

# List of Covered Drugs (Formulary) 2021

UnitedHealthcare Dual Complete® ONE (HMO D-SNP)

**Important Notes:** This document has information about the drugs covered by this plan. For more recent information or if you have questions, please call Customer Service at:



Toll-free **1-844-368-7151**, TTY **711**

8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept



**[www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan)**



# UnitedHealthcare Dual Complete® ONE (HMO D-SNP) 2021 List of Covered Drugs (Formulary)

## 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 are covered by UnitedHealthcare Dual Complete ONE. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UnitedHealthcare Dual Complete ONE. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages.

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**If you have questions**, please call UnitedHealthcare Dual Complete ONE Customer Service at **1-844-368-7151**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept. The call is free. **For more information**, visit [www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan).

## A. Disclaimers

This is a list of drugs that members can get in UnitedHealthcare Dual Complete ONE.

- ❖ The Drug List (formulary) may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.
- ❖ You can always check UnitedHealthcare Dual Complete ONE's up-to-date *List of Covered Drugs* online at [www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan) or by calling Customer Service toll-free at **1-844-368-7151**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.
- ❖ This information is available for free in other languages. Call Customer Service toll-free at **1-844-368-7151**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.
- ❖ Esta información está disponible sin costo en otros idiomas. Llame a Servicio al Cliente al número gratuito **1-844-368-7151**, TTY **711**, de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service at **1-844-368-7151**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.
- ❖ 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, contact Customer Service.
- ❖ UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws, and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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## B. Frequently Asked Questions (FAQ)

Find answers 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.

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### 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 Drug List that starts on page 12 are the drugs covered by UnitedHealthcare Dual Complete ONE. These 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.”

- UnitedHealthcare Dual Complete ONE 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,
  - UnitedHealthcare Dual Complete ONE plan agrees that the drug is medically necessary for you, **and**
  - You fill the prescription at a UnitedHealthcare Dual Complete ONE network pharmacy.
- In some cases, you have to do something before you can get a drug. See question B4 for more information.

You can also see an up-to-date list of drugs we cover on our website at [www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan) or call Customer Service at **1-844-368-7151**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

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### B2. Does the Drug List ever change?

Yes, and UnitedHealthcare Dual Complete ONE must follow Medicare and Medicaid 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 UnitedHealthcare Dual Complete ONE 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, see 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:

**This section is continued on the next page.**

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**If you have questions**, please call UnitedHealthcare Dual Complete ONE Customer Service at **1-844-368-7151**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept. The call is free. **For more information**, visit [www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan).

- 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 have more information on what happens when the Drug List changes.

- You can always check UnitedHealthcare Dual Complete ONE's current Drug List online at **[www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan)**.
- You can also call Customer Service at **1-844-368-7151**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept to check the current Drug List.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
  - 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.
  - 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. See 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 the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Contact your doctor or other prescriber and ask about your other options.

**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 add a generic drug that is not new to the market **and**
- Replace a brand name drug currently on the Drug List **or**
- 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 section is continued on the next page.**

This will give you time to talk to your doctor or other prescriber. He or she 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 from these changes. To learn more about exceptions, see questions B10 - B12 for more information.

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#### **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, your doctor or other prescriber must get authorization from UnitedHealthcare Dual Complete ONE before you fill your prescription. Prior authorization is different from a referral. UnitedHealthcare Dual Complete ONE may not cover the drug if you don't get authorization.
- **Quantity limits:** Sometimes UnitedHealthcare Dual Complete ONE limits the amount of a drug you can get.
- **Step therapy:** Sometimes UnitedHealthcare Dual Complete ONE 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 doctor or other 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 on pages 14 - 93. You can also get more information by visiting our website at [www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan). 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 to these limits. This will give you time to talk to your doctor or other prescriber. He or she 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. See questions B10 - B12 for more information about exceptions.

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

The Drug List on pages 14 - 93 has a column labeled "Necessary actions, restrictions, or limits on use."

**This section is continued on the next page.**

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**If you have questions**, please call UnitedHealthcare Dual Complete ONE Customer Service at **1-844-368-7151**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept. The call is free. **For more information**, visit [www.myuhc.com/CommunityPlan](http://www.myuhc.com/CommunityPlan).

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**B6. What happens if UnitedHealthcare Dual Complete ONE 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. See 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.

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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 (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section that begins on page 138. The Index is an alphabetical list of all of the drugs included in the Drug List. Both brand name drugs and generic drugs are listed. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

To search by **medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Customer Service at **1-844-368-7151**, TTY **711** and ask about it. If you learn that UnitedHealthcare Dual Complete ONE will not cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. See questions B10 - B12 for more information about exceptions.

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**B9. What if I am a new UnitedHealthcare Dual Complete ONE 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 UnitedHealthcare Dual Complete ONE. This will give you time to talk to your doctor or other prescriber. He or she 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.

**This section is continued on the next page.**



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**
- Health plan rules do not let you get the amount ordered by your prescriber, **or**
- The drug requires prior authorization by UnitedHealthcare Dual Complete ONE, **or**
- You are taking a drug that is part of a step therapy restriction.

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 UnitedHealthcare Dual Complete ONE member.
- This is in addition to the temporary supply during the first 90 days you are a member of UnitedHealthcare Dual Complete ONE.

If you are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year, we may cover a temporary 31-day supply of the drug you need. This will give you time to talk to your doctor or other prescriber about other treatment options or to try to get an exception. See questions B10 - B12 for more information about exceptions.

We will not pay for more of your drug after you get a temporary supply unless you receive authorization from the plan.

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

Yes. You can ask UnitedHealthcare Dual Complete ONE 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, UnitedHealthcare Dual Complete ONE 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.

**This section is continued on the next page.**

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**B11. How can I ask for an exception?**

To ask for an exception, call Customer Service. A Customer Service representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* to learn more about exceptions.

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

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

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.

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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 usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

UnitedHealthcare Dual Complete ONE covers both brand name drugs and generic drugs.

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**B14. What are (OTC) drugs?**

OTC stands for "over-the-counter." UnitedHealthcare Dual Complete ONE covers some OTC drugs when they are written as prescriptions by your provider. These OTC drugs are listed in this Drug List starting on page 123.

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**B15. Does UnitedHealthcare Dual Complete ONE cover non-drug OTC products?**

UnitedHealthcare Dual Complete ONE covers **some** non-drug OTC products. Contact Customer Service for more information. Non-drug OTC products that our plan covers are **not** included in the Drug List.

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**B16. Can I get a long-term supply of drugs?**

Yes. UnitedHealthcare Dual Complete ONE offers two ways to get a long-term supply of "maintenance" drugs on our plan's Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

- **Retail pharmacy.** Some retail pharmacies in our network allow you to get a long-term supply of maintenance drugs. Your *Provider and Pharmacy Directory* tells you which pharmacies in our network can give you a long-term supply of maintenance drugs.

**This section is continued on the next page.**

- **Mail-order.** For certain kinds of drugs, you can use the plan’s network mail-order services. Our plan’s mail-order service allows you to get up to a 90-day supply. To get order forms and information about filling your prescriptions by mail, please reference your *Provider and Pharmacy Directory* to find the mail service pharmacies in our network.

For more information about getting a long-term supply of drugs, call Customer Service at **1-844-368-7151**, TTY **711**.

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## **B17. What is my copay?**

UnitedHealthcare Dual Complete ONE members have no copays for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan’s rules. See questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List. Your plan has 1 tier named “Covered Drugs.” All covered drugs are in this tier.

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

OTCs have \$0 copay.

If you have questions, call Customer Service at **1-844-368-7151**, TTY **711**.

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## **C. Overview of the *List of Covered Drugs***

The *List of Covered Drugs* gives you information about the drugs covered by UnitedHealthcare Dual Complete ONE. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 138. The index alphabetically lists all drugs covered by UnitedHealthcare Dual Complete ONE.

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### **C1. List of Drugs by Medical Condition**

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 lower-case italics (for example, *simvastatin*) and brand name drugs are capitalized (for example, HUMALOG).

The information in the “Necessary actions, restrictions, or limits on use” column tells you if UnitedHealthcare Dual Complete ONE has any rules for covering your drug.

#### **Coverage Rules and Limits**

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##### **PA – Prior authorization**

For some drugs, you, your doctor or other prescriber must get authorization from UnitedHealthcare Dual Complete ONE before you fill your prescription. Prior authorization is different from a referral. UnitedHealthcare Dual Complete ONE may not cover the drug if you don’t get authorization.

##### **QL – Quantity limits**

Sometimes UnitedHealthcare Dual Complete ONE limits the amount of a drug you can get.

##### **ST – Step therapy**

Sometimes UnitedHealthcare Dual Complete ONE 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 doctor or other prescriber thinks the first drug doesn’t work for you, then we will cover the second.

**This section is continued on the next page.**

## **Other Special Coverage Rules**

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### **B/D – Medicare Part B or Part D**

Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

### **LA – Limited access**

Drugs are considered “limited access” if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy.

### **MME – Morphine milligram equivalent**

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

### **7D – 7-Day limit**

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.

### **DL – Dispensing limit**

Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>celecoxib (oral capsule)</i>	\$0 (Tier 1)	QL
<i>diclofenac epolamine (external patch)</i>	\$0 (Tier 1)	PA; QL
<i>diclofenac potassium (oral tablet)</i>	\$0 (Tier 1)	
<i>diclofenac sodium er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>diclofenac sodium (1% external gel)</i>	\$0 (Tier 1)	
<i>diclofenac sodium (oral tablet delayed release)</i>	\$0 (Tier 1)	
<i>diflunisal (oral tablet)</i>	\$0 (Tier 1)	
<i>etodolac er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>etodolac (oral capsule)</i>	\$0 (Tier 1)	
<i>etodolac (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>flurbiprofen (100mg oral tablet)</i>	\$0 (Tier 1)	
<i>ibu (600mg oral tablet, 800mg oral tablet)</i>	\$0 (Tier 1)	
<i>ibuprofen (oral suspension)</i>	\$0 (Tier 1)	
<i>ibuprofen (400mg oral tablet, 600mg oral tablet, 800mg oral tablet)</i>	\$0 (Tier 1)	
<i>indomethacin (25mg oral capsule immediate release, 50mg oral capsule immediate release)</i>	\$0 (Tier 1)	
<i>ketoprofen (oral capsule immediate release)</i>	\$0 (Tier 1)	
<i>meloxicam (oral tablet)</i>	\$0 (Tier 1)	
<i>nabumetone (oral tablet)</i>	\$0 (Tier 1)	
<i>naproxen (oral suspension)</i>	\$0 (Tier 1)	DL
<i>naproxen (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>naproxen dr (oral tablet delayed release) (generic ec-naprosyn)</i>	\$0 (Tier 1)	
<i>piroxicam (oral capsule)</i>	\$0 (Tier 1)	
<i>sulindac (oral tablet)</i>	\$0 (Tier 1)	
<b>Opioid Analgesics, Long-acting</b>		
<i>buprenorphine (transdermal patch weekly)</i>	\$0 (Tier 1)	7D; DL; QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>fentanyl (100mcg/hr transdermal patch 72 hour, 12mcg/hr transdermal patch 72 hour, 25mcg/hr transdermal patch 72 hour, 50mcg/hr transdermal patch 72 hour, 75mcg/hr transdermal patch 72 hour)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>hydromorphone hcl er (oral tablet er 24 hour abuse-deterrent)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>levorphanol tartrate (oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>methadone hcl (oral solution)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>methadone hcl (oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>morphine sulfate er (100mg oral tablet extended release, 15mg oral tablet extended release, 30mg oral tablet extended release, 60mg oral tablet extended release) (generic ms contin)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>morphine sulfate er (200mg oral tablet extended release) (generic ms contin)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<b>NUCYN TA ER (ORAL TABLET EXTENDED RELEASE 12 HOUR)</b>	\$0 (Tier 1)	7D; MME; DL; QL
<i>tramadol hcl er (biphasic) (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>tramadol hcl er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<b>XTAMPZA ER (ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT)</b>	\$0 (Tier 1)	7D; MME; DL; QL
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen-codeine (120-12mg/5ml oral solution)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>acetaminophen-codeine (300-15mg oral tablet, 300-30mg oral tablet, 300-60mg oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>butalbital-acetaminophen-caffeine (oral tablet)</i>	\$0 (Tier 1)	QL
<i>butalbital-aspirin-caffeine (oral capsule)</i>	\$0 (Tier 1)	QL
<i>butorphanol tartrate (nasal solution)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<b>CODEINE SULFATE (15MG ORAL TABLET)</b>	\$0 (Tier 1)	7D; MME; DL; QL
<i>codeine sulfate (30mg oral tablet, 60mg oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>endocet (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>fentanyl citrate (1200mcg buccal lozenge on a handle, 1600mcg buccal lozenge on a handle, 400mcg buccal lozenge on a handle, 600mcg buccal lozenge on a handle, 800mcg buccal lozenge on a handle)</i>	\$0 (Tier 1)	PA; DL; QL
<i>fentanyl citrate (200mcg buccal lozenge on a handle)</i>	\$0 (Tier 1)	PA; DL; QL
<i>hydrocodone-acetaminophen (7.5-325mg/15ml oral solution)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>hydrocodone-acetaminophen (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>hydrocodone-ibuprofen (7.5-200mg oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>hydromorphone hcl (1mg/ml oral liquid)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>hydromorphone hcl (2mg oral tablet immediate release, 4mg oral tablet immediate release, 8mg oral tablet immediate release)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>hydromorphone hcl preservative free (10mg/ml injection solution, 50mg/5ml injection solution)</i>	\$0 (Tier 1)	DL
<i>morphine sulfate (oral solution)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>morphine sulfate (oral tablet immediate release)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>oxycodone hcl (100mg/5ml oral concentrate)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>oxycodone hcl (5mg/5ml oral solution)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>oxycodone hcl (10mg oral tablet immediate release, 15mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 5mg oral tablet immediate release)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>oxycodone-acetaminophen (10-325mg oral tablet, 2.5-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>oxycodone-aspirin (oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>tramadol hcl (50mg oral tablet immediate release)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>tramadol-acetaminophen (oral tablet)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine (5% external ointment)</i>	\$0 (Tier 1)	QL
<i>lidocaine (5% external patch)</i>	\$0 (Tier 1)	PA; QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>lidocaine hcl (4% external solution)</i>	\$0 (Tier 1)	
<i>lidocaine hcl (external gel)</i>	\$0 (Tier 1)	
<i>lidocaine viscous (2% mouth/throat solution)</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine (external cream)</i>	\$0 (Tier 1)	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium (oral tablet delayed release)</i>	\$0 (Tier 1)	
<i>disulfiram (250mg oral tablet)</i>	\$0 (Tier 1)	
<i>naltrexone hcl (oral tablet)</i>	\$0 (Tier 1)	
VIVITROL (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	DL
<b>Opioid Dependence</b>		
<i>buprenorphine hcl (tablet sublingual)</i>	\$0 (Tier 1)	QL
<i>buprenorphine hcl-naloxone hcl (sublingual film)</i>	\$0 (Tier 1)	QL
<i>buprenorphine hcl-naloxone hcl (tablet sublingual)</i>	\$0 (Tier 1)	QL
SUBOXONE (SUBLINGUAL FILM)	\$0 (Tier 1)	QL
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl (0.4mg/ml injection solution)</i>	\$0 (Tier 1)	
<i>naloxone hcl (injection solution cartridge)</i>	\$0 (Tier 1)	
<i>naloxone hcl (injection solution prefilled syringe)</i>	\$0 (Tier 1)	
NARCAN (NASAL LIQUID)	\$0 (Tier 1)	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl sr (150mg oral tablet extended release 12 hour smoking-deterrent)</i>	\$0 (Tier 1)	
CHANTIX CONTINUING MONTH PAK (ORAL TABLET)	\$0 (Tier 1)	
CHANTIX (ORAL TABLET)	\$0 (Tier 1)	
CHANTIX STARTING MONTH PAK (ORAL TABLET)	\$0 (Tier 1)	
NICOTROL (INHALATION INHALER)	\$0 (Tier 1)	
NICOTROL NS (NASAL SOLUTION)	\$0 (Tier 1)	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate (500mg/2ml injection solution)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate-0.9% sodium chloride (intravenous solution)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (40mg/ml injection solution)</i>	\$0 (Tier 1)	

