



HealthPartners® Minnesota Senior Health Options (MSHO) (HMO SNP)
2025 MSHO *List of Covered Drugs* (Drug List or Formulary)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT
THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on 10/01/2024.

For more recent information or other questions, contact us at **952-967-7029** or **888-820-4285**, TTY **711**, Oct. 1 through March 31, 8 a.m. to 8 p.m. CT, seven days a week. April 1 through Sept. 30, 8 a.m. to 8 p.m. CT, Monday – Friday. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day or visit healthpartners.com/msho.

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Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs and non-drug products and items are covered by HealthPartners MSHO. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by HealthPartners MSHO. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in HealthPartners MSHO.

HealthPartners is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in HealthPartners depends on contract renewal.

You can always check HealthPartners MSHO's up-to-date *List of Covered Drugs* online at healthpartners.com/medicarerx or by calling Member Services at the numbers listed at the bottom of the page. This call is free.

You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number listed at the bottom of this page. This call is free.

To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the number at the bottom of this page. This call is free.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts in section C are the drugs covered by HealthPartners MSHO. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- HealthPartners MSHO will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - HealthPartners MSHO agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a HealthPartners MSHO network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at healthpartners.com/medicarerx or call Member Services at the numbers listed at the bottom of this page.

If you have questions, please call HealthPartners MSHO Member Services at **952-967-7029** or **888-820-4285**, TTY **711**, Oct. 1 through March 31, 8 a.m. to 8 p.m. CT, seven days a week. April 1 through Sept. 30, 8 a.m. to 8 p.m. CT, Monday – Friday. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day. The call is free. **For more information**, visit healthpartners.com/msho.

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B2. Does the Drug List ever change?

Yes, and HealthPartners MSHO must follow Medicare and Medical Assistance rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from HealthPartners MSHO before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check HealthPartners MSHO's up-to-date Drug List online at healthpartners.com/medicarerx. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the number listed at the bottom of this page to check the current Drug List.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

This section is continued on the next page.

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- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice telling you that. Please follow the instructions in the notice and talk to your doctor.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the Drug List when adding a generic drug that is not new to the market, or
 - we remove an original biological product when adding a biosimilar, or
 - we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the Drug List **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the Drug List you can take instead **or**

This section is continued on the next page.

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- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from HealthPartners MSHO before you fill your prescription. Prior authorization is different from a referral. HealthPartners MSHO may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes HealthPartners MSHO limits the amount of a drug you can get.
- **Step therapy:** Sometimes HealthPartners MSHO requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C1. You can also get more information by visiting our website at healthpartners.com/medicarerx.

We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by drug type has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if HealthPartners MSHO changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

If you have questions, please call HealthPartners MSHO Member Services at **952-967-7029** or **888-820-4285**, TTY **711**, Oct. 1 through March 31, 8 a.m. to 8 p.m. CT, seven days a week. April 1 through Sept. 30, 8 a.m. to 8 p.m. CT, Monday – Friday. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day. The call is free. **For more information**, visit healthpartners.com/msho.

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B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in the back of this book. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs as well as and over-the-counter (OTC) drugs are listed in the index.

To search **by drug type**, find the section labeled “List of Drugs by Drug Type” in section C1. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services at the numbers listed at the bottom of this page and ask about it. If you learn that HealthPartners MSHO will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask HealthPartners MSHO to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new HealthPartners MSHO member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of HealthPartners MSHO. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead, or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by HealthPartners MSHO, **or**
- you are taking a drug that is part of a step therapy restriction.

This section is continued on the next page.

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If you are taking a drug that HealthPartners MSHO does not consider to be a Part D drug, you have the right to get a one-time 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new HealthPartners MSHO member.
- This is in addition to the temporary supply during the first 90 days you are a member of HealthPartners MSHO.

For existing members who change care level, such as entering a long-term care facility or being discharged from a hospital, we'll grant early refills when appropriate.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out of network access. Check your Member Handbook for information about non-Part D drugs.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask HealthPartners MSHO to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, HealthPartners MSHO may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read Chapter 9 section G of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Contact Member Services at the number at the bottom of the page to ask for an exception.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

If you have questions, please call HealthPartners MSHO Member Services at **952-967-7029** or **888-820-4285**, TTY **711**, Oct. 1 through March 31, 8 a.m. to 8 p.m. CT, seven days a week. April 1 through Sept. 30, 8 a.m. to 8 p.m. CT, Monday – Friday. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day. The call is free. **For more information**, visit healthpartners.com/msho.

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B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

HealthPartners MSHO covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for “over-the-counter.” HealthPartners MSHO covers some OTC drugs when they are written as prescriptions by your provider. You can read the HealthPartners MSHO Drug List to find out what OTC drugs are covered.

B16. Does HealthPartners MSHO cover non-drug OTC products?

HealthPartners MSHO covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include eye drops, laxatives and vitamins.

You can read the HealthPartners MSHO drug list to find out what non-drug OTC products are covered.

B17. Does HealthPartners MSHO cover long-term supplies of prescriptions?

- **Mail Order Programs.** We offer a mail order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100 Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs. A 100-day supply has the same copay as a one-month supply.

If you have questions, please call HealthPartners MSHO Member Services at **952-967-7029** or **888-820-4285**, TTY **711**, Oct. 1 through March 31, 8 a.m. to 8 p.m. CT, seven days a week. April 1 through Sept. 30, 8 a.m. to 8 p.m. CT, Monday – Friday. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day. The call is free. **For more information**, visit healthpartners.com/msho.

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B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copay?

HealthPartners MSHO members pay nothing for prescription drugs as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Generic drugs have a \$0 copay
- Tier 1 Brand drugs have a \$0 copay.
- OTCs have a \$0 copay.

If you have questions, call Member Services at the numbers listed at the bottom of this page.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by HealthPartners MSHO. If you have trouble finding your drug in the list, turn the Index of Covered Drugs that begin in section D. The index alphabetically lists all drugs covered by HealthPartners MSHO.

C1. List of Drugs Grouped by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the "Antimigraine Agents" category. That is where you will find drugs that treat migraines.

The first column of the table lists the name of the drug. Generic drugs are listed in lowercase italics (for example, *atorvastatin*), brand name drugs are capitalized (for example, HUMALOG), and OTC drugs and products are listed in lowercase (for example, guaifenesin). The information in the "Necessary actions, restrictions, or limits on use" column tells you if HealthPartners MSHO has any rules for covering your drug.

This section is continued on the next page.

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Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

ABBREVIATION	DESCRIPTION
PA	Prior Authorization Required
QL	Quantity Limit
BvD	This drug could be covered as a Part B or a Part D Benefit.
ST	Step Therapy Required
LA	Limited Access Drug – Some drugs may be available only at certain pharmacies. For more information consult your pharmacy directory or call Member Services.
NM	Non-Mail Order Drug – Drugs not eligible for a 100-day mail order supply through your mail order benefit are noted with “NM” under Requirements/Limits.

If you have questions, please call HealthPartners MSHO Member Services at **952-967-7029** or **888-820-4285**, TTY **711**, Oct. 1 through March 31, 8 a.m. to 8 p.m. CT, seven days a week. April 1 through Sept. 30, 8 a.m. to 8 p.m. CT, Monday – Friday. On Saturdays, Sundays and Federal holidays, you can leave a message and we’ll get back to you within one business day. The call is free. **For more information**, visit healthpartners.com/msho.

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List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS (CONTINUED)		
ANALGESICS, MISCELLANEOUS		
<i>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i>	\$0 Tier 1 - Generic	QL (8 per 1 days)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codein 240-24 mg/10, acetaminop-codeine 120-12 mg/5)</i>	\$0 Tier 1 - Generic	QL (120 per 1 days)
<i>buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)</i>	\$0 Tier 1 - Generic	PA
<i>butalb-acetamin-caff 50-325-40 tablet</i>	\$0 Tier 1 - Generic	QL (12 per 1 days)
ENDOCET (2.5-325 MG TABLET, 5-325 MG TABLET)	\$0 Tier 1 - Generic	QL (8 per 1 days)
ENDOCET 10-325 MG TABLET	\$0 Tier 1 - Generic	QL (5 per 1 days)
ENDOCET 7.5-325 MG TABLET	\$0 Tier 1 - Generic	QL (7 per 1 days)
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	\$0 Tier 1 - Generic	PA
<i>fentanyl citrate (200 mcg, 400 mcg)</i>	\$0 Tier 1 - Generic	PA, NM
<i>hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)</i>	\$0 Tier 1 - Generic	QL (8 per 1 days)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	\$0 Tier 1 - Generic	QL (120 per 1 days)
<i>hydrocodone-ibuprofen 7.5-200</i>	\$0 Tier 1 - Generic	QL (8 per 1 days)
<i>hydromorphone 30 mg/30ml-water</i>	\$0 Tier 1 - Generic	QL (8 per 1 days)
<i>hydromorphone 4 mg tablet</i>	\$0 Tier 1 - Generic	QL (4 per 1 days)
<i>hydromorphone 8 mg tablet</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>hydromorphone hcl (0.5 mg/0.5 ml, 0.5 mg/0.5ml syr, 1 mg/ml amp, 1 mg/ml carpuct, 1 mg/ml syringe, 1 mg/ml vial, 2 mg tablet, 2 mg/ml carpuct, 2 mg/ml syringe, 4 mg/ml carpuct, 4 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	\$0 Tier 1 - Generic	QL (8 per 1 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS (CONTINUED)		
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	\$0 Tier 1 - Generic	QL (17 per 1 days)
<i>methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc)</i>	\$0 Tier 1 - Generic	PA
METHADONE INTENSOL 10 MG/ML	\$0 Tier 1 - Generic	PA
<i>morphine sulf 100 mg/5 ml conc</i>	\$0 Tier 1 - Generic	QL (4 per 1 days)
<i>morphine sulf 20 mg/5 ml soln</i>	\$0 Tier 1 - Generic	QL (20 per 1 days)
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	\$0 Tier 1 - Generic	QL (45 per 1 days)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)</i>	\$0 Tier 1 - Generic	PA
<i>morphine sulfate ir 15 mg tab</i>	\$0 Tier 1 - Generic	QL (5 per 1 days)
<i>morphine sulfate ir 30 mg tab</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>oxycodone hcl ((ir) 20 mg tab, 100 mg/5 ml conc)</i>	\$0 Tier 1 - Generic	QL (4 per 1 days)
<i>oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet)</i>	\$0 Tier 1 - Generic	QL (8 per 1 days)
<i>oxycodone hcl (5 mg/5 ml cup, 5 mg/5 ml soln)</i>	\$0 Tier 1 - Generic	QL (40 per 1 days)
<i>oxycodone hcl (ir) 10 mg tab</i>	\$0 Tier 1 - Generic	QL (5 per 1 days)
<i>oxycodone hcl (ir) 15 mg tab</i>	\$0 Tier 1 - Generic	QL (3 per 1 days)
<i>oxycodone hcl (ir) 30 mg tab</i>	\$0 Tier 1 - Generic	PA
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	\$0 Tier 1 - Generic	QL (8 per 1 days)
<i>oxycodone-acetaminophen 10-325</i>	\$0 Tier 1 - Generic	QL (5 per 1 days)
<i>oxycodone-acetaminophn 7.5-325</i>	\$0 Tier 1 - Generic	QL (7 per 1 days)
TENCON 50-325 MG TABLET	\$0 Tier 1 - Generic	QL (12 per 1 days)
<i>tramadol hcl 50 mg tablet</i>	\$0 Tier 1 - Generic	QL (8 per 1 days)
<i>tramadol-acetaminophn 37.5-325</i>	\$0 Tier 1 - Generic	PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>diclofenac 2% solution pump</i>	\$0 Tier 1 - Generic	QL (224 per 28 days)
<i>diclofenac pot 50 mg tablet</i>	\$0 Tier 1 - Generic	
<i>diclofenac sodium (1% gel, sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS (CONTINUED)		
<i>ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>etodolac er (400 mg tablet, 500 mg tablet, 600 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>flurbiprofen 100 mg tablet</i>	\$0 Tier 1 - Generic	
IBU (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	\$0 Tier 1 - Generic	
<i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>naproxen (250 mg tablet, 375 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
ANESTHETICS (CONTINUED)		
LOCAL ANESTHETICS		
GLYDO 2% JELLY SYRINGE	\$0 Tier 1 - Generic	
<i>lidocaine 5% patch</i>	\$0 Tier 1 - Generic	PA
<i>lidocaine hcl (0.5% vial, 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% ampul, 1% vial, 2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution)</i>	\$0 Tier 1 - Generic	
<i>lidocaine hcl 1% 100 mg/10 ml (ampul)</i>	\$0 Tier 1 - Generic	
<i>lidocaine hcl 1% 100 mg/10 ml (vial)</i>	\$0 Tier 1 - Generic	
<i>lidocaine hcl viscous (15 ml cup, soln)</i>	\$0 Tier 1 - Generic	
<i>lidocaine-prilocaine cream</i>	\$0 Tier 1 - Generic	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (CONTINUED)		
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate calc dr 333 mg tab</i>	\$0 Tier 1 - Generic	
<i>buprenorphine 2 mg tablet sl</i>	\$0 Tier 1 - Generic	QL (360 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (CONTINUED)		
<i>buprenorphine 8 mg tablet sl</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>buprenorphine-nalox 12-3mg flm</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>buprenorphine-naloxone (4-1mg film, 8-2 mg tab, 8-2mg film)</i>	\$0 Tier 1 - Generic	QL (90 per 30 days)
<i>bupropion hcl sr 150 mg tablet</i>	\$0 Tier 1 - Generic	
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
KLOXXADO 8 MG NASAL SPRAY	\$0 Tier 1 - Brand	
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)</i>	\$0 Tier 1 - Generic	
<i>naltrexone 50 mg tablet</i>	\$0 Tier 1 - Generic	
NICOTROL CARTRIDGE INHALER	\$0 Tier 1 - Brand	
NICOTROL NS 10 MG/ML SPRAY	\$0 Tier 1 - Brand	
<i>varenicline starting month box</i>	\$0 Tier 1 - Generic	QL (53 per 28 days)
<i>varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
ZIMHI 5 MG/0.5 ML SYRINGE	\$0 Tier 1 - Brand	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE) (CONTINUED)		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
CLEOCIN 100 MG VAGINAL OVULE	\$0 Tier 1 - Brand	
<i>clindamycin 2% vaginal cream</i>	\$0 Tier 1 - Generic	
<i>metronidazole (0.75% gl, 1.3% gel)</i>	\$0 Tier 1 - Generic	
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	\$0 Tier 1 - Generic	
ANTI-ANXIETY AGENTS (CONTINUED)		
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	\$0 Tier 1 - Generic	QL (180 per 30 days)
<i>alprazolam 2 mg tablet</i>	\$0 Tier 1 - Generic	QL (150 per 30 days)
<i>chlordiazepoxide 25 mg capsule</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	\$0 Tier 1 - Generic	QL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-ANXIETY AGENTS (CONTINUED)		
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet)</i>	\$0 Tier 1 - Generic	QL (180 per 30 days)
<i>clonazepam (1 mg dis tablet, 1 mg odt, 1 mg tablet)</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	\$0 Tier 1 - Generic	QL (300 per 30 days)
<i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>	\$0 Tier 1 - Generic	QL (180 per 30 days)
<i>diazepam (2 mg tablet, 5 mg tablet)</i>	\$0 Tier 1 - Generic	QL (180 per 30 days)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	\$0 Tier 1 - Generic	QL (1200 per 30 days)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	\$0 Tier 1 - Generic	QL (240 per 30 days)
<i>diazepam 10 mg tablet</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	\$0 Tier 1 - Generic	QL (180 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i>	\$0 Tier 1 - Generic	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML	\$0 Tier 1 - Generic	QL (150 per 30 days)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	\$0 Tier 1 - Generic	QL (30 per 30 days)
ANTIBACTERIALS (CONTINUED)		
AMINOGLYCOSIDES		
<i>amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vial)</i>	\$0 Tier 1 - Generic	PA
ARIKAYCE 590 MG/8.4 ML VIAL	\$0 Tier 1 - Brand	PA, NM
<i>gentamicin sulfate (20 mg/2 ml vial, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	\$0 Tier 1 - Generic	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, isoton 100 mg/50 ml)</i>	\$0 Tier 1 - Generic	
<i>neomycin 500 mg tablet</i>	\$0 Tier 1 - Generic	
<i>streptomycin sulf 1 gm vial</i>	\$0 Tier 1 - Generic	
TOBI PODHALER 28 MG INHALE CAP	\$0 Tier 1 - Brand	PA, NM
<i>tobramycin (300 mg/4 ml ampule, 300 mg/5 ml ampule, pak 300 mg/5 ml)</i>	\$0 Tier 1 - Generic	BVD, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS (CONTINUED)		
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	\$0 Tier 1 - Generic	PA
ANTIBACTERIALS, MISCELLANEOUS		
<i>clindamycin (pedi) 75 mg/5 ml</i>	\$0 Tier 1 - Generic	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>clindamycin phosphate (9 g/60 ml vial, 300 mg/2 ml vl, 600 mg/4 ml vl, 900 mg/6 ml vl)</i>	\$0 Tier 1 - Generic	
<i>colistimethate 150 mg vial</i>	\$0 Tier 1 - Generic	PA
<i>daptomycin (350 mg vial, 500 mg vial)</i>	\$0 Tier 1 - Generic	
<i>fosfomycin 3 gm sachet</i>	\$0 Tier 1 - Generic	
<i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>	\$0 Tier 1 - Generic	PA
<i>linezolid 600 mg/300 ml-d5w</i>	\$0 Tier 1 - Generic	PA
<i>linezolid 600mg/300ml-0.9%nacl</i>	\$0 Tier 1 - Generic	PA
<i>methenamine hipp 1 gm tablet</i>	\$0 Tier 1 - Generic	
METRO IV 500 MG/100 ML	\$0 Tier 1 - Generic	
<i>metronidazole (250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	\$0 Tier 1 - Generic	
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	\$0 Tier 1 - Generic	
<i>nitrofurantoin mono-mcr 100 mg</i>	\$0 Tier 1 - Generic	
<i>polymyxin b sulfate vial</i>	\$0 Tier 1 - Generic	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	\$0 Tier 1 - Brand	PA, NM
<i>trimethoprim 100 mg tablet</i>	\$0 Tier 1 - Generic	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 1.25 gram vial, 1.5 gram vial, 1.75 gram vial, 2 gram vial, 5 gm vial, 10 gm vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	\$0 Tier 1 - Generic	
<i>vancomycin hcl 125 mg capsule</i>	\$0 Tier 1 - Generic	QL (40 per 10 days)
<i>vancomycin hcl 250 mg capsule</i>	\$0 Tier 1 - Generic	QL (80 per 10 days)
XENLETA 600 MG TABLET	\$0 Tier 1 - Brand	PA, NM
XIFAXAN (200 MG TABLET, 550 MG TABLET)	\$0 Tier 1 - Brand	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS (CONTINUED)		
CEPHALOSPORINS		
<i>cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	\$0 Tier 1 - Generic	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, 500 mg vial)</i>	\$0 Tier 1 - Generic	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)</i>	\$0 Tier 1 - Generic	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>cefepime (1 gm, 2 gm)</i>	\$0 Tier 1 - Generic	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	\$0 Tier 1 - Generic	
<i>cefepime-dextrose (1 gm/50 ml, 2 gm/50 ml)</i>	\$0 Tier 1 - Generic	
<i>cefixime 400 mg capsule</i>	\$0 Tier 1 - Generic	
<i>cefoxitin (1 gm vial, 2 gm vial)</i>	\$0 Tier 1 - Generic	
<i>cefoxitin sodium (1 gm piggyback bag, 2 gm piggyback bag)</i>	\$0 Tier 1 - Generic	
<i>cefpodoxime proxitil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>ceftazidime (1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	\$0 Tier 1 - Generic	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	\$0 Tier 1 - Generic	
<i>cefuroxime (250 mg tab, 500 mg tab)</i>	\$0 Tier 1 - Generic	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	\$0 Tier 1 - Generic	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i>	\$0 Tier 1 - Generic	
TEFLARO (400 MG VIAL, 600 MG VIAL)	\$0 Tier 1 - Brand	NM
MACROLIDES		
<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS (CONTINUED)		
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
<i>erythromycin dr 250 mg cap</i>	\$0 Tier 1 - Generic	
<i>erythromycin lact 500 mg vial</i>	\$0 Tier 1 - Generic	
MISCELLANEOUS B-LACTAM ANTIBIOTICS		
<i>aztreonam (1 gm vial, 2 gm vial)</i>	\$0 Tier 1 - Generic	
CAYSTON 75 MG INHAL SOLUTION	\$0 Tier 1 - Brand	PA, LA, NM
<i>ertapenem 1 gram vial</i>	\$0 Tier 1 - Generic	
<i>imipenem-cilastatin sodium (250 mg vl, 500 mg vl)</i>	\$0 Tier 1 - Generic	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	\$0 Tier 1 - Generic	
<i>meropenem-0.9% nacl (1 gram/50, 500 mg/50)</i>	\$0 Tier 1 - Generic	
PENICILLINS		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>ampicillin 500 mg capsule</i>	\$0 Tier 1 - Generic	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	\$0 Tier 1 - Generic	
<i>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm btl, ampicillin-sulbactam 15 gm vl)</i>	\$0 Tier 1 - Generic	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	\$0 Tier 1 - Brand	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS (CONTINUED)		
<i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>nafcillin (1 gm/ 50 ml inj, 2 gm/ 100 ml inj)</i>	\$0 Tier 1 - Generic	
<i>nafcillin sodium (1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial)</i>	\$0 Tier 1 - Generic	
<i>penicillin g potassium (5 million unit, 20 million unit)</i>	\$0 Tier 1 - Generic	
<i>penicillin gk-iso-osm dextrose (pen g k 2 million unit/50 ml, pen g k 3 million unit/50 ml)</i>	\$0 Tier 1 - Generic	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)</i>	\$0 Tier 1 - Generic	
QUINOLONES		
<i>ciprofloxacin (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	\$0 Tier 1 - Generic	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	\$0 Tier 1 - Generic	
<i>ciprofloxacin-d5w (200 mg/100ml-d5w, 400 mg/200ml-d5w)</i>	\$0 Tier 1 - Generic	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	\$0 Tier 1 - Generic	
<i>levofloxacin-d5w (500 mg/100, 750 mg/150)</i>	\$0 Tier 1 - Generic	
<i>moxifloxacin 400 mg/250 ml bag</i>	\$0 Tier 1 - Generic	
<i>moxifloxacin hcl 400 mg tablet</i>	\$0 Tier 1 - Generic	
SULFONAMIDES		
<i>sulfadiazine 500 mg tablet</i>	\$0 Tier 1 - Generic	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>	\$0 Tier 1 - Generic	
SULFATRIM PEDIATRIC SUSPENSION	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS (CONTINUED)		
TETRACYCLINES		
DOXY 100 MG VIAL	\$0 Tier 1 - Generic	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	\$0 Tier 1 - Generic	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 100 mg cap, mono 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>tigecycline 50 mg vial</i>	\$0 Tier 1 - Generic	NM
ANTICANCER AGENTS (CONTINUED)		
ANTICANCER AGENTS		
<i>abiraterone acetate (250 mg tab, 500 mg tab)</i>	\$0 Tier 1 - Generic	PA, NM
AKEEGA (50-500 MG TABLET, 100-500 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
ALECENSA 150 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (8 per 1 days), NM
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
ALUNBRIG 30 MG TABLET	\$0 Tier 1 - Brand	PA, QL (4 per 1 days), NM
<i>anastrozole 1 mg tablet</i>	\$0 Tier 1 - Generic	
AUGTYRO (40 MG CAPSULE, 160 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
<i>bexarotene (1% gel, 75 mg capsule)</i>	\$0 Tier 1 - Generic	PA, NM
<i>bicalutamide 50 mg tablet</i>	\$0 Tier 1 - Generic	
BOSULIF (400 MG TABLET, 500 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
BOSULIF 100 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (6 per 1 days), NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICANCER AGENTS (CONTINUED)		
BOSULIF 100 MG TABLET	\$0 Tier 1 - Brand	PA, QL (3 per 1 days), NM
BOSULIF 50 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (7 per 1 days), NM
BRAFTOVI 75 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
BRUKINSA 80 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
CALQUENCE 100 MG TABLET	\$0 Tier 1 - Brand	PA, QL (2 per 1 days), NM
CAPRELSA (100 MG TABLET, 300 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
COMETRIQ 100 MG DAILY-DOSE PK	\$0 Tier 1 - Brand	PA, QL (2 per 1 days), NM
COMETRIQ 140 MG DAILY-DOSE PK	\$0 Tier 1 - Brand	PA, QL (4 per 1 days), NM
COMETRIQ 60 MG DAILY-DOSE PACK	\$0 Tier 1 - Brand	PA, QL (3 per 1 days), NM
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
COTELLIC 20 MG TABLET	\$0 Tier 1 - Brand	PA, LA, NM
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	\$0 Tier 1 - Generic	BVD
CYCLOPHOSPHAMIDE 25 MG CAPSULE	\$0 Tier 1 - Brand	BVD
CYCLOPHOSPHAMIDE 50 MG CAPSULE	\$0 Tier 1 - Brand	BVD
DANZITEN (71 MG TABLET, 95 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
<i>dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	\$0 Tier 1 - Generic	PA, QL (1 tablets per 1 days), NM
<i>dasatinib 20 mg tablet</i>	\$0 Tier 1 - Generic	PA, QL (3 tablets per 1 days), NM
DAURISMO (25 MG TABLET, 100 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
EMCYT 140 MG CAPSULE	\$0 Tier 1 - Brand	
ERIVEDGE 150 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICANCER AGENTS (CONTINUED)		
ERLEADA 240 MG TABLET	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
ERLEADA 60 MG TABLET	\$0 Tier 1 - Brand	PA, QL (3 per 1 days), NM
<i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0 Tier 1 - Generic	PA, NM
<i>everolimus (2 mg tab susp, 5 mg tab susp)</i>	\$0 Tier 1 - Generic	PA, QL (2 per 1 days), NM
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	PA, QL (1 per 1 days), NM
<i>everolimus 3 mg tab for susp</i>	\$0 Tier 1 - Generic	PA, QL (3 per 1 days), NM
<i>exemestane 25 mg tablet</i>	\$0 Tier 1 - Generic	
EXKIVITY 40 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
FIRMAGON (2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL)	\$0 Tier 1 - Brand	
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
FRUZAQLA (1 MG CAPSULE, 5 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
GAVRETO 100 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
<i>gefitinib 250 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)	\$0 Tier 1 - Brand	PA
<i>hydroxyurea 500 mg capsule</i>	\$0 Tier 1 - Generic	
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (21 per 28 days), NM
ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
IDHIFA (50 MG TABLET, 100 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
<i>imatinib mesylate (100 mg tab, 400 mg tab)</i>	\$0 Tier 1 - Generic	NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICANCER AGENTS (CONTINUED)		
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
IMBRUVICA 140 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (3 per 1 days), NM
IMBRUVICA 70 MG/ML SUSPENSION	\$0 Tier 1 - Brand	PA, QL (216 per 30 days), NM
IMKELDI 80 MG/ML SOLUTION	\$0 Tier 1 - Brand	PA, NM
INLYTA (1 MG TABLET, 5 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
INQOVI 35 MG-100 MG TABLET	\$0 Tier 1 - Brand	PA, NM
INREBIC 100 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
ITOVEBI (3 MG TABLET, 9 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
IWILFIN 192 MG TABLET	\$0 Tier 1 - Brand	PA, NM
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (2 per 1 days), NM
JAYPIRCA (50 MG TABLET, 100 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
JYLAMVO 2 MG/ML ORAL SOLUTION	\$0 Tier 1 - Brand	PA, NM
KISQALI 200 MG DAILY DOSE	\$0 Tier 1 - Brand	PA, QL (21 per 28 days), NM
KISQALI 400 MG DAILY DOSE	\$0 Tier 1 - Brand	PA, QL (42 per 28 days), NM
KISQALI 600 MG DAILY DOSE	\$0 Tier 1 - Brand	PA, QL (63 per 28 days), NM
KISQALI FEMARA 200 MG CO-PACK	\$0 Tier 1 - Brand	PA, QL (49 per 28 days), NM
KISQALI FEMARA 400 MG CO-PACK	\$0 Tier 1 - Brand	PA, QL (70 per 28 days), NM
KISQALI FEMARA 600 MG CO-PACK	\$0 Tier 1 - Brand	PA, QL (91 per 28 days), NM
KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
KRAZATI 200 MG TABLET	\$0 Tier 1 - Brand	PA, NM
<i>lapatinib 250 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
LAZCLUZE (80 MG TABLET, 240 MG TABLET)	\$0 Tier 1 - Brand	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICANCER AGENTS (CONTINUED)		
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule)</i>	\$0 Tier 1 - Generic	LA, QL (1 per 1 days), NM
<i>lenalidomide (20 mg capsule, 25 mg capsule)</i>	\$0 Tier 1 - Generic	LA, QL (21 per 28 days), NM
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	\$0 Tier 1 - Brand	PA, QL (3 per 1 days), NM
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	\$0 Tier 1 - Brand	PA, QL (2 per 1 days), NM
<i>letrozole 2.5 mg tablet</i>	\$0 Tier 1 - Generic	
LEUKERAN 2 MG TABLET	\$0 Tier 1 - Brand	NM
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vial)</i>	\$0 Tier 1 - Generic	
<i>leuprolide depot 22.5 mg vial</i>	\$0 Tier 1 - Generic	PA
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
LORBRENA (25 MG TABLET, 100 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
LUMAKRAS (120 MG TABLET, 240 MG TABLET, 320 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
LUPRON DEPOT (-4 MONTH KIT, 7.5 MG KIT, 22.5 MG 3MO KIT, 45 MG 6MO KIT)	\$0 Tier 1 - Brand	PA, NM
LYNPARZA (100 MG TABLET, 150 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (4 per 1 days), NM
LYSODREN 500 MG TABLET	\$0 Tier 1 - Brand	NM
LYTGOBI (12 MG (3X TB), 16 MG (4X TB), 20 MG (5X TB))	\$0 Tier 1 - Brand	PA, NM
MATULANE 50 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	\$0 Tier 1 - Generic	
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
MEKTOVI 15 MG TABLET	\$0 Tier 1 - Brand	PA, NM
<i>mercaptopurine 50 mg tablet</i>	\$0 Tier 1 - Generic	
<i>methotrexate (1 gm vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICANCER AGENTS (CONTINUED)		
<i>methotrexate 2.5 mg tablet</i>	\$0 Tier 1 - Generic	BVD
<i>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	\$0 Tier 1 - Generic	
NERLYNX 40 MG TABLET	\$0 Tier 1 - Brand	PA, NM
<i>nilutamide 150 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
NUBEQA 300 MG TABLET	\$0 Tier 1 - Brand	PA, QL (4 per 1 days), NM
ODOMZO 200 MG CAPSULE	\$0 Tier 1 - Brand	PA, LA, NM
OGSIVEO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
OJEMDA (25 MG/ML ORAL SUSP, 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	\$0 Tier 1 - Brand	PA, NM
OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
ONUREG (200 MG TABLET, 300 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
ORSERDU (86 MG TABLET, 345 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
<i>pazopanib hcl 200 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (14 per 21 days), NM
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	\$0 Tier 1 - Brand	PA, QL (2 per 1 days), NM
PIQRAY 200 MG DAILY DOSE PACK	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	\$0 Tier 1 - Brand	PA, QL (21 per 28 days), NM
PURIXAN 20 MG/ML ORAL SUSP	\$0 Tier 1 - Brand	
QINLOCK 50 MG TABLET	\$0 Tier 1 - Brand	PA, NM
RETEVMO (40 MG CAPSULE, 40 MG TABLET, 80 MG CAPSULE, 80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	\$0 Tier 1 - Brand	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICANCER AGENTS (CONTINUED)		
REVUFORJ (110 MG TABLET, 160 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
REZLIDHIA 150 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
ROZLYTREK 100 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (5 per 1 days), NM
ROZLYTREK 200 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (3 per 1 days), NM
ROZLYTREK 50 MG PELLETT PACKET	\$0 Tier 1 - Brand	PA, QL (336 per 28 days), NM
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
RYDAPT 25 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
SCSEMBLIX 100 MG TABLET	\$0 Tier 1 - Brand	PA, NM
SCSEMBLIX 20 MG TABLET	\$0 Tier 1 - Brand	PA, QL (2 per 1 days), NM
SCSEMBLIX 40 MG TABLET	\$0 Tier 1 - Brand	PA, QL (10 per 1 days), NM
SOLTAMOX 20 MG/10 ML SOLN	\$0 Tier 1 - Brand	NM
<i>sorafenib 200 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
SPRYCEL 20 MG TABLET	\$0 Tier 1 - Brand	PA, QL (3 per 1 days), NM
STIVARGA 40 MG TABLET	\$0 Tier 1 - Brand	PA, NM
<i>sunitinib malate (12.5 mg cap, 25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	\$0 Tier 1 - Generic	PA, NM
TABLOID 40 MG TABLET	\$0 Tier 1 - Brand	
TABRECTA (150 MG TABLET, 200 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
TAGRISSE (40 MG TABLET, 80 MG TABLET)	\$0 Tier 1 - Brand	PA, LA, QL (1 per 1 days), NM
TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICANCER AGENTS (CONTINUED)		
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	\$0 Tier 1 - Brand	PA, QL (4 per 1 days), NM
TAZVERIK 200 MG TABLET	\$0 Tier 1 - Brand	PA, QL (8 per 1 days), NM
TECENTRIQ HYBREZA 1,875 MG	\$0 Tier 1 - Brand	PA, NM
TEPMETKO 225 MG TABLET	\$0 Tier 1 - Brand	PA, NM
TIBSOVO 250 MG TABLET	\$0 Tier 1 - Brand	PA, NM
<i>toremifene citrate 60 mg tab</i>	\$0 Tier 1 - Generic	PA, NM
TORPENZ (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	\$0 Tier 1 - Generic	PA, NM
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	\$0 Tier 1 - Brand	PA
<i>tretinoin 10 mg capsule</i>	\$0 Tier 1 - Generic	NM
TRUQAP (160 MG TABLET, 200 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
TUKYSA (50 MG TABLET, 150 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
TURALIO (125 MG CAPSULE, 200 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
VANFLYTA (17.7 MG TABLET, 26.5 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	\$0 Tier 1 - Brand	PA, LA, QL (2 per 1 days)
VENCLEXTA 100 MG TABLET	\$0 Tier 1 - Brand	PA, LA, QL (6 per 1 days), NM
VENCLEXTA 50 MG TABLET	\$0 Tier 1 - Brand	PA, LA, QL (1 per 1 days), NM
VENCLEXTA STARTING PACK	\$0 Tier 1 - Brand	PA, LA, QL (42 per 28 days), NM
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (2 per 1 days), NM
VITRAKVI 100 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (2 per 1 days), NM
VITRAKVI 20 MG/ML SOLUTION	\$0 Tier 1 - Brand	PA, QL (10 per 1 days), NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICANCER AGENTS (CONTINUED)		
VITRAKVI 25 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (6 per 1 days), NM
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
VONJO 100 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
VORANIGO (10 MG TABLET, 40 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
WELIREG 40 MG TABLET	\$0 Tier 1 - Brand	PA, QL (4 per 1 days), NM
XALKORI (20 MG PELLETT, 50 MG PELLETT, 150 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
XATMEP 2.5 MG/ML ORAL SOLUTION	\$0 Tier 1 - Brand	PA
XOSPATA 40 MG TABLET	\$0 Tier 1 - Brand	PA, NM
XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	\$0 Tier 1 - Brand	PA, NM
XTANDI (40 MG CAPSULE, 40 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (4 per 1 days), NM
XTANDI 80 MG TABLET	\$0 Tier 1 - Brand	PA, QL (2 per 1 days), NM
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
ZELBORAF 240 MG TABLET	\$0 Tier 1 - Brand	PA, NM
ZOLINZA 100 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
ZYDELIG (100 MG TABLET, 150 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
ZYKADIA 150 MG TABLET	\$0 Tier 1 - Brand	PA, NM
ANTICONVULSANTS (CONTINUED)		
ANTICONVULSANTS		
APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	\$0 Tier 1 - Brand	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS (CONTINUED)		
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tab chew, 200 mg tablet, 200 mg/10 ml cup)</i>	\$0 Tier 1 - Generic	
<i>carbamazepine er (100 mg cap, 100 mg tablet, 200 mg cap, 200 mg tablet, 300 mg cap, 400 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>clobazam 10 mg tablet</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>clobazam 2.5 mg/ml suspension</i>	\$0 Tier 1 - Generic	QL (480 per 30 days)
<i>clobazam 20 mg tablet</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	\$0 Tier 1 - Brand	PA, NM
<i>diazepam (2.5mg rectal gel(2pk), 10 mg rectal gel syrg, 10mg rectal gel (2pk), 20 mg rectal gel syrg, 20mg rectal gel (2pk))</i>	\$0 Tier 1 - Generic	
DILANTIN 30 MG CAPSULE	\$0 Tier 1 - Brand	
<i>divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)</i>	\$0 Tier 1 - Generic	
<i>divalproex sodium er (er 250 mg tab, er 500 mg tab)</i>	\$0 Tier 1 - Generic	
EPIDIOLEX (100 MG/ML SOLN PACK, 100 MG/ML SOLUTION)	\$0 Tier 1 - Brand	PA, NM
EPITOL 200 MG TABLET	\$0 Tier 1 - Generic	
EPRONTIA 25 MG/ML SOLUTION	\$0 Tier 1 - Brand	PA
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	\$0 Tier 1 - Generic	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	\$0 Tier 1 - Generic	
FINTEPLA 2.2 MG/ML SOLUTION	\$0 Tier 1 - Brand	PA, NM
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	\$0 Tier 1 - Generic	QL (12 per 1 days)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	\$0 Tier 1 - Generic	QL (72 per 1 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS (CONTINUED)		
<i>gabapentin 400 mg capsule</i>	\$0 Tier 1 - Generic	QL (9 per 1 days)
<i>gabapentin 600 mg tablet</i>	\$0 Tier 1 - Generic	QL (6 per 1 days)
<i>gabapentin 800 mg tablet</i>	\$0 Tier 1 - Generic	QL (4 per 1 days)
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i>	\$0 Tier 1 - Generic	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>lamotrigine odt (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	PA
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	\$0 Tier 1 - Generic	
<i>levetiracetam er (500 mg tablet, 750 mg tablet)</i>	\$0 Tier 1 - Generic	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	\$0 Tier 1 - Brand	PA
<i>methsuximide 300 mg capsule</i>	\$0 Tier 1 - Generic	
NAYZILAM 5 MG NASAL SPRAY	\$0 Tier 1 - Brand	PA
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	\$0 Tier 1 - Generic	
<i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>	\$0 Tier 1 - Generic	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS (CONTINUED)		
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	\$0 Tier 1 - Generic	QL (6 per 1 days)
<i>pregabalin 150 mg capsule</i>	\$0 Tier 1 - Generic	QL (4 per 1 days)
<i>pregabalin 20 mg/ml solution</i>	\$0 Tier 1 - Generic	QL (30 per 1 days)
<i>pregabalin 200 mg capsule</i>	\$0 Tier 1 - Generic	QL (3 per 1 days)
<i>primidone (50 mg tablet, 125 mg tablet, 250 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>	\$0 Tier 1 - Generic	PA, NM
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	\$0 Tier 1 - Brand	PA
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0 Tier 1 - Generic	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	\$0 Tier 1 - Brand	
<i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup)</i>	\$0 Tier 1 - Generic	
VALTOCO (5 MG NASAL SPRAY, 10 MG NASAL SPRAY, 15 MG NASAL SPRAY, 20 MG NASAL SPRAY)	\$0 Tier 1 - Brand	PA
<i>vigabatrin (500 mg powder packet, 500 mg tablet)</i>	\$0 Tier 1 - Generic	PA, NM
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	\$0 Tier 1 - Generic	PA, NM
VIGPODER 500 MG POWDER PACKET	\$0 Tier 1 - Generic	PA, NM
XCOPRI (12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	\$0 Tier 1 - Brand	PA

