Tier 1)                       |   |
|                                     | \$0.00<br>-                              | MO  |
| <i>metronidazole (topical) crea</i> | \$3.70<br>(Tier 1)                       |   |
|                                     | \$0.00<br>-                              | MO  |
| <i>metronidazole (topical) gel</i>  | \$3.70<br>(Tier 1)                       |   |
|                                     | \$0.00<br>-                              | MO  |
| <i>metronidazole (topical) lotn</i> | \$3.70<br>(Tier 1)                       |   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| MIRVASO GEL  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| <b>Scabicides &amp; Pediculicides</b>                                  |  |   |
| <i>malathion lotn</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>permethrin crea ex 5 %</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>permethrin liqd ex 1 %</i>  | \$0<br>(Tier 3)                          | MO; NT  |
| <i>permethrin lotn ex 1 %</i>  | \$0<br>(Tier 3)                          | MO; NT  |
| <i>pyrethrins-piperonyl butoxide liqd 0.33 %-4 %</i>                   | \$0<br>(Tier 3)                          | NT  |
| <i>pyrethrins-piperonyl butoxide sham 0.3 %-0.33 %-4 %, 4 %-0.33 %</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <i>pyrethrins-piperonyl butoxide sham 0.33 %-4 %</i>                   | \$0<br>(Tier 3)                          | NT  |
| RID LIQD EX 0.33 %-4 %<br>( <i>pyrethrins-piperonyl butoxide</i> )     | \$0<br>(Tier 3)                          | NT  |
| <b>Wound Care Products</b>   |  |   |
| REGANEX GEL  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>           |  |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Digestive Enzymes</b>   |  |   |
| CREON CPEP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| SUCRAID SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | LA; MO  |
| ZENPEP CPEP  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b> |  |   |
| <b>Carbonic Anhydrase Inhibitors</b>   |  |   |
| <i>acetazolamide cp12</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>acetazolamide tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>methazolamide tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Diuretic Combinations</b>   |  |   |
| <i>amiloride &amp; hydrochlorothiazide tabs</i>                                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>spironolactone &amp; hydrochlorothiazide tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>triamterene &amp; hydrochlorothiazide caps</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>triamterene &amp; hydrochlorothiazide tabs</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Loop Diuretics</b>                                |  |   |
| <i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>furosemide soln ij 10 mg/ml</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>furosemide soln or 10 mg/ml</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>toremide tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Potassium Sparing Diuretics</b>                   |  |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>amiloride hcl tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>spironolactone tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Thiazides and Thiazide-Like Diuretics</b>  |  |   |
| <i>chlorthalidone tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>hydrochlorothiazide caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>hydrochlorothiazide tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>indapamide tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>metolazone tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b> |  |   |
| <b>Bone Density Regulators</b>  |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use         |
|---|--|---|
| <i>alendronate sodium tabs 10 mg</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>alendronate sodium tabs 35 mg, 70 mg</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.15 ea daily); MO                                     |
| <i>calcitonin (salmon) soln na 200 unit/act</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| EVENITY SOSY                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| FORTEO SOPN                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; Limit 2.4mls per 28 days;QL(0.09 ml daily)            |
| <i>ibandronate sodium soln iv 3 mg/3ml</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.036 ml daily); MO                                    |
| <i>ibandronate sodium tabs or 150 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Limit 1 tab per 28 days (3 per 84);QL(0.036 ea daily); MO |
| NATPARA CART                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |

| Name of drug                           | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| PROLIA SOSY                            | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; QL(0.006 ml daily)                            |
| TERIPARATIDE SOPN                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; Limit 2.4mls per 28 days;QL(0.09 ml daily)    |
| TYMLOS SOPN                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| XGEVA SOLN                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; Limit 6.8mls per 28 days;QL(0.243 ml daily)   |
| <i>zoledronic acid conc 4 mg/5ml</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>zoledronic acid soln 5 mg/100ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Limit 1 dose per year;QL(0.28 ml daily)           |
| <b>Fertility Regulators</b>            |  |   |
| <i>chorionic gonadotropin solr</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | PA  |
| NOVAREL SOLR                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| <b>GnRH/LHRH Antagonists</b>           |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ORILISSA TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Growth Hormone Receptor Antagonists</b>            |  |   |
| SOMAVERT SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <b>Growth Hormones</b>                                |  |   |
| NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 5 MG/1.5ML      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| NUTROPIN AQ NUSPIN 20 SOPN                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Hormone Receptor Modulators</b>                    |  |   |
| OSPHENA TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>raloxifene hcl tabs</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily);<br>MO                             |
| <b>Insulin-Like Growth Factor Receptor Inhibitors</b> |  |   |
| TEPEZZA SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Insulin-Like Growth Factors (Somatomedins)</b>     |  |   |

| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| INCRELEX SOLN                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | LA  |
| <b>LHRH/GnRH Agonist Analog Pituitary</b>       |  |   |
| FENSOLVI KIT                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| LUPANETA PACK KIT                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG, 7.5 MG | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| LUPRON DEPOT-PED (1-MONTH) KIT 15 MG            | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| LUPRON DEPOT-PED (3-MONTH) KIT                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| SYNAREL SOLN                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| TRIPTODUR SRER                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <b>Metabolic Modifiers</b>                      |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use | Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|---|--|---|
| <i>calcitriol caps or 0.25 mcg, 0.5 mcg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | KANUMA SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| <i>calcitriol soln or 1 mcg/ml</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  | KUVAN TABS 100 MG<br>( <i>sapropterin dihydrochloride</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| CARBAGLU TABS                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA; MO  | <i>levocarnitine (metabolic modifiers) tabs 330 mg</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cinacalcet hcl tabs 30 mg</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   | LUMIZYME SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| <i>cinacalcet hcl tabs 60 mg, 90 mg</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   | MYALEPT SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA; MO  |
| CRYSVITA SOLN                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  | NAGLAZYME SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| FABRAZYME SOLR                              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  | <i>nitisinone caps</i>                                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| GALAFOLD CAPS                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  | ORFADIN CAPS 20 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | LA; MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PALYNZIQ SOSY                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| RAVICTI LIQD                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(17.5 ml daily); LA                             |
| RAYALDEE CPR                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| REVCIVI SOLN                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| <i>sapropterin dihydrochloride pack</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| <i>sapropterin dihydrochloride tabs</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| STRENSIQ SOLN                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| VIMIZIM SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA  |
| XURIDEN PACK  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | SL(4 ea daily); MO                                |
| <b>Posterior Pituitary Hormones</b>                 |  |   |
| <i>desmopressin acetate soln ij 4 mcg/ml</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>desmopressin acetate spray refrigerated soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>desmopressin acetate spray soln</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>desmopressin acetate tabs or 0.1 mg, 0.2 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Prolactin Inhibitors</b>                         |  |   |
| <i>cabergoline tabs</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Somatostatic Agents</b>                          |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use                |
|---|--|--|
| <i>octreotide acetate soln ij</i><br>100 mcg/ml, 50 mcg/ml,<br>500 mcg/ml, 1000 mcg/ml,<br>200 mcg/ml | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |  |
| <i>octreotide acetate sosy sc</i><br>100 mcg/ml, 50 mcg/ml,<br>500 mcg/ml                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |  |
| SANDOSTATIN LAR<br>DEPOT KIT  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |  |
| SIGNIFOR LAR SRER 10<br>MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | Limit 6 vials per<br>28<br>days;SL(0.22<br>ea daily); LA;<br>MO  |
| SIGNIFOR LAR SRER 20<br>MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | Limit 3 vials per<br>28<br>days;SL(0.11<br>ea daily); LA;<br>MO  |
| SIGNIFOR LAR SRER 30<br>MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | Limit 2 vials per<br>28<br>days;SL(0.08<br>ea daily); LA;<br>MO  |
| SIGNIFOR LAR SRER 40<br>MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | Limit 3 vials per<br>56<br>days;SL(0.054<br>ea daily); LA;<br>MO |
| SIGNIFOR LAR SRER 60<br>MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | Limit 1 vial per<br>28<br>days;SL(0.036<br>ea daily); LA;<br>MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| SIGNIFOR SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | LA; MO  |
| SOMATULINE DEPOT<br>SOLN                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Vasopressin Receptor Antagonists</b>                    |  |   |
| JYNARQUE TABS 15 MG,<br>30 MG                              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| JYNARQUE TBPk  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| JYNARQUE TBPk 15 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| SAMSCA TABS 15 MG<br>( <i>tolvaptan</i> )                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <i>tolvaptan tabs 15 mg, 30<br/>mg</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <b>ESTROGENS - Hormone Replacement/Modifying<br/>Drugs</b> |  |   |
| <b>Estrogen Combinations</b>                               |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>estradiol &amp; norethindrone acetate tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>norethindrone acetate-ethinyl estradiol tabs 0.5 mg-2.5 mcg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| PREMPHASE TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | AL(Up to 64 yrs old); MO                          |
| PREMPRO TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | AL(Up to 64 yrs old); MO                          |
| <b>Estrogens</b>  |  |   |
| DELESTROGEN OIL 10 MG/ML  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| DIVIGEL GEL   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | AL(Up to 64 yrs old); MO                          |
| <i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>estradiol valerate oil</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | AL(Up to 64 yrs old); MO                          |
| <b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b> |  |   |
| <b>Fluoroquinolones</b>                                       |  |   |
| BAXDELA SOLR IV 300 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| BAXDELA TABS OR 450 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | ST; MO  |
| <i>ciprofloxacin hcl tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ciprofloxacin in d5w soln 5 %-200 mg/100ml</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>ciprofloxacin in d5w soln 5 %-400 mg/200ml</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>levofloxacin in d5w soln</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>levofloxacin soln iv 25 mg/ml</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>levofloxacin soln or 25 mg/ml</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b> |  |   |
| <b>Antiflatulents</b>   |  |   |
| <i>simethicone caps 125 mg</i>  | \$0<br>(Tier 3)                          | MO; NT  |
| <i>simethicone chew 125 mg</i>  | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Farnesoid X Receptor (FXR) Agonists</b>                                    |  |   |
| OCALIVA TABS 10 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(1 ea daily)                                |
| OCALIVA TABS 5 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(2 ea daily)                                |
| <b>Gallstone Solubilizing Agents</b>  |  |   |
| <i>chenodiol tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | LA; MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>ursodiol caps 300 mg</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ursodiol tabs 250 mg, 500 mg</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Gastrointestinal Antiallergy Agents</b>             |  |   |
| <i>cromolyn sodium (mastocytosis) conc</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Gastrointestinal Stimulants</b>                     |  |   |
| <i>metoclopramide hcl soln ij 5 mg/ml</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>metoclopramide hcl tabs or 10 mg, 5 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Inflammatory Bowel Agents</b>                       |  |   |
| <i>balsalazide disodium caps</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| DIPENTUM CAPS                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| ENTYVIO SOLR                             | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| INFLECTRA SOLR                           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <i>mesalamine cp24 or 0.375 gm</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>mesalamine cpdr or 400 mg</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>mesalamine enem re 4 gm</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>mesalamine tbec or 1.2 gm, 800 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>mesalamine w/ cleanser kit</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| REMICADE SOLR                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| RENFLEXIS SOLR                               | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| STELARA SOLN                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <i>sulfasalazine tabs</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sulfasalazine tbec</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Intestinal Acidifiers</b>                 |  |   |
| <i>lactulose (encephalopathy) soln</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Irritable Bowel Syndrome (IBS) Agents</b> |  |   |
| <i>alose tron hcl tabs</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA; MO  |
| LINZESS CAPS                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |