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>neomycin sulfate (oral tablet)</i>	\$0 (Tier 1)	
<i>paromomycin sulfate (oral capsule)</i>	\$0 (Tier 1)	
<i>streptomycin sulfate (intramuscular solution reconstituted)</i>	\$0 (Tier 1)	DL
<i>tobramycin sulfate (10mg/ml injection solution, 80mg/2ml injection solution)</i>	\$0 (Tier 1)	
<b>Antibacterials, Other</b>		
<i>aztreonam (1gm injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>clindamycin hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl (oral solution reconstituted)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w (intravenous solution)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate (300mg/2ml injection solution, 600mg/4ml injection solution, 900mg/6ml injection solution)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate (vaginal cream)</i>	\$0 (Tier 1)	
<i>colistimethate sodium (cba) (injection solution reconstituted)</i>	\$0 (Tier 1)	DL
<b>DALVANCE (INTRAVENOUS SOLUTION RECONSTITUTED)</b>	\$0 (Tier 1)	PA; DL
<i>daptomycin (intravenous solution reconstituted)</i>	\$0 (Tier 1)	DL
<i>linezolid (intravenous solution)</i>	\$0 (Tier 1)	
<i>linezolid (oral suspension reconstituted)</i>	\$0 (Tier 1)	DL
<i>linezolid (oral tablet)</i>	\$0 (Tier 1)	QL
<i>methenamine hippurate (oral tablet)</i>	\$0 (Tier 1)	
<i>metronidazole (0.75% external cream)</i>	\$0 (Tier 1)	
<i>metronidazole (0.75% external gel, 1% external gel)</i>	\$0 (Tier 1)	
<i>metronidazole (0.75% external lotion)</i>	\$0 (Tier 1)	
<i>metronidazole in nacl 0.79% (intravenous solution)</i>	\$0 (Tier 1)	
<i>metronidazole (250mg oral tablet, 500mg oral tablet)</i>	\$0 (Tier 1)	
<i>metronidazole (0.75% vaginal gel)</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal (100mg oral capsule, 50mg oral capsule) (generic macrodantin)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>nitrofurantoin monohydrate (generic macrobid)</i>	\$0 (Tier 1)	
<i>nitrofurantoin (oral suspension)</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate (injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>tigecycline (intravenous solution reconstituted)</i>	\$0 (Tier 1)	DL
<i>tinidazole (oral tablet)</i>	\$0 (Tier 1)	
<i>trimethoprim (oral tablet)</i>	\$0 (Tier 1)	
<i>vancomycin hcl (10gm intravenous solution reconstituted, 1gm intravenous solution reconstituted, 500mg intravenous solution reconstituted, 750mg intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<b>VANCOMYCIN HCL (250MG INTRAVENOUS SOLUTION RECONSTITUTED)</b>	\$0 (Tier 1)	
<i>vancomycin hcl (oral capsule)</i>	\$0 (Tier 1)	QL
<b>VANDAZOLE (VAGINAL GEL)</b>	\$0 (Tier 1)	
<b>XIFAXAN (ORAL TABLET)</b>	\$0 (Tier 1)	PA; DL
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor (oral capsule)</i>	\$0 (Tier 1)	
<i>cefadroxil (oral capsule)</i>	\$0 (Tier 1)	
<i>cefadroxil (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>cefazolin sodium (10gm injection solution reconstituted, 1gm injection solution reconstituted, 500mg injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>cefdinir (oral capsule)</i>	\$0 (Tier 1)	
<i>cefdinir (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>cefepime hcl (injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>cefixime (oral capsule)</i>	\$0 (Tier 1)	
<i>cefixime (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>cefotetan disodium (injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>cefoxitin sodium (injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>cefoxitin sodium (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil (oral tablet)</i>	\$0 (Tier 1)	

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>cefprozil (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>cefprozil (oral tablet)</i>	\$0 (Tier 1)	
<i>ceftazidime (injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium (1gm injection solution reconstituted, 250mg injection solution reconstituted, 2gm injection solution reconstituted, 500mg injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium (10gm intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>cefuroxime axetil (oral tablet)</i>	\$0 (Tier 1)	
<i>cefuroxime sodium (injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>cefuroxime sodium (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>cephalexin (250mg oral capsule, 500mg oral capsule)</i>	\$0 (Tier 1)	
<i>cephalexin (750mg oral capsule)</i>	\$0 (Tier 1)	
<i>cephalexin (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<b>SUPRAX (ORAL CAPSULE)</b>	\$0 (Tier 1)	
<b>SUPRAX (500MG/5ML ORAL SUSPENSION RECONSTITUTED)</b>	\$0 (Tier 1)	
<i>suprax (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>tazicef (injection solution reconstituted)</i>	\$0 (Tier 1)	
<b>ZERBAXA (INTRAVENOUS SOLUTION RECONSTITUTED)</b>	\$0 (Tier 1)	PA; DL
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin (oral capsule)</i>	\$0 (Tier 1)	
<i>amoxicillin (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>amoxicillin (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>amoxicillin (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>amoxicillin-potassium clavulanate er (oral tablet extended release 12 hour)</i>	\$0 (Tier 1)	
<i>amoxicillin-potassium clavulanate (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>amoxicillin-potassium clavulanate (oral tablet immediate release)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>amoxicillin-potassium clavulanate (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>ampicillin (oral capsule)</i>	\$0 (Tier 1)	
<i>ampicillin sodium (125mg injection solution reconstituted, 1gm injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>ampicillin sodium (10gm intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium (injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium (15 (10-5)gm intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<b>BICILLIN C-R 900/300 (INTRAMUSCULAR SUSPENSION)</b>	\$0 (Tier 1)	
<b>BICILLIN C-R (INTRAMUSCULAR SUSPENSION)</b>	\$0 (Tier 1)	
<b>BICILLIN L-A (INTRAMUSCULAR SUSPENSION)</b>	\$0 (Tier 1)	
<i>dicloxacillin sodium (oral capsule)</i>	\$0 (Tier 1)	
<i>nafcillin sodium (1gm injection solution reconstituted, 2gm injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>nafcillin sodium (10gm intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<b>OXACILLIN SODIUM IN DEXTROSE (INTRAVENOUS SOLUTION)</b>	\$0 (Tier 1)	
<i>oxacillin sodium (injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>oxacillin sodium (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>penicillin g potassium (20000000unit injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>penicillin g procaine (intramuscular suspension)</i>	\$0 (Tier 1)	
<i>penicillin g sodium (injection solution reconstituted)</i>	\$0 (Tier 1)	DL
<i>penicillin v potassium (oral solution reconstituted)</i>	\$0 (Tier 1)	
<i>penicillin v potassium (oral tablet)</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<b>Carbapenems</b>		
<i>ertapenem sodium (injection solution reconstituted)</i>	\$0 (Tier 1)	

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>imipenem-cilastatin (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>meropenem (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<b>Macrolides</b>		
<i>azithromycin (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>azithromycin (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>azithromycin (oral tablet)</i>	\$0 (Tier 1)	
<i>clarithromycin er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>clarithromycin (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>clarithromycin (oral tablet immediate release)</i>	\$0 (Tier 1)	
<b>DIFICID (ORAL TABLET)</b>	\$0 (Tier 1)	DL
<b>E.E.S. GRANULES (ORAL SUSPENSION RECONSTITUTED)</b>	\$0 (Tier 1)	
<i>erythrocin lactobionate (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>erythromycin base (oral capsule delayed release particles)</i>	\$0 (Tier 1)	
<i>erythromycin base (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>erythromycin base (oral tablet delayed release)</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate (200mg/5ml oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate (oral tablet)</i>	\$0 (Tier 1)	
<b>Quinolones</b>		
<i>ciprofloxacin hcl (100mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl (250mg oral tablet immediate release, 500mg oral tablet immediate release, 750mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>ciprofloxacin in d5w (200mg/100ml intravenous solution)</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w (500mg/100ml intravenous solution, 750mg/150ml intravenous solution)</i>	\$0 (Tier 1)	
<i>levofloxacin (25mg/ml intravenous solution)</i>	\$0 (Tier 1)	
<i>levofloxacin (25mg/ml oral solution)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>levofloxacin (250mg oral tablet, 500mg oral tablet, 750mg oral tablet)</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl in nacl (intravenous solution)</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>ofloxacin (oral tablet)</i>	\$0 (Tier 1)	
<b>Sulfonamides</b>		
<i>sulfadiazine (oral tablet)</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim (oral suspension)</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim (oral tablet)</i>	\$0 (Tier 1)	
<b>Tetracyclines</b>		
<i>demeclocycline hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>doxy 100 (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>doxycycline hyclate (oral capsule)</i>	\$0 (Tier 1)	
<i>doxycycline hyclate (100mg oral tablet immediate release, 20mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate (100mg oral capsule, 50mg oral capsule)</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate (100mg oral tablet, 50mg oral tablet, 75mg oral tablet)</i>	\$0 (Tier 1)	
<i>minocycline hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>minocycline hcl (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>tetracycline hcl (oral capsule)</i>	\$0 (Tier 1)	
VIBRAMYCIN (50MG/5ML ORAL SYRUP)	\$0 (Tier 1)	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT (ORAL SOLUTION)	\$0 (Tier 1)	PA; DL; QL
BRIVIACT (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
EPIDIOLEX (ORAL SOLUTION)	\$0 (Tier 1)	PA; DL
<i>felbamate (oral suspension)</i>	\$0 (Tier 1)	DL
<i>felbamate (oral tablet)</i>	\$0 (Tier 1)	
FINTEPLA (ORAL SOLUTION)	\$0 (Tier 1)	PA; DL; QL
FYCOMPA (ORAL SUSPENSION)	\$0 (Tier 1)	DL; QL
FYCOMPA (10MG ORAL TABLET, 12MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET)	\$0 (Tier 1)	DL; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
FYCOMPA (2MG ORAL TABLET)	\$0 (Tier 1)	QL
<i>lamotrigine (100mg oral tablet immediate release, 150mg oral tablet immediate release, 200mg oral tablet immediate release, 25mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>lamotrigine (25mg oral tablet chewable, 5mg oral tablet chewable)</i>	\$0 (Tier 1)	
<i>levetiracetam er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>levetiracetam (oral solution)</i>	\$0 (Tier 1)	
<i>levetiracetam (oral tablet immediate release)</i>	\$0 (Tier 1)	
SPRITAM ODT (ORAL TABLET DISINTEGRATING SOLUBLE)	\$0 (Tier 1)	
<i>topiramate (oral capsule sprinkle immediate release)</i>	\$0 (Tier 1)	
<i>topiramate (oral tablet)</i>	\$0 (Tier 1)	
<i>valproic acid (oral capsule)</i>	\$0 (Tier 1)	
<i>valproic acid (oral solution)</i>	\$0 (Tier 1)	
XCOPRI (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
XCOPRI (350MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
XCOPRI (100MG ORAL TABLET, 150MG ORAL TABLET, 50MG ORAL TABLET)	\$0 (Tier 1)	PA; QL
XCOPRI (200MG ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
XCOPRI (14X12.5MG & 14X25MG ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; QL
XCOPRI (14X150MG & 14X200MG ORAL TABLET THERAPY PACK, 14X50MG & 14X100MG ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
<b>Calcium Channel Modifying Agents</b>		
CELONTIN (ORAL CAPSULE)	\$0 (Tier 1)	
<i>ethosuximide (oral capsule)</i>	\$0 (Tier 1)	
<i>ethosuximide (oral solution)</i>	\$0 (Tier 1)	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clobazam (oral suspension)</i>	\$0 (Tier 1)	PA; QL
<i>clobazam (oral tablet)</i>	\$0 (Tier 1)	PA; QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
DIACOMIT (ORAL CAPSULE)	\$0 (Tier 1)	DL; QL
DIACOMIT (ORAL PACKET)	\$0 (Tier 1)	DL; QL
<i>diazepam (10mg rectal gel, 2.5mg rectal gel, 20mg rectal gel)</i>	\$0 (Tier 1)	QL
<i>gabapentin (oral capsule)</i>	\$0 (Tier 1)	
<i>gabapentin (250mg/5ml oral solution)</i>	\$0 (Tier 1)	
<i>gabapentin (oral tablet)</i>	\$0 (Tier 1)	
NAYZILAM (NASAL SOLUTION)	\$0 (Tier 1)	QL
<i>phenobarbital (oral elixir)</i>	\$0 (Tier 1)	
<i>phenobarbital (oral tablet)</i>	\$0 (Tier 1)	
<i>primidone (oral tablet)</i>	\$0 (Tier 1)	
SYMPAZAN (10MG ORAL FILM, 20MG ORAL FILM)	\$0 (Tier 1)	PA; DL; QL
SYMPAZAN (5MG ORAL FILM)	\$0 (Tier 1)	PA; QL
<i>tiagabine hcl (oral tablet)</i>	\$0 (Tier 1)	
VALTOCO 10 MG DOSE (NASAL LIQUID)	\$0 (Tier 1)	QL
VALTOCO 15 MG DOSE (NASAL LIQUID THERAPY PACK)	\$0 (Tier 1)	QL
VALTOCO 20 MG DOSE (NASAL LIQUID THERAPY PACK)	\$0 (Tier 1)	QL
VALTOCO 5 MG DOSE (NASAL LIQUID)	\$0 (Tier 1)	QL
<i>vigabatrin (oral packet)</i>	\$0 (Tier 1)	PA; LA; DL; QL
<i>vigabatrin (oral tablet)</i>	\$0 (Tier 1)	PA; LA; DL; QL
<i>vigadrone (oral packet)</i>	\$0 (Tier 1)	PA; LA; DL; QL
<b>Sodium Channel Agents</b>		
APTIOM (ORAL TABLET)	\$0 (Tier 1)	DL; QL
BANZEL (ORAL SUSPENSION)	\$0 (Tier 1)	DL
BANZEL (ORAL TABLET)	\$0 (Tier 1)	DL
<i>carbamazepine er (oral capsule extended release 12 hour)</i>	\$0 (Tier 1)	
<i>carbamazepine er (oral tablet extended release 12 hour)</i>	\$0 (Tier 1)	
<i>carbamazepine (oral suspension)</i>	\$0 (Tier 1)	
<i>carbamazepine (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>carbamazepine (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>dilantin infatabs (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>dilantin (oral capsule)</i>	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>epitol (oral tablet)</i>	\$0 (Tier 1)	
<i>oxcarbazepine (300mg/5ml oral suspension)</i>	\$0 (Tier 1)	
<i>oxcarbazepine (150mg oral tablet, 300mg oral tablet, 600mg oral tablet)</i>	\$0 (Tier 1)	
<i>phenytek (oral capsule)</i>	\$0 (Tier 1)	
<i>phenytoin (125mg/5ml oral suspension)</i>	\$0 (Tier 1)	
<i>phenytoin (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended (oral capsule)</i>	\$0 (Tier 1)	
VIMPAT (ORAL SOLUTION)	\$0 (Tier 1)	QL
VIMPAT (ORAL TABLET)	\$0 (Tier 1)	QL
<i>zonisamide (oral capsule)</i>	\$0 (Tier 1)	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
NAMZARIC (ORAL CAPSULE ER 24 HOUR THERAPY PACK)	\$0 (Tier 1)	PA; QL
NAMZARIC (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	PA; QL
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<i>donepezil hcl odt (oral tablet dispersible)</i>	\$0 (Tier 1)	QL
<i>galantamine hydrobromide er (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	QL
<i>galantamine hydrobromide (oral solution)</i>	\$0 (Tier 1)	QL
<i>galantamine hydrobromide (oral tablet)</i>	\$0 (Tier 1)	QL
<i>rivastigmine tartrate (oral capsule)</i>	\$0 (Tier 1)	QL
<i>rivastigmine (transdermal patch 24 hour)</i>	\$0 (Tier 1)	ST; QL
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl er (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	PA; QL
<i>memantine hcl (2mg/ml oral solution)</i>	\$0 (Tier 1)	PA; QL
<i>memantine hcl (10mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	PA; QL
MEMANTINE HCL TITRATION PAK (ORAL TABLET)	\$0 (Tier 1)	PA
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>bupropion hcl sr (oral tablet extended release 12 hour)</i>	\$0 (Tier 1)	
<i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>bupropion hcl (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>maprotiline hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>mirtazapine (oral tablet)</i>	\$0 (Tier 1)	
<i>mirtazapine odt (oral tablet dispersible)</i>	\$0 (Tier 1)	
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM (TRANSDERMAL PATCH 24 HOUR)	\$0 (Tier 1)	DL; QL
MARPLAN (ORAL TABLET)	\$0 (Tier 1)	
<i>phenelzine sulfate (oral tablet)</i>	\$0 (Tier 1)	
<i>tranylcypromine sulfate (oral tablet)</i>	\$0 (Tier 1)	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>		
<i>citalopram hydrobromide (oral solution)</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide (oral tablet)</i>	\$0 (Tier 1)	
<i>desvenlafaxine succinate er (oral tablet extended release 24 hour) (generic pristiq)</i>	\$0 (Tier 1)	QL
<i>escitalopram oxalate (oral solution)</i>	\$0 (Tier 1)	
<i>escitalopram oxalate (oral tablet)</i>	\$0 (Tier 1)	
FETZIMA (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	ST; QL
FETZIMA TITRATION (ORAL CAPSULE ER 24 HOUR THERAPY PACK)	\$0 (Tier 1)	ST
<i>fluoxetine hcl (10mg oral capsule immediate release, 20mg oral capsule immediate release, 40mg oral capsule immediate release)</i>	\$0 (Tier 1)	
<i>fluoxetine hcl (90mg oral capsule delayed release)</i>	\$0 (Tier 1)	
<i>fluoxetine hcl (20mg/5ml oral solution)</i>	\$0 (Tier 1)	
<i>fluvoxamine maleate (oral tablet)</i>	\$0 (Tier 1)	
<i>nefazodone hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>paroxetine hcl (oral tablet immediate release)</i>	\$0 (Tier 1)	
PAXIL (ORAL SUSPENSION)	\$0 (Tier 1)	
<i>sertraline hcl (oral concentrate)</i>	\$0 (Tier 1)	
<i>sertraline hcl (oral tablet)</i>	\$0 (Tier 1)	