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS (CONTINUED)		
ZONISADE 100 MG/5 ML ORAL SUSP	\$0 Tier 1 - Brand	PA
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	\$0 Tier 1 - Generic	
ZTALMY 50 MG/ML SUSPENSION	\$0 Tier 1 - Brand	PA, NM
ANTIDEMENTIA AGENTS (CONTINUED)		
ANTIDEMENTIA AGENTS		
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>donepezil hcl odt (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>ergoloid mesylates 1 mg tab</i>	\$0 Tier 1 - Generic	
<i>galantamine 4 mg/ml oral soln</i>	\$0 Tier 1 - Generic	
<i>galantamine er (8 mg capsule, 16 mg capsule, 24 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	\$0 Tier 1 - Generic	
ANTIDEPRESSANTS (CONTINUED)		
ANTIDEPRESSANTS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	\$0 Tier 1 - Generic	
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0 Tier 1 - Generic	
AUVELITY ER 45-105 MG TABLET	\$0 Tier 1 - Brand	PA, NM
<i>bupropion hcl (75 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>bupropion hcl sr (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>citalopram hbr (10 mg tablet, 10 mg/5 ml soln, 20 mg tablet, 20 mg/10 ml cup, 40 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEPRESSANTS (CONTINUED)		
<i>desvenlafaxine suc er 100 mg tablet (generic for pristiq)</i>	\$0 Tier 1 - Generic	
<i>desvenlafaxine suc er 25 mg tablet (generic for pristiq)</i>	\$0 Tier 1 - Generic	
<i>desvenlafaxine suc er 50 mg tablet (generic for pristiq)</i>	\$0 Tier 1 - Generic	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	\$0 Tier 1 - Generic	
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	\$0 Tier 1 - Brand	PA
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</i>	\$0 Tier 1 - Generic	
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	\$0 Tier 1 - Brand	PA, NM
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml, 10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	\$0 Tier 1 - Brand	PA
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 20 mg/5 ml soln cup, 20 mg/5 ml solution, 40 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	\$0 Tier 1 - Generic	
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0 Tier 1 - Generic	
MARPLAN 10 MG TABLET	\$0 Tier 1 - Brand	
<i>mirtazapine (7.5 mg tablet, 15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEPRESSANTS (CONTINUED)		
<i>paroxetine hcl (10 mg tablet, 10 mg/5 ml susp, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>phenelzine sulfate 15 mg tab</i>	\$0 Tier 1 - Generic	
<i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>tranylcypromine sulf 10 mg tab</i>	\$0 Tier 1 - Generic	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cp)</i>	\$0 Tier 1 - Generic	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	\$0 Tier 1 - Brand	PA
<i>venlafaxine bes er 112.5 mg tb</i>	\$0 Tier 1 - Generic	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>venlafaxine hcl er (37.5 mg cap, 75 mg cap, 150 mg cap)</i>	\$0 Tier 1 - Generic	
<i>vilazodone hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 Tier 1 - Generic	
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
ANTIDIABETIC AGENTS (CONTINUED)		
ANTIDIABETIC AGENTS, MISCELLANEOUS		
<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>dapagliflozin (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
GLYXAMBI (10 MG TABLET, 25 MG TABLET)	\$0 Tier 1 - Brand	QL (1 per 1 days)
JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET)	\$0 Tier 1 - Brand	QL (2 per 1 days)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET)	\$0 Tier 1 - Brand	QL (2 per 1 days)
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	\$0 Tier 1 - Brand	QL (1 per 1 days)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	\$0 Tier 1 - Brand	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDIABETIC AGENTS (CONTINUED)		
JENTADUETO (2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB)	\$0 Tier 1 - Brand	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG	\$0 Tier 1 - Brand	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TB	\$0 Tier 1 - Brand	QL (30 per 30 days)
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	\$0 Tier 1 - Generic	QL (75 per 30 days)
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	\$0 Tier 1 - Generic	QL (150 per 30 days)
<i>metformin hcl 850 mg tablet</i>	\$0 Tier 1 - Generic	QL (90 per 30 days)
<i>metformin hcl er 500 mg tablet</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>mifepristone 300 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
<i>miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	\$0 Tier 1 - Brand	PA, QL (2 per 28 days)
<i>nateglinide (60 mg tablet, 120 mg tablet)</i>	\$0 Tier 1 - Generic	
OZEMPIC (1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	\$0 Tier 1 - Brand	PA, QL (3 per 28 days)
OZEMPIC .25 OR 0.5 PEN INJCTR (DOSE 3 ML)	\$0 Tier 1 - Brand	PA, QL (3 per 28 days)
OZEMPIC 0.25 OR .5 PEN INJCTR (DOSE 1.5 ML)	\$0 Tier 1 - Brand	PA, QL (3 per 28 days)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	\$0 Tier 1 - Generic	QL (30 per 30 days)
<i>pioglitazone hcl 15 mg tablet</i>	\$0 Tier 1 - Generic	QL (90 per 30 days)
<i>pioglitazone-glimepiride (30-2, 30-4)</i>	\$0 Tier 1 - Generic	QL (30 per 30 days)
<i>pioglitazone-metformin (15-500, 15-850)</i>	\$0 Tier 1 - Generic	QL (90 per 30 days)
<i>repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	\$0 Tier 1 - Generic	
RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (30 per 30 days)
SYMLINPEN 120 PEN INJECTOR	\$0 Tier 1 - Brand	NM
SYMLINPEN 60 PEN INJECTOR	\$0 Tier 1 - Brand	NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDIABETIC AGENTS (CONTINUED)		
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	\$0 Tier 1 - Brand	QL (60 per 30 days)
SYNJARDY 5-500 MG TABLET	\$0 Tier 1 - Brand	QL (120 per 30 days)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	\$0 Tier 1 - Brand	QL (30 per 30 days)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	\$0 Tier 1 - Brand	QL (60 per 30 days)
TRADJENTA 5 MG TABLET	\$0 Tier 1 - Brand	QL (1 per 1 days)
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	\$0 Tier 1 - Brand	QL (30 per 30 days)
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	\$0 Tier 1 - Brand	QL (60 per 30 days)
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	\$0 Tier 1 - Brand	PA, QL (2 per 28 days)
INSULINS		
HUMALOG 100 UNIT/ML CARTRIDGE	\$0 Tier 1 - Brand	
HUMALOG 200 UNIT/ML KWIKPEN	\$0 Tier 1 - Brand	
HUMALOG MIX 50-50 KWIKPEN	\$0 Tier 1 - Brand	
HUMALOG MIX 50-50 VIAL	\$0 Tier 1 - Brand	
HUMALOG MIX 75-25 VIAL	\$0 Tier 1 - Brand	
HUMULIN 70-30 VIAL	\$0 Tier 1 - Brand	
HUMULIN 70/30 KWIKPEN	\$0 Tier 1 - Brand	
HUMULIN N 100 UNIT/ML KWIKPEN	\$0 Tier 1 - Brand	
HUMULIN N 100 UNIT/ML VIAL	\$0 Tier 1 - Brand	
HUMULIN R 100 UNIT/ML VIAL	\$0 Tier 1 - Brand	
HUMULIN R 500 UNIT/ML KWIKPEN	\$0 Tier 1 - Brand	
HUMULIN R 500 UNIT/ML VIAL	\$0 Tier 1 - Brand	
<i>insulin lispro 100 unit/ml pen</i>	\$0 Tier 1 - Generic	
<i>insulin lispro 100 unit/ml vl</i>	\$0 Tier 1 - Generic	
<i>insulin lispro jr 100 unit/ml</i>	\$0 Tier 1 - Generic	
<i>insulin lispro mix 75-25 kwkpn</i>	\$0 Tier 1 - Generic	
LANTUS 100 UNIT/ML VIAL	\$0 Tier 1 - Brand	
LANTUS SOLOSTAR 100 UNIT/ML	\$0 Tier 1 - Brand	
TOUJEO MAX SOLOSTR 300 UNIT/ML	\$0 Tier 1 - Brand	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDIABETIC AGENTS (CONTINUED)		
TOUJEO SOLOSTAR 300 UNIT/ML	\$0 Tier 1 - Brand	
SULFONYLUREAS		
<i>glimepiride 1 mg tablet</i>	\$0 Tier 1 - Generic	QL (240 per 30 days)
<i>glimepiride 2 mg tablet</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>glimepiride 4 mg tablet</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>glipizide 10 mg tablet</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>glipizide 5 mg tablet</i>	\$0 Tier 1 - Generic	QL (240 per 30 days)
<i>glipizide er 10 mg tablet</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>glipizide er 2.5 mg tablet</i>	\$0 Tier 1 - Generic	QL (240 per 30 days)
<i>glipizide er 5 mg tablet</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>glipizide xl 10 mg tablet</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>glipizide xl 2.5 mg tablet</i>	\$0 Tier 1 - Generic	QL (240 per 30 days)
<i>glipizide xl 5 mg tablet</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>glipizide-metformin 2.5-250 mg</i>	\$0 Tier 1 - Generic	QL (240 per 30 days)
<i>glyburide (1.25 mg tablet, 2.5 mg tablet, 5 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>glyburide micronized (1.5 mg tab, 3 mg tablet, 6 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>glyburide-metformin hcl (glyburid-metformin 1.25-250 mg, glyburide-metformin 2.5-500 mg, glyburide-metformin 5-500 mg)</i>	\$0 Tier 1 - Generic	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGALS		
ABELCET 100 MG/20 ML VIAL	\$0 Tier 1 - Brand	PA
<i>amphotericin b 50 mg vial</i>	\$0 Tier 1 - Generic	PA
<i>amphotericin b liposome 50 mg</i>	\$0 Tier 1 - Generic	PA, NM
<i>caspofungin acetate (50 mg vial, 70 mg vial)</i>	\$0 Tier 1 - Generic	PA
<i>ciclopirox (0.77% cream, 0.77% gel, 8% solution)</i>	\$0 Tier 1 - Generic	
<i>ciclopirox 0.77% topical susp</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	\$0 Tier 1 - Generic	
<i>clotrimazole-betamethasone crm</i>	\$0 Tier 1 - Generic	
<i>econazole nitrate 1% cream</i>	\$0 Tier 1 - Generic	QL (85 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIFUNGALS (CONTINUED)		
ERAXIS (50 MG VIAL, 100 MG VIAL)	\$0 Tier 1 - Brand	PA
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>fluconazole-nacl (100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml)</i>	\$0 Tier 1 - Generic	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	\$0 Tier 1 - Generic	NM
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	\$0 Tier 1 - Generic	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	\$0 Tier 1 - Generic	
<i>itraconazole (10 mg/ml solution, 100 mg/10 ml cup)</i>	\$0 Tier 1 - Generic	PA
<i>itraconazole 100 mg capsule</i>	\$0 Tier 1 - Generic	
<i>ketoconazole 2% cream</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>ketoconazole 2% shampoo</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>ketoconazole 200 mg tablet</i>	\$0 Tier 1 - Generic	
KLAYESTA 100,000 UNIT/GM POWD	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>micafungin (50 mg vial, 100 mg vial)</i>	\$0 Tier 1 - Generic	
NYAMYC 100,000 UNIT/GM POWDER	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>nystatin (100,000 unit/ml susp, 500,000 unit/5 ml cup)</i>	\$0 Tier 1 - Generic	QL (720 per 30 days)
<i>nystatin (unit/gm cream, unit/gm oint)</i>	\$0 Tier 1 - Generic	QL (30 per 30 days)
<i>nystatin 100,000 unit/gm powd</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>nystatin 500,000 unit oral tab</i>	\$0 Tier 1 - Generic	
NYSTOP 100,000 UNIT/GM POWDER	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>posaconazole dr 100 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
<i>terbinafine hcl 250 mg tablet</i>	\$0 Tier 1 - Generic	
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i>	\$0 Tier 1 - Generic	PA
ANTIGOUT AGENTS (CONTINUED)		
ANTIGOUT AGENTS, OTHER		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>colchicine 0.6 mg tablet</i>	\$0 Tier 1 - Generic	
<i>febuxostat (40 mg tablet, 80 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>probenecid 500 mg tablet</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIGOUT AGENTS (CONTINUED)		
<i>probenecid-colchicine tablet</i>	\$0 Tier 1 - Generic	
ANTIHIISTAMINES (CONTINUED)		
ANTIHIISTAMINES		
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	\$0 Tier 1 - Generic	
<i>ciproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>desloratadine 5 mg tablet</i>	\$0 Tier 1 - Generic	
<i>diphenhydramine 50 mg/ml vial</i>	\$0 Tier 1 - Generic	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	\$0 Tier 1 - Generic	
<i>levocetirizine 5 mg tablet</i>	\$0 Tier 1 - Generic	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrpp)</i>	\$0 Tier 1 - Generic	
ANTIMIGRAINE AGENTS (CONTINUED)		
ANTIMIGRAINE AGENTS		
AJOVY 225 MG/1.5 ML AUTOINJECT	\$0 Tier 1 - Brand	PA
AJOVY 225 MG/1.5 ML SYRINGE	\$0 Tier 1 - Brand	PA
<i>dihydroergotamine mesylate (1 mg/ml amp, 4 mg/ml spry)</i>	\$0 Tier 1 - Generic	PA, NM
EMGALITY 120 MG/ML PEN	\$0 Tier 1 - Brand	PA
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 120 MG/ML SYRINGE, 300 MG (100 MG X3SYR))	\$0 Tier 1 - Brand	PA
<i>ergotamine-caffeine 1-100mg tb</i>	\$0 Tier 1 - Generic	
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	\$0 Tier 1 - Generic	QL (12 per 30 days)
NURTEC ODT 75 MG TABLET	\$0 Tier 1 - Brand	PA
<i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>	\$0 Tier 1 - Generic	QL (12 per 30 days)
<i>sumatriptan (5 mg nasal spray, 20 mg nasal spray)</i>	\$0 Tier 1 - Generic	QL (12 per 30 days)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	QL (12 per 30 days)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	\$0 Tier 1 - Generic	QL (5 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMYCOBACTERIALS (CONTINUED)		
ANTIMYCOBACTERIALS		
<i>cycloserine 250 mg capsule</i>	\$0 Tier 1 - Generic	PA, NM
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>pretomanid 200 mg tablet</i>	\$0 Tier 1 - Brand	PA
PRIFTIN 150 MG TABLET	\$0 Tier 1 - Brand	
<i>pyrazinamide 500 mg tablet</i>	\$0 Tier 1 - Generic	
<i>rifabutin 150 mg capsule</i>	\$0 Tier 1 - Generic	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	\$0 Tier 1 - Generic	
SIRTURO (20 MG TABLET, 100 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
TRECTOR 250 MG TABLET	\$0 Tier 1 - Brand	
ANTINAUSEA AGENTS (CONTINUED)		
ANTINAUSEA AGENTS		
<i>aprepitant (40 mg capsule, 80 mg capsule, 125 mg capsule, 125-80-80 mg pack)</i>	\$0 Tier 1 - Generic	BVD
COMPRO 25 MG SUPPOSITORY	\$0 Tier 1 - Generic	
<i>dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0 Tier 1 - Generic	PA
EMEND 125 MG POWDER PACKET	\$0 Tier 1 - Brand	BVD
<i>granisetron hcl 1 mg tablet</i>	\$0 Tier 1 - Generic	BVD
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>ondansetron hcl (4 mg tablet, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet)</i>	\$0 Tier 1 - Generic	BVD
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	\$0 Tier 1 - Generic	BVD
<i>prochlorperazine 25 mg supp</i>	\$0 Tier 1 - Generic	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>	\$0 Tier 1 - Generic	
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg suppository, 50 mg tablet)</i>	\$0 Tier 1 - Generic	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINAUSEA AGENTS (CONTINUED)		
<i>scopolamine 1 mg/3 day patch</i>	\$0 Tier 1 - Generic	
<i>trimethobenzamide 300 mg cap</i>	\$0 Tier 1 - Generic	
ANTIPARASITE AGENTS (CONTINUED)		
ANTIPARASITE AGENTS		
<i>albendazole 200 mg tablet</i>	\$0 Tier 1 - Generic	
<i>atovaquone (750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup)</i>	\$0 Tier 1 - Generic	
<i>atovaquone-proguanil hcl (62.5-25, 250-100)</i>	\$0 Tier 1 - Generic	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
COARTEM TABLETS		
<i>hydroxychloroquine 200 mg tab</i>	\$0 Tier 1 - Generic	
IMPAVIDO 50 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
<i>ivermectin 3 mg tablet</i>	\$0 Tier 1 - Generic	QL (40 per 30 days)
<i>mefloquine hcl 250 mg tablet</i>	\$0 Tier 1 - Generic	
<i>nitazoxanide 500 mg tablet</i>	\$0 Tier 1 - Generic	PA
<i>pentamidine 300 mg inhal powdr</i>	\$0 Tier 1 - Generic	BVD
<i>pentamidine 300 mg inject vial</i>	\$0 Tier 1 - Generic	PA
<i>praziquantel 600 mg tablet</i>	\$0 Tier 1 - Generic	
<i>primaquine 26.3 mg tablet</i>	\$0 Tier 1 - Brand	
<i>pyrimethamine 25 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
<i>quinine sulfate 324 mg capsule</i>	\$0 Tier 1 - Generic	PA
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
ANTIPARKINSONIAN AGENTS (CONTINUED)		
ANTIPARKINSONIAN AGENTS		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	\$0 Tier 1 - Generic	
<i>apomorphine 30 mg/3 ml cartrdg</i>	\$0 Tier 1 - Generic	PA, NM
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>cabergoline 0.5 mg tablet</i>	\$0 Tier 1 - Generic	
<i>carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPARKINSONIAN AGENTS (CONTINUED)		
<i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i>	\$0 Tier 1 - Generic	
<i>carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)</i>	\$0 Tier 1 - Generic	
<i>entacapone 200 mg tablet</i>	\$0 Tier 1 - Generic	
INBRIJA 42 MG INHALATION CAP	\$0 Tier 1 - Brand	PA, NM
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	\$0 Tier 1 - Brand	
<i>pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>pramipexole er (0.375 mg tablet, 0.75 mg tablet, 1.5 mg tablet, 2.25 mg tablet, 3 mg tablet, 3.75 mg tablet, 4.5 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	\$0 Tier 1 - Generic	
<i>ropinirole er (er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	\$0 Tier 1 - Generic	
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	\$0 Tier 1 - Brand	ST
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	\$0 Tier 1 - Generic	
ANTIPSYCHOTIC AGENTS (CONTINUED)		
ANTIPSYCHOTIC AGENTS		
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	\$0 Tier 1 - Brand	NM
<i>aripiprazole (1 mg/ml solution, 2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>aripiprazole odt (10 mg tablet, 15 mg tablet)</i>	\$0 Tier 1 - Generic	PA