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| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <b>Peripheral Opioid Receptor Antagonists</b>  |  |   |
| MOVANTIK TABS                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <b>Phosphate Binder Agents</b>                 |  |   |
| <i>calcium acetate (phosphate binder) caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>lanthanum carbonate chew</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>sevelamer carbonate pack 0.8 gm, 2.4 gm</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>sevelamer carbonate tabs 800 mg</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Short Bowel Syndrome (SBS) Agents</b>       |  |   |
| GATTEX KIT                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <b>Tryptophan Hydroxylase Inhibitors</b>       |  |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| XERMELO TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |  |   |
| <b>Alkalinizers</b>   |  |   |
| <i>potassium citrate (alkalinizer) tbcr</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sodium citrate &amp; citric acid soln 334 mg/5ml-500 mg/5ml, 500 mg/5ml-334 mg/5ml</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <b>Cystinosis Agents</b>  |  |   |
| CYSTAGON CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| PROCYSBI CPDR 25 MG, 75 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| <b>Genitourinary Irrigants</b>  |  |   |
| <i>acetic acid soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>neomycin/polymyxin b gu soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>sodium chloride (gu irrigant) soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Prostatic Hypertrophy Agents</b>       |  |   |
| <i>alfuzosin hcl tb24</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dutasteride caps</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dutasteride-tamsulosin hcl caps</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>finasteride tabs</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tamsulosin hcl caps</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>  |  |   |
| <b>Gout Agent Combinations</b>            |  |   |
| <i>colchicine w/ probenecid tabs</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Gout Agents</b>                        |  |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>allopurinol tabs 100 mg</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily); MO                                |
| <i>allopurinol tabs 300 mg</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2.66 ea daily); MO                             |
| <i>colchicine tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Uricosurics</b>   |  |   |
| <i>probenecid tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b> |  |   |
| <b>Aminolevulinate Synthase 1-Directed siRNA</b>                     |  |   |
| GIVLAARI SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Bradykinin B2 Receptor Antagonists</b>                            |  |   |
| <i>icatibant acetate soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| <b>Complement Inhibitors</b>   |  |   |
| CINRYZE SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |

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| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| HAEGARDA SOLR                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Hemataologic - Tyrosine Kinase Inhibitors</b> |  |   |
| TAVALISSE TABS                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Hematorheologic Agents</b>                    |  |   |
| <i>pentoxifylline tbc</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Plasma Kallikrein Inhibitors</b>              |  |   |
| KALBITOR SOLN                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| TAKHZYRO SOLN                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Platelet Aggregation Inhibitors</b>           |  |   |
| <i>anagrelide hcl caps</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>aspirin-dipyridamole cp12</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| BRILINTA TABS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| CABLIVI KIT  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <i>cilostazol tabs</i>                                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clopidogrel bisulfate tabs</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dipyridamole tabs</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>prasugrel hcl tabs</i>                                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b> |  |   |
| <b>Agents for Gaucher Disease</b>                            |  |   |
| CERDELGA CAPS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| CEREZYME SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |

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| Name of drug                          | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------------|--|---|
| ELELYSO SOLR                          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>miglustat caps</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | LA; MO  |
| VPRIV SOLR                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Agents for Sickle Cell Disease</b> |  |   |
| ADAKVEO SOLN                          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| DROXIA CAPS                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| ENDARI PACK                           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| OXBRYTA TABS                          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <b>Cobalamins</b>                     |  |   |
| <i>cyanocobalamin tabs or 100 mcg</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Folic Acid/Folates</b>             |  |   |

| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>folic acid caps or 0.8 mg, 800 mcg</i>  | \$0<br>(Tier 3)                          | NT  |
| FOLIC ACID CAPS OR 20 MG                   | \$0<br>(Tier 3)                          | NT  |
| <i>folic acid tabs or 1 mg</i>             | \$0<br>(Tier 3)                          | RX/OTC; MO; NT                                    |
| <i>folic acid tabs or 800 mcg, 400 mcg</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Hematopoietic Growth Factors</b>        |  |   |
| DOPTELET TABS                              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| MULPLETA TABS                              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| PROMACTA PACK 12.5 MG                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(12 ea daily); LA                           |
| PROMACTA PACK 25 MG                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(6 ea daily); LA                            |
| PROMACTA TABS 12.5 MG                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(12 ea daily); LA                           |
| PROMACTA TABS 25 MG                        | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(6 ea daily); LA                            |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| PROMACTA TABS 50 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(3 ea daily); LA                            |
| PROMACTA TABS 75 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(2 ea daily); LA                            |
| REBLOZYL SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| RETACRIT SOLN 20000 UNIT/ML  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| ZARXIO SOSY  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Hematopoietic Mixtures</b>  |  |   |
| <i>iron combinations caps</i>  | \$0<br>(Tier 3)                          | RX/OTC; MO; NT                                    |
| <b>Iron</b>  |  |   |
| <i>ferrous sulfate elix 220 mg/5ml</i>   | \$0<br>(Tier 3)                          | MO; NT  |
| FERROUS SULFATE LIQD 220 MG/5ML  | \$0<br>(Tier 3)                          | NT  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>ferrous sulfate soln 15 mg/ml</i>                              | \$0<br>(Tier 3)                          | MO; NT  |
| <i>ferrous sulfate syrp 300 mg/5ml</i>                            | \$0<br>(Tier 3)                          | NT  |
| <i>ferrous sulfate tabs 325 mg, 65 mg</i>                         | \$0<br>(Tier 3)                          | MO; NT  |
| FERROUS SULFATE TBEC 324 MG                                       | \$0<br>(Tier 3)                          | MO; NT  |
| <i>ferrous sulfate tbec 325 mg</i>                                | \$0<br>(Tier 3)                          | MO; NT  |
| IRON CHEWS PEDIATRIC CHEW   | \$0<br>(Tier 3)                          | MO; NT  |
| <i>polysaccharide iron complex caps</i>                           | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Stem Cell Mobilizers</b>                                       |  |   |
| MOZOBIL SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b> |  |   |
| <b>Hemostatics - Systemic</b>                                     |  |   |
| <i>aminocaproic acid soln or 0.25 gm/ml</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO  |
| <i>aminocaproic acid tabs or 500 mg</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>tranexamic acid soln iv 1000 mg/10ml</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>tranexamic acid tabs or 650 mg</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b> |  |   |
| <b>Barbiturate Hypnotics</b>                     |  |   |
| <i>phenobarbital elix</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>phenobarbital soln</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>phenobarbital tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <b>Hypnotics - Tricyclic Agents</b>              |  |   |
| <i>doxepin hcl (sleep) tabs 3 mg</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily); MO                                |
| <i>doxepin hcl (sleep) tabs 6 mg</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(1 ea daily); MO                                |
| <b>Non-Barbiturate Hypnotics</b>                 |  |   |

| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>temazepam caps</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>triazolam tabs</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>zaleplon caps</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>zolpidem tartrate tabs or 10 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily); MO                                |
| <i>zolpidem tartrate tabs or 5 mg</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily); MO                                |
| <i>zolpidem tartrate tbcr or 12.5 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(1 ea daily); MO                                |
| <i>zolpidem tartrate tbcr or 6.25 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily); MO                                |
| <b>Orexin Receptor Antagonists</b>       |  |   |
| BELSOMRA TABS 10 MG                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; SL(2 ea daily); MO                            |