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>trazodone hcl (100mg oral tablet, 150mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	
<i>trazodone hcl (300mg oral tablet)</i>	\$0 (Tier 1)	
<b>TRINTELLIX (ORAL TABLET)</b>	\$0 (Tier 1)	QL
<i>venlafaxine hcl er (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<i>venlafaxine hcl (oral tablet immediate release)</i>	\$0 (Tier 1)	
<b>VIIBRYD (ORAL TABLET)</b>	\$0 (Tier 1)	QL
<b>VIIBRYD STARTER PACK (ORAL KIT)</b>	\$0 (Tier 1)	QL
<b>Tricyclics</b>		
<i>amitriptyline hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>amoxapine (oral tablet)</i>	\$0 (Tier 1)	
<i>clomipramine hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>desipramine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>doxepin hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>doxepin hcl (oral concentrate)</i>	\$0 (Tier 1)	
<i>imipramine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>imipramine pamoate (oral capsule)</i>	\$0 (Tier 1)	
<i>nortriptyline hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>nortriptyline hcl (oral solution)</i>	\$0 (Tier 1)	
<i>protriptyline hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>trimipramine maleate (oral capsule)</i>	\$0 (Tier 1)	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>compro (rectal suppository)</i>	\$0 (Tier 1)	
<i>meclizine hcl (12.5mg oral tablet, 25mg oral tablet)</i>	\$0 (Tier 1)	
<i>metoclopramide hcl (5mg/5ml oral solution)</i>	\$0 (Tier 1)	
<i>metoclopramide hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>perphenazine (oral tablet)</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate (oral tablet)</i>	\$0 (Tier 1)	
<i>prochlorperazine (rectal suppository)</i>	\$0 (Tier 1)	
<i>promethazine hcl (oral syrup)</i>	\$0 (Tier 1)	
<i>promethazine hcl (oral tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>promethazine hcl (rectal suppository)</i>	\$0 (Tier 1)	
<i>promethegan (25mg rectal suppository)</i>	\$0 (Tier 1)	
<i>scopolamine (transdermal patch 72 hour)</i>	\$0 (Tier 1)	
<b>TRANSDERM-SCOP (1.5MG) (TRANSDERMAL PATCH 72 HOUR)</b>	\$0 (Tier 1)	
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant (oral therapy pack, oral capsule)</i>	\$0 (Tier 1)	PA
<i>dronabinol (oral capsule)</i>	\$0 (Tier 1)	PA
<i>granisetron hcl (oral tablet)</i>	\$0 (Tier 1)	B/D, PA; QL
<i>ondansetron hcl (oral solution)</i>	\$0 (Tier 1)	B/D, PA
<i>ondansetron hcl (oral tablet)</i>	\$0 (Tier 1)	B/D, PA
<i>ondansetron odt (oral tablet dispersible)</i>	\$0 (Tier 1)	B/D, PA
<b>SANCUSO (TRANSDERMAL PATCH)</b>	\$0 (Tier 1)	DL; QL
<b>Antifungals</b>		
<b>Antifungals</b>		
<b>ABELCET (INTRAVENOUS SUSPENSION)</b>	\$0 (Tier 1)	B/D, PA
<b>AMBISOME (INTRAVENOUS SUSPENSION RECONSTITUTED)</b>	\$0 (Tier 1)	B/D, PA; DL
<i>amphotericin b (intravenous solution reconstituted)</i>	\$0 (Tier 1)	B/D, PA
<i>clotrimazole (mouth/throat troche)</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride (intravenous solution)</i>	\$0 (Tier 1)	
<i>fluconazole (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>fluconazole (oral tablet)</i>	\$0 (Tier 1)	
<i>flucytosine (oral capsule)</i>	\$0 (Tier 1)	DL
<i>griseofulvin microsize (oral suspension)</i>	\$0 (Tier 1)	
<i>griseofulvin microsize (oral tablet)</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize (oral tablet)</i>	\$0 (Tier 1)	
<i>itraconazole (oral capsule)</i>	\$0 (Tier 1)	PA; QL
<i>itraconazole (oral solution)</i>	\$0 (Tier 1)	PA; DL
<i>ketoconazole (oral tablet)</i>	\$0 (Tier 1)	
<i>miconazole sodium (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>miconazole 3 (vaginal suppository)</i>	\$0 (Tier 1)	
<b>NOXAFIL (ORAL SUSPENSION)</b>	\$0 (Tier 1)	DL; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>nystatin (mouth/throat suspension)</i>	\$0 (Tier 1)	
<i>nystatin (oral tablet)</i>	\$0 (Tier 1)	
<i>posaconazole (oral tablet delayed release)</i>	\$0 (Tier 1)	PA; DL; QL
<i>terbinafine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>terconazole (vaginal cream)</i>	\$0 (Tier 1)	
<i>terconazole (vaginal suppository)</i>	\$0 (Tier 1)	
<i>voriconazole (intravenous solution reconstituted)</i>	\$0 (Tier 1)	DL
<i>voriconazole (oral suspension reconstituted)</i>	\$0 (Tier 1)	DL
<i>voriconazole (oral tablet)</i>	\$0 (Tier 1)	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol (oral tablet)</i>	\$0 (Tier 1)	
<b>COLCHICINE (0.6MG ORAL CAPSULE) (BRAND EQUIVALENT MITIGARE)</b>	\$0 (Tier 1)	QL
<i>colchicine (0.6mg oral tablet) (generic colcris)</i>	\$0 (Tier 1)	QL
<i>febuxostat (oral tablet)</i>	\$0 (Tier 1)	ST
<i>probenecid (oral tablet)</i>	\$0 (Tier 1)	
<i>probenecid-colchicine (oral tablet)</i>	\$0 (Tier 1)	
<b>Antimigraine Agents</b>		
<b>Acute</b>		
<i>naratriptan hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<i>rizatriptan benzoate (oral tablet)</i>	\$0 (Tier 1)	QL
<i>rizatriptan benzoate odt (oral tablet dispersible)</i>	\$0 (Tier 1)	QL
<i>sumatriptan (nasal solution)</i>	\$0 (Tier 1)	QL
<i>sumatriptan succinate (100mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>sumatriptan succinate refill (subcutaneous solution cartridge)</i>	\$0 (Tier 1)	QL
<i>sumatriptan succinate (6mg/0.5ml subcutaneous solution)</i>	\$0 (Tier 1)	QL
<i>sumatriptan succinate (4mg/0.5ml subcutaneous solution auto-injector, 6mg/0.5ml subcutaneous solution auto-injector)</i>	\$0 (Tier 1)	QL
<i>sumatriptan succinate (6mg/0.5ml subcutaneous solution prefilled syringe)</i>	\$0 (Tier 1)	QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate (nasal solution)</i>	\$0 (Tier 1)	PA; DL; QL
<i>ergotamine-caffeine (oral tablet)</i>	\$0 (Tier 1)	
<i>migergot (rectal suppository)</i>	\$0 (Tier 1)	DL
<b>Prophylactic</b>		
AIMOVIG (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; QL
EMGALITY (300MG DOSE) (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; QL
EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; QL
EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; QL
<i>timolol maleate (oral tablet)</i>	\$0 (Tier 1)	
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
GUANIDINE HCL (ORAL TABLET)	\$0 (Tier 1)	
<i>pyridostigmine bromide er (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide (oral solution)</i>	\$0 (Tier 1)	DL
<i>pyridostigmine bromide (60mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone (oral tablet)</i>	\$0 (Tier 1)	
<i>rifabutin (oral capsule)</i>	\$0 (Tier 1)	
<b>Antituberculars</b>		
<i>ethambutol hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>isoniazid (oral syrup)</i>	\$0 (Tier 1)	
<i>isoniazid (oral tablet)</i>	\$0 (Tier 1)	
<i>paser (oral packet)</i>	\$0 (Tier 1)	
PRIFTIN (ORAL TABLET)	\$0 (Tier 1)	
<i>pyrazinamide (oral tablet)</i>	\$0 (Tier 1)	
<i>rifampin (600mg intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>rifampin (150mg oral capsule, 300mg oral capsule)</i>	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
SIRTURO (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL
TRECTOR (ORAL TABLET)	\$0 (Tier 1)	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide (25mg oral capsule)</i>	\$0 (Tier 1)	B/D, PA
<i>cyclophosphamide (50mg oral capsule)</i>	\$0 (Tier 1)	B/D, PA
LEUKERAN (ORAL TABLET)	\$0 (Tier 1)	DL
MATULANE (ORAL CAPSULE)	\$0 (Tier 1)	LA; DL
VALCHLOR (EXTERNAL GEL)	\$0 (Tier 1)	PA; LA; DL; QL
<b>Antiandrogens</b>		
<i>abiraterone acetate (250mg oral tablet)</i>	\$0 (Tier 1)	PA; DL; QL
<i>bicalutamide (oral tablet)</i>	\$0 (Tier 1)	
ERLEADA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
<i>flutamide (oral capsule)</i>	\$0 (Tier 1)	
<i>nilutamide (oral tablet)</i>	\$0 (Tier 1)	DL
NUBEQA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
XTANDI (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
<b>Antiangiogenic Agents</b>		
POMALYST (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
QINLOCK (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
REVLIMID (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
TABRECTA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
THALOMID (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
<b>Antiestrogens/Modifiers</b>		
EMCYT (ORAL CAPSULE)	\$0 (Tier 1)	DL
SOLTAMOX (ORAL SOLUTION)	\$0 (Tier 1)	DL
<i>tamoxifen citrate (oral tablet)</i>	\$0 (Tier 1)	
<i>toremifene citrate (oral tablet)</i>	\$0 (Tier 1)	DL
<b>Antimetabolites</b>		
DROXIA (ORAL CAPSULE)	\$0 (Tier 1)	
<i>hydroxyurea (oral capsule)</i>	\$0 (Tier 1)	
<i>mercaptopurine (oral tablet)</i>	\$0 (Tier 1)	
PURIXAN (ORAL SUSPENSION)	\$0 (Tier 1)	PA; DL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
TABLOID (ORAL TABLET)	\$0 (Tier 1)	PA
<b>Antineoplastics, Other</b>		
IDHIFA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
LONSURF (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
NINLARO (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
PEMAZYRE (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
RETEVMO (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
SYNRIBO (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
TAZVERIK (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
TUKYSA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
XPOVIO (100MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL; QL
XPOVIO (40MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL; QL
XPOVIO (40MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL; QL
XPOVIO (60MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL; QL
XPOVIO (60MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL; QL
XPOVIO (80MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL; QL
XPOVIO (80MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL; QL
ZOLINZA (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole (oral tablet)</i>	\$0 (Tier 1)	
<i>exemestane (oral tablet)</i>	\$0 (Tier 1)	
<i>letrozole (oral tablet)</i>	\$0 (Tier 1)	
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ (ORAL TABLET SOLUBLE)	\$0 (Tier 1)	PA; DL
AFINITOR (10MG ORAL TABLET)	\$0 (Tier 1)	PA; DL
ALECENSA (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
ALUNBRIG (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
ALUNBRIG (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL; QL
AYVAKIT (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
BALVERSA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
BOSULIF (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
BRAFTOVI (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL
BRUKINSA (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
CABOMETYX (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
CALQUENCE (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
CAPRELSA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL
COMETRIQ (100MG DAILY DOSE) (ORAL KIT)	\$0 (Tier 1)	PA; LA; DL
COMETRIQ (140MG DAILY DOSE) (ORAL KIT)	\$0 (Tier 1)	PA; LA; DL
COMETRIQ (60MG DAILY DOSE) (ORAL KIT)	\$0 (Tier 1)	PA; LA; DL
COPIKTRA (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
COTELLIC (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
DAURISMO (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
ERIVEDGE (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
<i>erlotinib hcl (oral tablet)</i>	\$0 (Tier 1)	PA; DL; QL
<i>everolimus (2.5mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i>	\$0 (Tier 1)	PA; DL
FARYDAK (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL
GAVRETO (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
GILOTRIF (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL
IBRANCE (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
IBRANCE (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
ICLUSIG (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
<i>imatinib mesylate (oral tablet)</i>	\$0 (Tier 1)	PA; DL; QL
IMBRUVICA (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
IMBRUVICA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
INLYTA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
INQOVI (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
INREBIC (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
IRESSA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
JAKAFI (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
KISQALI (200MG DOSE) (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
KISQALI (400MG DOSE) (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
KISQALI (600MG DOSE) (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
KISQALI FEMARA (400MG DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
KISQALI FEMARA (600MG DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
KISQALI FEMARA (200MG DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
KOSELUGO (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
<i>lapatinib ditosylate (oral tablet)</i>	\$0 (Tier 1)	PA; DL
LENVIMA 10MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
LENVIMA 12MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
LENVIMA 14MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
LENVIMA 18MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
LENVIMA 20MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
LENVIMA 24MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
LENVIMA 4MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
LENVIMA 8MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
LORBRENA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
LYNPARZA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
MEKINIST (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL
MEKTOVI (ORAL TABLET)	\$0 (Tier 1)	PA; DL
NERLYNX (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
NEXAVAR (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL
ODOMZO (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
PIQRAY (200MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
PIQRAY (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
PIQRAY (300MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
ROZLYTREK (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
RUBRACA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
RYDAPT (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
SPRYCEL (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
STIVARGA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
SUTENT (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
TAFINLAR (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL
TAGRISO (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
TALZENNA (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
TASIGNA (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
TIBSOVO (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
TURALIO (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
TYKERB (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL
VENCLEXTA (100MG ORAL TABLET, 50MG ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
VENCLEXTA (10MG ORAL TABLET)	\$0 (Tier 1)	PA; LA; QL
VENCLEXTA STARTING PACK (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
VERZENIO (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
VITRAKVI (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
VITRAKVI (ORAL SOLUTION)	\$0 (Tier 1)	PA; LA; DL; QL
VIZIMPRO (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
VOTRIENT (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