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTIC AGENTS (CONTINUED)		
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN, ER 1064 MG/3.9 ML SYR)	\$0 Tier 1 - Brand	NM
ARISTADA INITIO ER 675 MG/2.4	\$0 Tier 1 - Brand	NM
<i>asenapine maleate (2.5 mg tablet sl, 5 mg tablet sl, 10 mg tablet sl)</i>	\$0 Tier 1 - Generic	
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>chlorpromazine hcl (30 mg/ml conc, 100 mg/ml conc)</i>	\$0 Tier 1 - Generic	PA
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>clozapine odt (12.5 mg tablet, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	PA
COBENFY (50 MG-20 MG CAPSULE, 100 MG-20 MG CAPSULE, 125 MG-30 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
COBENFY STARTER PACK	\$0 Tier 1 - Brand	PA, NM
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET, TITRATION PACK)	\$0 Tier 1 - Brand	PA
<i>fluphenazine dec 125 mg/5 ml</i>	\$0 Tier 1 - Generic	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>haloperidol dec 100 mg/ml amp</i>	\$0 Tier 1 - Generic	
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)</i>	\$0 Tier 1 - Generic	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml syring, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTIC AGENTS (CONTINUED)		
INVEGA HAFYERA (1,092 MG/3.5 ML, 1,560 MG/5 ML)	\$0 Tier 1 - Brand	PA, NM
INVEGA SUSTENNA (39 MG/0.25 ML, 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	\$0 Tier 1 - Brand	
INVEGA TRINZA (273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML)	\$0 Tier 1 - Brand	
<i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet, 120 mg tablet)</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
<i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>	\$0 Tier 1 - Generic	PA
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 10 mg vial, 15 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>olanzapine odt (5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	PA
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 6 mg tablet, 9 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	\$0 Tier 1 - Generic	
PERSERIS (ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	\$0 Tier 1 - Brand	PA, NM
<i>pimozide (1 mg tablet, 2 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tablet, 200 mg tab, 300 mg tab, 400 mg tab)</i>	\$0 Tier 1 - Generic	
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTIC AGENTS (CONTINUED)		
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	\$0 Tier 1 - Brand	NM
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial, 50 mg vial)</i>	\$0 Tier 1 - Generic	
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)</i>	\$0 Tier 1 - Generic	PA
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	\$0 Tier 1 - Brand	PA, NM
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
VERSACLOZ 50 MG/ML SUSPENSION	\$0 Tier 1 - Brand	PA, NM
VRAYLAR (1.5 MG CAPSULE, 1.5 MG-3 MG PACK, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
<i>ziprasidone 20 mg/ml vial</i>	\$0 Tier 1 - Generic	
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)</i>	\$0 Tier 1 - Generic	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT, 405 MG VIAL, 405 MG VL KIT)	\$0 Tier 1 - Brand	PA, NM
ANTIVIRALS (SYSTEMIC) (CONTINUED)		
ANTIRETROVIRALS		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>abacavir-lamivudine 600-300 mg</i>	\$0 Tier 1 - Generic	
APTIVUS 250 MG CAPSULE	\$0 Tier 1 - Brand	NM
<i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>	\$0 Tier 1 - Generic	
BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET)	\$0 Tier 1 - Brand	NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS (SYSTEMIC) (CONTINUED)		
CIMDUO 300-300 MG TABLET	\$0 Tier 1 - Brand	NM
COMPLERA TABLET	\$0 Tier 1 - Brand	NM
<i>darunavir (600 mg tablet, 800 mg tablet)</i>	\$0 Tier 1 - Generic	NM
DELSTRIGO 100-300-300 MG TAB	\$0 Tier 1 - Brand	NM
DESCOVY (120-15 MG TABLET, 200-25 MG TABLET)	\$0 Tier 1 - Brand	NM
DOVATO 50-300 MG TABLET	\$0 Tier 1 - Brand	NM
EDURANT 25 MG TABLET	\$0 Tier 1 - Brand	NM
<i>efavir-emtri-tenof 600-200-300</i>	\$0 Tier 1 - Generic	
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>efavirenz-lamivu-tenofov disop (400-300-300, 600-300-300)</i>	\$0 Tier 1 - Generic	NM
<i>emtricitabine 200 mg capsule</i>	\$0 Tier 1 - Generic	
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg, 200-300mg)</i>	\$0 Tier 1 - Generic	
EMTRIVA 10 MG/ML SOLUTION	\$0 Tier 1 - Brand	
<i>etravirine (100 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	NM
EVOTAZ 300 MG-150 MG TABLET	\$0 Tier 1 - Brand	NM
<i>fosamprenavir 700 mg tablet</i>	\$0 Tier 1 - Generic	NM
FUZEON 90 MG VIAL	\$0 Tier 1 - Brand	NM
GENVOYA TABLET	\$0 Tier 1 - Brand	NM
INTELENCE 25 MG TABLET	\$0 Tier 1 - Brand	
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	\$0 Tier 1 - Brand	NM
ISENTRESS HD 600 MG TABLET	\$0 Tier 1 - Brand	NM
JULUCA 50-25 MG TABLET	\$0 Tier 1 - Brand	NM
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>lamivudine hbv 100 mg tablet</i>	\$0 Tier 1 - Generic	
<i>lamivudine-zidovudine tablet</i>	\$0 Tier 1 - Generic	
LEXIVA 50 MG/ML SUSPENSION	\$0 Tier 1 - Brand	
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS (SYSTEMIC) (CONTINUED)		
<i>maraviroc (150 mg tablet, 300 mg tablet)</i>	\$0 Tier 1 - Generic	NM
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>nevirapine er (100 mg tablet, 400 mg tablet)</i>	\$0 Tier 1 - Generic	
NORVIR 100 MG POWDER PACKET	\$0 Tier 1 - Brand	
ODEFSEY TABLET	\$0 Tier 1 - Brand	NM
PIFELTRO 100 MG TABLET	\$0 Tier 1 - Brand	NM
PREZCOBIX 800 MG-150 MG TABLET	\$0 Tier 1 - Brand	NM
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET)	\$0 Tier 1 - Brand	
REYATAZ 50 MG POWDER PACKET	\$0 Tier 1 - Brand	NM
<i>ritonavir 100 mg tablet</i>	\$0 Tier 1 - Generic	
RUKOBIA ER 600 MG TABLET	\$0 Tier 1 - Brand	NM
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	\$0 Tier 1 - Brand	NM
STRIBILD TABLET	\$0 Tier 1 - Brand	NM
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)	\$0 Tier 1 - Brand	NM
SYMTUZA 800-150-200-10 MG TAB	\$0 Tier 1 - Brand	NM
<i>tenofovir disop fum 300 mg tb</i>	\$0 Tier 1 - Generic	
TIVICAY (10 MG TABLET, 25 MG TABLET, 50 MG TABLET)	\$0 Tier 1 - Brand	NM
TIVICAY PD 5 MG TAB FOR SUSP	\$0 Tier 1 - Brand	NM
TRIUMEQ 600-50-300 MG TABLET	\$0 Tier 1 - Brand	NM
TRIUMEQ PD 60-5-30 MG TAB SUSP	\$0 Tier 1 - Brand	
TRIZIVIR TABLET	\$0 Tier 1 - Brand	NM
VEMLIDY 25 MG TABLET	\$0 Tier 1 - Brand	NM
VIRACEPT (250 MG TABLET, 625 MG TABLET)	\$0 Tier 1 - Brand	NM
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	\$0 Tier 1 - Brand	NM
VOCABRIA 30 MG TABLET	\$0 Tier 1 - Brand	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
ANTIVIRALS, MISCELLANEOUS		
LIVTENCITY 200 MG TABLET	\$0 Tier 1 - Brand	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS (SYSTEMIC) (CONTINUED)		
<i>oseltamivir phosphate (6 mg/ml suspension, phos 30 mg capsule, phos 45 mg capsule, phos 75 mg capsule)</i>	\$0 Tier 1 - Generic	
PAXLOVID 150-100 MG DOSE PACK	\$0 Tier 1 - Brand	QL (20 per 5 days)
PAXLOVID 150-100 MG PACK (EUA)	\$0 Tier 1 - Brand	QL (20 per 5 days)
PAXLOVID 300-100 MG DOSE PACK	\$0 Tier 1 - Brand	QL (30 per 5 days)
PAXLOVID 300-100 MG PACK (EUA)	\$0 Tier 1 - Brand	QL (30 per 5 days)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
RELENZA 5 MG DISKHALER	\$0 Tier 1 - Brand	
<i>rimantadine hcl 100 mg tablet</i>	\$0 Tier 1 - Generic	
HCV ANTIVIRALS		
MAVYRET (50-20 MG PELLETT PACKET, 100-40 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
VOSEVI 400-100-100 MG TABLET	\$0 Tier 1 - Brand	PA, NM
INTERFERONS		
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	\$0 Tier 1 - Brand	PA, NM
NUCLEOSIDES AND NUCLEOTIDES		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>acyclovir sodium (1 gm vial, 500 mg vial, 500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	\$0 Tier 1 - Generic	BVD
<i>adefovir dipivoxil 10 mg tab</i>	\$0 Tier 1 - Generic	
BARACLUDGE 0.05 MG/ML SOLUTION	\$0 Tier 1 - Brand	
<i>entecavir (0.5 mg tablet, 1 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>valacyclovir (1 gram tablet, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>valganciclovir hcl (50 mg/ml, 450 mg tablet)</i>	\$0 Tier 1 - Generic	NM
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS (CONTINUED)		
ANTICOAGULANTS		
<i>dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	\$0 Tier 1 - Brand	QL (74 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS (CONTINUED)		
ELIQUIS 2.5 MG TABLET	\$0 Tier 1 - Brand	QL (2 per 1 days)
<i>enoxaparin 30 mg/0.3 ml syr</i>	\$0 Tier 1 - Generic	QL (18 per 30 days)
<i>enoxaparin 300 mg/3 ml vial</i>	\$0 Tier 1 - Generic	QL (30 per 30 days)
<i>enoxaparin 40 mg/0.4 ml syr</i>	\$0 Tier 1 - Generic	QL (24 per 30 days)
<i>enoxaparin 60 mg/0.6 ml syr</i>	\$0 Tier 1 - Generic	QL (36 per 30 days)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	\$0 Tier 1 - Generic	QL (48 per 30 days)
<i>fondaparinux 10 mg/0.8 ml syr</i>	\$0 Tier 1 - Generic	QL (24 per 30 days), NM
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	\$0 Tier 1 - Generic	QL (15 per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr</i>	\$0 Tier 1 - Generic	QL (12 per 30 days), NM
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	\$0 Tier 1 - Generic	QL (18 per 30 days), NM
<i>heparin 20,000 unit/500 ml-d5w</i>	\$0 Tier 1 - Generic	BVD
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujet, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	\$0 Tier 1 - Generic	
<i>jantoven 10mg tablet</i>	\$0 Tier 1 - Generic	
<i>jantoven 1mg tablet</i>	\$0 Tier 1 - Generic	
<i>jantoven 2.5mg tablet</i>	\$0 Tier 1 - Generic	
<i>jantoven 2mg tablet</i>	\$0 Tier 1 - Generic	
<i>jantoven 3mg tablet</i>	\$0 Tier 1 - Generic	
<i>jantoven 4mg tablet</i>	\$0 Tier 1 - Generic	
<i>jantoven 5mg tablet</i>	\$0 Tier 1 - Generic	
<i>jantoven 6mg tablet</i>	\$0 Tier 1 - Generic	
<i>jantoven 7.5mg tablet</i>	\$0 Tier 1 - Generic	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
XARELTO (10 MG TABLET, 20 MG TABLET)	\$0 Tier 1 - Brand	QL (1 per 1 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS (CONTINUED)		
XARELTO (2.5 MG TABLET, 15 MG TABLET)	\$0 Tier 1 - Brand	QL (2 per 1 days)
XARELTO 1 MG/ML SUSPENSION	\$0 Tier 1 - Brand	QL (20 per 1 days)
XARELTO DVT-PE TREAT START 30D	\$0 Tier 1 - Brand	QL (51 per 30 days)
BLOOD FORMATION MODIFIERS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	\$0 Tier 1 - Brand	PA
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	\$0 Tier 1 - Brand	NM
NYVEPRIA 6 MG/0.6 ML SYRINGE	\$0 Tier 1 - Brand	NM
<i>plerixafor 24 mg/1.2 ml vial</i>	\$0 Tier 1 - Brand	PA, NM
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (30 per 30 days), NM
PROMACTA (50 MG TABLET, 75 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (60 per 30 days), NM
PROMACTA 25 MG SUSPENSION PCKT	\$0 Tier 1 - Brand	PA, QL (90 per 30 days), NM
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)	\$0 Tier 1 - Brand	PA, NM
RUCONEST 2,100 UNIT VIAL	\$0 Tier 1 - Brand	PA, NM
HEMATOLOGIC AGENTS, MISCELLANEOUS		
<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	\$0 Tier 1 - Generic	
CABLIVI (11 MG KIT, 11 MG VIAL)	\$0 Tier 1 - Brand	PA, NM
PYRUKYND (5 MG TABLET, 5 MG TAPER PACK, 20 MG TABLET, 20 MG TAPER PACK, 20-5 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK, 50-20 MG TAPER PACK)	\$0 Tier 1 - Brand	PA, QL (56 per 28 days), NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS (CONTINUED)		
<i>tranexamic acid 650 mg tablet</i>	\$0 Tier 1 - Generic	QL (30 per 30 days)
PLATELET-AGGREGATION INHIBITORS		
<i>aspirin-dipyridam er 25-200 mg</i>	\$0 Tier 1 - Generic	
BRILINTA (60 MG TABLET, 90 MG TABLET)	\$0 Tier 1 - Brand	
<i>cilostazol (50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>clopidogrel 75 mg tablet</i>	\$0 Tier 1 - Generic	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>pentoxifylline er 400 mg tab</i>	\$0 Tier 1 - Generic	
<i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
CALORIC AGENTS (CONTINUED)		
CALORIC AGENTS		
CLINISOL 15% SOLUTION	\$0 Tier 1 - Brand	BVD
<i>dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water iv soln, 10%-water iv solution)</i>	\$0 Tier 1 - Generic	
DOJOLVI LIQUID	\$0 Tier 1 - Brand	PA, NM
INTRALIPID (20% IV EMUL, 30% IV EMUL)	\$0 Tier 1 - Brand	BVD
PROSOL 20% INJECTION	\$0 Tier 1 - Brand	BVD
CARDIOVASCULAR AGENTS (CONTINUED)		
ALPHA-ADRENERGIC AGENTS		
<i>clonidine (0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch)</i>	\$0 Tier 1 - Generic	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	\$0 Tier 1 - Generic	
<i>droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)</i>	\$0 Tier 1 - Generic	PA
<i>methyldopa (250 mg tablet, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>phenoxybenzamine hcl 10 mg cap</i>	\$0 Tier 1 - Generic	PA, NM
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS (CONTINUED)		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb, 32 mg tb)</i>	\$0 Tier 1 - Generic	
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	\$0 Tier 1 - Brand	
ENTRESTO SPRINKLE (6-6MG PELLETT, 15-16 MG PLT)	\$0 Tier 1 - Brand	
<i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)</i>	\$0 Tier 1 - Generic	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	\$0 Tier 1 - Generic	
<i>losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	\$0 Tier 1 - Generic	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	\$0 Tier 1 - Generic	
<i>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	\$0 Tier 1 - Generic	
<i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-12.5 mg tb, 80-25 mg tab)</i>	\$0 Tier 1 - Generic	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	\$0 Tier 1 - Generic	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	\$0 Tier 1 - Generic	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>captopril-hydrochlorothiazide (25-15 mg tablet, 25-25 mg tablet, 50-15 mg tablet, 50-25 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	\$0 Tier 1 - Generic	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	\$0 Tier 1 - Generic	
<i>fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	\$0 Tier 1 - Generic	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	\$0 Tier 1 - Generic	
<i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	\$0 Tier 1 - Generic	
<i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	\$0 Tier 1 - Generic	
<i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	\$0 Tier 1 - Generic	
ANTIARRHYTHMIC AGENTS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>	\$0 Tier 1 - Generic	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	\$0 Tier 1 - Generic	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS (CONTINUED)		
MULTAQ 400 MG TABLET	\$0 Tier 1 - Brand	
NORPACE CR (100 MG CAPSULE, 150 MG CAPSULE)	\$0 Tier 1 - Brand	
PACERONE (100 MG TABLET, 200 MG TABLET, 400 MG TABLET)	\$0 Tier 1 - Generic	
<i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i>	\$0 Tier 1 - Generic	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	\$0 Tier 1 - Generic	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>atenolol-chlorthalidone (50-25, 100-25)</i>	\$0 Tier 1 - Generic	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	\$0 Tier 1 - Generic	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)</i>	\$0 Tier 1 - Generic	
<i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab)</i>	\$0 Tier 1 - Generic	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	\$0 Tier 1 - Generic	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	\$0 Tier 1 - Generic	
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>propranolol-hydrochlorothiazid (40-25 mg tab, 80-25 mg tab)</i>	\$0 Tier 1 - Generic	
<i>sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	\$0 Tier 1 - Generic	
SOTALOL AF (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	\$0 Tier 1 - Generic	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
CALCIUM-CHANNEL BLOCKING AGENTS		
CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	\$0 Tier 1 - Generic	
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	\$0 Tier 1 - Generic	
<i>diltiazem 24hr er (120 mg cap, 180 mg cap, 240 mg cap, 300 mg cap, 360 mg cap, 420 mg cap)</i>	\$0 Tier 1 - Generic	
<i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp)</i>	\$0 Tier 1 - Generic	
<i>diltiazem 24hr er (xr) (24h er(xr) 120 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 240 mg cp)</i>	\$0 Tier 1 - Generic	
<i>diltiazem 24hr er 360 mg cap (generic for cardizem cd)</i>	\$0 Tier 1 - Generic	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	\$0 Tier 1 - Generic	
MATZIM LA (180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 420 MG TABLET)	\$0 Tier 1 - Generic	
MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA)	\$0 Tier 1 - Generic	
TIADYLT ER (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE, 420 MG CAPSULE)	\$0 Tier 1 - Generic	
<i>verapamil er (120 mg capsule, 120 mg tablet, 180 mg capsule, 180 mg tablet, 240 mg capsule, 240 mg tablet)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>verapamil sr (120 mg capsule, 180 mg capsule, 240 mg capsule, 360 mg capsule)</i>	\$0 Tier 1 - Generic	
CARDIOVASCULAR AGENTS, MISCELLANEOUS		
CORLANOR 5 MG/5 ML ORAL SOLN	\$0 Tier 1 - Brand	PA
DIGITEK (125 MCG TABLET, 250 MCG TABLET)	\$0 Tier 1 - Generic	
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	\$0 Tier 1 - Generic	
<i>digoxin 0.05 mg/ml solution</i>	\$0 Tier 1 - Brand	
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	\$0 Tier 1 - Generic	
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>icatibant 30 mg/3 ml syringe</i>	\$0 Tier 1 - Generic	PA, QL (18 per 30 days), NM
<i>ivabradine hcl (5 mg tablet, 7.5 mg tablet)</i>	\$0 Tier 1 - Generic	PA
<i>metyrosine 250 mg capsule</i>	\$0 Tier 1 - Generic	PA, NM
<i>ranolazine er (500 mg tablet, 1,000 mg tablet)</i>	\$0 Tier 1 - Generic	
VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	\$0 Tier 1 - Brand	PA
VYNDAMAX 61 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
VYNDAQEL 20 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	\$0 Tier 1 - Generic	
<i>amlodipine besylate-benazepril (2.5-10, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	\$0 Tier 1 - Generic	
<i>amlodipine-olmesartan (5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	\$0 Tier 1 - Generic	
<i>amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)</i>	\$0 Tier 1 - Generic	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>felodipine er (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>nifedipine er (30 mg tablet, 60 mg tablet, 90 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>nimodipine 30 mg capsule</i>	\$0 Tier 1 - Generic	
DIURETICS		
<i>amiloride hcl 5 mg tablet</i>	\$0 Tier 1 - Generic	
<i>amiloride hcl-hctz 5-50 mg tab</i>	\$0 Tier 1 - Generic	
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	\$0 Tier 1 - Generic	
DIURIL 250 MG/5 ML ORAL SUSP	\$0 Tier 1 - Brand	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)</i>	\$0 Tier 1 - Generic	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)</i>	\$0 Tier 1 - Generic	
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>spironolactone-hctz 25-25 tab</i>	\$0 Tier 1 - Generic	
<i>torseamide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	\$0 Tier 1 - Generic	
DYSLIPIDEMICS		
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>cholestyramine (packet, powder)</i>	\$0 Tier 1 - Generic	
<i>cholestyramine light (packet, powder)</i>	\$0 Tier 1 - Generic	
<i>colesevelam 625 mg tablet</i>	\$0 Tier 1 - Generic	
<i>colestipol hcl 1 gm tablet</i>	\$0 Tier 1 - Generic	
<i>ezetimibe 10 mg tablet</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>ezetimibe-simvastatin (10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)</i>	\$0 Tier 1 - Generic	
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	\$0 Tier 1 - Generic	
<i>gemfibrozil 600 mg tablet</i>	\$0 Tier 1 - Generic	
<i>icosapent ethyl (0.5 gm capsule, 1 gram capsule, 500 mg capsule)</i>	\$0 Tier 1 - Generic	
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>niacin er (500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>omega-3 ethyl esters 1 gm cap</i>	\$0 Tier 1 - Generic	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	\$0 Tier 1 - Generic	
PREVALITE (PACKET, POWDER)	\$0 Tier 1 - Generic	
REPATHA 140 MG/ML SURECLICK	\$0 Tier 1 - Brand	QL (3 per 28 days)
REPATHA 140 MG/ML SYRINGE	\$0 Tier 1 - Brand	QL (3 per 28 days)
REPATHA 420 MG/3.5ML PUSHTRONX	\$0 Tier 1 - Brand	QL (3.5 per 28 days)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	\$0 Tier 1 - Generic	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0 Tier 1 - Generic	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>aliskiren (150 mg tablet, 300 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>epplerenone (25 mg tablet, 50 mg tablet)</i>	\$0 Tier 1 - Generic	
KERENDIA (10 MG TABLET, 20 MG TABLET)	\$0 Tier 1 - Brand	PA
VASODILATORS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	\$0 Tier 1 - Generic	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb, er 120 mg)</i>	\$0 Tier 1 - Generic	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl)</i>	\$0 Tier 1 - Generic	
<i>nitroglycerin patch (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)</i>	\$0 Tier 1 - Generic	
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
CENTRAL NERVOUS SYSTEM AGENTS		
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
AUSTEDO XR (6 MG TABLET, 12 MG TABLET, 18 MG TABLET, 24 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
AUSTEDO XR TITRATION KT(WK1-4) (TITR(12-18-24-30MG), TITR KT(6-12-24 MG))	\$0 Tier 1 - Brand	PA, NM
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	\$0 Tier 1 - Brand	PA, QL (1 per 28 days), NM
AVONEX PEN 30 MCG/0.5 ML KIT	\$0 Tier 1 - Brand	PA, QL (1 per 28 days), NM
BAFIERTAM DR 95 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (4 per 1 days), NM
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	\$0 Tier 1 - Brand	PA, QL (14 per 28 days), NM
<i>clonidine hcl er 0.1 mg tablet</i>	\$0 Tier 1 - Generic	QL (4 per 1 days)
<i>dalfampridine er 10 mg tablet</i>	\$0 Tier 1 - Generic	PA
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>dextroamp-amphet er 30 mg cap (cms defined brand)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
<i>dextroamp-amphetamin 30 mg tab</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	\$0 Tier 1 - Generic	QL (6 per 1 days)
<i>dextroamphetamine sulfate er (er 5 mg cap, er 10 mg cap, er 15 mg cap)</i>	\$0 Tier 1 - Generic	QL (4 per 1 days)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	\$0 Tier 1 - Generic	QL (3 per 1 days)
<i>dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)</i>	\$0 Tier 1 - Generic	QL (60 per 30 days), NM
ENSPRYNG 120 MG/ML SYRINGE	\$0 Tier 1 - Brand	PA, NM
<i> fingolimod 0.5 mg capsule</i>	\$0 Tier 1 - Generic	QL (30 per 30 days), NM
<i> glatiramer 20 mg/ml syringe</i>	\$0 Tier 1 - Generic	QL (30 per 30 days), NM
<i> glatiramer 40 mg/ml syringe</i>	\$0 Tier 1 - Generic	QL (12 per 28 days), NM
GLATOPA 20 MG/ML SYRINGE	\$0 Tier 1 - Generic	QL (30 per 30 days), NM
GLATOPA 40 MG/ML SYRINGE	\$0 Tier 1 - Generic	QL (12 per 28 days), NM
KESIMPTA 20 MG/0.4 ML PEN	\$0 Tier 1 - Brand	PA, QL (1.2 per 28 days), NM
<i> lisdexamfetamine dimesylate (10 mg capsule, 10 mg tb chew, 20 mg capsule, 20 mg tb chew, 30 mg capsule, 30 mg tb chew)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i> lisdexamfetamine dimesylate (40 mg capsule, 40 mg tb chew, 50 mg capsule, 50 mg tb chew, 60 mg capsule, 60 mg tb chew, 70 mg capsule)</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
<i> lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	\$0 Tier 1 - Generic	
<i> lithium carbonate er (300 mg tb, 450 mg tb)</i>	\$0 Tier 1 - Generic	
<i> lithium citrate (8 meq/5 ml soln cup, 8 meq/5 ml solution)</i>	\$0 Tier 1 - Generic	
MAYZENT (1 MG TABLET, 2 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
MAYZENT 0.25 MG TABLET	\$0 Tier 1 - Brand	PA, QL (4 per 1 days), NM
MAYZENT 0.25MG START-1MG MAINT	\$0 Tier 1 - Brand	PA, QL (7 per 4 days)
MAYZENT 0.25MG START-2MG MAINT	\$0 Tier 1 - Brand	PA, QL (12 per 5 days), NM
<i>methylphenidate 10 mg/5 ml sol</i>	\$0 Tier 1 - Generic	QL (30 per 1 days)
<i>methylphenidate 5 mg/5 ml soln</i>	\$0 Tier 1 - Generic	QL (60 per 1 days)
<i>methylphenidate er (10 mg cap, 15 mg cap, 20 mg cap, 30 mg cap)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>methylphenidate er (10 mg tab, 20 mg tab)</i>	\$0 Tier 1 - Generic	QL (3 per 1 days)
<i>methylphenidate er (40 mg cap, 50 mg cap, 60 mg cap)</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>methylphenidate er (la) (er(la) 40mg cp, er(la) 60mg cp)</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	QL (3 per 1 days)
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
<i>methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>methylphenidate la (40 mg cap, 60 mg cap)</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
NUEDEXTA 20-10 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
PLEGRIDY (125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK)	\$0 Tier 1 - Brand	PA, QL (1 per 28 days), NM
PLEGRIDY PEN (125 MCG/0.5 ML PEN, INJ STARTER PACK)	\$0 Tier 1 - Brand	PA, QL (1 per 28 days), NM
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	\$0 Tier 1 - Brand	PA, QL (6 per 28 days), NM
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	\$0 Tier 1 - Brand	PA, QL (6 per 28 days), NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
REBIF REBIDOSE TITRATION PACK	\$0 Tier 1 - Brand	PA, QL (4.2 per 28 days), NM
REBIF TITRATION PACK	\$0 Tier 1 - Brand	PA, QL (4.2 per 28 days), NM
<i>riluzole 50 mg tablet</i>	\$0 Tier 1 - Generic	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	\$0 Tier 1 - Brand	PA
<i>teriflunomide (7 mg tablet, 14 mg tablet)</i>	\$0 Tier 1 - Generic	QL (30 per 30 days), NM
<i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>	\$0 Tier 1 - Generic	PA
VUMERITY DR 231 MG CAPSULE	\$0 Tier 1 - Brand	PA, QL (120 per 30 days), NM
CONTRACEPTIVES (CONTINUED)		
CONTRACEPTIVES		
ALTAVERA-28 TABLET	\$0 Tier 1 - Generic	
APRI 28 DAY TABLET	\$0 Tier 1 - Generic	
AUBRA EQ-28 TABLET	\$0 Tier 1 - Generic	
AUBRA-28 TABLET	\$0 Tier 1 - Generic	
AVIANE-28 TABLET	\$0 Tier 1 - Generic	
BLISOVI 24 FE TABLET	\$0 Tier 1 - Generic	
BLISOVI FE 1.5-30 TABLET	\$0 Tier 1 - Generic	
CAMILA 0.35 MG TABLET	\$0 Tier 1 - Generic	
CAZIAN 28 DAY TABLET	\$0 Tier 1 - Generic	
CRYSSELLE-28 TABLET	\$0 Tier 1 - Generic	
CYRED 28 DAY TABLET	\$0 Tier 1 - Generic	
CYRED EQ 28 DAY TABLET	\$0 Tier 1 - Generic	
DEBLITANE 0.35 MG TABLET	\$0 Tier 1 - Generic	
<i>drospirenone-ee 3-0.02 mg tab</i>	\$0 Tier 1 - Generic	
ELURYNG VAGINAL RING	\$0 Tier 1 - Generic	
ENPRESSE-28 TABLET	\$0 Tier 1 - Generic	
<i>enskyce 28 tablet</i>	\$0 Tier 1 - Generic	
ERRIN 0.35 MG TABLET	\$0 Tier 1 - Generic	
ESTARYLLA 0.25-0.035 MG TABLET	\$0 Tier 1 - Generic	
<i>ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CONTRACEPTIVES (CONTINUED)		
<i>etonogestrel-ee vaginal ring</i>	\$0 Tier 1 - Generic	
FALMINA-28 TABLET	\$0 Tier 1 - Generic	
HAILEY 24 FE 1 MG-20 MCG TAB	\$0 Tier 1 - Generic	
ICLEVIA 0.15 MG-0.03 MG TABLET	\$0 Tier 1 - Generic	
INCASSIA 0.35 MG TABLET	\$0 Tier 1 - Generic	