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| Name of drug                                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| BELSOMRA TABS 15 MG                          | \$0.00 -<br>\$9.20 (Tier 2)              | PA; SL(1.33 ea daily); MO                         |
| BELSOMRA TABS 20 MG                          | \$0.00 -<br>\$9.20 (Tier 2)              | PA; SL(1 ea daily); MO                            |
| BELSOMRA TABS 5 MG                           | \$0.00 -<br>\$9.20 (Tier 2)              | PA; SL(4 ea daily); MO                            |
| <b>Selective Melatonin Receptor Agonists</b> |  |   |
| HETLIOZ CAPS                                 | \$0.00 -<br>\$9.20 (Tier 2^)             | PA; MO  |
| <i>ramelteon tabs</i>                        | \$0.00 -<br>\$3.70 (Tier 1)              | SL(1 ea daily); MO                                |
| <b>LAXATIVES - Bowel Treatment Drugs</b>     |  |   |
| <b>Bulk Laxatives</b>                        |  |   |
| <i>calcium polycarbophil tabs</i>            | \$0 (Tier 3)                             | MO; NT  |
| EVAC POWD ( <i>psyllium</i> )                | \$0 (Tier 3)                             | MO; NT  |
| KONSYL DAILY FIBER PACK 100 %                | \$0 (Tier 3)                             | MO; NT  |
| KONSYL DAILY FIBER PACK 28.3 %               | \$0 (Tier 3)                             | NT  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| KONSYL DAILY FIBER POWD 100 % ( <i>psyllium</i> )                    | \$0 (Tier 3)                             | MO; NT  |
| KONSYL ORIGINAL DAILY FIBER PACK                                     | \$0 (Tier 3)                             | MO; NT  |
| KONSYL-D POWD  | \$0 (Tier 3)                             | NT  |
| METAMUCIL PACK 28 %  | \$0 (Tier 3)                             | MO; NT  |
| <i>methylcellulose (laxative) powd</i>                               | \$0 (Tier 3)                             | MO; NT  |
| NATURAL FIBER LAXATIVE POWD  | \$0 (Tier 3)                             | NT  |
| <i>psyllium caps 0.52 gm, 520 mg</i>                                 | \$0 (Tier 3)                             | MO; NT  |
| <i>psyllium powd 33 %, 68 %, 30.9 %</i>                              | \$0 (Tier 3)                             | NT  |
| <i>psyllium powd 95 %, 100 %, 48.57 %, 58.6 %, 28.3 %</i>            | \$0 (Tier 3)                             | MO; NT  |
| <b>Laxative Combinations</b>   |  |   |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>         | \$0.00 -<br>\$3.70 (Tier 1)              | MO  |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i> | \$0.00 -<br>\$3.70 (Tier 1)              | MO  |

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| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| SUPREP BOWEL PREP KIT SOLN                       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Laxatives - Miscellaneous</b>                 |  |   |
| FLEET LIQUID GLYCERIN SUPPOSITORIES ENEM         | \$0<br>(Tier 3)                          | MO; NT  |
| <i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>polyethylene glycol 3350 pack 17 gm</i>       | \$0<br>(Tier 3)                          | Over-the-counter; MO; NT                          |
| <i>polyethylene glycol 3350 powd 17 gm/scoop</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Saline Laxatives</b>                          |  |   |
| <i>magnesium hydroxide susp 2400 mg/10ml</i>     | \$0<br>(Tier 3)                          | NT  |
| <b>Stimulant Laxatives</b>                       |  |   |
| <i>bisacodyl supp</i>                            | \$0<br>(Tier 3)                          | MO; NT  |
| <i>bisacodyl tbec</i>                            | \$0<br>(Tier 3)                          | MO; NT  |
| FLEET BISACODYL ENEM                             | \$0<br>(Tier 3)                          | MO; NT  |
| <i>sennosides tabs 15 mg</i>                     | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Surfactant Laxatives</b>                      |  |   |
| <i>docusate calcium caps</i>                     | \$0<br>(Tier 3)                          | MO; NT  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>docusate sodium caps or 250 mg, 100 mg</i>                      | \$0<br>(Tier 3)                          | MO; NT  |
| <i>docusate sodium enem re 283 mg/5ml</i>                          | \$0<br>(Tier 3)                          | MO; NT  |
| <i>docusate sodium liqd or 100 mg/10ml, 150 mg/15ml, 50 mg/5ml</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <i>docusate sodium syrps or 60 mg/15ml</i>                         | \$0<br>(Tier 3)                          | MO; NT  |
| <i>docusate sodium tabs or 100 mg</i>                              | \$0<br>(Tier 3)                          | MO; NT  |
| DOCUSOL PLUS MINI-ENEMA ENEM                                       | \$0<br>(Tier 3)                          | MO; NT  |
| ENEMEEZ PLUS ENEM  | \$0<br>(Tier 3)                          | MO; NT  |
| <b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>            |  |   |
| <b>Local Anesthetics - Amides</b>                                  |  |   |
| <i>lidocaine hcl (local anesth.) soln 1 %, 2 %</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <b>MACROLIDES - Drugs to Treat Bacterial Infections</b>            |  |   |
| <b>Azithromycin</b>  |  |   |
| <i>azithromycin solr iv 500 mg</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug                                       | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>azithromycin tabs or 250 mg, 500 mg, 600 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Clarithromycin</b>                              |  |   |
| <i>clarithromycin susr 250 mg/5ml</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clarithromycin tabs 250 mg, 500 mg</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>clarithromycin tb24 500 mg</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Erythromycins</b>                               |  |   |
| ERYTHROCIN LACTOBIONATE SOLR                       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | SL(8 ea daily)                                    |
| <i>erythromycin base tabs 250 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(16 ea daily);<br>MO                            |
| <i>erythromycin base tabs 500 mg</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>erythromycin ethylsuccinate tabs 400 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(10 ea daily);<br>MO                            |
| <b>Fidaxomicin</b>                             |  |   |
| DIFICID TABS 200 MG                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO  |
| <b>MEDICAL DEVICES AND SUPPLIES</b>            |  |   |
| <b>Bandages-Dressings-Tape</b>                 |  |   |
| <i>gauze pads 2"x2"</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <b>Contraceptives</b>                          |  |   |
| FC FEMALE CONDOM MISC                          | \$0<br>(Tier 3)                          | MO; NT  |
| FC2 FEMALE CONDOM MISC                         | \$0<br>(Tier 3)                          | MO; NT  |
| LATEX CONDOMS                                  | \$0<br>(Tier 3)                          |   |
| <b>Misc. Devices</b>                           |  |   |
| ALCOHOL PADS                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | RX/OTC; MO  |
| <b>Parenteral Therapy Supplies</b>             |  |   |
| INSULIN SYRINGES AND PEN NEEDLES               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | RX/OTC; MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Respiratory Therapy Supplies</b>                           |  |   |
| AEROCHAMBER MINI AEROSOLCHAMBER DEVI                          | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER MV MISC   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER PLUS FLOW VU MISC                                 | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER PLUS FLOW-VU MISC                                 | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC                      | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER PLUS FLOW-VU/MASK MISC                            | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC                     | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC                      | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC                       | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC                       | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC                      | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC                       | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| AEROCHAMBER/FLOWSIGNAL MISC                    | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| AIRZONE PEAK FLOW METER DEVI                   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| ARIAL CHAMBER DEVI                             | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| ASSESS FULL RANGE PEAK FLOW METER DEVI         | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| ASSESS LOW RANGE PEAK FLOW METER DEVI          | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| ASSESS PEAK FLOW METER FULL RANGE DEVI         | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| ASSESS PEAK FLOW METER LOW RANGE DEVI          | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| ASTHMA CHECK METER-ZONE SYSTEM DEVI            | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| ASTHMAMENTOR DEVI                              | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHE EASE PEAK FLOW METER DEVI              | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHE EASE/LARGE MASK DEVI                   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHE EASE/MEDIUM MASK DEVI                  | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| BREATHE EASE/SMALL MASK DEVI                                     | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC                  | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC                  | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC                 | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC            | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC               | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE MISC   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE RIGID SPACERW/MASK MISC                              | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE W/LARGE MASK MISC                                    | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE W/MEDIUM MASK MISC                                   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| BREATHERITE W/SMALL MASK MISC                                    | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI      | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI        | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| CLEVER CHOICE PEAK FLOW METER DEVI                                | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| COMPACT SPACE CHAMBER/ANTI-STATIC DEVI                            | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI                 | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI                | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI                 | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| EASIVENT MISC   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| EASIVENT/MASK-LARGE MISC  | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| EASIVENT/MASK-MEDIUM MISC   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| EASIVENT/MASK-SMALL MISC                            | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| EQ SPACE CHAMBER ANTI-STATIC DEVI                   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI        | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI       | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI        | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| FLEXICHAMBER DEVI                                   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| INSPIRACHAMBER/LARGE DEVI                           | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /MEDIUM DEVI | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| INSPIRACHAMBER/SOOTHERMASK/INSPIRAMASK /SMALL DEVI  | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| INSPIREASE DRUG DELIVERYSYSTEM MISC                 | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| LITEAIRE DEVI                                       | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| LUNG PERFORMANCE PEAK FLOW METER DEVI               | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |

| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| MICROCHAMBER DEVI                               | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| MICROCHAMBER MISC                               | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| MICROLIFE DIGITAL PEAK FLOW METER DEVI          | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| MICROSPACER MISC                                | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE DEVI   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| MINI WRIGHT PEAK FLOW METER DEVI                | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| MINI WRIGHT PEAK FLOW METER STANDARD RANGE DEVI | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTICHAMBER ADVANTAGE/LARGE MASK MISC           | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC     | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC      | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTICHAMBER DIAMOND MISC                        | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI         | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC       | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTICHAMBER DIAMOND/SMALLFACE MASK MISC         | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug                                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| OPTICHAMBER FACE MASK/LARGE MISC             | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTICHAMBER FACE MASK/MEDIUM MISC            | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTICHAMBER FACE MASK/SMALL MISC             | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI      | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| OPTIHALER MISC                               | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PEAK A-I-R FLOW METER DEVI                   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PEAK AIR PEAK FLOW METERADULT/PEDIATRIC DEVI | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PERSONAL BEST FULL RANGE DEVI                | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PERSONAL BEST LOW RANGE DEVI                 | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PIKO 1 ELECTRONIC DEVI                       | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| POCKET CHAMBER DEVI                          | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| POCKET PEAK FLOW METER DEVI                  | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| POCKET SPACER DEVI                           | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| POCKETPEAK PEAK FLOW METER LOW RANGE DEVI    | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM DEVI   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PRO COMFORT INHALER SPACER CHAMBER ADULT MISC                | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PRO COMFORT INHALER SPACER CHAMBER CHILD MISC                | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI               | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PROCARE SPACER CHAMBER W/ADULT MASK DEVI                     | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PROCARE SPACER CHAMBER W/CHILD MASK DEVI                     | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PURE COMFORT PEAK FLOW METER ADULT DEVI                      | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| PURE COMFORT PEAK FLOW METER CHILD DEVI                      | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| RITEFLO DEVI   | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| TRUZONE PEAK FLOW METER DEVI                                 | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| VALVED HOLDING CHAMBER DEVI                                  | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| VORTEX VALVED HOLDING CHAMBER DEVI                           | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| WATCHHALER DEVI  | \$0 (Tier 3)                             | RX/OTC; MO; NT                                    |
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Calcitonin Gene-Related Peptide (CGRP)</b>     |  |   |
| AIMOVIG SOAJ                                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| EMGALITY SOAJ 120 MG/ML                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| EMGALITY SOSY 100 MG/ML                           | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| EMGALITY SOSY 120 MG/ML                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| <b>Migraine Combinations</b>                      |  |   |
| <i>ergotamine w/ caffeine supp re 2 mg-100 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sumatriptan-naproxen sodium tabs</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Migraine Products</b>                          |  |   |
| <i>dihydroergotamine mesylate soln ij 1 mg/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use          |
|---|--|--|
| <i>dihydroergotamine mesylate soln na 4 mg/ml</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | MO   |
| <i>ergotamine tartrate subl</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |  |
| MIGRANAL SOLN ( <i>dihydroergotamine mesylate</i> )         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | MO   |
| <b>Serotonin Agonists</b>                                   |  |  |
| <i>almotriptan malate tabs</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.4 ea daily); MO                                       |
| <i>naratriptan hcl tabs</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.3 ea daily); MO                                       |
| <i>rizatriptan benzoate tabs</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.4 ea daily); MO                                       |
| <i>rizatriptan benzoate tbdp</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.4 ea daily); MO                                       |
| <i>sumatriptan succinate soaj sc 6 mg/0.5ml, 4 mg/0.5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Auto-injector; Limit 4mls per month; QL(0.14 ml daily); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use               |
|---|--|---|
| <i>sumatriptan succinate soct sc 6 mg/0.5ml, 4 mg/0.5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Solution cartridge; Limit 4mls per month; QL(0.14 ml daily); MO |
| <i>sumatriptan succinate soln sc 6 mg/0.5ml</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Limit 4mls per month; QL(0.14 ml daily); MO                     |
| <i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.3 ea daily); MO  |
| <i>zolmitriptan tabs or 2.5 mg</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily); MO  |
| <i>zolmitriptan tabs or 5 mg</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily); MO  |
| <i>zolmitriptan tbdp or 2.5 mg</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily); MO  |
| <i>zolmitriptan tbdp or 5 mg</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily); MO  |
| <b>MINERALS &amp; ELECTROLYTES</b>                          |  |   |
| <b>Calcium</b>  |  |   |
| CALCIUM CARBONATE CHEW 500 MG                               | \$0<br>(Tier 3)                          | NT  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>calcium carbonate tabs 1250 mg, 500 mg, 600 mg</i>  | \$0<br>(Tier 3)                          | NT  |
| <i>calcium carbonate tabs 1500 mg, 600 mg</i>  | \$0<br>(Tier 3)                          | 1500 MG; MO; NT                                   |
| <i>calcium carbonate-cholecalciferol caps 500 unit-600 mg</i>  | \$0<br>(Tier 3)                          | MO; NT  |
| <i>calcium carbonate-cholecalciferol chew 100 unit-500 mg, 10 mcg-500 mg, 400 unit-500 mg</i>  | \$0<br>(Tier 3)                          | MO; NT  |
| <i>calcium carbonate-cholecalciferol tabs 15 mcg-500 mg, 500 mg-600 unit</i>   | \$0<br>(Tier 3)                          | NT  |
| <i>calcium carbonate-cholecalciferol tabs 200 unit-200 unit-500 mg-500 mg, 5 mcg-500 mg, 500 mg-200 unit, 20 mcg-600 mg, 400 unit-600 mg-600 mg-800 unit, 10 mcg-600 mg, 600 mg-400 unit</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <i>calcium carbonate-vitamin d tabs 125 unit-500 mg, 125 unit-250 mg, 200 unit-500 mg, 400 unit-600 mg, 500 mg-200 unit</i>  | \$0<br>(Tier 3)                          | NT  |
| CALCIUM CHEW 100 UNIT-500 MG   | \$0<br>(Tier 3)                          | MO; NT  |
| CALCIUM CHEW 500 MG  | \$0<br>(Tier 3)                          | NT  |
| CALCIUM CITRATE MALATE/VITAMIN D TABS  | \$0<br>(Tier 3)                          | NT  |
| <i>calcium citrate tabs 200 mg, 950 mg</i>   | \$0<br>(Tier 3)                          | MO; NT  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>calcium citrate-vitamin d tabs 200 unit-250 mg</i>                                   | \$0 (Tier 3)                             | NT  |
| <i>calcium citrate-vitamin d tabs 200 unit-315 mg, 5 mcg-315 mg</i>                     | \$0 (Tier 3)                             | MO; NT  |
| EQL CALCIUM/VITAMIN D CAPS  | \$0 (Tier 3)                             | NT  |
| OYSTER SHELL CALCIUM 500+ D TABS  | \$0 (Tier 3)                             | NT  |
| OYSTER SHELL CALCIUM/D TABS   | \$0 (Tier 3)                             | NT  |
| <i>oyster shell tabs</i>  | \$0 (Tier 3)                             | MO; NT  |
| RA OYSTER SHELL CALCIUM/VITAMIN D TABS  | \$0 (Tier 3)                             | NT  |
| RISACAL-D TABS  | \$0 (Tier 3)                             | NT  |
| <b>Electrolyte Mixtures</b>   |  |   |
| <i>dextrose in lactated ringers soln</i>  | \$0.00                                   |   |
|   | -<br>\$3.70 (Tier 1)                     |   |
| <i>dextrose w/ sodium chloride soln 0.2 %-5 %, 0.33 %-5 %, 0.45 %-2.5 %, 0.45 %-5 %</i> | \$0.00                                   |   |
|   | -<br>\$3.70 (Tier 1)                     |   |
| <i>dextrose w/ sodium chloride soln 0.9 %-5 %</i>                                       | \$0.00                                   | MO  |
|   | -<br>\$3.70 (Tier 1)                     |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>lactated ringer's soln 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml, 3 meq/l-4 meq/l-28 meq/l-109 meq/l-130 meq/l</i> | \$0.00                                   |   |
|   | -<br>\$3.70 (Tier 1)                     |   |
| <i>parenteral electrolytes conc</i>   | \$0.00                                   | B/D   |
|   | -<br>\$3.70 (Tier 1)                     |   |
| <i>potassium chloride in dextrose &amp; sodium chloride soln 0.45 %-5 %-20 meq/l</i>  | \$0.00                                   |   |
|   | -<br>\$3.70 (Tier 1)                     |   |
| <b>Magnesium</b>  |  |   |
| <i>magnesium sulfate soln ij 50 %</i>   | \$0.00                                   |   |
|   | -<br>\$3.70 (Tier 1)                     |   |
| <b>Phosphate</b>  |  |   |
| <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic tabs</i>  | \$0 (Tier 3)                             | MO; NT  |
| <b>Potassium</b>  |  |   |
| <i>potassium chloride cpcr or 10 meq, 8 meq</i>   | \$0.00                                   | MO  |
|   | -<br>\$3.70 (Tier 1)                     |   |
| <i>potassium chloride microencapsulated crystals er tbcr 20 meq, 10 meq</i>   | \$0.00                                   | MO  |
|   | -<br>\$3.70 (Tier 1)                     |   |
| <i>potassium chloride soln iv 2 meq/ml</i>  | \$0.00                                   | MO  |
|   | -<br>\$3.70 (Tier 1)                     |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>potassium chloride soln or 20 %, 10 %</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>potassium chloride tbc r or 20 meq, 10 meq, 8 meq</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Sodium</b>  |  |   |
| <i>sodium chloride soln iv 0.45 %</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>sodium chloride soln iv 3 %, 5 %, 0.9 %</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                 |  |   |
| <b>Chelating Agents</b>                                  |  |   |
| <i>penicillamine tabs</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>trientine hcl caps</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | SL(2 ea daily)                                    |
| <b>Immunomodulators</b>                                  |  |   |
| REVLIMID CAPS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| THALOMID CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Immunosuppressive Agents</b>                       |  |   |
| ASTAGRAF XL CP24                                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D; MO   |
| AZATHIOPRINE SOLR IJ 100 MG                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| <i>azathioprine tabs or 100 mg, 50 mg, 75 mg</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>cyclosporine caps</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>cyclosporine modified (for microemulsion) caps</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>cyclosporine modified (for microemulsion) soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>cyclosporine soln</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ENVARUSUS XR TB24  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D; MO   |
| <i>everolimus (immunosuppressant) tabs 0.25 mg</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>everolimus (immunosuppressant) tabs 0.5 mg, 0.75 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | B/D; MO   |
| <i>mycophenolate mofetil caps 250 mg</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>mycophenolate mofetil hcl solr</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>mycophenolate mofetil susr 200 mg/ml</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | B/D; MO   |
| <i>mycophenolate mofetil tabs 500 mg</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>mycophenolate sodium tbec</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |

| Name of drug                       | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------------|--|---|
| NULOJIX SOLR                       | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | B/D   |
| PROGRAF PACK OR 0.2 MG, 1 MG       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D; MO   |
| PROGRAF SOLN IV 5 MG/ML            | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| REZUROCK TABS                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | B/D; MO   |
| SANDIMMUNE SOLN OR 100 MG/ML       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D; MO   |
| SIMULECT SOLR                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <i>sirolimus soln 1 mg/ml</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>sirolimus tabs 0.5 mg, 1 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |

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| Name of drug                                    | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>sirolimus tabs 2 mg</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | B/D; MO   |
| <i>tacrolimus caps</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| THYMOGLOBULIN SOLR                              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| ZORTRESS TABS 1 MG                              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | B/D; MO   |
| <b>Irrigation Solutions</b>                     |  |   |
| <i>irrigation solutions, physiological soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>water for irrigation, sterile soln</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Potassium Removing Agents</b>                |  |   |
| <i>sodium polystyrene sulfonate powd</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sodium polystyrene sulfonate susp</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| VELTASSA PACK 16.8 GM                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; SL(1.5 ea daily); MO                          |
| VELTASSA PACK 25.2 GM                        | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; SL(1 ea daily); MO                            |
| VELTASSA PACK 8.4 GM                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | ST; SL(3 ea daily); MO                            |
| <b>Systemic Lupus Erythematosus Agents</b>   |  |   |
| BENLYSTA SOAJ                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| BENLYSTA SOLR                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| BENLYSTA SOSY                                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>            |  |   |
| <b>Anesthetics Topical Oral</b>              |  |   |
| <i>lidocaine hcl (mouth-throat) soln 2 %</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Anti-infectives - Throat</b>              |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>clotrimazole troc</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nystatin (mouth-throat) susp</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(24 ml daily); MO                               |
| <b>Antiseptics - Mouth/Throat</b>   |  |   |
| <i>chlorhexidine gluconate (mouth-throat) soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Steroids - Mouth/Throat/Dental</b>   |  |   |
| <i>triamcinolone acetonide (mouth) pste</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Throat Products - Misc.</b>  |  |   |
| <i>cevimeline hcl caps</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>pilocarpine hcl (oral) tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>MULTIVITAMINS</b>  |  |   |
| <b>Ped MV w/ Fluoride</b>   |  |   |
| <i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml-35 mg/ml-400 unit/ml-1500 unit/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Pediatric Vitamins</b>  |  |   |
| <i>pediatric vitamins adc soln</i>   | \$0<br>(Tier 3)                          | NT  |
| <b>Prenatal Vitamins</b>   |  |   |
| CLASSIC PRENATAL TABS  | \$0<br>(Tier 3)                          | MO; NT  |
| CVS PRENATAL TABS  | \$0<br>(Tier 3)                          | MO; NT  |
| EQL PRENATAL FORMULA TABS  | \$0<br>(Tier 3)                          | MO; NT  |
| GNP PRENATAL TABS  | \$0<br>(Tier 3)                          | MO; NT  |
| GOODSENSE PRENATAL VITAMINS TABS   | \$0<br>(Tier 3)                          | MO; NT  |
| HM PRENATAL TABS   | \$0<br>(Tier 3)                          | MO; NT  |
| KP PRENATAL MULTIVITAMINS TABS   | \$0<br>(Tier 3)                          | MO; NT  |
| KPN PRENATAL TABS  | \$0<br>(Tier 3)                          | NT  |
| MULTI PRENATAL TABS  | \$0<br>(Tier 3)                          | MO; NT  |
| NEONATAL VITAMIN TABS  | \$0<br>(Tier 3)                          | MO; NT  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ONE VITE WOMENS PRENATALVITAMIN TABS  | \$0 (Tier 3)                             | MO; NT  |
| PRENATAL FORMULA A-FREE TABS  | \$0 (Tier 3)                             | NT  |
| PRENATAL LOW IRON TABS  | \$0 (Tier 3)                             | MO; NT  |
| PRENATAL MULTIVITAMIN TABS  | \$0 (Tier 3)                             | MO; NT  |
| PRENATAL ONE DAILY TABS   | \$0 (Tier 3)                             | MO; NT  |
| PRENATAL TABS 0.5 MG-0.5 MG-0.5 MG-0.75 MG-0.75 MG-2.5 MCG-2.5 MG-3.75 MG-3.75 UNIT-5 MG-6.75 MG-15 MG-25 MCG-25 MG-50 MG-100 UNIT-200 MCG-500 UNIT | \$0 (Tier 3)                             | NT  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-18 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT-25 MG-11 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-800 MCG-4000 UNIT-400 UNIT-120 MG-200 MG, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 8 MCG-1.7 MG-1.8 MG-2.6 MG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT | \$0 (Tier 3)                             | MO; NT  |
| PRENATAL VITAMIN & MINERAL TABS   | \$0 (Tier 3)                             | MO; NT  |
| PRENATAL VITAMIN TABS   | \$0 (Tier 3)                             | MO; NT  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PRENATAL VITAMIN/IRON TABS                                    | \$0 (Tier 3)                             | MO; NT  |
| PRENATAL VITAMINS TABS  | \$0 (Tier 3)                             | MO; NT  |
| PX PRENATAL MULTIVITAMINS TABS                                | \$0 (Tier 3)                             | MO; NT  |
| QC PRENATAL TABS  | \$0 (Tier 3)                             | MO; NT  |
| RA PRENATAL FORMULA/FOLICACID TABS                            | \$0 (Tier 3)                             | MO; NT  |
| RA PRENATAL TABS  | \$0 (Tier 3)                             | MO; NT  |
| RIGHT STEP PRENATAL TABS                                      | \$0 (Tier 3)                             | MO; NT  |
| SM PRENATAL VITAMINS TABS                                     | \$0 (Tier 3)                             | MO; NT  |
| STUART ONE CAPS   | \$0 (Tier 3)                             | NT  |
| TRINATAL RX 1 TABS  | \$0.00 - \$9.20 (Tier 2)                 | MO  |
| <b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b> |  |   |
| <b>Central Muscle Relaxants</b>                               |  |   |
| <i>baclofen tabs or 10 mg</i>                                 | \$0.00 - \$3.70 (Tier 1)                 | SL(8 ea daily); MO                                |

| Name of drug                                | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>baclofen tabs or 20 mg</i>               | \$0.00 - \$3.70 (Tier 1)                 | SL(4 ea daily); MO                                |
| <i>carisoprodol tabs 350 mg</i>             | \$0.00 - \$3.70 (Tier 1)                 | AL(Up to 64 yrs old); MO                          |
| <i>chlorzoxazone tabs 500 mg</i>            | \$0.00 - \$3.70 (Tier 1)                 | AL(Up to 64 yrs old); MO                          |
| <i>cyclobenzaprine hcl tabs 10 mg, 5 mg</i> | \$0.00 - \$3.70 (Tier 1)                 | AL(Up to 64 yrs old); MO                          |
| <i>metaxalone tabs</i>                      | \$0.00 - \$3.70 (Tier 1)                 | AL(Up to 64 yrs old); MO                          |
| <i>methocarbamol tabs or 500 mg, 750 mg</i> | \$0.00 - \$3.70 (Tier 1)                 | AL(Up to 64 yrs old); MO                          |
| <i>tizanidine hcl caps 2 mg</i>             | \$0.00 - \$3.70 (Tier 1)                 | SL(18 ea daily); MO                               |
| <i>tizanidine hcl caps 4 mg</i>             | \$0.00 - \$3.70 (Tier 1)                 | SL(9 ea daily); MO                                |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>tizanidine hcl caps 6 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(6 ea daily);<br>MO                             |
| <i>tizanidine hcl tabs 2 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(18 ea daily);<br>MO                            |
| <i>tizanidine hcl tabs 4 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(9 ea daily);<br>MO                             |
| <b>Direct Muscle Relaxants</b>  |  |   |
| <i>dantrolene sodium caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b> |  |   |
| <b>Nasal Agents - Misc.</b>   |  |   |
| <i>saline soln 0.002 %-0.65 %</i>   | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Nasal Antiallergy</b>  |  |   |
| <i>azelastine hcl soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>cromolyn sodium (nasal) aers</i>   | \$0<br>(Tier 3)                          | MO; NT  |
| <i>olopatadine hcl (nasal) soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>Nasal Anticholinergics</b>                                 |  |   |
| <i>ipratropium bromide (nasal) soln</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Nasal Steroids</b>   |  |   |
| <i>budesonide (nasal) susp</i>                                | \$0<br>(Tier 3)                          | MO; NT  |
| <i>flunisolide (nasal) soln</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>fluticasone propionate (nasal) susp</i>                    | \$0<br>(Tier 3)                          | Over-the-counter;RX/OTC; MO; NT                   |
| <i>fluticasone propionate (nasal) susp</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <b>Sympathomimetic Decongestants</b>                          |  |   |
| <i>pseudoephedrine hcl liqd 15 mg/5ml</i>                     | \$0<br>(Tier 3)                          | MO; NT  |
| <i>pseudoephedrine hcl tabs 60 mg, 30 mg</i>                  | \$0<br>(Tier 3)                          | MO; NT  |
| <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b> |  |   |
| <b>ALS Agents</b>   |  |   |
| RADICAVA SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