XALKORI (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL
XOSPATA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
ZEJULA (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
ZELBORAF (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
ZYDELIG (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
ZYKADIA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
<b>Retinoids</b>		
<i>bexarotene (oral capsule)</i>	\$0 (Tier 1)	PA; DL
TARGRETIN (EXTERNAL GEL)	\$0 (Tier 1)	PA; DL; QL
<i>tretinoin (oral capsule)</i>	\$0 (Tier 1)	DL
<b>Treatment Adjuncts</b>		
<i>leucovorin calcium (10mg oral tablet, 15mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>leucovorin calcium (25mg oral tablet)</i>	\$0 (Tier 1)	
MESNEX (ORAL TABLET)	\$0 (Tier 1)	DL
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole (oral tablet)</i>	\$0 (Tier 1)	DL; QL
<i>ivermectin (oral tablet)</i>	\$0 (Tier 1)	
<i>praziquantel (oral tablet)</i>	\$0 (Tier 1)	
<b>Antiprotozoals</b>		
ALINIA (ORAL SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	DL
ALINIA (ORAL TABLET)	\$0 (Tier 1)	DL
<i>atovaquone (oral suspension)</i>	\$0 (Tier 1)	DL
<i>atovaquone-proguanil hcl (oral tablet)</i>	\$0 (Tier 1)	
BENZNIDAZOLE (ORAL TABLET)	\$0 (Tier 1)	
<i>chloroquine phosphate (oral tablet)</i>	\$0 (Tier 1)	QL
COARTEM (ORAL TABLET)	\$0 (Tier 1)	
DARAPRIM (ORAL TABLET)	\$0 (Tier 1)	DL
<i>hydroxychloroquine sulfate (oral tablet)</i>	\$0 (Tier 1)	QL
<i>mefloquine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>pentamidine isethionate (inhalation solution reconstituted)</i>	\$0 (Tier 1)	B/D, PA; QL
<i>pentamidine isethionate (injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>primaquine phosphate (oral tablet)</i>	\$0 (Tier 1)	
<i>pyrimethamine (oral tablet)</i>	\$0 (Tier 1)	DL
<i>quinine sulfate (oral capsule)</i>	\$0 (Tier 1)	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate (oral tablet)</i>	\$0 (Tier 1)	
<i>trihexyphenidyl hcl (oral solution)</i>	\$0 (Tier 1)	
<i>trihexyphenidyl hcl (oral tablet)</i>	\$0 (Tier 1)	
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>amantadine hcl (oral syrup)</i>	\$0 (Tier 1)	
<i>amantadine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone (oral tablet)</i>	\$0 (Tier 1)	
<i>entacapone (oral tablet)</i>	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>tolcapone (oral tablet)</i>	\$0 (Tier 1)	DL; QL
<b>Dopamine Agonists</b>		
APOKYN (SUBCUTANEOUS SOLUTION CARTRIDGE)	\$0 (Tier 1)	PA; LA; DL; QL
<i>bromocriptine mesylate (oral capsule)</i>	\$0 (Tier 1)	
<i>bromocriptine mesylate (oral tablet)</i>	\$0 (Tier 1)	
KYNMOBI (10MG SUBLINGUAL FILM, 15MG SUBLINGUAL FILM, 20MG SUBLINGUAL FILM, 25MG SUBLINGUAL FILM, 30MG SUBLINGUAL FILM)	\$0 (Tier 1)	PA; DL; QL
NEUPRO (TRANSDERMAL PATCH 24 HOUR)	\$0 (Tier 1)	
<i>pramipexole dihydrochloride (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>ropinirole hcl (oral tablet immediate release)</i>	\$0 (Tier 1)	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa (oral tablet)</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa odt (oral tablet dispersible)</i>	\$0 (Tier 1)	
RYTARY (ORAL CAPSULE EXTENDED RELEASE)	\$0 (Tier 1)	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate (oral tablet)</i>	\$0 (Tier 1)	
<i>selegiline hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>selegiline hcl (oral tablet)</i>	\$0 (Tier 1)	
ZELAPAR ODT (ORAL TABLET DISPERSIBLE)	\$0 (Tier 1)	DL
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>chlorpromazine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>fluphenazine decanoate (injection solution)</i>	\$0 (Tier 1)	
<i>fluphenazine hcl (2.5mg/ml injection solution)</i>	\$0 (Tier 1)	
<i>fluphenazine hcl (5mg/ml oral concentrate)</i>	\$0 (Tier 1)	
<i>fluphenazine hcl (2.5mg/5ml oral elixir)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>fluphenazine hcl (10mg oral tablet, 1mg oral tablet, 2.5mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	
<i>haloperidol decanoate (intramuscular solution)</i>	\$0 (Tier 1)	
<i>haloperidol lactate (injection solution)</i>	\$0 (Tier 1)	
<i>haloperidol lactate (oral concentrate)</i>	\$0 (Tier 1)	
<i>haloperidol (oral tablet)</i>	\$0 (Tier 1)	
<i>loxapine succinate (oral capsule)</i>	\$0 (Tier 1)	
<i>molindone hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>pimozide (oral tablet)</i>	\$0 (Tier 1)	
<i>thioridazine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>thiothixene (oral capsule)</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl (oral tablet)</i>	\$0 (Tier 1)	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA (INTRAMUSCULAR PREFILLED SYRINGE)	\$0 (Tier 1)	DL
ABILIFY MAINTENA (INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)	\$0 (Tier 1)	DL
<i>aripiprazole (1mg/ml oral solution)</i>	\$0 (Tier 1)	QL
<i>aripiprazole (10mg oral tablet, 15mg oral tablet, 20mg oral tablet, 2mg oral tablet, 30mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>aripiprazole odt (10mg oral tablet dispersible, 15mg oral tablet dispersible)</i>	\$0 (Tier 1)	DL; QL
ARISTADA INITIO (INTRAMUSCULAR PREFILLED SYRINGE)	\$0 (Tier 1)	DL
ARISTADA (INTRAMUSCULAR PREFILLED SYRINGE)	\$0 (Tier 1)	DL
CAPLYTA (ORAL CAPSULE)	\$0 (Tier 1)	ST; DL; QL
FANAPT (10MG ORAL TABLET, 12MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET)	\$0 (Tier 1)	ST; DL; QL
FANAPT (1MG ORAL TABLET, 2MG ORAL TABLET)	\$0 (Tier 1)	ST; QL
FANAPT TITRATION PACK (ORAL TABLET)	\$0 (Tier 1)	ST
GEODON (INTRAMUSCULAR SOLUTION RECONSTITUTED)	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
INVEGA SUSTENNA (117MG/0.75ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE, 156MG/ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE, 234MG/1.5ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE, 78MG/0.5ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0 (Tier 1)	DL
INVEGA SUSTENNA (39MG/0.25ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0 (Tier 1)	
INVEGA TRINZA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0 (Tier 1)	DL
LATUDA (ORAL TABLET)	\$0 (Tier 1)	DL; QL
NUPLAZID (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
NUPLAZID (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
<i>olanzapine (10mg intramuscular solution reconstituted)</i>	\$0 (Tier 1)	
<i>olanzapine (10mg oral tablet, 15mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>olanzapine odt (10mg oral tablet dispersible, 15mg oral tablet dispersible, 20mg oral tablet dispersible, 5mg oral tablet dispersible)</i>	\$0 (Tier 1)	QL
<i>paliperidone er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	QL
PERSERIS (SUBCUTANEOUS PREFILLED SYRINGE)	\$0 (Tier 1)	DL
<i>quetiapine fumarate er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	QL
<i>quetiapine fumarate (oral tablet immediate release)</i>	\$0 (Tier 1)	QL
REXULTI (ORAL TABLET)	\$0 (Tier 1)	DL; QL
RISPERDAL CONSTA (12.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 25MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
RISPERDAL CONSTA (37.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 50MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)	\$0 (Tier 1)	DL
<i>risperidone (1mg/ml oral solution)</i>	\$0 (Tier 1)	
<i>risperidone (0.25mg oral tablet, 0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet, 3mg oral tablet, 4mg oral tablet)</i>	\$0 (Tier 1)	
<i>risperidone odt (0.25mg oral tablet dispersible, 0.5mg oral tablet dispersible, 1mg oral tablet dispersible, 2mg oral tablet dispersible, 3mg oral tablet dispersible, 4mg oral tablet dispersible)</i>	\$0 (Tier 1)	
SAPHRIS (TABLET SUBLINGUAL)	\$0 (Tier 1)	DL; QL
SECUADO (TRANSDERMAL PATCH 24 HOUR)	\$0 (Tier 1)	PA; DL; QL
VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL CAPSULE)	\$0 (Tier 1)	ST; DL; QL
VRAYLAR (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	ST
<i>ziprasidone hcl (oral capsule)</i>	\$0 (Tier 1)	QL
<i>ziprasidone mesylate (intramuscular solution reconstituted)</i>	\$0 (Tier 1)	
ZYPREXA RELPREVV (210MG INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	
<b>Treatment-Resistant</b>		
<i>clozapine (100mg oral tablet, 200mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	
<i>clozapine odt (100mg oral tablet dispersible, 12.5mg oral tablet dispersible, 150mg oral tablet dispersible, 200mg oral tablet dispersible, 25mg oral tablet dispersible)</i>	\$0 (Tier 1)	QL
VERSACLOZ (ORAL SUSPENSION)	\$0 (Tier 1)	DL
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen (oral tablet)</i>	\$0 (Tier 1)	
<i>dantrolene sodium (oral capsule)</i>	\$0 (Tier 1)	
<i>tizanidine hcl (oral tablet)</i>	\$0 (Tier 1)	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>valganciclovir hcl (50mg/ml oral solution reconstituted)</i>	\$0 (Tier 1)	DL; QL
<i>valganciclovir hcl (450mg oral tablet)</i>	\$0 (Tier 1)	QL
ZIRGAN (OPHTHALMIC GEL)	\$0 (Tier 1)	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil (oral tablet)</i>	\$0 (Tier 1)	DL
BARACLUDE (ORAL SOLUTION)	\$0 (Tier 1)	DL
<i>entecavir (oral tablet)</i>	\$0 (Tier 1)	
EPIVIR HBV (ORAL SOLUTION)	\$0 (Tier 1)	
<i>lamivudine (100mg oral tablet)</i>	\$0 (Tier 1)	
VEMLIDY (ORAL TABLET)	\$0 (Tier 1)	DL; QL
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA (400-100MG ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
MAVYRET (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
<i>ribavirin (oral tablet)</i>	\$0 (Tier 1)	
<i>sofosbuvir-velpatasvir (oral tablet)</i>	\$0 (Tier 1)	PA; DL; QL
SOVALDI (ORAL PACKET)	\$0 (Tier 1)	PA; DL; QL
SOVALDI (400MG ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
VOSEVI (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
<b>Antiherpetic Agents</b>		
<i>acyclovir (external ointment)</i>	\$0 (Tier 1)	QL
<i>acyclovir (oral capsule)</i>	\$0 (Tier 1)	
<i>acyclovir (oral suspension)</i>	\$0 (Tier 1)	
<i>acyclovir (oral tablet)</i>	\$0 (Tier 1)	
<i>acyclovir sodium (intravenous solution)</i>	\$0 (Tier 1)	B/D, PA
<i>famciclovir (oral tablet)</i>	\$0 (Tier 1)	QL
<i>valacyclovir hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY (ORAL TABLET)	\$0 (Tier 1)	DL; QL
DOVATO (ORAL TABLET)	\$0 (Tier 1)	DL; QL
GENVOYA (ORAL TABLET)	\$0 (Tier 1)	DL; QL
ISENTRESS HD (ORAL TABLET)	\$0 (Tier 1)	DL; QL
ISENTRESS (ORAL PACKET)	\$0 (Tier 1)	QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
ISENTRESS (ORAL TABLET)	\$0 (Tier 1)	DL; QL
ISENTRESS (100MG ORAL TABLET CHEWABLE)	\$0 (Tier 1)	QL
ISENTRESS (25MG ORAL TABLET CHEWABLE)	\$0 (Tier 1)	QL
JULUCA (ORAL TABLET)	\$0 (Tier 1)	DL; QL
STRIBILD (ORAL TABLET)	\$0 (Tier 1)	DL; QL
TIVICAY (10MG ORAL TABLET)	\$0 (Tier 1)	QL
TIVICAY (25MG ORAL TABLET, 50MG ORAL TABLET)	\$0 (Tier 1)	DL; QL
TIVICAY PD (ORAL TABLET SOLUBLE)	\$0 (Tier 1)	DL; QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
ATRIPLA (ORAL TABLET)	\$0 (Tier 1)	DL; QL
COMPLERA (ORAL TABLET)	\$0 (Tier 1)	DL; QL
DELSTRIGO (ORAL TABLET)	\$0 (Tier 1)	DL; QL
EDURANT (ORAL TABLET)	\$0 (Tier 1)	DL; QL
<i>efavirenz (oral capsule)</i>	\$0 (Tier 1)	QL
<i>efavirenz (oral tablet)</i>	\$0 (Tier 1)	QL
<i>efavirenz-emtricitabine-tenofovir (oral tablet)</i>	\$0 (Tier 1)	DL; QL
<i>efavirenz-lamivudine-tenofovir (oral tablet)</i>	\$0 (Tier 1)	DL; QL
INTELENCE (100MG ORAL TABLET, 200MG ORAL TABLET)	\$0 (Tier 1)	DL; QL
INTELENCE (25MG ORAL TABLET)	\$0 (Tier 1)	QL
<i>nevirapine er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	QL
<i>nevirapine (oral suspension)</i>	\$0 (Tier 1)	QL
<i>nevirapine (oral tablet immediate release)</i>	\$0 (Tier 1)	QL
PIFELTRO (ORAL TABLET)	\$0 (Tier 1)	DL; QL
SYMFI LO (ORAL TABLET)	\$0 (Tier 1)	DL; QL
SYMFI (ORAL TABLET)	\$0 (Tier 1)	DL; QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate (oral solution)</i>	\$0 (Tier 1)	QL
<i>abacavir sulfate (oral tablet)</i>	\$0 (Tier 1)	QL
<i>abacavir sulfate-lamivudine (oral tablet)</i>	\$0 (Tier 1)	QL
<i>abacavir-lamivudine-zidovudine (oral tablet)</i>	\$0 (Tier 1)	DL; QL
CIMDUO (ORAL TABLET)	\$0 (Tier 1)	DL; QL
DESCOVY (ORAL TABLET)	\$0 (Tier 1)	DL; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>didanosine (250mg oral capsule delayed release, 400mg oral capsule delayed release)</i>	\$0 (Tier 1)	QL
<i>emtricitabine (oral capsule)</i>	\$0 (Tier 1)	QL
<i>emtricitabine-tenofovir disoproxil fumarate (oral tablet)</i>	\$0 (Tier 1)	DL; QL
EMTRIVA (ORAL CAPSULE)	\$0 (Tier 1)	QL
EMTRIVA (ORAL SOLUTION)	\$0 (Tier 1)	QL
<i>lamivudine (10mg/ml oral solution)</i>	\$0 (Tier 1)	QL
<i>lamivudine (150mg oral tablet, 300mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>lamivudine-zidovudine (oral tablet)</i>	\$0 (Tier 1)	QL
ODEFSEY (ORAL TABLET)	\$0 (Tier 1)	DL; QL
<i>stavudine (oral capsule)</i>	\$0 (Tier 1)	QL
<i>tenofovir disoproxil fumarate (oral tablet)</i>	\$0 (Tier 1)	QL
TRIUMEQ (ORAL TABLET)	\$0 (Tier 1)	DL; QL
TRUVADA (ORAL TABLET)	\$0 (Tier 1)	DL; QL
VIREAD (ORAL POWDER)	\$0 (Tier 1)	DL; QL
VIREAD (150MG ORAL TABLET, 200MG ORAL TABLET, 250MG ORAL TABLET)	\$0 (Tier 1)	DL; QL
<i>zidovudine (oral capsule)</i>	\$0 (Tier 1)	QL
<i>zidovudine (oral syrup)</i>	\$0 (Tier 1)	QL
<i>zidovudine (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Anti-HIV Agents, Other</b>		
FUZEON (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	DL; QL
RUKOBIA (ORAL TABLET EXTENDED RELEASE 12 HOUR)	\$0 (Tier 1)	DL; QL
SELZENTRY (ORAL SOLUTION)	\$0 (Tier 1)	DL; QL
SELZENTRY (150MG ORAL TABLET, 300MG ORAL TABLET, 75MG ORAL TABLET)	\$0 (Tier 1)	DL; QL
SELZENTRY (25MG ORAL TABLET)	\$0 (Tier 1)	QL
TYBOST (ORAL TABLET)	\$0 (Tier 1)	QL
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS (ORAL CAPSULE)	\$0 (Tier 1)	DL; QL
APTIVUS (ORAL SOLUTION)	\$0 (Tier 1)	DL; QL
<i>atazanavir sulfate (oral capsule)</i>	\$0 (Tier 1)	QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
CRIXIVAN (ORAL CAPSULE)	\$0 (Tier 1)	QL
EVOTAZ (ORAL TABLET)	\$0 (Tier 1)	DL; QL
<i>fosamprenavir calcium (oral tablet)</i>	\$0 (Tier 1)	DL; QL
INVIRASE (ORAL TABLET)	\$0 (Tier 1)	DL; QL
KALETRA (100-25MG ORAL TABLET)	\$0 (Tier 1)	QL
KALETRA (200-50MG ORAL TABLET)	\$0 (Tier 1)	DL; QL
LEXIVA (ORAL SUSPENSION)	\$0 (Tier 1)	QL
<i>lopinavir-ritonavir (oral solution)</i>	\$0 (Tier 1)	QL
NORVIR (ORAL PACKET)	\$0 (Tier 1)	QL
NORVIR (ORAL SOLUTION)	\$0 (Tier 1)	QL
PREZCOBIX (ORAL TABLET)	\$0 (Tier 1)	DL; QL
PREZISTA (ORAL SUSPENSION)	\$0 (Tier 1)	DL; QL
PREZISTA (150MG ORAL TABLET, 600MG ORAL TABLET, 800MG ORAL TABLET)	\$0 (Tier 1)	DL; QL
PREZISTA (75MG ORAL TABLET)	\$0 (Tier 1)	QL
REYATAZ (ORAL PACKET)	\$0 (Tier 1)	DL; QL
<i>ritonavir (oral tablet)</i>	\$0 (Tier 1)	QL
SYMTUZA (ORAL TABLET)	\$0 (Tier 1)	DL; QL
VIRACEPT (ORAL TABLET)	\$0 (Tier 1)	DL; QL
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate (oral capsule)</i>	\$0 (Tier 1)	QL
<i>oseltamivir phosphate (oral suspension reconstituted)</i>	\$0 (Tier 1)	QL
RELENZA DISKHALER (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
<i>rimantadine hcl (oral tablet)</i>	\$0 (Tier 1)	
XOFLUZA (40 MG DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	QL
XOFLUZA (80 MG DOSE) (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	QL
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl (oral syrup)</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate (oral capsule)</i>	\$0 (Tier 1)	
<b>Benzodiazepines</b>		