ISIBLOOM 28 DAY TABLET	\$0 Tier 1 - Generic	
<i>jasmiel 3 mg-0.02 mg tablet</i>	\$0 Tier 1 - Generic	
JULEBER 28 DAY TABLET	\$0 Tier 1 - Generic	
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	\$0 Tier 1 - Generic	
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	\$0 Tier 1 - Generic	
KELNOR 1-35 28 TABLET	\$0 Tier 1 - Generic	
KELNOR 1-50 TABLET	\$0 Tier 1 - Generic	
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	\$0 Tier 1 - Generic	
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	\$0 Tier 1 - Generic	
LESSINA-28 TABLET	\$0 Tier 1 - Generic	
LEVONEST-28 TABLET	\$0 Tier 1 - Generic	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)</i>	\$0 Tier 1 - Generic	
LEVORA-28 TABLET	\$0 Tier 1 - Generic	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	\$0 Tier 1 - Generic	
LORYNA 3 MG-0.02 MG TABLET	\$0 Tier 1 - Generic	
LOW-OGESTREL-28 TABLET	\$0 Tier 1 - Generic	
LUTERA-28 TABLET	\$0 Tier 1 - Generic	
LYLEQ 0.35 MG TABLET	\$0 Tier 1 - Generic	
LYZA 0.35 MG TABLET	\$0 Tier 1 - Generic	
MARLISSA-28 TABLET	\$0 Tier 1 - Generic	
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	\$0 Tier 1 - Generic	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	\$0 Tier 1 - Generic	
MILI 0.25-0.035 MG TABLET	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CONTRACEPTIVES (CONTINUED)		
MIRENA 52 MG SYSTEM	\$0 Tier 1 - Brand	
NEXPLANON 68 MG IMPLANT	\$0 Tier 1 - Brand	
NIKKI 3 MG-0.02 MG TABLET	\$0 Tier 1 - Generic	
NORA-BE TABLET	\$0 Tier 1 - Generic	
<i>noreth-ee-fe 1 mg/20-30-35 mcg</i>	\$0 Tier 1 - Generic	
<i>norethind-eth estrad 1-0.02 mg</i>	\$0 Tier 1 - Generic	
<i>norethindrone 0.35 mg tablet</i>	\$0 Tier 1 - Generic	
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin extra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	\$0 Tier 1 - Generic	
PORTIA-28 TABLET	\$0 Tier 1 - Generic	
RECLIPSEN 28 DAY TABLET	\$0 Tier 1 - Generic	
SETLAKIN 0.15 MG-0.03 MG TAB	\$0 Tier 1 - Generic	
SHAROBEL 0.35 MG TABLET	\$0 Tier 1 - Generic	
SPRINTEC 28 DAY TABLET	\$0 Tier 1 - Generic	
SRONYX 0.10-0.02 MG TABLET	\$0 Tier 1 - Generic	
<i>tarina 24 fe 1 mg-20 mcg tab</i>	\$0 Tier 1 - Generic	
TARINA FE 1-20 EQ TABLET	\$0 Tier 1 - Generic	
TARINA FE 1-20 TABLET	\$0 Tier 1 - Generic	
TILIA FE 28 TABLET	\$0 Tier 1 - Generic	
TRI-ESTARYLLA TABLET	\$0 Tier 1 - Generic	
TRI-LEGEST FE-28 DAY TABLET	\$0 Tier 1 - Generic	
TRI-LO-ESTARYLLA TABLET	\$0 Tier 1 - Generic	
TRI-LO-SPRINTEC TABLET	\$0 Tier 1 - Generic	
TRI-MILI 28 TABLET	\$0 Tier 1 - Generic	
TRI-SPRINTEC TABLET	\$0 Tier 1 - Generic	
TRI-VYLIBRA 28 TABLET	\$0 Tier 1 - Generic	
TRI-VYLIBRA LO TABLET	\$0 Tier 1 - Generic	
TRIVORA-28 TABLET	\$0 Tier 1 - Generic	
<i>turgoz-28 tablet</i>	\$0 Tier 1 - Generic	
VELIVET 28 DAY TABLET	\$0 Tier 1 - Generic	
VESTURA 3 MG-0.02 MG TABLET	\$0 Tier 1 - Generic	
VIENVA-28 TABLET	\$0 Tier 1 - Generic	
VYLIBRA 28 TABLET	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CONTRACEPTIVES (CONTINUED)		
XULANE 150-35 MCG/DAY PATCH	\$0 Tier 1 - Generic	
ZOVIA 1-35 TABLET	\$0 Tier 1 - Generic	
DENTAL AND ORAL AGENTS (CONTINUED)		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl 30 mg capsule</i>	\$0 Tier 1 - Generic	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	\$0 Tier 1 - Generic	
<i>denta 5000 plus cream</i>	\$0 Tier 1 - Generic	
<i>dentagel 1.1% gel</i>	\$0 Tier 1 - Generic	
<i>just right 5000 1.1% toothpste</i>	\$0 Tier 1 - Generic	
PAROEX 0.12% ORAL RINSE	\$0 Tier 1 - Generic	
PERIOGARD 0.12% ORAL RINSE	\$0 Tier 1 - Generic	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>sf 1.1% gel</i>	\$0 Tier 1 - Generic	
<i>sf 5000 plus cream</i>	\$0 Tier 1 - Generic	
<i>sodium fluoride (1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)</i>	\$0 Tier 1 - Generic	
<i>sodium fluoride 5000 dry mouth</i>	\$0 Tier 1 - Generic	
<i>sodium fluoride 5000 plus crm</i>	\$0 Tier 1 - Generic	
<i>triamcinolone 0.1% paste</i>	\$0 Tier 1 - Generic	
DERMATOLOGICAL AGENTS (CONTINUED)		
DERMATOLOGICAL AGENTS, OTHER		
<i>accutane (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>acyclovir 5% ointment</i>	\$0 Tier 1 - Generic	QL (30 per 30 days)
<i>ammonium lactate (cream, lotion)</i>	\$0 Tier 1 - Generic	
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	\$0 Tier 1 - Generic	
<i>azelaic acid 15% gel</i>	\$0 Tier 1 - Generic	
<i>calcipotriene (cream, ointment, solution)</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>calcitriol 3 mcg/g ointment</i>	\$0 Tier 1 - Generic	
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS (CONTINUED)		
<i>dapsone 5% gel</i>	\$0 Tier 1 - Generic	
<i>fluorouracil (2% soln, 5% soln)</i>	\$0 Tier 1 - Generic	
<i>fluorouracil 5% cream</i>	\$0 Tier 1 - Generic	QL (40 per 30 days)
<i>imiquimod 5% cream packet</i>	\$0 Tier 1 - Generic	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	\$0 Tier 1 - Generic	
PANRETIN 0.1% GEL	\$0 Tier 1 - Brand	NM
<i>podofilox 0.5% topical soln</i>	\$0 Tier 1 - Generic	
REGRANEX 0.01% GEL	\$0 Tier 1 - Brand	NM
SANTYL OINTMENT	\$0 Tier 1 - Brand	
VALCHLOR 0.016% GEL	\$0 Tier 1 - Brand	PA, NM
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	\$0 Tier 1 - Generic	
DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS		
<i>alclometasone dipropionate (dipr oint, dipro crm)</i>	\$0 Tier 1 - Generic	
<i>betamethasone diprop augmented (crm, gel, lot, oin)</i>	\$0 Tier 1 - Generic	
<i>betamethasone dipropionate (crm, lot, oint)</i>	\$0 Tier 1 - Generic	
<i>betamethasone valerate (va cream, va lotion, valer ointm)</i>	\$0 Tier 1 - Generic	
<i>clobetasol emollient 0.05% crm</i>	\$0 Tier 1 - Generic	
<i>clobetasol propionate (cream, ointment)</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>clobetasol propionate (gel, solution)</i>	\$0 Tier 1 - Generic	
<i>desonide (cream, lotion, ointment)</i>	\$0 Tier 1 - Generic	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	\$0 Tier 1 - Generic	
EUCRISA 2% OINTMENT	\$0 Tier 1 - Brand	PA
<i>fluocinolone 0.01% solution</i>	\$0 Tier 1 - Generic	QL (120 per 30 days)
<i>fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.025% cream, 0.025% ointment)</i>	\$0 Tier 1 - Generic	
<i>fluocinonide (cream, gel, ointment, solution)</i>	\$0 Tier 1 - Generic	
<i>fluocinonide-e 0.05% cream</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS (CONTINUED)		
<i>fluticasone prop 0.05% cream</i>	\$0 Tier 1 - Generic	
<i>halobetasol propionate (cream, ointmnt)</i>	\$0 Tier 1 - Generic	
<i>hydrocortisone (1% cream, 1% ointment, 2.5% cream, 2.5% lotion, 2.5% ointment)</i>	\$0 Tier 1 - Generic	
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	\$0 Tier 1 - Generic	
<i>hydrocortisone val 0.2% ointmt</i>	\$0 Tier 1 - Generic	
<i>mometasone furoate (cream, oint, soln)</i>	\$0 Tier 1 - Generic	
<i>pimecrolimus 1% cream</i>	\$0 Tier 1 - Generic	QL (100 per 30 days)
PROCTO-MED HC 2.5% CREAM	\$0 Tier 1 - Generic	
PROCTOFOAM-HC 1%-1% FOAM	\$0 Tier 1 - Brand	
PROCTOSOL-HC 2.5% CREAM	\$0 Tier 1 - Generic	
PROCTOZONE-HC 2.5% CREAM	\$0 Tier 1 - Generic	
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	\$0 Tier 1 - Generic	QL (100 per 30 days)
<i>triamcinolone 0.1% cream</i>	\$0 Tier 1 - Generic	QL (454 per 30 days)
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.05% ointment, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	\$0 Tier 1 - Generic	
DERMATOLOGICAL ANTIBACTERIALS		
ALTABAX 1% OINTMENT	\$0 Tier 1 - Brand	
<i>clind ph-benzoyl perox 1.2-5%</i>	\$0 Tier 1 - Generic	
<i>clindamycin ph 1% solution</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>clindamycin phosphate (gel, ph gel, phosp lotion)</i>	\$0 Tier 1 - Generic	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	\$0 Tier 1 - Generic	
<i>erythromycin 2% gel</i>	\$0 Tier 1 - Generic	
<i>erythromycin 2% solution</i>	\$0 Tier 1 - Generic	QL (60 per 30 days)
<i>erythromycin-benzoyl gel</i>	\$0 Tier 1 - Generic	
<i>gentamicin sulfate (cream, ointment)</i>	\$0 Tier 1 - Generic	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	\$0 Tier 1 - Generic	
<i>mupirocin 2% cream</i>	\$0 Tier 1 - Generic	ST, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS (CONTINUED)		
<i>mupirocin 2% ointment</i>	\$0 Tier 1 - Generic	QL (44 per 30 days)
ROSADAN 0.75% CREAM	\$0 Tier 1 - Generic	
<i>selenium sulfide 2.5% lotion</i>	\$0 Tier 1 - Generic	
<i>silver sulfadiazine 1% cream</i>	\$0 Tier 1 - Generic	
SSD 1% CREAM	\$0 Tier 1 - Generic	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	\$0 Tier 1 - Generic	
DERMATOLOGICAL RETINOIDS		
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	\$0 Tier 1 - Generic	
AVITA (CREAM, GEL)	\$0 Tier 1 - Generic	
<i>tazarotene (0.05% cream, 0.05% gel, 0.1% gel)</i>	\$0 Tier 1 - Generic	ST, QL (30 per 30 days)
<i>tazarotene 0.1% cream</i>	\$0 Tier 1 - Generic	QL (30 per 30 days)
TAZORAC 0.05% CREAM	\$0 Tier 1 - Brand	ST, QL (30 per 30 days)
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	\$0 Tier 1 - Generic	
SCABICIDES AND PEDICULICIDES		
EURAX 10% CREAM	\$0 Tier 1 - Brand	
<i>malathion 0.5% lotion</i>	\$0 Tier 1 - Generic	
<i>permethrin 5% cream</i>	\$0 Tier 1 - Generic	
DEVICES (CONTINUED)		
DEVICES		
ALCOHOL 70% SWABS	\$0 Tier 1 - Generic	PA, ST
ALCOHOL PREP PADS (, QC)	\$0 Tier 1 - Generic	PA, ST
<i>gauze pads & dressings</i>	\$0 Tier 1 - Generic	PA, ST
<i>insulin pen needle</i>	\$0 Tier 1 - Generic	PA, ST
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0 Tier 1 - Generic	PA, ST
<i>insulin syringe (disp) u-100 1 ml</i>	\$0 Tier 1 - Generic	PA, ST
<i>insulin syringe (disp) u-100 1/2 mlu-100 with needle 1/2 ml 28 gauge</i>	\$0 Tier 1 - Generic	PA, ST
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	\$0 Tier 1 - Generic	PA, ST
OMNIPOD 5 (G6/LIBRE 2 PLUS)	\$0 Tier 1 - Brand	
OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	\$0 Tier 1 - Brand	
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	\$0 Tier 1 - Brand	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEVICES (CONTINUED)		
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	\$0 Tier 1 - Brand	
OMNIPOD 5 G6-G7 PODS (GEN 5)	\$0 Tier 1 - Brand	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	\$0 Tier 1 - Brand	
OMNIPOD CLASSIC PODS(GEN3) 5PK	\$0 Tier 1 - Brand	
OMNIPOD DASH INTRO KIT (GEN 4)	\$0 Tier 1 - Brand	
OMNIPOD DASH PDM KIT (GEN 4)	\$0 Tier 1 - Brand	
OMNIPOD DASH PODS (GEN 4) 5PK	\$0 Tier 1 - Brand	
OMNIPOD GO PODS (10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY)	\$0 Tier 1 - Brand	
V-GO 20 DISPOSABLE DEVICE	\$0 Tier 1 - Brand	
V-GO 30 DISPOSABLE DEVICE	\$0 Tier 1 - Brand	
V-GO 40 DISPOSABLE DEVICE	\$0 Tier 1 - Brand	
ENZYME REPLACEMENT/MODIFIERS (CONTINUED)		
ENZYME REPLACEMENT/MODIFIERS		
CERDELGA 84 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
CREON (DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE)	\$0 Tier 1 - Brand	
<i>miglustat 100 mg capsule</i>	\$0 Tier 1 - Generic	NM
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)</i>	\$0 Tier 1 - Generic	PA, NM
ORFADIN 4 MG/ML SUSPENSION	\$0 Tier 1 - Brand	PA, NM
PULMOZYME 1 MG/ML AMPUL	\$0 Tier 1 - Brand	PA, NM
REVCIVI 2.4 MG/1.5 ML VIAL	\$0 Tier 1 - Brand	PA, NM
<i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>	\$0 Tier 1 - Generic	PA, NM
SUCRAID (8,500 UNIT/ML SOLN, 17,000 UNIT/2 ML SOLN)	\$0 Tier 1 - Brand	PA, NM
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE)	\$0 Tier 1 - Brand	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EYE, EAR, NOSE, THROAT AGENTS (CONTINUED)		
EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS		
<i>atropine 1% eye drops</i>	\$0 Tier 1 - Generic	
<i>azelastine hcl (0.05% drops, 0.1% (137 mcg) spray, 0.15% nasal spray)</i>	\$0 Tier 1 - Generic	
<i>cromolyn 4% eye drops</i>	\$0 Tier 1 - Generic	
<i>cyclopentolate hcl (drop, drops)</i>	\$0 Tier 1 - Generic	
CYSTADROPS 0.37% EYE DROPS	\$0 Tier 1 - Brand	PA, NM
CYSTARAN 0.44% EYE DROPS	\$0 Tier 1 - Brand	PA, NM
<i>epinastine hcl 0.05% eye drops</i>	\$0 Tier 1 - Generic	
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	\$0 Tier 1 - Generic	
<i>olopatadine hcl (0.1% eye drops, 665 mcg nasal spray)</i>	\$0 Tier 1 - Generic	
OXERVATE 0.002% EYE DROP	\$0 Tier 1 - Brand	PA, NM
EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS		
<i>acetic acid 2% ear solution</i>	\$0 Tier 1 - Generic	
AK-POLY-BAC EYE OINTMENT	\$0 Tier 1 - Generic	
<i>bacitracin 500 unit/gm ophth</i>	\$0 Tier 1 - Generic	
<i>bacitracin-polymyxin eye oint</i>	\$0 Tier 1 - Generic	
BESIVANCE 0.6% SUSP	\$0 Tier 1 - Brand	
<i>ciproflox-dexameth otic susp</i>	\$0 Tier 1 - Generic	
<i>ciprofloxacin 0.3% eye drop</i>	\$0 Tier 1 - Generic	
<i>erythromycin 0.5% eye ointment</i>	\$0 Tier 1 - Generic	QL (7 per 30 days)
<i>gatifloxacin 0.5% eye drops</i>	\$0 Tier 1 - Generic	
<i>gentamicin 0.3% eye drop</i>	\$0 Tier 1 - Generic	
<i>hydrocortisone-acetic acid (hydrocortison-acetic acid soln, hydrocortisone-acetic ear drop)</i>	\$0 Tier 1 - Generic	
<i>moxifloxacin 0.5% eye drops</i>	\$0 Tier 1 - Generic	
<i>moxifloxacin 0.5% eye drops (generic for moxeza)</i>	\$0 Tier 1 - Generic	
<i>neomyc-bacit-polymix eye oint</i>	\$0 Tier 1 - Generic	
<i>neomyc-polym-gramicid eye drop</i>	\$0 Tier 1 - Generic	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EYE, EAR, NOSE, THROAT AGENTS (CONTINUED)		
<i>neomycin-polymyxin-hc ear soln</i>	\$0 Tier 1 - Generic	
<i>neomycin-polymyxin-hc ear susp</i>	\$0 Tier 1 - Generic	
<i>ofloxacin (ear drops, eye drops)</i>	\$0 Tier 1 - Generic	
POLYCIN EYE OINTMENT	\$0 Tier 1 - Generic	
<i>polymyxin b-tmp eye drops</i>	\$0 Tier 1 - Generic	
<i>sulf-pred 10-0.23% eye drops</i>	\$0 Tier 1 - Generic	
<i>sulfacetamide 10% eye drops</i>	\$0 Tier 1 - Generic	
<i>tobramycin 0.3% eye drop</i>	\$0 Tier 1 - Generic	
<i>tobramycin-dexameth ophth susp</i>	\$0 Tier 1 - Generic	
<i>trifluridine 1% eye drops</i>	\$0 Tier 1 - Generic	
XDEMVIY 0.25% DROP	\$0 Tier 1 - Brand	PA
ZIRGAN 0.15% OPHTHALMIC GEL	\$0 Tier 1 - Brand	
EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS		
<i>bromfenac sodium 0.09% eye drp</i>	\$0 Tier 1 - Generic	
<i>dexamethasone 0.1% eye drop</i>	\$0 Tier 1 - Generic	
<i>diclofenac 0.1% eye drops</i>	\$0 Tier 1 - Generic	
<i>flunisolide 0.025% spray</i>	\$0 Tier 1 - Generic	
<i>fluocinolone oil 0.01% ear drp</i>	\$0 Tier 1 - Generic	
<i>fluorometholone 0.1% eye drop</i>	\$0 Tier 1 - Generic	
<i>flurbiprofen 0.03% eye drop</i>	\$0 Tier 1 - Generic	
<i>fluticasone prop 50 mcg spray</i>	\$0 Tier 1 - Generic	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	\$0 Tier 1 - Generic	
<i>loteprednol etabonate (drp, ophthalmic gel)</i>	\$0 Tier 1 - Generic	
<i>prednisolone ac 1% eye drop (cms defined brand)</i>	\$0 Tier 1 - Generic	
<i>prednisolone sod 1% eye drop</i>	\$0 Tier 1 - Generic	
RESTASIS MULTIDOSE 0.05% EYE	\$0 Tier 1 - Brand	
XIIDRA 5% EYE DROPS	\$0 Tier 1 - Brand	
GASTROINTESTINAL AGENTS (CONTINUED)		
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml cup, 800 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	\$0 Tier 1 - Generic	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL AGENTS (CONTINUED)		
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	\$0 Tier 1 - Generic	
<i>omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	\$0 Tier 1 - Generic	
<i>rabeprazole sod dr 20 mg tab</i>	\$0 Tier 1 - Generic	
<i>sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	\$0 Tier 1 - Generic	PA
<i>sucralfate 1 gm tablet</i>	\$0 Tier 1 - Generic	
TALICIA DR 10-250-12.5 MG CAP	\$0 Tier 1 - Brand	PA
GASTROINTESTINAL AGENTS, OTHER		
<i>carglumic acid 200 mg tab susp</i>	\$0 Tier 1 - Generic	PA, NM
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
CONSTULOSE 10 GM/15 ML SOLN	\$0 Tier 1 - Generic	
<i>cromolyn 100 mg/5 ml oral conc</i>	\$0 Tier 1 - Generic	PA
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i>	\$0 Tier 1 - Generic	
ENULOSE 10 GM/15 ML SOLUTION	\$0 Tier 1 - Generic	
GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL)	\$0 Tier 1 - Brand	PA, NM
<i>generlac 10 gm/15 ml solution</i>	\$0 Tier 1 - Generic	
GIMOTI 15 MG NASAL SPRAY	\$0 Tier 1 - Brand	PA, NM
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	\$0 Tier 1 - Generic	
KIONEX 15 GM/60 ML SUSPENSION	\$0 Tier 1 - Generic	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	\$0 Tier 1 - Generic	
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	\$0 Tier 1 - Brand	QL (1 per 1 days)
LOKELMA (5 POWDER PACKET, 10 POWDER PACKET)	\$0 Tier 1 - Brand	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL AGENTS (CONTINUED)		
<i>loperamide 2 mg capsule</i>	\$0 Tier 1 - Generic	
<i>lubiprostone (8 mcg capsule, 24 mcg capsule)</i>	\$0 Tier 1 - Generic	QL (2 per 1 days)
<i>methscopolamine bromide (2.5 mg tb, 5 mg tab)</i>	\$0 Tier 1 - Generic	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	\$0 Tier 1 - Generic	
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	\$0 Tier 1 - Brand	QL (30 per 30 days)
<i>sodium phenylbutyrate powder</i>	\$0 Tier 1 - Generic	PA, NM
<i>sodium polystyrene sulf powder</i>	\$0 Tier 1 - Generic	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	\$0 Tier 1 - Generic	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	\$0 Tier 1 - Generic	
VELTASSA (8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET)	\$0 Tier 1 - Brand	
XERMELO 250 MG TABLET	\$0 Tier 1 - Brand	PA, NM
LAXATIVES		
GAVILYTE-C SOLUTION	\$0 Tier 1 - Generic	
GAVILYTE-G SOLUTION	\$0 Tier 1 - Generic	
<i>peg 3350-electrolyte solution 420g</i>	\$0 Tier 1 - Generic	
<i>peg-3350 and electrolytes soln 236-22.74g</i>	\$0 Tier 1 - Generic	
<i>sod sul-potass sul-mag sul sol</i>	\$0 Tier 1 - Generic	
PHOSPHATE BINDERS		
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>sevelamer carbonate 800 mg tab</i>	\$0 Tier 1 - Generic	
GENITOURINARY AGENTS (CONTINUED)		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0 Tier 1 - Generic	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	\$0 Tier 1 - Brand	QL (1 per 1 days)
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENITOURINARY AGENTS (CONTINUED)		
<i>oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>solifenacin succinate (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	\$0 Tier 1 - Generic	
<i>tolterodine tartrate er (er 2 mg cap, er 4 mg cap)</i>	\$0 Tier 1 - Generic	
<i>tropium chloride 20 mg tablet</i>	\$0 Tier 1 - Generic	
<i>tropium chloride er 60 mg cap</i>	\$0 Tier 1 - Generic	
GENITOURINARY AGENTS, MISCELLANEOUS		
<i>alfuzosin hcl er 10 mg tablet</i>	\$0 Tier 1 - Generic	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	\$0 Tier 1 - Brand	
<i>dutasteride 0.5 mg capsule</i>	\$0 Tier 1 - Generic	
<i>dutasteride-tamsulosin 0.5-0.4</i>	\$0 Tier 1 - Generic	
<i>finasteride 5 mg tablet</i>	\$0 Tier 1 - Generic	
<i>silodosin (4 mg capsule, 8 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>tamsulosin hcl 0.4 mg capsule</i>	\$0 Tier 1 - Generic	
<i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>tiopronin 100 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
HEAVY METAL ANTAGONISTS (CONTINUED)		
HEAVY METAL ANTAGONISTS		
D-PENAMINE 125 MG TABLET	\$0 Tier 1 - Generic	PA, NM
<i>deferasirox (90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	\$0 Tier 1 - Generic	PA
<i>deferiprone 1,000 mg tb(3x/dy)</i>	\$0 Tier 1 - Generic	PA, NM
<i>deferiprone 500 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
FERRIPROX 100 MG/ML SOLUTION	\$0 Tier 1 - Brand	PA, NM
<i>penicillamine 250 mg tablet</i>	\$0 Tier 1 - Generic	PA, NM
<i>trientine hcl (250 mg capsule, 500 mg capsule)</i>	\$0 Tier 1 - Generic	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (CONTINUED)		
ANDROGENS		
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 10 mg gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	\$0 Tier 1 - Generic	PA
<i>testosterone cypionate (200 mg/ml, 500 mg/2.5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	\$0 Tier 1 - Generic	PA
<i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i>	\$0 Tier 1 - Generic	PA
ESTROGENS AND ANTIESTROGENS		
AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	\$0 Tier 1 - Generic	
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)	\$0 Tier 1 - Brand	
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	\$0 Tier 1 - Generic	
<i>estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	\$0 Tier 1 - Generic	
<i>estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))</i>	\$0 Tier 1 - Generic	
<i>estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))</i>	\$0 Tier 1 - Generic	
<i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i>	\$0 Tier 1 - Generic	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	\$0 Tier 1 - Generic	
JINTELI 1 MG-5 MCG TABLET	\$0 Tier 1 - Generic	
MIMVEY 1-0.5 MG TABLET	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (CONTINUED)		
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	\$0 Tier 1 - Generic	
<i>raloxifene hcl 60 mg tablet</i>	\$0 Tier 1 - Generic	
YUVAFEM 10 MCG VAGINAL INSERT	\$0 Tier 1 - Generic	
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>dexamethasone 20 mg/2 ml-water</i>	\$0 Tier 1 - Generic	
DEXAMETHASONE INTENSOL 1 MG/ML	\$0 Tier 1 - Brand	
<i>dexamethasone sodium phosphate (4 mg/ml vial, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	\$0 Tier 1 - Generic	
<i>fludrocortisone 0.1 mg tablet</i>	\$0 Tier 1 - Generic	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)</i>	\$0 Tier 1 - Generic	
<i>prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)</i>	\$0 Tier 1 - Generic	BVD
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	\$0 Tier 1 - Generic	BVD
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	\$0 Tier 1 - Generic	BVD
<i>prednisone (5 mg tab pack, 10 mg tab pack)</i>	\$0 Tier 1 - Generic	
PREDNISONE INTENSOL 5 MG/ML	\$0 Tier 1 - Brand	BVD
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL, 250 MG ACT-O-VIAL, 500 MG ACT-O-VIAL)	\$0 Tier 1 - Brand	
PITUITARY		
<i>desmopressin acetate (0.01% solution, 0.1 mg tb, 0.2 mg tb, 10 mcg/0.1 ml spr)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (CONTINUED)		
INCRELEX 40 MG/4 ML VIAL	\$0 Tier 1 - Brand	PA, NM
LUPRON DEPOT (3.75 MG KIT, 11.25 MG 3MO KIT)	\$0 Tier 1 - Brand	PA, NM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT, 45 MG 6MO KIT)	\$0 Tier 1 - Brand	PA, NM
MYFEMBREE 40 MG-1 MG-0.5 MG TB	\$0 Tier 1 - Brand	PA, NM
NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	\$0 Tier 1 - Brand	PA, NM
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	\$0 Tier 1 - Generic	NM
ORGOVYX 120 MG TABLET	\$0 Tier 1 - Brand	PA, QL (1 per 1 days), NM
ORIAHNN 300-1-0.5MG/300MG CAPS	\$0 Tier 1 - Brand	PA, NM
ORILISSA (150 MG TABLET, 200 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	\$0 Tier 1 - Brand	PA, NM
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	\$0 Tier 1 - Brand	PA, NM
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	\$0 Tier 1 - Brand	PA, NM
SYNAREL 2 MG/ML NASAL SPRAY	\$0 Tier 1 - Brand	PA, NM
PROGESTINS		
DEPO-SUBQ PROVERA 104 SYRINGE	\$0 Tier 1 - Brand	
<i>gallifrey 5 mg tablet</i>	\$0 Tier 1 - Generic	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	\$0 Tier 1 - Generic	
<i>megestrol acetate (acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (CONTINUED)		
<i>norethindrone 5 mg tablet</i>	\$0 Tier 1 - Generic	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	\$0 Tier 1 - Generic	
THYROID AND ANTITHYROID AGENTS		
<i>euthyrox (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet)</i>	\$0 Tier 1 - Generic	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	\$0 Tier 1 - Generic	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	\$0 Tier 1 - Generic	
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>propylthiouracil 50 mg tablet</i>	\$0 Tier 1 - Generic	
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	\$0 Tier 1 - Brand	
IMMUNOLOGICAL AGENTS (CONTINUED)		
IMMUNOLOGICAL AGENTS		
ARCALYST 220 MG VIAL	\$0 Tier 1 - Brand	PA, NM
<i>azathioprine 50 mg tablet</i>	\$0 Tier 1 - Generic	BVD
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	\$0 Tier 1 - Brand	PA, NM
BESREMI 500 MCG/ML SYRINGE	\$0 Tier 1 - Brand	PA, NM
BIVIGAM (5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL)	\$0 Tier 1 - Brand	PA, NM
COSENTYX 300 MG DOSE-2 SYRINGE	\$0 Tier 1 - Brand	PA, NM
COSENTYX SENSOREADY 150 MG PEN	\$0 Tier 1 - Brand	PA, NM
COSENTYX SNRDY 300MG DOSE-2PEN	\$0 Tier 1 - Brand	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS (CONTINUED)		
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	\$0 Tier 1 - Brand	PA, NM
COSENTYX UNOREADY 300 MG PEN	\$0 Tier 1 - Brand	PA, NM
<i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul)</i>	\$0 Tier 1 - Generic	BVD
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	\$0 Tier 1 - Generic	BVD
DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)	\$0 Tier 1 - Brand	PA, NM
DUPIXENT SYRINGE (200 MG/1.14 ML SYRINGE, 300 MG/2 ML SYRINGE)	\$0 Tier 1 - Brand	PA, NM
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	\$0 Tier 1 - Brand	PA, NM
ENBREL 50 MG/ML MINI CARTRIDGE	\$0 Tier 1 - Brand	PA, NM
ENBREL 50 MG/ML SURECLICK	\$0 Tier 1 - Brand	PA, NM
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)	\$0 Tier 1 - Brand	BVD
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	\$0 Tier 1 - Generic	BVD, NM
GAMASTAN VIAL	\$0 Tier 1 - Brand	PA
GAMMAGARD LIQUID 10% VIAL	\$0 Tier 1 - Brand	PA, NM
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	\$0 Tier 1 - Brand	PA, NM
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	\$0 Tier 1 - Brand	PA, NM
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	\$0 Tier 1 - Generic	BVD
HADLIMA 40 MG/0.8 ML SYRINGE	\$0 Tier 1 - Brand	PA, NM
HADLIMA PUSHTOUCH 40 MG/0.8 ML	\$0 Tier 1 - Brand	PA, NM
HADLIMA(CF) 40 MG/0.4 ML SYRNG	\$0 Tier 1 - Brand	PA, NM
HADLIMA(CF) PUSHTOUCH 40MG/0.4	\$0 Tier 1 - Brand	PA, NM
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML SYRINGE, 10 GRAM/50 ML VIAL)	\$0 Tier 1 - Brand	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS (CONTINUED)		
HUMIRA 40 MG/0.8 ML SYRINGE	\$0 Tier 1 - Brand	PA, NM
HUMIRA PEN 40 MG/0.8 ML	\$0 Tier 1 - Brand	PA, NM
HUMIRA PEN CROHN-UC-HS 40 MG	\$0 Tier 1 - Brand	PA, NM
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING)	\$0 Tier 1 - Brand	PA, NM
HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8)	\$0 Tier 1 - Brand	PA, NM
HUMIRA(CF) PEN (HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML)	\$0 Tier 1 - Brand	PA, NM
HUMIRA(CF) PEN CRHN-UC-HS 80MG	\$0 Tier 1 - Brand	PA, NM
HUMIRA(CF) PEN PEDI UC 80 MG	\$0 Tier 1 - Brand	PA, NM
HUMIRA(CF) PEN PS-UV-AHS 80-40	\$0 Tier 1 - Brand	PA, NM
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	\$0 Tier 1 - Generic	BVD
<i>mycophenolic acid (dr 180 mg tb, dr 360 mg tb)</i>	\$0 Tier 1 - Generic	BVD
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 14 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	\$0 Tier 1 - Brand	BVD
RASUVO (7.5 MG/0.15 ML, 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML)	\$0 Tier 1 - Brand	PA
REZUROCK 200 MG TABLET	\$0 Tier 1 - Brand	PA, NM
RIDAURA 3 MG CAPSULE	\$0 Tier 1 - Brand	NM
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
RINVOQ LQ 1 MG/ML SOLUTION	\$0 Tier 1 - Brand	PA, NM
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	\$0 Tier 1 - Generic	BVD