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| Name of drug                                      | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>riluzole tabs</i>                              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Muscular Dystrophy Agents</b>                  |  |   |
| EXONDYS 51 SOLN                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| VYONDYS 53 SOLN                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| <b>Neuromuscular Blocking Agent - Neurotoxins</b> |  |   |
| BOTOX SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA  |
| XEOMIN SOLR                                       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| <b>NUTRIENTS</b>                                  |  |   |
| <b>Carbohydrates</b>                              |  |   |
| <i>dextrose soln 5 %</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| <i>dextrose soln 50 %, 10 %, 70 %</i>             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D   |
| <b>Lipids</b>                                     |  |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| CLINOLIPID EMUL   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| INTRALIPID EMUL 20 GM/100ML   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D   |
| NUTRILIPID EMUL   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D   |
| <b>Misc. Nutritional Substances</b>   |  |   |
| <i>omega-3 fatty acids caps 1 gm-120 mg-180 mg-300 mg, 1 unit-120 mg-180 mg-1000 mg, 1 unit-120 mg-180 mg-340 mg-1000 mg, 1 unit-200 mg-300 mg-1000 mg, 1 unit-300 mg-1000 mg, 1 unit-300 mg-1000 mg-1000 mg, 1.8 unit-120 mg-180 mg, 10 unit-100 mg-500 mg-1000 mg, 100 mg-150 mg-300 mg-1000 mg, 100 mg-160 mg-1000 mg, 1000 mg-1 mg-120 mg-180 mg, 1000 mg-120 mg-180 mg, 120 mg-180 mg-300 mg-1000 mg, 180 mg-270 mg-1000 mg, 250 mg-350 mg-1000 mg, 250 mg-500 mg-1000 mg, 3 mg-108 mg-162 mg-1000 mg, 300 mg-400 mg-1000 mg, 360 mg-455 mg-900 mg-1000 mg, 5 unit-120 mg-180 mg, 600 mg-1000 mg, 75 mg-90 mg-210 mg-1000 mg</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Proteins</b>   |  |   |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>amino acid infusion 15%</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | B/D; MO   |
| CLINIMIX<br>4.25%/DEXTROSE 5%<br>SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>   |  |   |
| <b>Artificial Tears and Lubricants</b>  |  |   |
| <i>polyvinyl alcohol soln</i>   | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Beta-blockers - Ophthalmic</b>   |  |   |
| <i>betaxolol hcl (ophth) soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>carteolol hcl (ophth) soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| COMBIGAN SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 22.3 mg/ml-6.8 mg/ml, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>levobunolol hcl soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| TIMOPTIC-XE SOLG 0.25 % ( <i>timolol maleate (ophth)</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Cycloplegic Mydriatics</b>                              |  |   |
| <i>cyclopentolate hcl soln</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Miotics</b>   |  |   |
| PHOSPHOLINE IODIDE SOLR                                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <i>pilocarpine hcl soln</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Ophthalmic - Angiogenesis Inhibitors</b>                |  |   |
| BEOVU SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| EYLEA SOSY                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <b>Ophthalmic Adrenergic Agents</b>        |  |   |
| ALPHAGAN P SOLN 0.1 %                      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>apraclonidine hcl soln</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>brimonidine tartrate soln</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| SIMBRINZA SUSP                             | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Ophthalmic Anti-infectives</b>          |  |   |
| AZASITE SOLN                               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>bacitracin (ophthalmic) oint</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>bacitracin-polymyxin b (ophth) oint</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                           | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>ciprofloxacin hcl (ophth) soln</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>erythromycin (ophth) oint</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.5 gm daily); MO                              |
| <i>gatifloxacin (ophth) soln</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>gentamicin sulfate (ophth) oint</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>gentamicin sulfate (ophth) soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>levofloxacin (ophth) soln</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>moxifloxacin hcl (ophth) soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| NATACYN SUSP                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>neomycin-bacitracin zn-polymyxin oint</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>neomycin-polymyxin-gramicidin soln</i>    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ofloxacin (ophth) soln</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>polymyxin b-trimethoprim soln</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sulfacetamide sodium (ophth) soln</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tobramycin (ophth) soln</i>               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>trifluridine soln</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| ZIRGAN GEL                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Ophthalmic Decongestants</b>              |  |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>naphazoline w/ pheniramine soln 0.025 %-0.3 %</i>    | \$0<br>(Tier 3)                          | MO; NT  |
| NAPHCON-A SOLN<br>( <i>naphazoline w/ pheniramine</i> ) | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Ophthalmic Immunomodulators</b>                      |  |   |
| RESTASIS EMUL   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| RESTASIS MULTIDOSE EMUL                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Ophthalmic Kinase Inhibitors</b>                     |  |   |
| ROCKLATAN SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Ophthalmic Local Anesthetics</b>                     |  |   |
| <i>proparacaine hcl soln</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Ophthalmic Nerve Growth Factors</b>                  |  |   |
| OXERVATE SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Ophthalmic Steroids</b>                              |  |   |
| ALREX SUSP  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                                       | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>bacitracin-poly-neomycin-hc oint</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dexamethasone sodium phosphate (ophth) soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| DUREZOL EMUL<br>(difluprednate)                    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>fluorometholone (ophth) susp</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| LOTEMAX OINT                                       | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| LOTEMAX SM GEL                                     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>loteprednol etabonate gel</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>loteprednol etabonate susp</i>                  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>neomycin-polymy-dexameth oint</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>neomycin-polymy-dexameth susp</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>prednisolone acetate (ophth) susp</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>sulfacetamide sod-prednisolone soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tobramycin-dexamethasone susp</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.67 ml daily); MO                             |
| <b>Ophthalmics - Misc.</b>                 |  |   |
| <i>azelastine hcl (ophth) soln</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| AZOPT SUSP<br>(brinzolamide)               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>bromfenac sodium (ophth) soln</i>       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | Once daily dosing;MO                              |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use  |
|--|--|--|
| <i>cromolyn sodium (ophth) soln</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO   |
| CYSTARAN SOLN                              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 60mls per 28 days; QL(2.15 ml daily); LA; MO |
| <i>diclofenac sodium (ophth) soln</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO   |
| <i>dorzolamide hcl soln</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO   |
| <i>epinastine hcl (ophth) soln</i>         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO   |
| <i>flurbiprofen sodium soln</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO   |
| ILEVRO SUSP                                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO   |
| <i>ketorolac tromethamine (ophth) soln</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(0.34 ml daily); MO                              |
| <i>ketotifen fumarate (ophth) soln</i>     | \$0<br>(Tier 3)                          | MO; NT   |

| Name of drug                                | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| MURO 128 SOLN 2 %                           | \$0<br>(Tier 3)                          | MO; NT  |
| NEVANAC SUSP                                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>olopatadine hcl soln 0.2 %</i>           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <i>sodium chloride hypertonic oint</i>      | \$0<br>(Tier 3)                          | MO; NT  |
| <i>sodium chloride hypertonic soln</i>      | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Prostaglandins - Ophthalmic</b>          |  |   |
| <i>bimatoprost soln</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>latanoprost soln</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| LUMIGAN SOLN                                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>travoprost soln</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>OTIC AGENTS - Drugs to Treat the Ear</b> |  |   |
| <b>Otic Agents - Miscellaneous</b>          |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>acetic acid (otic) soln</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>carbamide peroxide (otic) soln</i>                   | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Otic Anti-infectives</b>                             |  |   |
| CETRAXAL SOLN<br>( <i>ciprofloxacin hcl (otic)</i> )    | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>ciprofloxacin hcl (otic) soln</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ofloxacin (otic) soln</i>                            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Otic Combinations</b>                                |  |   |
| CIPRODEX SUSP<br>( <i>ciprofloxacin-dexamethasone</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>neomycin-polymyxin-hc (otic) soln</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>neomycin-polymyxin-hc (otic) susp</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Otic Steroids</b>                                    |  |   |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>fluocinolone acetonide (otic) oil</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>hydrocortisone w/acetic acid soln</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>                               |  |   |
| <b>Oxytocics</b>   |  |   |
| <i>methylergonovine maleate tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b> |  |   |
| <b>Immune Serums</b>   |  |   |
| BIVIGAM SOLN 10 %, 5 GM/50ML   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | B/D   |
| CUVITRU SOLN 1 GM/5ML  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D; LA   |
| CUVITRU SOLN 10 GM/50ML  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | B/D   |
| CUVITRU SOLN 2 GM/10ML, 4 GM/20ML, 8 GM/40ML   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | B/D; LA   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| FLEBOGAMMA DIF SOLN 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D   |
| FLEBOGAMMA DIF SOLN 5 GM/50ML  | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D; 5 GM/50 ML                                   |
| GAMASTAN INJ   | \$0.00<br>-<br>\$9.20 (Tier 2)           | B/D   |
| GAMMAGARD LIQUID SOLN  | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D   |
| GAMMAKED SOLN  | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D   |
| GAMMAPLEX SOLN   | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D   |
| GAMUNEX-C SOLN   | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D   |
| HIZENTRA SOLN 1 GM/5ML   | \$0.00<br>-<br>\$9.20 (Tier 2)           | B/D; LA   |

| Name of drug                                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| HIZENTRA SOLN 10 GM/50ML                     | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D   |
| HIZENTRA SOLN 2 GM/10ML, 4 GM/20ML           | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D; LA   |
| HIZENTRA SOSY 1 GM/5ML, 2 GM/10ML, 4 GM/20ML | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D   |
| HYPERRAB S/D SOLN                            | \$0.00<br>-<br>\$9.20 (Tier 2)           |   |
| IMOGAM RABIES-HT SOLN                        | \$0.00<br>-<br>\$9.20 (Tier 2)           |   |
| KEDRAB SOLN                                  | \$0.00<br>-<br>\$9.20 (Tier 2)           |   |
| OCTAGAM SOLN                                 | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D   |
| PRIVIGEN SOLN                                | \$0.00<br>-<br>\$9.20 (Tier 2^)          | B/D   |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| VARIZIG SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| <b>Monoclonal Antibodies</b>   |  |   |
| SYNAGIS SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       |   |
| ZINPLAVA SOLN  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| <b>Passive Immunizing Agents - Combinations</b>                        |  |   |
| HYQVIA KIT   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | B/D   |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>               |  |   |
| <b>Aminopenicillins</b>  |  |   |
| <i>amoxicillin caps 250 mg, 500 mg</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>amoxicillin tabs 500 mg, 875 mg</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>ampicillin caps</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ampicillin sodium solr ij 1 gm, 2 gm, 500 mg</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ampicillin sodium solr ij 250 mg</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>ampicillin sodium solr iv 10 gm, 2 gm</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <b>Natural Penicillins</b>  |  |   |
| BICILLIN L-A SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>penicillin g potassium solr 5000000 unit, 20 mu, 20000000 unit</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>penicillin v potassium solr 250 mg/5ml</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>penicillin v potassium tabs 250 mg, 500 mg</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Penicillin Combinations</b>  |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>amoxicillin &amp; pot clavulanate chew</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>amoxicillin &amp; pot clavulanate susr</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>amoxicillin &amp; pot clavulanate tabs</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>amoxicillin &amp; pot clavulanate tb12</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ampicillin &amp; sulbactam sodium solr ij 0.5 gm-1 gm</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>ampicillin &amp; sulbactam sodium solr ij 1 gm-2 gm</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>ampicillin &amp; sulbactam sodium solr iv 5 gm-10 gm</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>piperacillin sodium-tazobactam sodium solr</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <b>Penicillinase-Resistant Penicillins</b>                   |  |   |