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>alprazolam (oral tablet immediate release)</i>	\$0 (Tier 1)	QL
<i>chlordiazepoxide hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>clonazepam (0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>clonazepam odt (0.125mg oral tablet dispersible, 0.25mg oral tablet dispersible, 0.5mg oral tablet dispersible, 1mg oral tablet dispersible, 2mg oral tablet dispersible)</i>	\$0 (Tier 1)	QL
<i>clorazepate dipotassium (oral tablet)</i>	\$0 (Tier 1)	QL
<i>diazepam intensol (5mg/ml oral concentrate)</i>	\$0 (Tier 1)	QL
<i>diazepam (5mg/5ml oral solution)</i>	\$0 (Tier 1)	
<i>diazepam (10mg oral tablet, 2mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>lorazepam intensol (oral concentrate)</i>	\$0 (Tier 1)	QL
<i>lorazepam (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>divalproex sodium er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>divalproex sodium (oral capsule delayed release sprinkle)</i>	\$0 (Tier 1)	
<i>divalproex sodium (oral tablet delayed release)</i>	\$0 (Tier 1)	
<i>lithium carbonate er (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>lithium carbonate (oral capsule)</i>	\$0 (Tier 1)	
<i>lithium carbonate (oral tablet immediate release)</i>	\$0 (Tier 1)	
LITHIUM (ORAL SOLUTION)	\$0 (Tier 1)	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose (oral tablet)</i>	\$0 (Tier 1)	QL
BYDUREON BCISE (SUBCUTANEOUS AUTO-INJECTOR)	\$0 (Tier 1)	QL
BYDUREON (SUBCUTANEOUS PEN-INJECTOR)	\$0 (Tier 1)	QL
BYETTA 10MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
BYETTA 5MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
CYCLOSET (ORAL TABLET)	\$0 (Tier 1)	PA; QL
FARXIGA (ORAL TABLET)	\$0 (Tier 1)	QL
<i>glimepiride (oral tablet)</i>	\$0 (Tier 1)	QL
<i>glipizide er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	QL
<i>glipizide (oral tablet immediate release)</i>	\$0 (Tier 1)	QL
<i>glipizide-metformin hcl (oral tablet)</i>	\$0 (Tier 1)	QL
GLYXAMBI (ORAL TABLET)	\$0 (Tier 1)	QL
JANUMET (ORAL TABLET IMMEDIATE RELEASE)	\$0 (Tier 1)	QL
JANUMET XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	QL
JANUVIA (ORAL TABLET)	\$0 (Tier 1)	QL
JARDIANCE (ORAL TABLET)	\$0 (Tier 1)	QL
JENTADUETO (ORAL TABLET IMMEDIATE RELEASE)	\$0 (Tier 1)	QL
JENTADUETO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	QL
<i>metformin hcl er (oral tablet extended release 24 hour) (generic glucophage xr)</i>	\$0 (Tier 1)	QL
<i>metformin hcl (500mg/5ml oral solution)</i>	\$0 (Tier 1)	QL
<i>metformin hcl (1000mg oral tablet immediate release, 500mg oral tablet immediate release, 850mg oral tablet immediate release)</i>	\$0 (Tier 1)	QL
<i>miglitol (oral tablet)</i>	\$0 (Tier 1)	QL
<i>nateglinide (oral tablet)</i>	\$0 (Tier 1)	QL
OZEMPIC (0.25MG/DOSE OR 0.5MG/DOSE) (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
OZEMPIC (1MG/DOSE) (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
<i>pioglitazone hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<i>pioglitazone hcl-glimepiride (oral tablet)</i>	\$0 (Tier 1)	QL
<i>pioglitazone hcl-metformin hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<i>repaglinide (oral tablet)</i>	\$0 (Tier 1)	QL
RIOMET ER (ORAL SUSPENSION RECONSTITUTED ER)	\$0 (Tier 1)	QL
RYBELSUS (ORAL TABLET)	\$0 (Tier 1)	QL
SOLIQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
SYMLINPEN 120 (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	PA; DL
SYMLINPEN 60 (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	PA; DL
SYNJARDY (ORAL TABLET IMMEDIATE RELEASE)	\$0 (Tier 1)	QL
SYNJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	QL
TRADJENTA (ORAL TABLET)	\$0 (Tier 1)	QL
TRIJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	QL
TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
VICTOZA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
XIGDUO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	QL
<b>Glycemic Agents</b>		
BAQSIMI TWO PACK (NASAL POWDER)	\$0 (Tier 1)	
<i>diazoxide (oral suspension)</i>	\$0 (Tier 1)	DL
GLUCAGEN HYPOKIT (INJECTION SOLUTION RECONSTITUTED)	\$0 (Tier 1)	
GLUCAGON (INJECTION KIT) (LILLY)	\$0 (Tier 1)	
GVOKE HYPOPEN 2-PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	
GVOKE PFS (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	
<b>Insulins</b>		
HUMALOG JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	
HUMALOG KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	
HUMALOG MIX 50/50 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	\$0 (Tier 1)	
HUMALOG MIX 50/50 (SUBCUTANEOUS SUSPENSION)	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
HUMALOG MIX 75/25 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	\$0 (Tier 1)	
HUMALOG MIX 75/25 (SUBCUTANEOUS SUSPENSION)	\$0 (Tier 1)	
HUMALOG (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	
HUMALOG (SUBCUTANEOUS SOLUTION CARTRIDGE)	\$0 (Tier 1)	
HUMULIN 70/30 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	\$0 (Tier 1)	
HUMULIN 70/30 (SUBCUTANEOUS SUSPENSION)	\$0 (Tier 1)	
HUMULIN N KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	\$0 (Tier 1)	
HUMULIN N (SUBCUTANEOUS SUSPENSION)	\$0 (Tier 1)	
HUMULIN R (INJECTION SOLUTION)	\$0 (Tier 1)	
HUMULIN R U-500 (CONCENTRATED) (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	
HUMULIN R U-500 KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	
INSULIN LISPRO (1 UNIT DIAL) (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG)	\$0 (Tier 1)	
INSULIN LISPRO JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG)	\$0 (Tier 1)	
INSULIN LISPRO PROT & LISPRO (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG)	\$0 (Tier 1)	
INSULIN LISPRO (SUBCUTANEOUS SOLUTION) (BRAND EQUIVALENT HUMALOG)	\$0 (Tier 1)	
LANTUS SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	
LANTUS (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	
LEVEMIR FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	
LEVEMIR (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	
LYUMJEV (INJECTION SOLUTION)	\$0 (Tier 1)	
LYUMJEV KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
TOUJEO MAX SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	
TOUJEO SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	
TRESIBA FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	
TRESIBA (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	
<b>Blood Products and Modifiers</b>		
<b>Anticoagulants</b>		
ELIQUIS STARTER PACK (ORAL TABLET)	\$0 (Tier 1)	QL
ELIQUIS (ORAL TABLET)	\$0 (Tier 1)	QL
<i>enoxaparin sodium (subcutaneous solution)</i>	\$0 (Tier 1)	QL
<i>fondaparinux sodium (10mg/0.8ml subcutaneous solution, 5mg/0.4ml subcutaneous solution, 7.5mg/0.6ml subcutaneous solution)</i>	\$0 (Tier 1)	DL
<i>fondaparinux sodium (2.5mg/0.5ml subcutaneous solution)</i>	\$0 (Tier 1)	
<i>heparin sodium (10000unit/ml injection solution, 20000unit/ml injection solution, 5000unit/ml injection solution)</i>	\$0 (Tier 1)	
<i>heparin sodium (1000unit/ml injection solution)</i>	\$0 (Tier 1)	B/D, PA
<i>jantoven (oral tablet)</i>	\$0 (Tier 1)	
<i>warfarin sodium (oral tablet)</i>	\$0 (Tier 1)	
XARELTO (ORAL TABLET)	\$0 (Tier 1)	QL
XARELTO STARTER PACK (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	QL
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hcl (oral capsule)</i>	\$0 (Tier 1)	
ARANESP (ALBUMIN FREE) (100MCG/ML INJECTION SOLUTION, 200MCG/ML INJECTION SOLUTION, 300MCG/ML INJECTION SOLUTION)	\$0 (Tier 1)	PA; DL
ARANESP (ALBUMIN FREE) (25MCG/ML INJECTION SOLUTION, 40MCG/ML INJECTION SOLUTION, 60MCG/ML INJECTION SOLUTION)	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
ARANESP (ALBUMIN FREE) (100MCG/0.5ML INJECTION SOLUTION PREFILLED SYRINGE, 150MCG/0.3ML INJECTION SOLUTION PREFILLED SYRINGE, 200MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE, 300MCG/0.6ML INJECTION SOLUTION PREFILLED SYRINGE, 500MCG/ML INJECTION SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
ARANESP (ALBUMIN FREE) (10MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE, 25MCG/0.42ML INJECTION SOLUTION PREFILLED SYRINGE, 40MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE, 60MCG/0.3ML INJECTION SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA
GRANIX (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	ST; DL
GRANIX (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	ST; DL
LEUKINE (INJECTION SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
NEULASTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
NEUPOGEN (INJECTION SOLUTION)	\$0 (Tier 1)	ST; DL
NEUPOGEN (INJECTION SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	ST; DL
PROCRIT (10000UNIT/ML INJECTION SOLUTION, 2000UNIT/ML INJECTION SOLUTION, 3000UNIT/ML INJECTION SOLUTION, 4000UNIT/ML INJECTION SOLUTION)	\$0 (Tier 1)	PA
PROCRIT (20000UNIT/ML INJECTION SOLUTION, 40000UNIT/ML INJECTION SOLUTION)	\$0 (Tier 1)	PA; DL
PROMACTA (ORAL PACKET)	\$0 (Tier 1)	PA; LA; DL; QL
PROMACTA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
RETACRIT (10000UNIT/ML INJECTION SOLUTION, 2000UNIT/ML INJECTION SOLUTION, 3000UNIT/ML INJECTION SOLUTION, 40000UNIT/ML INJECTION SOLUTION, 4000UNIT/ML INJECTION SOLUTION)	\$0 (Tier 1)	PA
UDENYCA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
ZARXIO (INJECTION SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	DL
<b>Hemostasis Agents</b>		
<i>tranexamic acid (oral tablet)</i>	\$0 (Tier 1)	
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er (oral capsule extended release 12 hour)</i>	\$0 (Tier 1)	QL
BRILINTA (ORAL TABLET)	\$0 (Tier 1)	QL
CABLIVI (INJECTION KIT)	\$0 (Tier 1)	PA; LA; DL; QL
<i>cilostazol (oral tablet)</i>	\$0 (Tier 1)	
<i>clopidogrel bisulfate (75mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>prasugrel hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>clonidine (transdermal patch weekly)</i>	\$0 (Tier 1)	
<i>methyldopa (oral tablet)</i>	\$0 (Tier 1)	
<i>midodrine hcl (oral tablet)</i>	\$0 (Tier 1)	
NORTHERA (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
<b>Alpha-adrenergic Blocking Agents</b>		
<i>doxazosin mesylate (oral tablet)</i>	\$0 (Tier 1)	
<i>phenoxybenzamine hcl (oral capsule)</i>	\$0 (Tier 1)	DL
<i>prazosin hcl (oral capsule)</i>	\$0 (Tier 1)	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil (oral tablet)</i>	\$0 (Tier 1)	QL
EDARBI (ORAL TABLET)	\$0 (Tier 1)	QL
<i>irbesartan (oral tablet)</i>	\$0 (Tier 1)	QL
<i>losartan potassium (oral tablet)</i>	\$0 (Tier 1)	QL
<i>olmesartan medoxomil (oral tablet)</i>	\$0 (Tier 1)	QL
<i>telmisartan (oral tablet)</i>	\$0 (Tier 1)	QL
<i>valsartan (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<i>captopril (oral tablet)</i>	\$0 (Tier 1)	QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>enalapril maleate (oral tablet)</i>	\$0 (Tier 1)	QL
<i>fosinopril sodium (oral tablet)</i>	\$0 (Tier 1)	QL
<i>lisinopril (oral tablet)</i>	\$0 (Tier 1)	QL
<i>moexipril hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<i>perindopril erbumine (oral tablet)</i>	\$0 (Tier 1)	QL
<i>quinapril hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<i>ramipril (oral capsule)</i>	\$0 (Tier 1)	QL
<i>trandolapril (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Antiarrhythmics</b>		
<i>amiodarone hcl (200mg oral tablet)</i>	\$0 (Tier 1)	
<i>dofetilide (oral capsule)</i>	\$0 (Tier 1)	
<i>flecainide acetate (oral tablet)</i>	\$0 (Tier 1)	
<i>mexiletine hcl (oral capsule)</i>	\$0 (Tier 1)	
<b>MULTAQ (ORAL TABLET)</b>	\$0 (Tier 1)	QL
<i>pacerone (200mg oral tablet)</i>	\$0 (Tier 1)	
<i>propafenone hcl er (oral capsule extended release 12 hour)</i>	\$0 (Tier 1)	
<i>propafenone hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>quinidine gluconate er (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>quinidine sulfate (oral tablet)</i>	\$0 (Tier 1)	
<i>sotalol hcl af (oral tablet)</i>	\$0 (Tier 1)	
<i>sotalol hcl (oral tablet)</i>	\$0 (Tier 1)	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>atenolol (oral tablet)</i>	\$0 (Tier 1)	
<i>betaxolol hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate (oral tablet)</i>	\$0 (Tier 1)	
<b>BYSTOLIC (ORAL TABLET)</b>	\$0 (Tier 1)	QL
<i>carvedilol (oral tablet)</i>	\$0 (Tier 1)	
<i>labetalol hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>metoprolol succinate er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>metoprolol tartrate (100mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	
<i>nadolol (oral tablet)</i>	\$0 (Tier 1)	