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS (CONTINUED)		
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	\$0 Tier 1 - Brand	PA, NM
SKYRIZI 150 MG/ML PEN	\$0 Tier 1 - Brand	PA, NM
SKYRIZI ON-BODY (180 MG/1.2 ML, 360 MG/2.4 ML)	\$0 Tier 1 - Brand	PA, NM
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	\$0 Tier 1 - Brand	PA, NM
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	\$0 Tier 1 - Generic	BVD
TAVNEOS 10 MG CAPSULE	\$0 Tier 1 - Brand	PA, NM
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE, 200 MG/20 ML VIAL)	\$0 Tier 1 - Brand	PA, NM
TREMFYA 200 MG/2 ML PEN	\$0 Tier 1 - Brand	PA, NM
VARIZIG 125 UNIT/1.2 ML VIAL	\$0 Tier 1 - Brand	
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
XELJANZ XR (11 MG TABLET, 22 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
VACCINES		
ABRYSCO (ACT-O-VIAL, VIAL, VIAL WITH DILUENT SYRG)	\$0 Tier 1 - Brand	
ACTHIB (VIAL, WITH DILUENT)	\$0 Tier 1 - Brand	
ADACEL TDAP (SYRINGE, VIAL)	\$0 Tier 1 - Brand	
AREXVY ANTIGEN COMPONENT	\$0 Tier 1 - Brand	
AREXVY VIAL KIT	\$0 Tier 1 - Brand	
<i>bcg vaccine (tice strain) vial</i>	\$0 Tier 1 - Brand	
BEXSERO PREFILLED SYRINGE	\$0 Tier 1 - Brand	
BOOSTRIX TDAP (SYRINGE, VIAL)	\$0 Tier 1 - Brand	
DAPTACEL DTAP VACCINE	\$0 Tier 1 - Brand	
DENGVAXIA (VIAL, VIAL WITH DILUENT)	\$0 Tier 1 - Brand	
<i>diphtheria-tetanus toxoids-ped</i>	\$0 Tier 1 - Brand	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	\$0 Tier 1 - Brand	BVD
ENGERIX-B PEDI 10 MCG/0.5 SYRN	\$0 Tier 1 - Brand	BVD