| Name of drug  | What the drug will cost you (tier level)        | Necessary actions, restrictions, or limits on use |
|---|---|---|
| <i>dicloxacillin sodium caps</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>nafcillin sodium solr ij 1 gm</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)               |   |
| <i>nafcillin sodium solr ij 2 gm</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>nafcillin sodium solr iv 10 gm</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1 <sup>^</sup> ) |   |
| <b>PROGESTINS - Hormone Replacement/Modifying Drugs</b> |   |   |
| <b>Progestins</b>                                       |   |   |
| <i>medroxyprogesterone acetate tabs</i>                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>megestrol acetate (appetite) susp</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | AL(Up to 64 yrs old); MO                          |
| <i>norethindrone acetate tabs</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |
| <i>progesterone caps or 100 mg, 200 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1)               | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b> |  |   |
| <b>Agents for Chemical Dependency</b>   |  |   |
|   | \$0.00<br>-                              | MO  |
| <i>acamprosate calcium tbec</i>   | \$3.70<br>(Tier 1)                       |   |
|   | \$0.00<br>-                              | MO  |
| <i>disulfiram tabs</i>  | \$3.70<br>(Tier 1)                       |   |
| LUCEMYRA TABS   | \$0.00<br>-\$9.20<br>(Tier 2^)           | PA; SL(16 ea daily); MO                           |
| <b>Anti-Cataleptic Agents</b>   |  |   |
|   | \$0.00<br>-                              | LA; MO  |
| XYREM SOLN  | \$9.20<br>(Tier 2^)                      |   |
| <b>Antidementia Agents</b>  |  |   |
|   | \$0.00<br>-                              | MO  |
| <i>donepezil hydrochloride tabs</i>   | \$3.70<br>(Tier 1)                       |   |
|   | \$0.00<br>-                              | MO  |
| <i>donepezil hydrochloride tbdp</i>   | \$3.70<br>(Tier 1)                       |   |
|   | \$0.00<br>-                              | MO  |
| <i>galantamine hydrobromide cp24</i>  | \$3.70<br>(Tier 1)                       |   |

| Name of drug                                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>galantamine hydrobromide soln</i>         | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>galantamine hydrobromide tabs</i>         | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>memantine hcl cp24 14 mg</i>              | \$0.00<br>-\$3.70<br>(Tier 1)            | AL(At least 60 yrs old); SL(2 ea daily); MO       |
| <i>memantine hcl cp24 21 mg</i>              | \$0.00<br>-\$3.70<br>(Tier 1)            | AL(At least 60 yrs old); SL(1.33 ea daily); MO    |
| <i>memantine hcl cp24 28 mg</i>              | \$0.00<br>-\$3.70<br>(Tier 1)            | AL(At least 60 yrs old); SL(1 ea daily); MO       |
| <i>memantine hcl cp24 7 mg</i>               | \$0.00<br>-\$3.70<br>(Tier 1)            | AL(At least 60 yrs old); SL(4 ea daily); MO       |
| <i>memantine hcl soln 10 mg/5ml, 2 mg/ml</i> | \$0.00<br>-\$3.70<br>(Tier 1)            | AL(At least 60 yrs old); MO                       |
| <i>memantine hcl tabs 10 mg, 5 mg</i>        | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                               | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>rivastigmine pt24</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>rivastigmine tartrate caps</i>          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Combination Psychotherapeutics</b>      |  |   |
| <i>chlordiazepoxide-amitriptyline tabs</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>olanzapine-fluoxetine hcl caps</i>      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>perphenazine-amitriptyline tabs</i>     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <b>Movement Disorder Drug Therapy</b>      |  |   |
| AUSTEDO TABS 12 MG                         | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(4 ea daily); LA                            |
| AUSTEDO TABS 6 MG                          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(8 ea daily); LA                            |
| AUSTEDO TABS 9 MG                          | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; SL(5.33 ea daily); LA                         |

| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| INGREZZA CAPS 40 MG                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| INGREZZA CAPS 60 MG, 80 MG                     | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| INGREZZA CPPK                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| <i>tetrabenazine tabs 12.5 mg</i>              | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA; SL(8 ea daily)                                |
| <i>tetrabenazine tabs 25 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA; SL(4 ea daily)                                |
| <b>Multiple Sclerosis Agents</b>               |  |   |
| AUBAGIO TABS                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| BETASERON KIT                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| COPAXONE SOSY<br>( <i>glatiramer acetate</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |

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| Name of drug                                   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>dalfampridine tb12</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA  |
| GILENYA CAPS 0.5 MG                            | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| LEMTRADA SOLN                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| MAVENCLAD TBPK                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; 10 tabs                                       |
| MAVENCLAD TBPK                                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| MAYZENT TABS                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| OCREVUS SOLN                                   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| TECFIDERA CPDR<br>( <i>dimethyl fumarate</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(2 ea daily)                                |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TECFIDERA STARTER PACK MISC ( <i>dimethyl fumarate</i> ) | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| TYSABRI CONC   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA  |
| VUMERITY CPDR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; QL(4 ea daily)                                |
| VUMERITY CPDR  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; Starter Bottle                                |
| <b>Pseudobulbar Affect (PBA) Agents</b>                  |  |   |
| NUEDEXTA CAPS  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | PA; MO  |
| <b>Psychotherapeutic and Neurological Agents -</b>       |  |   |
| <i>ergoloid mesylates tabs</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | AL(Up to 64 yrs old); MO                          |
| <i>pimozide tabs</i>                                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Smoking Deterrents</b>                                |  |   |

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| Name of drug                                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| APO-VARENICLINE TABS                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>bupropion hcl (smoking deterrent) tb12</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(2 ea daily);<br>MO                             |
| CHANTIX CONTINUING MONTHPAK TABS              | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| CHANTIX STARTING MONTH PAK TABS               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| CHANTIX TABS                                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>nicotine polacrilex gum</i>                | \$0<br>(Tier 3)                          | MO; NT  |
| <i>nicotine polacrilex lozg</i>               | \$0<br>(Tier 3)                          | MO; NT  |
| <i>nicotine pt24</i>                          | \$0<br>(Tier 3)                          | MO; NT  |
| NICOTINE TRANSDERMAL SYSTEM KIT               | \$0<br>(Tier 3)                          | NT  |
| NICOTROL INHALER INHA                         | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | Limit 3 boxes per month;SL(16.8 ea daily); MO     |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| NICOTROL NS SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <i>varenicline tartrate tabs</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Transthyretin Amyloidosis Agents</b>                            |  |   |
| TEGSEDI SOSY   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| <b>Vasomotor Symptom Agents</b>                                    |  |   |
| <i>paroxetine mesylate (vasomotor) caps</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b> |  |   |
| <b>Alpha-Proteinase Inhibitor (Human)</b>                          |  |   |
| ARALAST NP SOLR 1000 MG  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| ARALAST NP SOLR 500 MG   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| PROLASTIN-C SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |

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| Name of drug                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------|--|---|
| PROLASTIN-C SOLR              | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| ZEMAIRA SOLR                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| <b>Cystic Fibrosis Agents</b> |  |   |
| KALYDECO PACK                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| KALYDECO TABS                 | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| ORKAMBI PACK                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| ORKAMBI TABS                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| PULMOZYME SOLN                | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | B/D   |
| SYMDEKO TBPK                  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TRIKAFTA TBPK  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA; MO  |
| <b>Pulmonary Fibrosis Agents</b>                           |  |   |
| ESBRIET CAPS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| ESBRIET TABS   | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| OFEV CAPS  | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; LA  |
| <b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>  |  |   |
| <b>Sulfonamides</b>  |  |   |
| <i>sulfadiazine tabs</i>                                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b> |  |   |
| <b>Aminomethylcyclines</b>                                 |  |   |
| NUZYRA TABS OR 150 MG                                      | \$0.00<br>-<br>\$9.20<br>(Tier 2^)       | PA; MO  |
| <b>Glycylcyclines</b>                                      |  |   |

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| Name of drug                                     | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>tigecycline solr</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       |   |
| <b>Tetracyclines</b>                             |  |   |
| <i>demeclocycline hcl tabs</i>                   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>doxycycline (monohydrate) caps</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>doxycycline (monohydrate) susr</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>doxycycline (monohydrate) tabs</i>            | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>doxycycline hyclate caps or 50 mg, 100 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily);<br>MO                             |
| <i>doxycycline hyclate solr iv 100 mg</i>        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily);<br>MO                             |
| <i>doxycycline hyclate tabs or 20 mg, 100 mg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | QL(2 ea daily);<br>MO                             |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>doxycycline hyclate tbec or 150 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tetracycline hcl caps</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>   |  |   |
| <b>Antithyroid Agents</b>  |  |   |
| <i>methimazole tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>propylthiouracil tabs</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Thyroid Hormones</b>  |  |   |
| <i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>lithyronine sodium tabs or 25 mcg, 5 mcg, 50 mcg</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>TOXOIDS</b>  |  |   |
| <b>Toxoid Combinations</b>                              |  |   |
| ADACEL SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| BOOSTRIX SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| BOOSTRIX SUSY   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| DAPTACEL SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| DIPHtheria/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP      | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| INFANRIX SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| KINRIX SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| KINRIX SUSY   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| PEDIARIX SUSP   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| PENTACEL SUSR   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| QUADRACEL SUSP  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| TDVAX SUSP  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| TENIVAC INJ   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| <b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b> |  |   |
| <b>Antispasmodics</b>   |  |   |
| <i>dicyclomine hcl caps or 10 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>dicyclomine hcl tabs or 20 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>glycopyrrolate soln ij 0.4 mg/2ml</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>glycopyrrolate soln ij 4 mg/20ml, 0.2 mg/ml, 1 mg/5ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>glycopyrrolate tabs or 1 mg</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(8 ea daily);<br>MO                             |
| <i>glycopyrrolate tabs or 2 mg</i>                           | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | SL(4 ea daily);<br>MO                             |
| <i>methscopolamine bromide tabs</i>                          | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>H-2 Antagonists</b>                                       |  |   |
| <i>cimetidine tabs 200 mg</i>                                | \$0<br>(Tier 3)                          | Over-the-counter;RX/OT C; MO; NT                  |
| <i>cimetidine tabs 200 mg</i>                                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>                | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        |   |
| <i>famotidine susr or 40 mg/5ml</i>                         | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>famotidine tabs or 10 mg</i>                             | \$0<br>(Tier 3)                          | MO; NT  |
| <i>famotidine tabs or 20 mg</i>                             | \$0<br>(Tier 3)                          | Over-the-counter;RX/OT C; MO; NT                  |
| <i>famotidine tabs or 20 mg</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | RX/OTC; MO  |
| <i>famotidine tabs or 40 mg</i>                             | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>nizatidine caps 150 mg, 300 mg</i>                       | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Misc. Anti-Ulcer</b>                                     |  |   |
| <i>sucralfate tabs 1 gm</i>                                 | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Proton Pump Inhibitors</b>                               |  |   |
| DEXILANT CPDR   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | ST; MO  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                             | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>esomeprazole magnesium cpdr 20 mg</i> | \$0.00<br>-\$3.70<br>(Tier 1)            | ST; RX/OTC; MO                                    |
| <i>esomeprazole magnesium cpdr 40 mg</i> | \$0.00<br>-\$3.70<br>(Tier 1)            | ST; MO  |
| <i>esomeprazole sodium solr</i>          | \$0.00<br>-\$3.70<br>(Tier 1)            |   |
| <i>lansoprazole cpdr 15 mg</i>           | \$0.00<br>-\$3.70<br>(Tier 1)            | RX/OTC; MO  |
| <i>lansoprazole cpdr 15 mg</i>           | \$0<br>(Tier 3)                          | Over-the-counter;RX/OTC; MO; NT                   |
| <i>lansoprazole cpdr 30 mg</i>           | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>omeprazole cpdr 10 mg, 40 mg</i>      | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>omeprazole cpdr 20 mg</i>             | \$0.00<br>-\$3.70<br>(Tier 1)            | RX/OTC; MO  |
| <i>omeprazole tbec 20 mg</i>             | \$0<br>(Tier 3)                          | MO; NT  |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>pantoprazole sodium solr iv 40 mg</i>                                    | \$0.00<br>-\$3.70<br>(Tier 1)            |   |
| <i>pantoprazole sodium tbec or 20 mg, 40 mg</i>                             | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <b>Ulcer Drugs - Prostaglandins</b>   |  |   |
| <i>misoprostol tabs</i>   | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <b>Ulcer Therapy Combinations</b>   |  |   |
| <i>amoxicillin-clarithromycin w/ lansoprazole misc</i>                      | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>omeprazole-sodium bicarbonate caps 20 mg-1100 mg</i>                     | \$0.00<br>-\$3.70<br>(Tier 1)            | RX/OTC; MO  |
| <b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b> |  |   |
| <b>Urinary Antispasmodic - Antimuscarinics</b>                              |  |   |
| <i>oxybutynin chloride syrup</i>  | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>oxybutynin chloride tabs</i>   | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |

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| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>oxybutynin chloride tb24</i>                      | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| OXYTROL FOR WOMEN PTTW                               | \$0<br>(Tier 3)                          | RX/OTC; MO; NT                                    |
| <i>solifenacin succinate tabs</i>                    | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tolterodine tartrate cp24</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tolterodine tartrate tabs</i>                     | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>trospium chloride cp24</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>trospium chloride tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Urinary Antispasmodics - Beta-3 Adrenergic</b>    |  |   |
| MYRBETRIQ TB24 25 MG, 50 MG                          | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>Urinary Antispasmodics - Cholinergic Agonists</b> |  |   |

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>bethanechol chloride tabs</i>                        | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Urinary Antispasmodics - Direct Muscle Relaxants</b> |  |   |
| <i>flavoxate hcl tabs</i>                               | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>VACCINES</b>   |  |   |
| <b>Bacterial Vaccines</b>                               |  |   |
| ACTHIB SOLR   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| BCG VACCINE INJ   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| BEXSERO SUSY  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| HIBERIX SOLR  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| MENACTRA SOLN   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug                              | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| MENQUADFI SOLN                            | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| MENVEO SOLR                               | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| PEDVAX HIB SUSP                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| TRUMENBA SUSY                             | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| TYPHIM VI SOLN                            | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| <b>Viral Vaccines</b>                     |  |   |
| ENGERIX-B SUSP IJ 10 MCG/0.5ML, 20 MCG/ML | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| GARDASIL 9 SUSP                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| GARDASIL 9 SUSY                           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |

| Name of drug                 | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------------------|--|---|
| HAVRIX SUSP                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| IMOVAX RABIES (H.D.C.V.) INJ | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| IPOL INACTIVATED IPV INJ     | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| IXIARO SUSP                  | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| M-M-R II SOLR                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| PROQUAD SUSR                 | \$0.00<br>-<br>\$9.20<br>(Tier 2)        |   |
| RABAVERT SUSR                | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |
| RECOMBIVAX HB SUSP           | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | B/D   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------|--|---|
| ROTARIX SUSR  | \$0.00<br>-\$9.20<br>(Tier 2)            |   |
| ROTATEQ SOLN  | \$0.00<br>-\$9.20<br>(Tier 2)            |   |
| SHINGRIX SUSR | \$0.00<br>-\$9.20<br>(Tier 2)            |   |
| TICOVAC SUSY  | \$0.00<br>-\$9.20<br>(Tier 2)            |   |
| TWINRIX SUSY  | \$0.00<br>-\$9.20<br>(Tier 2)            |   |
| VAQTA SUSP    | \$0.00<br>-\$9.20<br>(Tier 2)            |   |
| VARIVAX INJ   | \$0.00<br>-\$9.20<br>(Tier 2)            |   |
| YF-VAX INJ    | \$0.00<br>-\$9.20<br>(Tier 2)            |   |

| Name of drug                                  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ZOSTAVAX SUSR                                 | \$0.00<br>-\$9.20<br>(Tier 2)            |   |
| <b>VAGINAL AND RELATED PRODUCTS</b>           |  |   |
| <b>Spermicides</b>                            |  |   |
| OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL    | \$0 (Tier 3)                             | MO; NT  |
| VCF VAGINAL CONTRACEPTIVE FOAM FOAM           | \$0 (Tier 3)                             | NT  |
| <b>Vaginal Anti-infectives</b>                |  |   |
| <i>clindamycin phosphate vaginal crea</i>     | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>clotrimazole vaginal crea 1 %</i>          | \$0 (Tier 3)                             | MO; NT  |
| <i>metronidazole vaginal gel</i>              | \$0.00<br>-\$3.70<br>(Tier 1)            | MO  |
| <i>miconazole nitrate vaginal crea 2 %</i>    | \$0 (Tier 3)                             | MO; NT  |
| <i>miconazole nitrate vaginal crea 4 %</i>    | \$0 (Tier 3)                             | NT  |
| <i>miconazole nitrate vaginal kit</i>         | \$0 (Tier 3)                             | NT  |
| <i>miconazole nitrate vaginal supp 100 mg</i> | \$0 (Tier 3)                             | MO; NT  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>terconazole vaginal crea</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>terconazole vaginal supp</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <i>tioconazole vaginal oint</i>   | \$0<br>(Tier 3)                          | NT  |
| <b>Vaginal Estrogens</b>  |  |   |
| <i>estradiol vaginal crea 0.1 mg/gm</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| PREMARIN CREA VA<br>0.625 MG/GM   | \$0.00<br>-<br>\$9.20<br>(Tier 2)        | MO  |
| <b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>             |  |   |
| <b>Anaphylaxis Therapy Agents</b>   |  |   |
| <i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>Neurogenic Orthostatic Hypotension (NOH) -</b>                                 |  |   |
| <i>droxidopa caps 100 mg</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA; SL(18 ea daily)                               |

| Name of drug   | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>droxidopa caps 200 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA; SL(9 ea daily)                                |
| <i>droxidopa caps 300 mg</i>   | \$0.00<br>-<br>\$3.70<br>(Tier 1^)       | PA; SL(6 ea daily)                                |
| <b>Vasopressors</b>  |  |   |
| <i>midodrine hcl tabs</i>  | \$0.00<br>-<br>\$3.70<br>(Tier 1)        | MO  |
| <b>VITAMINS</b>  |  |   |
| <b>Oil Soluble Vitamins</b>  |  |   |
| <i>cholecalciferol caps 125 mcg, 5000 unit, 1000 unit, 25 mcg, 2000 unit, 50 mcg</i>           | \$0<br>(Tier 3)                          | MO; NT  |
| <i>cholecalciferol tabs 125 mcg, 5000 unit, 400 unit, 2000 unit, 50 mcg, 1000 unit, 25 mcg</i> | \$0<br>(Tier 3)                          | MO; NT  |
| <i>ergocalciferol caps 1.25 mg, 50000 unit</i>   | \$0<br>(Tier 3)                          | MO; NT  |
| <i>phytonadione tabs or 5 mg, 100 mcg</i>  | \$0<br>(Tier 3)                          | MO; NT  |
| <i>vitamin a caps 10000 unit</i>   | \$0<br>(Tier 3)                          | MO; NT  |
| <i>vitamin e caps 1000 unit</i>  | \$0<br>(Tier 3)                          | NT  |
| <i>vitamin e caps 1000 unit, 450 mg</i>  | \$0<br>(Tier 3)                          | MO; NT  |
| <b>Water Soluble Vitamins</b>  |  |   |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Name of drug  | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>ascorbic acid tabs or 10 mg-500 mg, 14 mg-25 mg-500 mg, 25 mg-35 mg-500 mg, 37 mg-500 mg, 500 mg-10 mg</i> | \$0 (Tier 3)                             | MO; NT  |
| <i>niacin cpcr 250 mg</i>   | \$0 (Tier 3)                             | MO; NT  |
| <i>niacin tabs 100 mg, 500 mg</i>   | \$0 (Tier 3)                             | MO; NT  |
| <i>niacin tabs 50 mg</i>  | \$0 (Tier 3)                             | NT  |
| <i>niacin tbcr 500 mg</i>   | \$0 (Tier 3)                             | MO; NT  |
| <i>pyridoxine hcl tabs or 50 mg, 100 mg</i>   | \$0 (Tier 3)                             | MO; NT  |
| <i>riboflavin tabs 100 mg</i>   | \$0 (Tier 3)                             | MO; NT  |
| <i>thiamine hcl tabs or 100 mg</i>  | \$0 (Tier 3)                             | NT  |

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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