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>pindolol (oral tablet)</i>	\$0 (Tier 1)	
<i>propranolol hcl er (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<i>propranolol hcl (oral solution)</i>	\$0 (Tier 1)	
<i>propranolol hcl (oral tablet)</i>	\$0 (Tier 1)	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate (oral tablet)</i>	\$0 (Tier 1)	
<i>felodipine er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>nicardipine hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>nifedipine er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	QL
<i>nifedipine er osmotic release (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	QL
<i>nimodipine (oral capsule)</i>	\$0 (Tier 1)	
<b>NYMALIZE (6MG/ML ORAL SOLUTION)</b>	\$0 (Tier 1)	DL
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<i>diltiazem hcl er beads (360mg oral capsule extended release 24 hour, 420mg oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<i>diltiazem hcl er coated beads (120mg oral capsule extended release 24 hour, 180mg oral capsule extended release 24 hour, 240mg oral capsule extended release 24 hour, 300mg oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<i>diltiazem hcl er (oral capsule extended release 12 hour)</i>	\$0 (Tier 1)	
<i>diltiazem hcl (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>dilt-xr (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<i>matzim la (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>taztia xt (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<i>tiadyt er (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
VERAPAMIL HCL ER (100MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 200MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 300MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 360MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	
<i>verapamil hcl er (120mg oral capsule extended release 24 hour, 180mg oral capsule extended release 24 hour, 240mg oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<i>verapamil hcl er (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>verapamil hcl (oral tablet immediate release)</i>	\$0 (Tier 1)	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide er (oral capsule extended release 12 hour)</i>	\$0 (Tier 1)	
<i>acetazolamide (oral tablet)</i>	\$0 (Tier 1)	
<i>aliskiren fumarate (oral tablet)</i>	\$0 (Tier 1)	QL
<i>amiloride-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	
<i>amlodipine-atorvastatin (oral tablet)</i>	\$0 (Tier 1)	QL
<i>amlodipine-benazepril (oral capsule)</i>	\$0 (Tier 1)	QL
<i>amlodipine-olmesartan (oral tablet)</i>	\$0 (Tier 1)	QL
<i>amlodipine-valsartan (oral tablet)</i>	\$0 (Tier 1)	QL
<i>amlodipine-valsartan-hctz (oral tablet)</i>	\$0 (Tier 1)	QL
<i>atenolol-chlorthalidone (oral tablet)</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	QL
BIDIL (ORAL TABLET)	\$0 (Tier 1)	QL
<i>bisoprolol-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	QL
<i>candesartan cilexetil-hctz (oral tablet)</i>	\$0 (Tier 1)	QL
<i>captopril-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	QL
CORLANOR (ORAL SOLUTION)	\$0 (Tier 1)	PA; QL
CORLANOR (ORAL TABLET)	\$0 (Tier 1)	PA; QL
DEMSEER (ORAL CAPSULE)	\$0 (Tier 1)	DL
<i>digitek (oral tablet)</i>	\$0 (Tier 1)	
<i>digox (oral tablet)</i>	\$0 (Tier 1)	
<i>digoxin (oral solution)</i>	\$0 (Tier 1)	
<i>digoxin (oral tablet)</i>	\$0 (Tier 1)	
EDARBYCLOR (ORAL TABLET)	\$0 (Tier 1)	QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>enalapril-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	QL
<b>ENTRESTO (ORAL TABLET)</b>	\$0 (Tier 1)	QL
<i>fosinopril sodium-hctz (oral tablet)</i>	\$0 (Tier 1)	QL
<i>irbesartan-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	QL
<b>LANOXIN (ORAL TABLET)</b>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	QL
<i>losartan potassium-hctz (oral tablet)</i>	\$0 (Tier 1)	QL
<i>methyldopa-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	
<i>metoprolol-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	
<i>metyrosine (oral capsule)</i>	\$0 (Tier 1)	DL
<i>olmesartan medoxomil-hctz (oral tablet)</i>	\$0 (Tier 1)	QL
<i>olmesartan-amlodipine-hctz (oral tablet)</i>	\$0 (Tier 1)	QL
<i>pentoxifylline er (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>propranolol-hctz (oral tablet)</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	QL
<i>ranolazine er (oral tablet extended release 12 hour)</i>	\$0 (Tier 1)	QL
<i>spironolactone-hctz (oral tablet)</i>	\$0 (Tier 1)	
<i>telmisartan-amlodipine (oral tablet)</i>	\$0 (Tier 1)	QL
<i>telmisartan-hctz (oral tablet)</i>	\$0 (Tier 1)	QL
<i>triamterene-hctz (oral capsule)</i>	\$0 (Tier 1)	
<i>triamterene-hctz (oral tablet)</i>	\$0 (Tier 1)	
<i>valsartan-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Diuretics, Loop</b>		
<i>bumetanide (injection solution)</i>	\$0 (Tier 1)	
<i>bumetanide (oral tablet)</i>	\$0 (Tier 1)	
<i>ethacrynic acid (oral tablet)</i>	\$0 (Tier 1)	
<i>furosemide (injection solution)</i>	\$0 (Tier 1)	B/D, PA
<i>furosemide (oral solution)</i>	\$0 (Tier 1)	
<i>furosemide (oral tablet)</i>	\$0 (Tier 1)	
<i>torseamide (oral tablet)</i>	\$0 (Tier 1)	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl (oral tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>eplerenone (oral tablet)</i>	\$0 (Tier 1)	
<i>spironolactone (oral tablet)</i>	\$0 (Tier 1)	
<i>triamterene (oral capsule)</i>	\$0 (Tier 1)	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone (oral tablet)</i>	\$0 (Tier 1)	
DIURIL (ORAL SUSPENSION)	\$0 (Tier 1)	
<i>hydrochlorothiazide (oral capsule)</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	
<i>indapamide (oral tablet)</i>	\$0 (Tier 1)	
<i>metolazone (oral tablet)</i>	\$0 (Tier 1)	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized (200mg oral capsule, 67mg oral capsule)</i>	\$0 (Tier 1)	
<i>fenofibrate micronized (134mg oral capsule)</i>	\$0 (Tier 1)	
<i>fenofibrate (145mg oral tablet, 48mg oral tablet)</i>	\$0 (Tier 1)	
<i>fenofibrate (160mg oral tablet, 54mg oral tablet)</i>	\$0 (Tier 1)	
<i>fenofibric acid (oral capsule delayed release)</i>	\$0 (Tier 1)	
<i>gemfibrozil (oral tablet)</i>	\$0 (Tier 1)	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium (oral tablet)</i>	\$0 (Tier 1)	QL
<i>fluvastatin sodium (oral capsule)</i>	\$0 (Tier 1)	QL
LIVALO (ORAL TABLET)	\$0 (Tier 1)	QL
<i>lovastatin (oral tablet)</i>	\$0 (Tier 1)	QL
<i>pravastatin sodium (oral tablet)</i>	\$0 (Tier 1)	QL
<i>rosuvastatin calcium (oral tablet)</i>	\$0 (Tier 1)	QL
<i>simvastatin (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light (oral powder)</i>	\$0 (Tier 1)	
<i>cholestyramine (oral packet)</i>	\$0 (Tier 1)	
<i>colesevelam hcl (oral packet)</i>	\$0 (Tier 1)	
<i>colesevelam hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>colestipol hcl (oral packet)</i>	\$0 (Tier 1)	
<i>colestipol hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>ezetimibe (oral tablet)</i>	\$0 (Tier 1)	QL
<i>ezetimibe-simvastatin (oral tablet)</i>	\$0 (Tier 1)	QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
JUXTAPID (10MG ORAL CAPSULE, 20MG ORAL CAPSULE, 30MG ORAL CAPSULE, 5MG ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL
<i>niacin er (antihyperlipidemic) (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>niacor (oral tablet)</i>	\$0 (Tier 1)	
<i>omega-3-acid ethyl esters (oral capsule) (generic lovaza)</i>	\$0 (Tier 1)	QL
PRALUENT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; LA; QL
<i>prevalite (oral packet)</i>	\$0 (Tier 1)	
REPATHA PUSHTRONEX SYSTEM (SUBCUTANEOUS SOLUTION CARTRIDGE)	\$0 (Tier 1)	PA; QL
REPATHA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; QL
REPATHA SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; QL
VASCEPA (ORAL CAPSULE)	\$0 (Tier 1)	
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>minoxidil (oral tablet)</i>	\$0 (Tier 1)	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate (10mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 5mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>minitran (transdermal patch 24 hour)</i>	\$0 (Tier 1)	
<i>nitro-bid (transdermal ointment)</i>	\$0 (Tier 1)	
<i>nitroglycerin (tablet sublingual)</i>	\$0 (Tier 1)	
<i>nitroglycerin (transdermal patch 24 hour)</i>	\$0 (Tier 1)	
<i>nitroglycerin (translingual solution)</i>	\$0 (Tier 1)	
NITROSTAT (TABLET SUBLINGUAL)	\$0 (Tier 1)	
RECTIV (RECTAL OINTMENT)	\$0 (Tier 1)	QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphetamine er (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	QL
<i>amphetamine-dextroamphetamine (oral tablet)</i>	\$0 (Tier 1)	QL
<i>dextroamphetamine sulfate er (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	QL
<i>dextroamphetamine sulfate (oral tablet)</i>	\$0 (Tier 1)	QL
VYVANSE (ORAL CAPSULE)	\$0 (Tier 1)	
VYVANSE (ORAL TABLET CHEWABLE)	\$0 (Tier 1)	
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hcl (oral capsule)</i>	\$0 (Tier 1)	QL
<i>clonidine hcl er (oral tablet extended release 12 hour)</i>	\$0 (Tier 1)	PA
<i>dexmethylphenidate hcl er (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<i>dexmethylphenidate hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<i>guanfacine hcl er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>methylphenidate hcl er (10mg oral tablet extended release, 20mg oral tablet extended release)</i>	\$0 (Tier 1)	QL
<i>methylphenidate hcl (oral solution)</i>	\$0 (Tier 1)	QL
<i>methylphenidate hcl (oral tablet immediate release) (generic ritalin)</i>	\$0 (Tier 1)	QL
<b>Central Nervous System, Other</b>		
AUSTEDO (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
INGREZZA (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
INGREZZA (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
NUEDEXTA (ORAL CAPSULE)	\$0 (Tier 1)	PA; QL
<i>riluzole (oral tablet)</i>	\$0 (Tier 1)	
<i>tetrabenazine (oral tablet)</i>	\$0 (Tier 1)	PA; LA; DL; QL
<b>Fibromyalgia Agents</b>		
DRIZALMA SPRINKLE (ORAL CAPSULE DELAYED RELEASE SPRINKLE)	\$0 (Tier 1)	ST; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>duloxetine hcl (20mg oral capsule delayed release particles, 30mg oral capsule delayed release particles, 60mg oral capsule delayed release particles)</i>	\$0 (Tier 1)	QL
<i>pregabalin (oral capsule)</i>	\$0 (Tier 1)	QL
<i>pregabalin (oral solution)</i>	\$0 (Tier 1)	QL
SAVELLA (ORAL TABLET)	\$0 (Tier 1)	
SAVELLA TITRATION PACK (ORAL TABLET)	\$0 (Tier 1)	
<b>Multiple Sclerosis Agents</b>		
AUBAGIO (ORAL TABLET)	\$0 (Tier 1)	LA; DL; QL
AVONEX PEN (INTRAMUSCULAR AUTO-INJECTOR KIT)	\$0 (Tier 1)	DL; QL
AVONEX PREFILLED (INTRAMUSCULAR PREFILLED SYRINGE KIT)	\$0 (Tier 1)	DL; QL
BETASERON (SUBCUTANEOUS KIT)	\$0 (Tier 1)	DL; QL
<i>dalfampridine er (oral tablet extended release 12 hour)</i>	\$0 (Tier 1)	QL
<i>dimethyl fumarate (120mg oral capsule delayed release, 240mg oral capsule delayed release)</i>	\$0 (Tier 1)	DL; QL
GILENYA (0.5MG ORAL CAPSULE)	\$0 (Tier 1)	DL; QL
<i>glatiramer acetate (subcutaneous solution prefilled syringe)</i>	\$0 (Tier 1)	DL; QL
<i>glatopa (subcutaneous solution prefilled syringe)</i>	\$0 (Tier 1)	DL; QL
MAYZENT (ORAL TABLET)	\$0 (Tier 1)	LA; DL; QL
REBIF REBIDOSE (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	ST; DL; QL
REBIF REBIDOSE TITRATION PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	ST; DL; QL
REBIF (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	ST; DL; QL
REBIF TITRATION PACK (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	ST; DL; QL
TECFIDERA STARTER PACK (ORAL)	\$0 (Tier 1)	LA; DL
TECFIDERA (ORAL CAPSULE DELAYED RELEASE)	\$0 (Tier 1)	LA; DL; QL
<b>Dental and Oral Agents</b>		