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS (CONTINUED)		
GARDASIL 9 (SYRINGE, VIAL)	\$0 Tier 1 - Brand	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	\$0 Tier 1 - Brand	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	\$0 Tier 1 - Brand	BVD
HIBERIX (VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL)	\$0 Tier 1 - Brand	
IMOVAX RABIES VACCINE VIAL	\$0 Tier 1 - Brand	BVD
INFANRIX DTAP SYRINGE	\$0 Tier 1 - Brand	
IPOL VIAL	\$0 Tier 1 - Brand	
IXCHIQ VIAL	\$0 Tier 1 - Brand	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	\$0 Tier 1 - Brand	
JYNNEOS 0.5 ML VIAL	\$0 Tier 1 - Brand	
JYNNEOS 0.5 ML VIAL(STOCKPILE)	\$0 Tier 1 - Brand	
KINRIX TIP-LOK SYRINGE	\$0 Tier 1 - Brand	
M-M-R II VACCINE VIAL	\$0 Tier 1 - Brand	
MENACTRA VIAL	\$0 Tier 1 - Brand	
MENQUADFI VIAL	\$0 Tier 1 - Brand	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	\$0 Tier 1 - Brand	
MRESVIA 50 MCG/0.5 ML SYRINGE	\$0 Tier 1 - Brand	
PEDIARIX 0.5 ML SYRINGE	\$0 Tier 1 - Brand	
PEDVAXHIB VACCINE VIAL	\$0 Tier 1 - Brand	
PENBRAYA KIT	\$0 Tier 1 - Brand	
PENBRAYA MENACWY COMPONENT	\$0 Tier 1 - Brand	
PENBRAYA MENB COMPONENT	\$0 Tier 1 - Brand	
PENTACEL ACTHIB COMPONENT VIAL	\$0 Tier 1 - Brand	
PENTACEL DTAP-IPV COMPONENT VL	\$0 Tier 1 - Brand	
PENTACEL VIAL KIT	\$0 Tier 1 - Brand	
PREHEVBRIO 10 MCG/ML VIAL	\$0 Tier 1 - Brand	BVD
PRIORIX VIAL	\$0 Tier 1 - Brand	
PROQUAD VIAL	\$0 Tier 1 - Brand	
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	\$0 Tier 1 - Brand	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS (CONTINUED)		
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	\$0 Tier 1 - Brand	BVD
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	\$0 Tier 1 - Brand	BVD
ROTARIX (ORAL SYRINGE, SUSPENSION)	\$0 Tier 1 - Brand	
ROTATEQ VACCINE	\$0 Tier 1 - Brand	
SHINGRIX GE ANTIGEN COMPONENT	\$0 Tier 1 - Generic	
SHINGRIX VIAL KIT	\$0 Tier 1 - Generic	
<i>tdvax vial</i>	\$0 Tier 1 - Brand	
TENIVAC (SYRINGE, VIAL)	\$0 Tier 1 - Brand	
TICOVAC (1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE)	\$0 Tier 1 - Brand	
TWINRIX VACCINE SYRINGE	\$0 Tier 1 - Brand	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	\$0 Tier 1 - Brand	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	\$0 Tier 1 - Brand	
VARIVAX VACCINE (VIAL, WITH DILUENT)	\$0 Tier 1 - Brand	
VAXCHORA VACCINE	\$0 Tier 1 - Brand	
YF-VAX (1 VIAL, 5 VIAL)	\$0 Tier 1 - Brand	
INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)		
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>alose tron hcl (0.5 mg tablet, 1 mg tablet)</i>	\$0 Tier 1 - Generic	PA
<i>balsalazide disodium 750 mg cp</i>	\$0 Tier 1 - Generic	
<i>budesonide dr 3 mg capsule</i>	\$0 Tier 1 - Generic	
<i>budesonide ec 3 mg capsule</i>	\$0 Tier 1 - Generic	
<i>budesonide er 9 mg tablet</i>	\$0 Tier 1 - Generic	NM
<i>hydrocortisone 100 mg/60 ml</i>	\$0 Tier 1 - Generic	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, 1,000 mg supp)</i>	\$0 Tier 1 - Generic	
<i>mesalamine dr 400 mg capsule</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)		
<i>mesalamine er (0.375 gram cap, 500 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>sulfasalazine 500 mg tablet</i>	\$0 Tier 1 - Generic	
<i>sulfasalazine dr 500 mg tab</i>	\$0 Tier 1 - Generic	
IRRIGATING SOLUTIONS (CONTINUED)		
IRRIGATING SOLUTIONS		
<i>acetic acid 0.25% irrig soln</i>	\$0 Tier 1 - Generic	
RENACIDIN IRRIGATION SOLUTION	\$0 Tier 1 - Brand	
<i>sodium chloride (irrig, irrig., press sol)</i>	\$0 Tier 1 - Generic	
<i>sterile water for irrigation</i>	\$0 Tier 1 - Generic	
METABOLIC BONE DISEASE AGENTS (CONTINUED)		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 70 mg tab)</i>	\$0 Tier 1 - Generic	
<i>calcitonin-salmon 200 unit spr</i>	\$0 Tier 1 - Generic	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	\$0 Tier 1 - Generic	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet, 90 mg tablet)</i>	\$0 Tier 1 - Generic	NM
<i>ibandronate sodium 150 mg tab</i>	\$0 Tier 1 - Generic	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	\$0 Tier 1 - Generic	PA
PROLIA 60 MG/ML SYRINGE	\$0 Tier 1 - Brand	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab, 35 mg tab, 150 mg tab)</i>	\$0 Tier 1 - Generic	
<i>teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)</i>	\$0 Tier 1 - Generic	PA, NM
TYMLOS 80 MCG DOSE PEN INJECTR	\$0 Tier 1 - Brand	PA, NM
XGEVA 120 MG/1.7 ML VIAL	\$0 Tier 1 - Brand	PA, NM
MISCELLANEOUS THERAPEUTIC AGENTS (CONTINUED)		
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE 100 MCG/0.5 ML VIAL	\$0 Tier 1 - Brand	PA, NM
BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)	\$0 Tier 1 - Brand	QL (4 per 30 days)
<i>bupirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS THERAPEUTIC AGENTS (CONTINUED)		
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN)	\$0 Tier 1 - Brand	
CARNITOR SF 100 MG/ML ORAL SOL	\$0 Tier 1 - Brand	
<i>diazoxide 50 mg/ml oral susp</i>	\$0 Tier 1 - Generic	
ELMIRON 100 MG CAPSULE	\$0 Tier 1 - Brand	
EVRYSDI 60 MG/80 ML(0.75MG/ML)	\$0 Tier 1 - Brand	PA, NM
<i>glucagon 1 mg vial</i>	\$0 Tier 1 - Generic	QL (4 per 30 days)
GLUCAGON EMERGENCY KIT (1 MG EMERGENCY KIT, 1 MG VIAL)	\$0 Tier 1 - Generic	QL (4 per 30 days)
GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL)	\$0 Tier 1 - Brand	QL (0.8 per 30 days)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	\$0 Tier 1 - Brand	QL (0.8 per 30 days)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	\$0 Tier 1 - Brand	QL (0.4 per 30 days)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	\$0 Tier 1 - Brand	QL (0.8 per 30 days)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	\$0 Tier 1 - Brand	QL (0.4 per 30 days)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	\$0 Tier 1 - Brand	QL (0.8 per 30 days)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	\$0 Tier 1 - Brand	QL (0.8 per 30 days)
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	\$0 Tier 1 - Generic	
ISTURISA (1 MG TABLET, 5 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
<i>l-glutamine 5 gram powder pkt</i>	\$0 Tier 1 - Generic	PA, NM
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	\$0 Tier 1 - Generic	
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	\$0 Tier 1 - Generic	
<i>levocarnitine sf 1 g/10 ml sol</i>	\$0 Tier 1 - Generic	
MESNEX 400 MG TABLET	\$0 Tier 1 - Brand	NM
MYHIBBIN 200 MG/ML SUSPENSION	\$0 Tier 1 - Brand	BVD, NM
<i>nitroglycerin 0.4% ointment</i>	\$0 Tier 1 - Generic	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>pyridostigmine er 180 mg tab</i>	\$0 Tier 1 - Generic	
TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	\$0 Tier 1 - Brand	PA, NM
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	\$0 Tier 1 - Brand	NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS THERAPEUTIC AGENTS (CONTINUED)		
TYBOST 150 MG TABLET	\$0 Tier 1 - Brand	
VISTOGARD 10 GRAM PACKET	\$0 Tier 1 - Brand	PA, NM
VOWST CAPSULE	\$0 Tier 1 - Brand	PA, NM
WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN, 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)	\$0 - OTC	PA
ZEPBOUND (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	\$0 - OTC	PA
OPHTHALMIC AGENTS (CONTINUED)		
ANTIGLAUCOMA AGENTS		
<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>acetazolamide er 500 mg cap</i>	\$0 Tier 1 - Generic	
<i>betaxolol hcl 0.5% eye drop</i>	\$0 Tier 1 - Generic	
<i>bimatoprost 0.03% eye drops</i>	\$0 Tier 1 - Generic	
<i>brimonidine tartrate (0.1% drop, 0.15% drp, 0.2% eye drop)</i>	\$0 Tier 1 - Generic	
<i>brinzolamide 1% eye drops</i>	\$0 Tier 1 - Generic	
<i>carteolol hcl 1% eye drops</i>	\$0 Tier 1 - Generic	
<i>dorzolamide 2% eye drop</i>	\$0 Tier 1 - Generic	
<i>dorzolamide hcl 2% eye drops</i>	\$0 Tier 1 - Generic	
<i>dorzolamide-timolol (2%-0.5%, eye drops)</i>	\$0 Tier 1 - Generic	
<i>latanoprost 0.005% eye drops</i>	\$0 Tier 1 - Generic	
<i>levobunolol 0.5% eye drops</i>	\$0 Tier 1 - Generic	
LUMIGAN 0.01% EYE DROPS	\$0 Tier 1 - Brand	
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	\$0 Tier 1 - Generic	
PHOSPHOLINE IODIDE 0.125% DROP	\$0 Tier 1 - Brand	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	\$0 Tier 1 - Generic	
RHOPRESSA 0.02% OPHTH SOLUTION	\$0 Tier 1 - Brand	
SIMBRINZA (DROP, DROPS)	\$0 Tier 1 - Brand	
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	\$0 Tier 1 - Generic	
<i>timolol maleate 0.5% eye drops (generic for timoptic)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS (CONTINUED)		
<i>travoprost 0.004% eye drop</i>	\$0 Tier 1 - Generic	
REPLACEMENT PREPARATIONS (CONTINUED)		
REPLACEMENT PREPARATIONS		
<i>dextrose 10%-0.45% nacl iv sol</i>	\$0 Tier 1 - Generic	
<i>dextrose 2.5%-0.45% nacl iv</i>	\$0 Tier 1 - Generic	
<i>dextrose 5%-0.45% nacl iv soln</i>	\$0 Tier 1 - Generic	
<i>dextrose 5%-0.9% nacl iv soln</i>	\$0 Tier 1 - Generic	
<i>dextrose 5%-lr iv solution</i>	\$0 Tier 1 - Generic	
ISOLYTE S (IV SOLN PH7.4, IV SOLUTION-EXCEL)	\$0 Tier 1 - Brand	
<i>kcl-d5w-0.45% nacl (10 meq/500ml-d5w-0.45%nacl, 10 meq/l-d5w-0.45% nacl, 20 meq/l-d5w-0.45% nacl, 30 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)</i>	\$0 Tier 1 - Generic	
<i>kcl-d5w-0.9% nacl (20 meq/l-d5w-0.9%, 40 meq/l-d5w-0.9%)</i>	\$0 Tier 1 - Generic	
KLOR-CON 20 MEQ PACKET	\$0 Tier 1 - Brand	
KLOR-CON M10 TABLET	\$0 Tier 1 - Generic	
KLOR-CON M15 TABLET	\$0 Tier 1 - Generic	
KLOR-CON M20 TABLET	\$0 Tier 1 - Generic	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	\$0 Tier 1 - Generic	
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/100 ml sol, cl 10 meq/5 ml conc, cl 10 meq/50 ml sol, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20 meq/10 ml conc, cl 20 meq/100 ml sol, cl 20 meq/50 ml sol, cl 20% (40 meq/15ml), cl 40 meq/100 ml sol, cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	\$0 Tier 1 - Generic	
<i>potassium chloride-dextrose 5% (10 meq/l in solution, 20 meq/l in solution)</i>	\$0 Tier 1 - Generic	
<i>potassium citrate er (5 tab, 10 tb, 15 tb)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPLACEMENT PREPARATIONS (CONTINUED)		
<i>potassium cl 20meq/100ml-water</i>	\$0 Tier 1 - Generic	
<i>potassium cl er 10 meq tablet (dissolvable tablet)</i>	\$0 Tier 1 - Generic	
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	\$0 Tier 1 - Generic	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 3% iv soln, sodium chloride 4 meq/ml vl, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml, sodium chloride 120 meq/30 ml, sodium chloride 200 meq/50 ml, sodium chloride 400 meq/100 ml, sodium chloride 800 meq/200 ml)</i>	\$0 Tier 1 - Generic	
<i>sodium chloride 0.9%-water</i>	\$0 Tier 1 - Generic	
RESPIRATORY TRACT AGENTS (CONTINUED)		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ADVAIR HFA (45-21 MCG INHALER, 115-21 MCG INHALER, 230-21 MCG INHALER)	\$0 Tier 1 - Brand	
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	\$0 Tier 1 - Brand	
BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR)	\$0 Tier 1 - Brand	
BREYNA (80-4.5 MCG INHALER, 160-4.5 MCG INHALER)	\$0 Tier 1 - Generic	
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	\$0 Tier 1 - Generic	BVD
<i>budesonide-formoterol fumarate (80-4.5, 160-4.5)</i>	\$0 Tier 1 - Generic	
<i>fluticasone propionate (50 mcg diskus, 100mcg diskus, 250 mcg disk)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT AGENTS (CONTINUED)		
<i>fluticasone propionate hfa (hfa 44 mcg, hfa 110 mcg, hfa 220 mcg)</i>	\$0 Tier 1 - Generic	
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	\$0 Tier 1 - Generic	
QVAR REDIHALER (40 MCG, 80 MCG)	\$0 Tier 1 - Brand	
WIXELA INHUB (100-50, 250-50, 500-50)	\$0 Tier 1 - Generic	
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>zafirlukast (10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	
BRONCHODILATORS		
<i>albuterol hfa 90 mcg inhaler</i>	\$0 Tier 1 - Generic	
<i>albuterol sulf 2 mg/5 ml syrup</i>	\$0 Tier 1 - Generic	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	\$0 Tier 1 - Generic	BVD
ANORO ELLIPTA 62.5-25 MCG INH	\$0 Tier 1 - Brand	
ATROVENT 17 MCG HFA INHALER	\$0 Tier 1 - Brand	QL (25.8 per 30 days)
BREZTRI AEROSPHERE INHALER	\$0 Tier 1 - Brand	
COMBIVENT RESPIMAT 20-100 MCG	\$0 Tier 1 - Brand	
INCRUSE ELLIPTA 62.5 MCG INH	\$0 Tier 1 - Brand	
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	\$0 Tier 1 - Generic	BVD
<i>ipratropium br 0.02% soln</i>	\$0 Tier 1 - Generic	BVD
<i>levalbuterol tar hfa 45mcg inh</i>	\$0 Tier 1 - Generic	
SEREVENT DISKUS 50 MCG	\$0 Tier 1 - Brand	
STRIVERDI RESPIMAT INHAL SPRAY	\$0 Tier 1 - Brand	
<i>theophylline er (100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	\$0 Tier 1 - Generic	
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	\$0 Tier 1 - Brand	
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10% vial, 20% vial)</i>	\$0 Tier 1 - Generic	BVD
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	\$0 Tier 1 - Brand	PA, NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT AGENTS (CONTINUED)		
BRONCHITOL 40 MG INHALE CAP	\$0 Tier 1 - Brand	PA, NM
<i>cromolyn 20 mg/2 ml neb soln</i>	\$0 Tier 1 - Generic	BVD
GLASSIA 1 GM/50 ML VIAL	\$0 Tier 1 - Brand	PA, NM
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	\$0 Tier 1 - Brand	PA, LA, NM
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	\$0 Tier 1 - Brand	PA, NM
ORKAMBI (75-94 MG GRANULE PKT, 100 MG-125 MG TABLET, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
<i>pirfenidone (267 mg capsule, 267 mg tablet, 534 mg tablet, 801 mg tablet)</i>	\$0 Tier 1 - Generic	PA, NM
PROLASTIN C (MG VIAL, MG/20 ML VL)	\$0 Tier 1 - Brand	PA, NM
<i>roflumilast (250 mcg tablet, 500 mcg tablet)</i>	\$0 Tier 1 - Generic	
TRIKAFTA (50-25-37.5 MG/75 MG, 80-40-60MG/59.5MG PKT, 100-50-75 MG/150 MG, 100-50-75 MG/75MG PKT)	\$0 Tier 1 - Brand	PA, NM
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	\$0 Tier 1 - Brand	PA, NM
ZEMAIRA (1,000 MG VIAL, 4,000 MG VIAL, 5,000 MG VIAL)	\$0 Tier 1 - Brand	PA, NM
SKELETAL MUSCLE RELAXANTS (CONTINUED)		
SKELETAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKELETAL MUSCLE RELAXANTS (CONTINUED)		
<i>carisoprodol 350 mg tablet</i>	\$0 Tier 1 - Generic	QL (4 per 1 days)
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	\$0 Tier 1 - Generic	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	\$0 Tier 1 - Generic	
SLEEP DISORDER AGENTS (CONTINUED)		
SLEEP DISORDER AGENTS		
<i>armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	\$0 Tier 1 - Generic	PA
<i>eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	\$0 Tier 1 - Generic	
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	\$0 Tier 1 - Generic	PA
<i>ramelteon 8 mg tablet</i>	\$0 Tier 1 - Generic	QL (1 per 1 days)
<i>sodium oxybate 0.5 g/ml soln</i>	\$0 Tier 1 - Generic	PA, NM
SUNOSI (75 MG TABLET, 150 MG TABLET)	\$0 Tier 1 - Brand	PA, QL (1 per 1 days)
<i>zaleplon (5 mg capsule, 10 mg capsule)</i>	\$0 Tier 1 - Generic	
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	
UNCATEGORIZED (CONTINUED)		
Unclassified		
12HR NASAL DECONGEST ER 120 MG	\$0 - OTC	
8 HOUR PAIN RELIEF (FT 8 HOUR RLF ER 650 MG, GNP 650 MG, QC 8 HOUR RLF ER 650 MG)	\$0 - OTC	
8HR ARTHRITIS PAIN (ER 650 MG, GNP ARTHRIT ER 650 MG, QC ARTHRIT ER 650 MG)	\$0 - OTC	
<i>acetaminophen (120 mg suppos, 160 mg/5 ml cup, 160 mg/5 ml liq, 160 mg/5 ml soln, 325 mg gelcap, 325 mg tablet, 500 mg caplet, 500 mg gelcap, 500 mg softgel, 500 mg tablet, gnp 500 mg tab, 650 mg suppos)</i>	\$0 - OTC	
<i>acetaminophen er (650 mg caplet, 650 mg tablet)</i>	\$0 - OTC	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
ACID REDUCER (20 MG TABLET, FT 20 MG TABLET, GNP 20 MG TABLET, GS 20 MG TABLET)	\$0 - OTC	
ACNE MEDICATION (5% GEL, 5% LOTION, 10% GEL)	\$0 - OTC	
<i>adapalene (gel, gnp gel)</i>	\$0 - OTC	
<i>adult glycerin (fleet 2 gm supp, suppository)</i>	\$0 - OTC	
ALL DAY ALLERGY (10 MG TABLET, FT AD (CETRZN) 10MG TB, SM 10 MG TAB)	\$0 - OTC	
ALL DAY ALLERGY RELIEF (FT AD (LORAT) 10 MG TB, SM ALL DAY 10 MG TAB)	\$0 - OTC	
ALL DAY ALLERGY-D (FT DY ERGY-D 5-120MG TB, GS TABLET, SM TABLET, TABLET)	\$0 - OTC	
ALL DAY PAIN RELIEF (220 MG TAB, FT 220 MG CAPLET, RLF 220 MG CAPLET)	\$0 - OTC	
ALL DAY RELIEF (220 MG CAPLET, 220 MG TABLET)	\$0 - OTC	
<i>allergy relief (4 mg tablet, (loratadine) 10 mg tab, 10 mg tablet, ft (cetrzn) 10 mg tab, ft (chlorphen) 4 mg tb, ft (lorat) 10 mg tab, 12.5 mg/5 ml, 25 mg softgel, ft (diphen) 25 mg cap, ft (diphen) 25 mg chew, ft (diphen) 25 mg tab, gnp 4 mg tablet, gnp 25 mg lq cp, gnp 25 mg sfgl, gnp 25 mg tab, gnp 50 mg/20 ml, gs 10 mg tablet, gs 25 mg tablet, hm 4 mg tablet, hm 10 mg tablet, hm 25 mg cap, hm 25 mg tablet, qc (cetrzn) 10 mg tab, qc (chlorphen) 4 mg tb, qc (diphen) 25 mg sfgl, qc (diphen) 25 mg tab, qc (lorat) 10 mg tab, rlf (cetrzn) 5 mg tab, rlf (cetrzn) 10 mg tab, rlf (diphen) 25 mg chw, sm (diphen) 25 mg cap, sm (diphen) 25 mg chew)</i>	\$0 - OTC	
ALLERGY RELIEF D-12 TABLET	\$0 - OTC	
ALLERGY RELIEF-D TABLET	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
ALLERGY RLF-DECONG ER 5-120 MG	\$0 - OTC	
ALLERGY-CONGESTION RLF 12H TAB	\$0 - OTC	
<i>alum-mag hydroxide-simeth cup</i>	\$0 - OTC	
<i>aluminum hydroxide gel</i>	\$0 - OTC	
<i>ameriphor moist ointment</i>	\$0 - OTC	
<i>ammonium lactate (cream, lotion)</i>	\$0 - OTC	
<i>antacid (500 mg chew tablet, ft 500 mg chew tablet, hm 500 mg chew tablet, qc 500 mg chew tablet, sm 500 mg chew tablet)</i>	\$0 - OTC	
<i>antacid ex-str tablet chew</i>	\$0 - OTC	
<i>antacid ultra str 1,000 mg chw</i>	\$0 - OTC	
<i>antacid-antigas (antacid anti-gas max str liq, antacid-antigas liquid, ft antacid-antigas liquid, sm antacid-antigas liquid)</i>	\$0 - OTC	
ANTI-DIARRHEAL (FT 1 MG/7.5 ML, 2 MG CAPLET, 2 MG SOFTGEL, FT 2 MG CAPLET, FT 2 MG SOFTGEL, GNP 2 MG TABLET, GS 1 MG/7.5 ML, HM 2 MG SOFTGEL, QC 2 MG CAPLET)	\$0 - OTC	
<i>anti-itch (gs cream, qc cream)</i>	\$0 - OTC	
<i>antifungal 1% topical cream</i>	\$0 - OTC	
<i>antifungal 2% powder</i>	\$0 - OTC	
<i>antifungal cream (ft 1% cream, ft 2% topical cream, qc 1% cream)</i>	\$0 - OTC	
<i>antiseptic skin cleanser (, ft cleansr, gnp cleansr, pk)</i>	\$0 - OTC	
<i>anucort-hc 25 mg suppository</i>	\$0 - OTC	
<i>aquanil hc 1% lotion</i>	\$0 - OTC	
ARTHRITIS PAIN (FT 1% GEL, GNP 1% GEL, GS 1% GEL, GS ER 650 MG, HM 1% GEL, SM 1% GEL)	\$0 - OTC	
ARTHRITIS PAIN ER 650 MG CAPLT	\$0 - OTC	
ARTHRITIS PAIN RELIEVER (1% GEL, FT ER 650 MG TB, SM ER 650 MG TB)	\$0 - OTC	
<i>arthritis pain rlf 0.075% crm</i>	\$0 - OTC	
<i>artificial tears (drops, qc drops)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>aspirin (81 mg chewable tablet, ft 81 mg chewable tab, qc 81 mg chewable tab, 300 mg suppository, 325 mg tablet, ft 325 mg tablet, gnp 325 mg tablet, gs 81 mg chewable tab, gs 325 mg tablet, hm 81 mg chewable tab, qc 325 mg tablet, sm 325 mg tablet)</i>	\$0 - OTC	
<i>aspirin ec</i>	\$0 - OTC	
<i>aspirin regimen 81 mg ec tab</i>	\$0 - OTC	
<i>athlete's foot (cream, ft cream)</i>	\$0 - OTC	
AYR ALLERGY & SINUS NASAL MIST	\$0 - OTC	
<i>b-12 1,000 mcg tablet</i>	\$0 - OTC	
<i>bacitracin 500 unit/gm ointmnt</i>	\$0 - OTC	
<i>bacitracin zn 500 unit/gm oint</i>	\$0 - OTC	
<i>balance b-50 tablet</i>	\$0 - OTC	
<i>banophen 25 mg capsule</i>	\$0 - OTC	
<i>benzonatate (100 mg capsule, perle 100 mg cap, 150 mg capsule, 200 mg capsule)</i>	\$0 - OTC	
<i>benzoyl peroxide (2.5% gel, 5% gel, 5% wash, 6% cleanser, 10% gel, 10% wash)</i>	\$0 - OTC	
BETADINE 10% SOLUTION	\$0 - OTC	
<i>biotene moisturizing mouth spr</i>	\$0 - OTC	
BISACODYL (EC 5 MG TABLET, 10 MG SUPPOSITORY, FLEET 10 MG ENEMA)	\$0 - OTC	
<i>bismuth 262 mg tablet chew</i>	\$0 - OTC	
<i>bismuth 525 mg/30 ml susp</i>	\$0 - OTC	
BLOOD PRESSURE MONITOR (, -3 SERIE, -5 SERIE, -7 SERIE, -10SERIE)	\$0 - OTC	
<i>calamine (ft lotion, gs lotion, hm lotion, lotion, qc lotion, sm lotion, suspension)</i>	\$0 - OTC	
<i>calcidol drops</i>	\$0 - OTC	
<i>calcium 600 mg tablet</i>	\$0 - OTC	
<i>calcium 600-vit d3 (400 tablet, well 600mg-d3 10mcg tb)</i>	\$0 - OTC	
<i>calcium antacid (750mg chew tab, hm cal 750 mg chew tab, sm cal 750 mg chew tab)</i>	\$0 - OTC	
<i>calcium carbonate (648 mg tab, carb 1,250 mg/5 ml cup, carb 1,250 mg/5 ml sus)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>capsaicin (0.025% cream, 0.1% cream)</i>	\$0 - OTC	
<i>carboxymethylcellulose sodium (0.5% drp, 1% drop, 1% gel)</i>	\$0 - OTC	
CEROVITE JR TABLET CHEW	\$0 - OTC	
<i>certa plus tablet</i>	\$0 - OTC	
<i>certavite-antioxidant tablet</i>	\$0 - OTC	
<i>cetirizine hcl (1 mg/ml soln, 5 mg tablet, 5 mg/5 ml cup, 10 mg tablet)</i>	\$0 - OTC	
<i>cetirizine-pse er 5-120 mg tab</i>	\$0 - OTC	
<i>chest congestion relief (congest rlf 400 mg tab, ft congest 400 mg caplet, soln)</i>	\$0 - OTC	
<i>chest congestion relief dm (cong rlf 400-20 mg tb, ft cong rlf 400-20 mg, syr)</i>	\$0 - OTC	
<i>child cetirizine hcl 1 mg/ml</i>	\$0 - OTC	
<i>child ferrous sulfate 15 mg/ml</i>	\$0 - OTC	
CHILD MUCINEX STUFFY NOSE-CHST	\$0 - OTC	
<i>child pain-fever 160 mg/5 ml</i>	\$0 - OTC	
CHILDREN'S ALL DAY ALLERGY (FT ER 1 MG/ML, GS ER 1 MG/ML, SM ER 1 MG/ML)	\$0 - OTC	
<i>children's allergy (ft 5 mg/5 ml sol, gnp 12.5 mg/5 ml, qc 12.5 mg/5 ml)</i>	\$0 - OTC	
<i>children's allergy relief (ft 12.5 mg/5 ml, ft rlf 1 mg/ml, ft rlf 5 mg chew, gs rlf 5 mg/5 ml, hm rlf 5 mg chew, qc 12.5 mg/5 ml, relief 1 mg/ml, relief 5 mg/5 ml, rlf 12.5 mg/5 ml, sm 12.5 mg/5 ml)</i>	\$0 - OTC	
<i>children's cold-allergy (liquid, sm liquid)</i>	\$0 - OTC	
<i>children's ibuprofen (child ibuprofen 100 mg/5ml cup, child ibuprofen 100mg/5ml syrg, child ibuprofen 200mg/10ml cup, children ibuprof 100mg/5ml cup, children ibuprofen 100 mg/5 ml, ft child ibuprofen 100 mg/5 ml, gs child ibuprofen 100 mg/5 ml, qc child ibuprofen 100 mg/5 ml, sm child ibuprofen 100 mg/5 ml)</i>	\$0 - OTC	
<i>children's loratadine (5 mg tab chew, 5 mg/5 ml sol, 5 mg/5 ml syr, hm 5 mg/5 ml)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>children's pain relief (gnp relief 160 mg, hm rlf 160 mg/5 ml, qc rlf 160 mg/5 ml)</i>	\$0 - OTC	
<i>children's pain-fever (160 mg/5 ml, ft 160 mg/5ml)</i>	\$0 - OTC	
<i>chld acetaminophen 160 mg/5 ml</i>	\$0 - OTC	
CLEAR EYES ONCE DAILY 0.2% DRP	\$0 - OTC	
CLEARLAX (FT POWDER, POWDER, POWDER PACKET)	\$0 - OTC	
<i>clotrimazole (ft vag cream, sm vag cream, tm-top cream, topical cream, vaginal cream)</i>	\$0 - OTC	
<i>co q-10 200 mg softgel</i>	\$0 - OTC	
<i>codeine-guaifen 10-100 mg/5 ml</i>	\$0 - OTC	
<i>coenzyme q-10 (30 mg, 200 mg)</i>	\$0 - OTC	
<i>coenzyme q-10 100 mg capsule</i>	\$0 - OTC	
COLACE 100 MG CAPSULE	\$0 - OTC	
COLACE CLEAR 50 MG SOFTGEL	\$0 - OTC	
<i>creatine 5000 powder packet</i>	\$0 - OTC	
CURAE 1.5 MG TABLET	\$0 - OTC	
<i>cytotine powder</i>	\$0 - OTC	
DAILY VITAMIN + IRON TABLET	\$0 - OTC	
<i>daily vitamin formula tablet</i>	\$0 - OTC	
DAILY-VITE TABLET	\$0 - OTC	
DAILY-VITES WITH IRON TABLET	\$0 - OTC	
<i>dairy aid 3,000 unit caplet</i>	\$0 - OTC	
<i>dermacerin cream</i>	\$0 - OTC	
<i>dermaphor ointment</i>	\$0 - OTC	
<i>dhs sal 3% shampoo</i>	\$0 - OTC	
DHS TAR 0.5% SHAMPOO	\$0 - OTC	
DIALYVITE TABLET	\$0 - OTC	
<i>diclofenac sodium (gel, gnp gel, qc gel)</i>	\$0 - OTC	
<i>diphenhydramine hcl (12.5 mg/5 ml, 12.5mg/5ml cup, 25 mg capsule, 25 mg tablet, 25 mg/10ml cup, 50 mg capsule)</i>	\$0 - OTC	
<i>docu liquid 100 mg/10 ml cup</i>	\$0 - OTC	
<i>docusate sodium (50 mg/5 ml cup, 50 mg/5 ml liq, 100 mg softgel, 250 mg softgel, mini enema, sod 100 mg/10 ml cup)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>dry eye relief (1% drop, drops)</i>	\$0 - OTC	
<i>ear wax removal (drop, ft drop, hm drop)</i>	\$0 - OTC	
ECONTRA ONE-STEP 1.5 MG TABLET	\$0 - OTC	
<i>ed-apap 160 mg/5 ml liquid</i>	\$0 - OTC	
ENEMEEZ MINI ENEMA	\$0 - OTC	
<i>ergocalciferol (200 mcg/ml drop, 8,000 unit/ml, 8,000 units/ml)</i>	\$0 - OTC	
<i>esomeprazole magnesium (dr 20 mg cap, dr 20 mg tab, gnp dr 20 mg, gs dr 20 mg, hm dr 20 mg, qc dr 20 mg, sm dr 20 mg)</i>	\$0 - OTC	
EYE ALLERGY ITCH RELIEF (DROP, FT, HM)	\$0 - OTC	
EYE ALLERGY ITCH-REDNESS RLF (DROP, FT, HM)	\$0 - OTC	
<i>eye itch relief 0.025% drops</i>	\$0 - OTC	
EZ CHAR PELLET	\$0 - OTC	
<i>famotidine (20 mg tablet, qc 20 mg tablet)</i>	\$0 - OTC	
<i>fergon 27 mg tablet</i>	\$0 - OTC	
<i>ferosul 325 mg tablet</i>	\$0 - OTC	
<i>ferrex 150 plus capsule</i>	\$0 - OTC	
<i>ferrous fumarate 324 mg tablet</i>	\$0 - OTC	
<i>ferrous gluconate 324 mg tab</i>	\$0 - OTC	
<i>ferrous sulfate (sulf 15 mg iron/ml drp, sulf 300 mg/5 ml cup, sulf ec 325 mg tablet, true sulf ec 324 mg tb, 325 mg tablet)</i>	\$0 - OTC	
FEVERALL (80 MG, 325 MG)	\$0 - OTC	
<i>fiber (hm powder, sm powder)</i>	\$0 - OTC	
<i>fiber laxative (625 mg caplet, ft 625 mg cplt)</i>	\$0 - OTC	
<i>fiber therapy 500 mg caplet</i>	\$0 - OTC	
FIRST AID ANTISEPTIC 10% OINT	\$0 - OTC	
FLEET ENEMA	\$0 - OTC	
FLEET MINERAL OIL ENEMA	\$0 - OTC	
FLEET PEDIA-LAX SUPPOSITORIES	\$0 - OTC	
<i>folbee plus tablet</i>	\$0 - OTC	
<i>folbee tablet</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>folic acid (400 mcg tablet, true 667 mcg dfe tb, well 400 mcg tablet, 800 mcg tablet, 1,000 mcg tablet, true 1600mcg dfe tb, well 1,000 mcg tab)</i>	\$0 - OTC	
<i>foltabs 800 tablet</i>	\$0 - OTC	
FT ALLERGY D-12HR 5-120 MG TAB	\$0 - OTC	
<i>ft motion sickness 25 mg tab</i>	\$0 - OTC	
FUNGOID 2% TINCTURE	\$0 - OTC	
<i>gas relief (ft gas relief 125 mg chew tab, ft gas relief 125 mg softgel, ft gas relief(simeth) 80mg chw, gas relief 125 mg softgel, gas relief (simeth) 80 mg chew, gnp gas rlf(simeth) 80 mg chew, hm gas relief 125 mg chew tab, hm gas relief 125 mg softgel, hm gas relief(simeth) 80mg chw, sm gas relief(simeth) 80mg chw)</i>	\$0 - OTC	
GAVILAX POWDER	\$0 - OTC	
GAVISCON ES TABLET CHEW	\$0 - OTC	
GENTEAL TEARS (0.1%-0.2%-0.3%, 0.1%-0.3% DROP)	\$0 - OTC	
GENTEAL TEARS SEVERE (0.3% GEL, 3-94% OIN)	\$0 - OTC	
<i>gentle laxative (ec 5 mg tablet, 10 mg supp, ft 10 mg supp, gnp 10 mg supp, gnp ec 5 mg tb, hm 10 mg supp, qc 10 mg supp)</i>	\$0 - OTC	
<i>glycerin (child 1.2 gm supp, 2 gm suppository, 99.5% liquid, child suppository)</i>	\$0 - OTC	
GNP MUCUS-ER MAX 1,200 MG TAB	\$0 - OTC	
<i>gnp pain relief 500 mg caplet</i>	\$0 - OTC	
<i>gnp pink bismuth 262 mg tb chw</i>	\$0 - OTC	
GS 24 HOUR ALLERGY 50 MCG SPRY	\$0 - OTC	
GS CHLD COUGH DM ER 30 MG/5 ML	\$0 - OTC	
<i>gs first aid antibiotic oint</i>	\$0 - OTC	
<i>guaifenesin (100 mg/5 ml cup, 100 mg/5 ml liquid, 100 mg/5 ml soln, 100mg/5ml soln cup, 200 mg tablet, 200 mg/10 ml cup, 300 mg/15 ml cup, 400 mg tablet)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>guaifenesin er 600 mg tablet</i>	\$0 - OTC	
<i>guaifenesin-codeine (100-10 mg/5 ml, 200-20 mg/10ml)</i>	\$0 - OTC	
<i>guaifenesin-dextromethorphan (guaifenesin-dm 100-10 mg/5 ml, guaifenesin-dm 200-20 mg/10 ml, guaifenesin-dm 100-10mg/5ml cup, guaifenesin-dm 200-20mg/10ml cup)</i>	\$0 - OTC	
<i>headache relief (gnp 250-250-65mg cplt, gnp caplet, rlf 250-250-65mg cplt)</i>	\$0 - OTC	
HEALTHYLAX POWDER PACKET	\$0 - OTC	
HER STYLE 1.5 MG TABLET	\$0 - OTC	
HIBICLENS (LIQUID, WITH FOAM PUMP)	\$0 - OTC	
<i>hm adt tussin cough cong dm lq</i>	\$0 - OTC	
HM ALLERGY COMPLETE-D TABLET	\$0 - OTC	
HM ALLERGY-CONGESTION 12HR TAB	\$0 - OTC	
<i>hydrocortisone (0.5% cream, 1% cream, 1% cream packet, 1% ointment, qc 1% cream, sm 1% ointment)</i>	\$0 - OTC	
<i>hydrocortisone acetate (1% cream, ac 25 mg supp)</i>	\$0 - OTC	
<i>hydrocortisone-aloe 1% cream</i>	\$0 - OTC	
<i>hydrogen peroxide (ft soln, gnp soln, hm soln, sm soln, solution)</i>	\$0 - OTC	
<i>ibuprofen (200 mg caplet, 200 mg capsule, 200 mg softgel, 200 mg tablet, ft 200 mg caplet, ft 200 mg mini sfgl, ft 200 mg softgel, ft 200 mg tablet, gnp 200 mg mini sfgl, gnp 200 mg softgel, gnp 200 mg tablet, gs 200 mg caplet, gs 200 mg liquid gel, gs 200 mg tablet, hm 200 mg caplet, hm 200 mg softgel, hm 200 mg tablet, qc 200 mg caplet, qc 200 mg mini sfgl, qc 200 mg softgel, qc 200 mg tablet, sm 200 mg caplet, sm 200 mg softgel, sm 200 mg tablet)</i>	\$0 - OTC	
<i>ibuprofen ib (ft 100 mg chew tb, hm 100 mg chew tb, sm 100 mg chew tb)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
INCONTROL BLOOD PRESSURE MNTR (ADVANCED BP MONITOR, ADVNCD WRST BP MNTR, DELUXE BP MONITOR, PREMIUM BP MONITOR, PREMIUM WRST BP MNTR)	\$0 - OTC	
<i>infant gas rlf 20 mg/0.3 ml</i>	\$0 - OTC	
<i>infant iron 15 mg/ml drop</i>	\$0 - OTC	
<i>infant's ibuprofen (gs inf 50 mg/1.25 ml, infant 50 mg/1.25 ml, sm inf 50 mg/1.25 ml)</i>	\$0 - OTC	
<i>infant-toddler vit a-c-d drop</i>	\$0 - OTC	
<i>infants' gas relief (ft inf gas 20 mg/0.3 ml, infants' gas 20 mg/0.3 ml)</i>	\$0 - OTC	
<i>infants' ibuprofen (ft inf 50 mg/1.25 ml, hm inf 50 mg/1.25 ml, infant 50 mg/1.25 ml, qc inf 50 mg/1.25 ml)</i>	\$0 - OTC	
<i>infants' pain-fever (160 mg/5 ml, ft 160 mg/5, gnp 160 mg/5, gs 160 mg/5, qc 160 mg/5)</i>	\$0 - OTC	
<i>infants' simethicone drops</i>	\$0 - OTC	
JULIE 1.5 MG TABLET	\$0 - OTC	
<i>kaopectate 262 mg/15 ml susp</i>	\$0 - OTC	
KENWOOD THERAPEUTIC LIQUID	\$0 - OTC	
<i>ketotifen fumarate (0.025% drops, 0.035% drops)</i>	\$0 - OTC	
<i>konsyl (daily fiber powder pkt, original 6 gm powd pkt, original fiber powder, psyllium fiber powder)</i>	\$0 - OTC	
<i>l-methylfolate 7.5 mg tablet</i>	\$0 - OTC	
<i>l-methylfolate cal 7.5 mg tab</i>	\$0 - OTC	
LAC-HYDRIN FIVE 5% LOTION	\$0 - OTC	
<i>lansoprazole (dr 15 mg capsule, gnp dr 15 mg cap, qc dr 15 mg cap, sm dr 15 mg cap)</i>	\$0 - OTC	
LANTISEPTIC SKIN PROTECTANT	\$0 - OTC	
<i>laxative (ec 5 mg tablet, ft ec 5 mg tablet, hm ec 5 mg tablet, 25 mg pill, 25 mg tablet, qc 25 mg tablet)</i>	\$0 - OTC	
<i>levocarnitine 330 mg tablet</i>	\$0 - OTC	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>levocetirizine 5 mg tablet</i>	\$0 - OTC	
<i>levonorgestrel 1.5 mg tablet</i>	\$0 - OTC	
<i>lice killing (ft shampoo, gnp shampoo, gs 1 % crm rinse, gs shampoo, sb shampoo, shampoo)</i>	\$0 - OTC	
LICE TREATMENT 1% CREME RINSE	\$0 - OTC	
LOMAIRA 8 MG TABLET	\$0 - OTC	
<i>loperamide (1 mg/7.5 ml soln, 1 mg/7.5ml soln cup, 2 mg/15 ml soln cup)</i>	\$0 - OTC	
<i>loratadine (5 mg/5 ml solution, 5 mg/5 ml syrup, 10 mg odt, 10 mg tablet, gnp 10 mg odt, gnp 10 mg tablet, hm 10 mg tablet, sm 5 mg/5 ml syrup, sm 10 mg tablet)</i>	\$0 - OTC	
<i>loratadine allergy 5 mg/5 ml</i>	\$0 - OTC	
LORATADINE-D (12 HOUR TABLET, SM 12 HOUR TABLET, 24HR TABLET)	\$0 - OTC	
<i>lubricant 0.5% eye drops</i>	\$0 - OTC	
<i>lubricant eye (drops, ft lubricant 0.4-0.3% drop, lubricant 0.4-0.3% drop, ointment)</i>	\$0 - OTC	
<i>lubricant eye drop (ft lubricant 0.5% drop, gnp lubricant 0.5% drop, lubricant 0.5% drop, lubricant 0.6% drop, qc lubricant 0.6% drop)</i>	\$0 - OTC	
<i>m-dryl 12.5 mg/5 ml solution</i>	\$0 - OTC	
<i>m-pap 160 mg/5 ml liquid</i>	\$0 - OTC	
<i>mag-al plus suspension cup</i>	\$0 - OTC	
<i>magnesium citrate (ft solution, gnp solution, hm solution, sm solution, solution)</i>	\$0 - OTC	
<i>magnesium oxide (400 mg tablet, true 400 mg tb, well 400 mg tb)</i>	\$0 - OTC	
<i>mapap (500 mg capsule, 500 mg/15 ml liquid)</i>	\$0 - OTC	
<i>maxrelief jr 160 mg/5 ml liq</i>	\$0 - OTC	
<i>meclizine hcl (12.5 mg caplet, 12.5 mg tablet, 25 mg tablet, 25 mg tablet chew)</i>	\$0 - OTC	
<i>mi-acid gas 80 mg tab chew</i>	\$0 - OTC	
<i>miconazole 3 (ft pack, pack)</i>	\$0 - OTC	
<i>miconazole 7 (100 mg vag supp, cream, ft cream)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>miconazole nitrate (2% powder, 2% topical cream, 100 mg vag supp)</i>	\$0 - OTC	
<i>miconazole-7 cream</i>	\$0 - OTC	
<i>miconazorb af (gnp powder, powder)</i>	\$0 - OTC	
<i>micotrin ac 1% topical cream</i>	\$0 - OTC	
<i>micotrin ap 2% powder</i>	\$0 - OTC	
MIGRAINE RELIEF (250-250-65 MG GELTAB, FT 250-250-65 MG CPLT, HM 250-250-65 MG CPLT, SM 250-250-65 MG CPLT)	\$0 - OTC	
<i>milk of magnesia (ft suspension, gs suspension, hm suspension, hv suspension, qc suspension, sm suspension, susp 30ml cup, suspension)</i>	\$0 - OTC	
<i>mineral oil (, ft)</i>	\$0 - OTC	
<i>mintox plus tablet chewable</i>	\$0 - OTC	
<i>motion sickness relief (gnp 25mg chwtb, rlf 25 mg tab)</i>	\$0 - OTC	
<i>mouthkote spray</i>	\$0 - OTC	
<i>mucinex fast-max chest-congest</i>	\$0 - OTC	
MUCUS ER (CVS 600 MG TABLET, GNP 600 MG TABLET, GS 600 MG CAPLET)	\$0 - OTC	
<i>mucus relief (400 mg tablet, gnp 400 mg tablet, qc 400 mg caplet)</i>	\$0 - OTC	
MUCUS RELIEF ER (600 MG TABLET, FT 600 MG TAB, 1,200 MG TAB, FT 1,200 MG TB, HM 600 MG TAB, HM 1,200 MG TB, QC 600 MG TAB, QC 1,200 MG TB)	\$0 - OTC	
<i>multi-vitamin daily tablet</i>	\$0 - OTC	
<i>muro-128 2% eye drops</i>	\$0 - OTC	
<i>my favorite multiple liquid</i>	\$0 - OTC	
MY WAY 1.5 MG TABLET	\$0 - OTC	
<i>mycozyl ac 1% topical cream</i>	\$0 - OTC	
<i>mycozyl ap 2% powder</i>	\$0 - OTC	
NAPHCN-A EYE DROPS	\$0 - OTC	
<i>naproxen sodium (220 mg tablet, gnp sod 220 mg caplet, gnp sod 220 mg tablet, gs sod 220 mg caplet, gs sod 220 mg tablet, hm sod 220 mg caplet, qc sod 220 mg caplet, qc sod 220 mg tablet, sm 220 mg tab, sm sod 220 mg caplet)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
NARCAN 4 MG NASAL SPRAY	\$0 - OTC	
<i>nasal decongestant (ft nasal decongest 30 mg tab, nasal decongestant 30 mg tab, qc nasal decongest 30 mg tab)</i>	\$0 - OTC	
<i>nasal moisturizing (nasal moisturizing 0.65% spray, true nasal moisturizing spray, well nasal moist 0.65% spray)</i>	\$0 - OTC	
<i>natural fiber (laxative capsule, powder)</i>	\$0 - OTC	
<i>natural fiber powder</i>	\$0 - OTC	
NEPHRONEX-SL TABLET	\$0 - OTC	
<i>niacin (250 mg tablet, 500 mg capsule sa, 500 mg tablet, er 1,000 mg tablet, sa 250 mg capsule)</i>	\$0 - OTC	
<i>nicotine gum (2 mg gum, ft 2 mg gum, gnp 2 mg gum, 4 mg gum, ft 4 mg gum, gnp 4 mg gum, gs 2 mg gum, gs 4 mg gum, hm 2 mg gum, hm 4 mg gum, sm 2 mg gum, sm 4 mg gum)</i>	\$0 - OTC	
<i>nicotine lozenge (2 mg lozenge, 2 mg mini lozenge, ft 2 mg lozenge, ft 2 mg mini lozenge, ft 4 mg lozenge, ft 4 mg mini lozenge, gnp 2 mg lozenge, gnp 2 mg mini lozenge, gnp 4 mg lozenge, gnp 4 mg mini lozenge, gs 2 mg mini lozenge, gs 4 mg lozenge, hm 2 mg mini lozenge, 4 mg lozenge, 4 mg mini lozenge, gs 4 mg mini lozenge, hm 2 mg lozenge, hm 4 mg lozenge, hm 4 mg mini lozenge, sm 2 mg lozenge, sm 4 mg lozenge)</i>	\$0 - OTC	
<i>nicotine patch (7 mg/24hr patch, ft 7 mg/24hr patch, ft 14 mg/24hr patch, hm 7 mg/24hr patch, kro 7 mg/24hr patch, 14 mg/24hr patch, 21 mg/24hr patch, ft 21 mg/24hr patch, gnp 21 mg/24hr patch, hm 14 mg/24hr patch, hm 21 mg/24hr patch, kro 14 mg/24hr patch, kro 21 mg/24hr patch, sm 7 mg/24hr patch, sm 14 mg/24hr patch, sm 21 mg/24hr patch, transdermal system)</i>	\$0 - OTC	
<i>nighttime lubricant eye oint</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>nighttime sleep aid (ft 25 mg cplt, hm 25 mg cplt, qc 25 mg tab)</i>	\$0 - OTC	
<i>non-aspirin 500 mg tablet</i>	\$0 - OTC	
OC8 GEL	\$0 - OTC	
<i>olopatadine hcl (0.1% drop, 0.1% drops, gnp 0.1% drops, 0.2% drop, gnp 0.2% drop, qc 0.2% drop, sm 0.2% drop)</i>	\$0 - OTC	
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	\$0 Tier 1 - Brand	
<i>oncovite tablet</i>	\$0 - OTC	
<i>onelax 10 mg suppository</i>	\$0 - OTC	
<i>onelax senna 8.8 mg/5 ml syrup</i>	\$0 - OTC	
<i>onevite calcium 600mg-d3 10mcg</i>	\$0 - OTC	
<i>oralyte solution</i>	\$0 - OTC	
<i>oysco 500-vit d3 200 tablet</i>	\$0 - OTC	
<i>oyster shell 500-vit d3 200 tb</i>	\$0 - OTC	
<i>pain relief (ft 325 mg tablet, gs 500 mg caplet, qc 500 mg caplet)</i>	\$0 - OTC	
PAIN RELIEVER (HM 500 MG TABLET, SM 500 MG CAPLET, SM 500 MG GELCAP, SM 500 MG TABLET, SM ER 650 MG)	\$0 - OTC	
<i>pain reliever pls 250-250-65mg</i>	\$0 - OTC	
PEDIALYTE SOLUTION	\$0 - OTC	
<i>pediatric d-vite 10 mcg/ml liq</i>	\$0 - OTC	
<i>pediatric fe-vite 15 mg/ml drp</i>	\$0 - OTC	
<i>pediatric tri-vite drops</i>	\$0 - OTC	
<i>petrolatum base ointment</i>	\$0 - OTC	
<i>phentermine hcl (15 mg capsule, 30 mg capsule, 37.5 mg capsule, 37.5 mg tablet)</i>	\$0 - OTC	
PHOS-NAK PACKET	\$0 - OTC	
<i>polyethylene glycol 3350 powd</i>	\$0 - OTC	
<i>polysaccharide iron 150 mg cap</i>	\$0 - OTC	
<i>polyvinyl alcohol 1.4% eyedrop</i>	\$0 - OTC	
<i>povidone-iodine (ft sol, solution)</i>	\$0 - OTC	
<i>prenatal 19 chewable tablet</i>	\$0 - OTC	
<i>prenatal tablet</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>prenatal vitamin tablet</i>	\$0 - OTC	
<i>prenatal vitamins tablet</i>	\$0 - OTC	
PRESERVISION AREDS 2 (CHEW TAB, SOFTGEL)	\$0 - OTC	
PRESERVISION AREDS TABLET	\$0 - OTC	
PRESERVISION LUTEIN SOFTGEL	\$0 - OTC	
<i>pseudoephedrine er 120 mg tab</i>	\$0 - OTC	
<i>pseudoephedrine hcl (30 mg tablet, 60 mg tablet)</i>	\$0 - OTC	
<i>pvp prep 10% solution</i>	\$0 - OTC	
<i>qc mucus relief dm tablet</i>	\$0 - OTC	
<i>qc natural veg laxative tablet</i>	\$0 - OTC	
<i>qc vegetable laxative 8.6mg tb</i>	\$0 - OTC	
<i>redutemp 500 mg/15 ml liquid</i>	\$0 - OTC	
<i>reese's pinworm 144 mg/ml susp</i>	\$0 - OTC	
REFRESH CELLUVISC 1% EYE GEL	\$0 - OTC	
REFRESH CLASSIC EYE DROPS	\$0 - OTC	
REFRESH LIQUIGEL 1% EYE DROP	\$0 - OTC	
REFRESH OPTIVE EYE DROPS	\$0 - OTC	
REFRESH OPTIVE SENSITIVE DROPS	\$0 - OTC	
REFRESH P.M. OINTMENT	\$0 - OTC	
REFRESH PLUS 0.5% EYE DROPS	\$0 - OTC	
REFRESH RELIEVA 0.5-0.9% DROP	\$0 - OTC	
<i>reguloid laxative powder</i>	\$0 - OTC	
<i>rynex pse liquid</i>	\$0 - OTC	
SAXENDA 18 MG/3 ML PEN	\$0 - OTC	PA
SCRUB CARE EXIDINE 4% SOLUTION	\$0 - OTC	
<i>sebex shampoo</i>	\$0 - OTC	
<i>senexon-s 50-8.6 mg tablet</i>	\$0 - OTC	
<i>senna (hm senna 8.6 mg tablet, senna 8.6 mg tablet, senna 8.8 mg/5 ml liquid, senna 8.8 mg/5 ml syrup, senna 8.8 mg/5 ml syrup cup, senna 26.4 mg/15 ml syrup cup, senna-time 8.6 mg tablet)</i>	\$0 - OTC	
<i>senna lax (gnp senna lax 8.6 mg tablet, senna lax 8.6 mg tablet, senna-lax 8.6 mg tablet)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>senna laxative (8.6 mg tablet, ft 8.6 mg tab, sm 8.6 mg tab)</i>	\$0 - OTC	
<i>senna plus (8.6-50 mg tablet, gnp 8.6-50 mg tab)</i>	\$0 - OTC	
<i>senna-s (8.6-50 mg tablet, ft 8.6-50 mg tablet, hm tablet, tablet)</i>	\$0 - OTC	
SEKOT 8.6 MG TABLET	\$0 - OTC	
<i>silapap 160 mg/5 ml liquid</i>	\$0 - OTC	
<i>simethicone (80 mg tab chew, 180 mg softgel)</i>	\$0 - OTC	
SINUS 12 HOUR 120 MG CAPLET	\$0 - OTC	
<i>skin protectant 50% cream</i>	\$0 - OTC	
SLEEP AID (25 MG SOFTGEL, 25 MG TABLET, FT 25 MG TABLET, GNP 25 MG CAPLET, GNP 25 MG TABLET, GS 25 MG TABLET, GS NIGHTTIME 25 MG, HM 25 MG TABLET, SM 25 MG TABLET)	\$0 - OTC	
SLOWMAG 71.5 MG TABLET	\$0 - OTC	
<i>sm balanced b-50 tablet</i>	\$0 - OTC	
<i>sm child's pain reliever susp</i>	\$0 - OTC	
<i>sm glucose 4 gram tab chew</i>	\$0 - OTC	
<i>sm multivitamin w-iron tab</i>	\$0 - OTC	
<i>sm stool softener-laxative tab</i>	\$0 - OTC	
<i>smooth antacid (750 mg chew tab, cvs 750 mg chew)</i>	\$0 - OTC	
<i>sodium bicarbonate (325 mg tablet, 650 mg tablet)</i>	\$0 - OTC	
<i>sodium chloride (1 gm tablet, 5% eye drop, 5% eye oint, 1,000 mg tab)</i>	\$0 - OTC	
<i>sodium citrate-citric acid (cup, soln)</i>	\$0 - OTC	
SORBITOL 70% SOLUTION	\$0 - OTC	
<i>stimulant laxative plus tablet</i>	\$0 - OTC	
<i>stomach relief (262 mg chew tab, 525 mg/15 ml, ft 525 mg/30 ml, ft rlf 262 mg chew tab, gnp 525mg/15 ml, gnp rlf 525 mg/30 ml, hm 525 mg/15 ml, hm 525 mg/30 ml, hm rlf 262 mg chew tab, qc 525 mg/15 ml, qc 525 mg/30 ml, qc rlf 262 mg chew tab, rlf 525 mg/30 ml susp, sm 525 mg/30 ml, sm rlf 262 mg chew tab)</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>stool softener (100 mg softgel, ft 100 mg sftgl, ft 250 mg sftgl, gnp 100 mg sftgl, gnp 250 mg sftgl, hm 100 mg sftgl, hm 250 mg sftgl, qc 100 mg sftgl, sm 100 mg sftgl)</i>	\$0 - OTC	
<i>stool softener-stimulant lax (ft tab, gnp tb, hm tab, tablet)</i>	\$0 - OTC	
STRESS FORMULA TABLET	\$0 - OTC	
<i>sudogest (12 hour 120 mg caplet, 30 mg tablet, 60 mg tablet)</i>	\$0 - OTC	
<i>super quints b-50 tablets</i>	\$0 - OTC	
SYSTANE 0.3% EYE GEL	\$0 - OTC	
SYSTANE 0.4-0.3% EYE DROP	\$0 - OTC	
TAB-A-VITE MULTIVIT WITH IRON	\$0 - OTC	
<i>terbinafine 1% cream</i>	\$0 - OTC	
<i>thera antifungal 2% powder</i>	\$0 - OTC	
THERA-GESIC 1%-15% CREME	\$0 - OTC	
<i>therapeutic 3% dandruff shmp</i>	\$0 - OTC	
<i>tioconazole-1 (ft ointment, ointment)</i>	\$0 - OTC	
<i>tolnaftate 1% cream</i>	\$0 - OTC	
<i>triamcinolone 55 mcg nasal spr</i>	\$0 - OTC	
<i>triple antibiotic (ft ointment, hm ointment, ointment, qc ointment)</i>	\$0 - OTC	
<i>tusnel-ex 100 mg/5 ml liquid</i>	\$0 - OTC	
<i>tussin cough liquid</i>	\$0 - OTC	
<i>tussin dm 20-200 mg/10 ml liq</i>	\$0 - OTC	
<i>tussin dm clear 20-200 mg/10ml</i>	\$0 - OTC	
<i>ultra calc 600mg-vit d3 10mcg</i>	\$0 - OTC	
<i>ultra lubricant eye drops</i>	\$0 - OTC	
UNICOMPLEX-M TABLET	\$0 - OTC	
<i>v-c forte capsule</i>	\$0 - OTC	
VAFSEO (150 MG TABLET, 300 MG TABLET)	\$0 - OTC	
<i>vitamin a 3,000 mcg softgel</i>	\$0 - OTC	
<i>vitamin b complex (b-complex with b12 tablet, vitamin b complex tablet)</i>	\$0 - OTC	
<i>vitamin b-1 100 mg tablet</i>	\$0 - OTC	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNCATEGORIZED (CONTINUED)		
<i>vitamin b-12 (250 mcg tablet, 500 mcg tablet, true 500 mcg tab, true 1000 mcg tab, well 500 mcg tab, 1,000 mcg tablet, well 1,000 mcg tb)</i>	\$0 - OTC	
<i>vitamin b-6 (25 mg tablet, true 100 mg tablet, well 100 mg tablet)</i>	\$0 - OTC	
<i>vitamin c (true 250 mg tablet, 500 mg tablet, true 500 mg tablet, true 1,000 mg tablet, well 500 mg tablet, well 1,000 mg tablet)</i>	\$0 - OTC	
<i>vitamin d3 (10 mcg/ml drop, true 25 mcg capsule, true 25 mcg tablet, true 50 mcg capsule, true 50 mcg tablet, well 25 mcg softgel, 50 mcg softgel, well 50 mcg softgel, 125 mcg softgel, true 125 mcg cap, well 125 mcg softgl, 400 unit tablet)</i>	\$0 - OTC	
<i>vitamin e (15 unit/0.3 ml drop, true 90 mg capsule, 180 mg softgel, 180mg(400 unit) sfgl, true 180 mg capsule, 450 mg softgel, true 450 mg capsule, well 450 mg capsule)</i>	\$0 - OTC	
<i>wart remover (liquid, liquid liquid)</i>	\$0 - OTC	
<i>wes-phos 250 mg neutral tablet</i>	\$0 - OTC	
<i>westab max tablet</i>	\$0 - OTC	
<i>westab one tablet</i>	\$0 - OTC	
WRIST BLOOD PRESSURE MONITOR (BP 3, BP 7)	\$0 - OTC	
XERAC AC 6.25% SOLUTION	\$0 - OTC	
<i>zinc sulfate 220 mg capsule</i>	\$0 - OTC	
VASODILATING AGENTS (CONTINUED)		
VASODILATING AGENTS		
ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	\$0 Tier 1 - Brand	PA, NM
<i>ambrisentan (5 mg tablet, 10 mg tablet)</i>	\$0 Tier 1 - Generic	PA
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	\$0 Tier 1 - Generic	PA, LA, NM
OPSUMIT 10 MG TABLET	\$0 Tier 1 - Brand	PA, NM
<i>sildenafil 20 mg tablet (generic for revatio)</i>	\$0 Tier 1 - Generic	PA
<i>tadalafil 20 mg tablet (generic for adcirca)</i>	\$0 Tier 1 - Generic	PA
<i>tadalafil 5 mg tablet</i>	\$0 Tier 1 - Generic	PA

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITAMINS AND MINERALS (CONTINUED)		
VITAMINS AND MINERALS		
<i>completenate tablet chew</i>	\$0 - OTC	
<i>fluoride (0.5 mg tablet chew, 1 mg tablet chewable)</i>	\$0 Tier 1 - Generic	
<i>folivane-ob capsule</i>	\$0 Tier 1 - Generic	
<i>niva-plus tablet</i>	\$0 Tier 1 - Generic	
<i>pnv-omega softgel</i>	\$0 Tier 1 - Generic	
<i>prenatal vitamins with minerals and folic acid greater than 0.8mg</i>	\$0 Tier 1 - Generic	
<i>prenatal-u capsule</i>	\$0 Tier 1 - Generic	
<i>sodium fluoride 0.5 mg/ml drop</i>	\$0 Tier 1 - Generic	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg)</i>	\$0 Tier 1 - Generic	
<i>taron-c dha capsule</i>	\$0 Tier 1 - Generic	
<i>virt-pn dha softgel</i>	\$0 Tier 1 - Generic	
<i>zatean-pn dha capsule</i>	\$0 Tier 1 - Generic	
<i>zatean-pn plus softgel</i>	\$0 Tier 1 - Generic	
<i>zingiber tablet</i>	\$0 Tier 1 - Generic	