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate (mouth solution)</i>	\$0 (Tier 1)	
<i>pilocarpine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide (dental paste)</i>	\$0 (Tier 1)	
<b>Dermatological Agents</b>		
<b>Acne and Rosacea Agents</b>		
<i>acitretin (oral capsule)</i>	\$0 (Tier 1)	
<i>adapalene (external cream)</i>	\$0 (Tier 1)	
<i>adapalene (0.1% external gel)</i>	\$0 (Tier 1)	
<i>amnesteam (oral capsule)</i>	\$0 (Tier 1)	PA
<i>azelaic acid (external gel)</i>	\$0 (Tier 1)	
<i>benzoyl peroxide-erythromycin (external gel)</i>	\$0 (Tier 1)	
<i>claravis (oral capsule)</i>	\$0 (Tier 1)	PA
<i>clindamycin phosphate-benzoyl peroxide (1-5% external gel)</i>	\$0 (Tier 1)	
FINACEA (EXTERNAL FOAM)	\$0 (Tier 1)	
<i>isotretinoin (oral capsule)</i>	\$0 (Tier 1)	PA
MIRVASO (EXTERNAL GEL)	\$0 (Tier 1)	
<i>myorisan (oral capsule)</i>	\$0 (Tier 1)	PA
<i>tazarotene (external cream)</i>	\$0 (Tier 1)	PA
<i>tretinoin (external cream)</i>	\$0 (Tier 1)	PA
<i>tretinoin (0.01% external gel, 0.025% external gel)</i>	\$0 (Tier 1)	PA
<i>tretinoin microsphere (external gel)</i>	\$0 (Tier 1)	PA
<i>zenatane (oral capsule)</i>	\$0 (Tier 1)	PA
<b>Dermatitis and Pruitus Agents</b>		
<i>ala-cort (1% external cream)</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate (external cream)</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate (external ointment)</i>	\$0 (Tier 1)	
<i>ammonium lactate (external cream)</i>	\$0 (Tier 1)	
<i>ammonium lactate (external lotion)</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate aug (external cream)</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate aug (external gel)</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate aug (external lotion)</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate aug (external ointment)</i>	\$0 (Tier 1)	