You can find information on what the symbols and abbreviations on this table mean by going to page I-11.

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<i>hydrocortisone acetate</i>	89	<i>indomethacin</i>	<i>medicated pad</i>	58
<i>hydrocortisone butyrate</i>	57	INFANRIX DTAP.....	<i>isosorbide dinitrate</i>	48
<i>hydrocortisone valerate</i>	57	<i>infant gas relief</i>	<i>isosorbide mononitrate</i>	48
<i>hydrocortisone-acetic acid</i>	60	<i>infant's ibuprofen</i>	<i>isosorbide mononitrate er</i>	49
<i>hydrocortisone-aloe</i>	89	<i>infant-toddler iron</i>	<i>isotretinoin</i>	56
<i>hydrogen peroxide</i>	89	<i>infant-toddler vitamin a-c-d</i>	ISTURISA.....	75
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<i>hydroxychloroquine sulfate</i>	31	<i>infants' pain-fever</i>	<i>ivabradine hcl</i>	46
<i>hydroxyurea</i>	12	<i>infants' simethicone</i>	<i>ivermectin</i>	31
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<i>ibuprofen ib</i>	89	<i>insulin syringe (disp) u-100 0.3</i>	<i>jantoven 2.5mg tablet</i>	39
<i>icatibant</i>	46	<i>ml</i>	<i>jantoven 2mg tablet</i>	39
ICLEVIA.....	53	<i>insulin syringe (disp) u-100 1</i>	<i>jantoven 3mg tablet</i>	39
ICLUSIG.....	12	<i>ml</i>	<i>jantoven 4mg tablet</i>	39
<i>icosapent ethyl</i>	48	<i>insulin syringe (disp) u-100 1/2</i>	<i>jantoven 5mg tablet</i>	39
IDHIFA.....	12	<i>mlu-100 with needle 1/2 ml 28</i>	<i>jantoven 6mg tablet</i>	39
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		<i>lamotrigine</i>	20	<i>lidocaine hcl</i>	3
		<i>lamotrigine odt</i>	20	<i>lidocaine hcl 1% 100 mg/10 ml</i>	
K		<i>lansoprazole</i>	62,90	(<i>ampul</i>).....	3
KALYDECO.....	80	LANTISEPTIC.....	90	<i>lidocaine hcl 1% 100 mg/10 ml</i>	
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<i>konsyl</i>	90	<i>levocetirizine</i>		LORATADINE-D.....	91
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<i>lubiprostone</i>	63	<i>megestrol acetate</i>	14,67	<i>metoprolol succinate</i>	44
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<i>montelukast sodium</i>	79	<i>naltrexone hcl</i>	4	NINLARO.....	15
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<i>mucus relief</i>	92	<i>neomycin-bacitracin-polymyxin</i>	60	<i>norethindrone-e.estradiol-iron</i>	54
<i>mucus relief dm</i>	95	<i>neomycin-polymyxin-dexameth</i>	60	<i>norgestimate-ethinyl estradiol</i>	54
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<i>olanzapine</i>	34	ORKAMBI.....	80	<i>420g</i>	63
<i>olanzapine odt</i>	34	ORSERDU.....	15	<i>peg-3350 and electrolytes soln</i>	
<i>olmesartan medoxomil</i>	42	<i>oseltamivir phosphate</i>	38	<i>236-22.74g</i>	63
<i>olmesartan-hydrochlorothiazide</i>	42	OTEZLA.....	70	PEGASYS.....	38
<i>olopatadine hcl</i>	60,94	<i>oxcarbazepine</i>	20	PEMAZYRE.....	15
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OMNIPOD 5 DEXG7G6		<i>oxycodone-acetaminophen</i>	2	COMPONENT.....	72
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OMNIPOD 5 DEXG7G6 PODS		<i>oyster shell calcium-vit d3</i>	94	<i>penicillin g potassium</i>	9
(GEN 5).....	58,94	OZEMPIC.....	25	<i>penicillin gk-iso-osm dextrose</i>	9
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OMNIPOD 5 G6-G7 PODS		OZEMPIC 0.25 OR .5 PEN		PENTACEL ACTHIB	
(GEN 5).....	59	INJCTR (DOSE 1.5 ML).....	25	COMPONENT.....	72
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<i>oncovite</i>	94	PAROEX.....	55	<i>phenobarbital</i>	20
<i>ondansetron hcl</i>	30	<i>paroxetine hcl</i>	24	<i>phenoxybenzamine hcl</i>	41
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<i>pimozide</i>	34	(CMS defined brand).....	PROMETHEGAN.....	30
<i>pink bismuth</i>	88	<i>prednisolone sodium</i>	<i>propafenone hcl</i>	44
<i>pioglitazone hcl</i>	25	<i>phosphate</i>	<i>propranolol hcl</i>	44
<i>pioglitazone-glimepiride</i>	25	<i>prednisone</i>	<i>propranolol hcl er</i>	44
<i>pioglitazone-metformin</i>	25	PREDNISONE INTENSOL.....	<i>propranolol-hydrochlorothiazid</i>	45
<i>piperacillin-tazobactam</i>	9	<i>pregabalin</i>	<i>propylthiouracil</i>	68
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<i>piroxicam</i>	3	<i>prenatal 19</i>	<i>protriptyline hcl</i>	24
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<i>polyethylene glycol 3350</i>	94	PRESERVISION AREDS.....	<i>pyridostigmine bromide</i>	75
<i>polymyxin b sul-trimethoprim</i>	61	PRESERVISION AREDS 2.....	<i>pyridostigmine bromide er</i>	75
<i>polymyxin b sulfate</i>	6	PRESERVISION LUTEIN.....	<i>pyrimethamine</i>	31
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<i>ribavirin</i>	38	SECUADO.....	35	<i>smooth antacid</i>	96
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<i>rimantadine hcl</i>	38	<i>senna</i>	95	<i>sodium citrate-citric acid</i>	96
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<i>sodium fluoride 5000 dry mouth</i>	55	<i>sulfasalazine</i>	74	TASIGNA.....	17
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<i>stool softener-laxative</i>	96	<i>tadalafil</i>	98	<i>theophylline er</i>	79
<i>stool softener-stimulant lax</i>	97	<i>tadalafil 20 mg tablet (generic for</i>		<i>thera antifungal</i>	97
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