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>betamethasone dipropionate (external cream)</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate (external lotion)</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate (external ointment)</i>	\$0 (Tier 1)	
<i>betamethasone valerate (external cream)</i>	\$0 (Tier 1)	
<i>betamethasone valerate (external lotion)</i>	\$0 (Tier 1)	
<i>betamethasone valerate (external ointment)</i>	\$0 (Tier 1)	
<i>clobetasol propionate emollient base (external cream)</i>	\$0 (Tier 1)	
<i>clobetasol propionate (external cream)</i>	\$0 (Tier 1)	
<i>clobetasol propionate (external gel)</i>	\$0 (Tier 1)	
<i>clobetasol propionate (external ointment)</i>	\$0 (Tier 1)	
<i>clobetasol propionate (external shampoo)</i>	\$0 (Tier 1)	
<i>clobetasol propionate (external solution)</i>	\$0 (Tier 1)	
<b>CORDRAN (EXTERNAL TAPE)</b>	\$0 (Tier 1)	
<i>desonide (external ointment)</i>	\$0 (Tier 1)	
<i>desoximetasone (external cream)</i>	\$0 (Tier 1)	QL
<i>doxepin hcl (external cream)</i>	\$0 (Tier 1)	PA; DL; QL
<i>fluocinolone acetonide (external cream)</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide (external ointment)</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide (external solution)</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide scalp (external oil)</i>	\$0 (Tier 1)	
<i>fluocinonide emulsified base (external cream)</i>	\$0 (Tier 1)	
<i>fluocinonide (external gel)</i>	\$0 (Tier 1)	
<i>fluocinonide (external ointment)</i>	\$0 (Tier 1)	
<i>fluocinonide (external solution)</i>	\$0 (Tier 1)	
<i>fluticasone propionate (external cream)</i>	\$0 (Tier 1)	
<i>fluticasone propionate (external ointment)</i>	\$0 (Tier 1)	
<i>halobetasol propionate (external cream)</i>	\$0 (Tier 1)	
<i>halobetasol propionate (external ointment)</i>	\$0 (Tier 1)	
<i>hydrocortisone butyrate (external ointment)</i>	\$0 (Tier 1)	
<i>hydrocortisone (1% external cream, 2.5% external cream)</i>	\$0 (Tier 1)	
<i>hydrocortisone (2.5% external lotion)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>hydrocortisone (1% external ointment, 2.5% external ointment)</i>	\$0 (Tier 1)	
<i>hydrocortisone valerate (external cream)</i>	\$0 (Tier 1)	
<i>hydrocortisone valerate (external ointment)</i>	\$0 (Tier 1)	
<i>mometasone furoate (external cream)</i>	\$0 (Tier 1)	
<i>mometasone furoate (external ointment)</i>	\$0 (Tier 1)	
<i>mometasone furoate (external solution)</i>	\$0 (Tier 1)	
<i>pimecrolimus (external cream)</i>	\$0 (Tier 1)	ST; QL
<i>prednicarbate (external cream)</i>	\$0 (Tier 1)	
<i>prednicarbate (external ointment)</i>	\$0 (Tier 1)	
<i>selenium sulfide (external lotion)</i>	\$0 (Tier 1)	
<i>tacrolimus (external ointment)</i>	\$0 (Tier 1)	ST
<i>triamcinolone acetonide (external cream)</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide (external lotion)</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide (0.025% external ointment, 0.1% external ointment, 0.5% external ointment)</i>	\$0 (Tier 1)	
<i>triderm (external cream)</i>	\$0 (Tier 1)	
<b>Dermatological Agents, Other</b>		
<i>calcipotriene (external cream)</i>	\$0 (Tier 1)	
<i>calcipotriene (external ointment)</i>	\$0 (Tier 1)	
<i>calcipotriene (external solution)</i>	\$0 (Tier 1)	
<b>CALCITRIOL (EXTERNAL OINTMENT)</b>	\$0 (Tier 1)	
<i>clotrimazole-betamethasone (external cream)</i>	\$0 (Tier 1)	
<i>clotrimazole-betamethasone (external lotion)</i>	\$0 (Tier 1)	
<b>CORTISPORIN (EXTERNAL CREAM)</b>	\$0 (Tier 1)	
<b>CORTISPORIN (EXTERNAL OINTMENT)</b>	\$0 (Tier 1)	
<i>diclofenac sodium (3% external gel)</i>	\$0 (Tier 1)	PA
<i>fluorouracil (5% external cream)</i>	\$0 (Tier 1)	
<i>fluorouracil (external solution)</i>	\$0 (Tier 1)	
<i>imiquimod (5% external cream)</i>	\$0 (Tier 1)	QL
<b>IMIQUIMOD PUMP (3.75% EXTERNAL CREAM)</b>	\$0 (Tier 1)	PA; DL
<i>methoxsalen rapid (oral capsule)</i>	\$0 (Tier 1)	DL
<b>PICATO (EXTERNAL GEL)</b>	\$0 (Tier 1)	QL
<i>podofilox (external solution)</i>	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
REGGRANEX (EXTERNAL GEL)	\$0 (Tier 1)	PA; DL
SANTYL (EXTERNAL OINTMENT)	\$0 (Tier 1)	
<i>silver sulfadiazine (external cream)</i>	\$0 (Tier 1)	
SSD (EXTERNAL CREAM)	\$0 (Tier 1)	
ZYCLARA PUMP (EXTERNAL CREAM)	\$0 (Tier 1)	PA; DL
<b>Pediculicides/Scabicides</b>		
<i>malathion (external lotion)</i>	\$0 (Tier 1)	
<i>permethrin (external cream)</i>	\$0 (Tier 1)	
<b>Topical Anti-infectives</b>		
<i>ciclopirox (external gel)</i>	\$0 (Tier 1)	
<i>ciclopirox (external shampoo)</i>	\$0 (Tier 1)	
<i>ciclopirox (external solution)</i>	\$0 (Tier 1)	
<i>ciclopirox olamine (external cream)</i>	\$0 (Tier 1)	
<i>ciclopirox olamine (external suspension)</i>	\$0 (Tier 1)	
<i>clindacin-p (external swab)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate (external gel)</i>	\$0 (Tier 1)	QL
<i>clindamycin phosphate (external lotion)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate (external solution)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate (external swab)</i>	\$0 (Tier 1)	
<i>clotrimazole (external cream)</i>	\$0 (Tier 1)	
<i>clotrimazole (external solution)</i>	\$0 (Tier 1)	
<i>econazole nitrate (external cream)</i>	\$0 (Tier 1)	QL
<i>ery (external pad)</i>	\$0 (Tier 1)	
<i>erythromycin (external gel)</i>	\$0 (Tier 1)	
<i>erythromycin (external solution)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (external cream)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (external ointment)</i>	\$0 (Tier 1)	
JUBLIA (EXTERNAL SOLUTION)	\$0 (Tier 1)	
<i>ketoconazole (external cream)</i>	\$0 (Tier 1)	QL
<i>ketoconazole (external shampoo)</i>	\$0 (Tier 1)	
MENTAX (EXTERNAL CREAM)	\$0 (Tier 1)	
<i>mupirocin calcium (external cream)</i>	\$0 (Tier 1)	
<i>mupirocin (external ointment)</i>	\$0 (Tier 1)	QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>naftifine hcl (external cream)</i>	\$0 (Tier 1)	
NAFTIN (2% EXTERNAL GEL)	\$0 (Tier 1)	
<i>nyamyc (external powder)</i>	\$0 (Tier 1)	QL
<i>nystatin (external cream)</i>	\$0 (Tier 1)	
<i>nystatin (external ointment)</i>	\$0 (Tier 1)	
<i>nystatin (external powder)</i>	\$0 (Tier 1)	QL
<i>nystop (external powder)</i>	\$0 (Tier 1)	QL
SULFAMYLON (EXTERNAL CREAM)	\$0 (Tier 1)	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
AMINOSYN II (15% INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
AMINOSYN-PF (7% INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
CARBAGLU (ORAL TABLET)	\$0 (Tier 1)	LA; DL
<i>dextrose (10% intravenous solution)</i>	\$0 (Tier 1)	
<i>dextrose (5% intravenous solution)</i>	\$0 (Tier 1)	B/D, PA
DEXTROSE-NACL (10-0.2% INTRAVENOUS SOLUTION, 10-0.45% INTRAVENOUS SOLUTION, 2.5-0.45% INTRAVENOUS SOLUTION, 5-0.2% INTRAVENOUS SOLUTION, 5-0.45% INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
DEXTROSE-NACL (5-0.9% INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
HEPATAMINE (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
INTRALIPID (INTRAVENOUS EMULSION)	\$0 (Tier 1)	B/D, PA
ISOLYTE-P IN D5W (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
ISOLYTE-S (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
KCL IN DEXTROSE-NACL (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
KCL-LACTATED RINGERS-D5W (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
KLOR-CON 10 (ORAL TABLET EXTENDED RELEASE)	\$0 (Tier 1)	
<i>klor-con m10 (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>klor-con m15 (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>klor-con m20 (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>klor-con (oral packet)</i>	\$0 (Tier 1)	
KLOR-CON 8 (ORAL TABLET EXTENDED RELEASE)	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
MAGNESIUM SULFATE (50% INJECTION SOLUTION)	\$0 (Tier 1)	
<i>magnesium sulfate (50% (10ml syringe) injection solution)</i>	\$0 (Tier 1)	
NEPHRAMINE (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
NORMOSOL-M IN D5W (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
NUTRILIPID (INTRAVENOUS EMULSION)	\$0 (Tier 1)	B/D, PA
PLASMA-LYTE 148 (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
PLASMA-LYTE A (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
<i>plenamine (intravenous solution)</i>	\$0 (Tier 1)	B/D, PA
<i>potassium chloride cr (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>potassium chloride er (oral capsule extended release)</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE IN DEXTROSE (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
<i>potassium chloride in nacl (20-0.45meq/l-% intravenous solution)</i>	\$0 (Tier 1)	B/D, PA
POTASSIUM CHLORIDE IN NAACL (20-0.9MEQ/L-% INTRAVENOUS SOLUTION, 40-0.9MEQ/L-% INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
POTASSIUM CHLORIDE (10MEQ/100ML INTRAVENOUS SOLUTION, 20MEQ/100ML INTRAVENOUS SOLUTION, 40MEQ/100ML INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
<i>potassium chloride (2meq/ml intravenous solution, 2meq/ml (20ml) intravenous solution)</i>	\$0 (Tier 1)	B/D, PA
<i>potassium chloride (oral packet)</i>	\$0 (Tier 1)	
<i>potassium chloride (20 meq/15ml(10%) oral solution, 40 meq/15ml(20%) oral solution)</i>	\$0 (Tier 1)	
<i>potassium citrate er (oral tablet extended release)</i>	\$0 (Tier 1)	
<i>premasol (intravenous solution)</i>	\$0 (Tier 1)	B/D, PA
PROCALAMINE (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
PROSOL (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
<i>sodium chloride (0.45% intravenous solution)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>sodium chloride (0.9% intravenous solution, 3% intravenous solution)</i>	\$0 (Tier 1)	B/D, PA
SODIUM CHLORIDE (5% INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
SODIUM CHLORIDE (IRRIGATION SOLUTION)	\$0 (Tier 1)	
<i>sodium fluoride (oral tablet)</i>	\$0 (Tier 1)	
TPN ELECTROLYTES (INTRAVENOUS CONCENTRATE)	\$0 (Tier 1)	
TRAVASOL (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
TROPHAMINE (10% INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET (ORAL CAPSULE)	\$0 (Tier 1)	DL
<i>clovique (oral capsule)</i>	\$0 (Tier 1)	PA; DL; QL
<i>deferasirox granules (oral packet)</i>	\$0 (Tier 1)	PA; DL
<i>deferasirox (oral tablet) (generic jadenu)</i>	\$0 (Tier 1)	PA; DL
<i>deferasirox (oral tablet soluble) (generic exjade)</i>	\$0 (Tier 1)	PA; DL
<i>deferiprone (oral tablet)</i>	\$0 (Tier 1)	PA; DL
FERRIPROX (ORAL SOLUTION)	\$0 (Tier 1)	PA; DL
FERRIPROX (ORAL TABLET)	\$0 (Tier 1)	PA; DL
<i>trientine hcl (oral capsule)</i>	\$0 (Tier 1)	PA; DL; QL
<b>Phosphate Binders</b>		
AURYXIA (ORAL TABLET)	\$0 (Tier 1)	PA; DL
<i>calcium acetate (phosphate binder) (oral capsule)</i>	\$0 (Tier 1)	
<i>calcium acetate (phosphate binder) (oral tablet)</i>	\$0 (Tier 1)	
<i>lanthanum carbonate (oral tablet chewable)</i>	\$0 (Tier 1)	DL
PHOSLYRA (ORAL SOLUTION)	\$0 (Tier 1)	
<i>sevelamer carbonate (oral packet)</i>	\$0 (Tier 1)	DL
<i>sevelamer carbonate (oral tablet) (generic renvela)</i>	\$0 (Tier 1)	
VELPHORO (ORAL TABLET CHEWABLE)	\$0 (Tier 1)	DL
<b>Potassium Binders</b>		
LOKELMA (ORAL PACKET)	\$0 (Tier 1)	QL
<i>sodium polystyrene sulfonate (oral powder)</i>	\$0 (Tier 1)	
<i>sps (oral suspension)</i>	\$0 (Tier 1)	
VELTASSA (ORAL PACKET)	\$0 (Tier 1)	DL; QL
<b>Vitamins</b>		
<i>vp-pnv-dha (oral capsule)</i>	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
AMITIZA (ORAL CAPSULE)	\$0 (Tier 1)	QL
<i>constulose (oral solution)</i>	\$0 (Tier 1)	
<i>enulose (oral solution)</i>	\$0 (Tier 1)	
<i>generlac (oral solution)</i>	\$0 (Tier 1)	
<i>lactulose (10gm/15ml oral solution)</i>	\$0 (Tier 1)	
LINZESS (ORAL CAPSULE)	\$0 (Tier 1)	QL
RELISTOR (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
RELISTOR (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	PA; DL
<b>Anti-Diarrheal Agents</b>		
<i>alose tron hcl (oral tablet)</i>	\$0 (Tier 1)	PA; DL
<i>diphenoxylate-atropine (oral liquid)</i>	\$0 (Tier 1)	
<i>diphenoxylate-atropine (oral tablet)</i>	\$0 (Tier 1)	
<i>loperamide hcl (oral capsule)</i>	\$0 (Tier 1)	
<b>Antispasmodics, Gastrointestinal</b>		
CUVPOSA (ORAL SOLUTION)	\$0 (Tier 1)	PA
<i>dicyclomine hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>dicyclomine hcl (oral solution)</i>	\$0 (Tier 1)	
<i>dicyclomine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>methscopolamine bromide (oral tablet)</i>	\$0 (Tier 1)	
<b>Gastrointestinal Agents, Other</b>		
<i>chenodal (oral tablet)</i>	\$0 (Tier 1)	PA; DL
CLENPIQ (ORAL SOLUTION)	\$0 (Tier 1)	
GATTEX (SUBCUTANEOUS KIT)	\$0 (Tier 1)	PA; LA; DL
<i>gavilyte-c (oral solution reconstituted)</i>	\$0 (Tier 1)	
<i>gavilyte-g (oral solution reconstituted)</i>	\$0 (Tier 1)	
<i>gavilyte-n with flavor pack (oral solution reconstituted)</i>	\$0 (Tier 1)	
MYALEPT (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
OCALIVA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
<i>peg-3350-nacl-na bicarbonate-kcl (oral solution) (generic nulytely)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>peg-3350-electrolytes (oral solution) (generic golytely)</i>	\$0 (Tier 1)	
SUPREP BOWEL PREP KIT (ORAL SOLUTION)	\$0 (Tier 1)	
<i>trilyte (oral solution reconstituted)</i>	\$0 (Tier 1)	
<i>ursodiol (oral capsule)</i>	\$0 (Tier 1)	
<i>ursodiol (oral tablet)</i>	\$0 (Tier 1)	
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl (oral solution)</i>	\$0 (Tier 1)	
<i>cimetidine (oral tablet)</i>	\$0 (Tier 1)	
<i>famotidine (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>famotidine (20mg oral tablet, 40mg oral tablet)</i>	\$0 (Tier 1)	
<i>nizatidine (oral capsule)</i>	\$0 (Tier 1)	
<b>Protectants</b>		
<i>misoprostol (oral tablet)</i>	\$0 (Tier 1)	
<i>sucralfate (oral suspension)</i>	\$0 (Tier 1)	
<i>sucralfate (oral tablet)</i>	\$0 (Tier 1)	
<b>Proton Pump Inhibitors</b>		
DEXILANT (ORAL CAPSULE DELAYED RELEASE)	\$0 (Tier 1)	QL
<i>esomeprazole magnesium (oral capsule delayed release) (generic nexium)</i>	\$0 (Tier 1)	QL
<i>lansoprazole (oral capsule delayed release)</i>	\$0 (Tier 1)	QL
<i>omeprazole (10mg oral capsule delayed release)</i>	\$0 (Tier 1)	QL
<i>omeprazole (20mg oral capsule delayed release, 40mg oral capsule delayed release)</i>	\$0 (Tier 1)	
<i>pantoprazole sodium (oral tablet delayed release)</i>	\$0 (Tier 1)	QL
PRILOSEC (ORAL PACKET)	\$0 (Tier 1)	PA
<i>rabeprazole sodium (oral tablet delayed release)</i>	\$0 (Tier 1)	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP (1000MG INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
CHOLBAM (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL
CREON (ORAL CAPSULE DELAYED RELEASE PARTICLES)	\$0 (Tier 1)	
<i>cromolyn sodium (oral concentrate)</i>	\$0 (Tier 1)	
CYSTADANE (ORAL POWDER)	\$0 (Tier 1)	DL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
CYSTAGON (ORAL CAPSULE)	\$0 (Tier 1)	LA
GLASSIA (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	PA; LA; DL
KUVAN (ORAL PACKET)	\$0 (Tier 1)	LA; DL
KUVAN (ORAL TABLET SOLUBLE)	\$0 (Tier 1)	LA; DL
<i>levocarnitine (1gm/10ml oral solution)</i>	\$0 (Tier 1)	
LEVOCARNITINE (330MG ORAL TABLET)	\$0 (Tier 1)	
<i>miglustat (oral capsule)</i>	\$0 (Tier 1)	PA; LA; DL
<i>nitisinone (oral capsule)</i>	\$0 (Tier 1)	DL
ORFADIN (20MG ORAL CAPSULE)	\$0 (Tier 1)	LA; DL
ORFADIN (ORAL SUSPENSION)	\$0 (Tier 1)	LA; DL
PROCYSBI (ORAL PACKET)	\$0 (Tier 1)	LA; DL
PROLASTIN-C (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
RAVICTI (ORAL LIQUID)	\$0 (Tier 1)	LA; DL; QL
<i>sapropterin dihydrochloride (oral packet)</i>	\$0 (Tier 1)	DL
<i>sapropterin dihydrochloride (oral tablet soluble)</i>	\$0 (Tier 1)	DL
<i>sodium phenylbutyrate (oral powder)</i>	\$0 (Tier 1)	DL
<i>sodium phenylbutyrate (oral tablet)</i>	\$0 (Tier 1)	DL
SUCRAID (ORAL SOLUTION)	\$0 (Tier 1)	LA; DL
TEGSEDI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; LA; DL
VYNDAMAX (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
VYNDAQEL (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
ZEMAIRA (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
ZENPEP (ORAL CAPSULE DELAYED RELEASE PARTICLES)	\$0 (Tier 1)	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
MYRBETRIQ (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	
<i>oxybutynin chloride er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	QL
<i>oxybutynin chloride (oral syrup)</i>	\$0 (Tier 1)	
<i>oxybutynin chloride (oral tablet immediate release)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>solifenacin succinate (oral tablet)</i>	\$0 (Tier 1)	QL
<i>tolterodine tartrate er (oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>dutasteride (oral capsule)</i>	\$0 (Tier 1)	QL
<i>finasteride (5mg oral tablet) (generic proscar)</i>	\$0 (Tier 1)	
<i>silodosin (oral capsule)</i>	\$0 (Tier 1)	QL
<i>tamsulosin hcl (oral capsule)</i>	\$0 (Tier 1)	
<i>terazosin hcl (oral capsule)</i>	\$0 (Tier 1)	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride (oral tablet)</i>	\$0 (Tier 1)	
DEPEN TITRATABS (ORAL TABLET)	\$0 (Tier 1)	DL
ELMIRON (ORAL CAPSULE)	\$0 (Tier 1)	DL
LITHOSTAT (ORAL TABLET)	\$0 (Tier 1)	DL
<i>penicillamine (250mg oral capsule)</i>	\$0 (Tier 1)	PA; DL
<i>penicillamine (250mg oral tablet)</i>	\$0 (Tier 1)	DL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>cortisone acetate (oral tablet)</i>	\$0 (Tier 1)	
<i>dexamethasone (oral elixir)</i>	\$0 (Tier 1)	
<i>dexamethasone (oral tablet)</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate (oral tablet)</i>	\$0 (Tier 1)	
<i>hydrocortisone (oral tablet)</i>	\$0 (Tier 1)	
<i>methylprednisolone (oral tablet)</i>	\$0 (Tier 1)	
<i>methylprednisolone (oral tablet therapy pack)</i>	\$0 (Tier 1)	
<i>prednisolone (oral solution)</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate (25mg/5ml oral solution, 6.7mg/5ml oral solution)</i>	\$0 (Tier 1)	
<i>prednisone intensol (oral concentrate)</i>	\$0 (Tier 1)	
<i>prednisone (5mg/5ml oral solution)</i>	\$0 (Tier 1)	
<i>prednisone (10mg oral tablet, 1mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 50mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>prednisone (10mg (21) oral tablet therapy pack, 10mg (48) oral tablet therapy pack, 5mg (21) oral tablet therapy pack, 5mg (48) oral tablet therapy pack)</i>	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate (oral tablet)</i>	\$0 (Tier 1)	
<i>desmopressin acetate spray (nasal solution)</i>	\$0 (Tier 1)	
EGRIFTA SV (2MG SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
GENOTROPIN MINIQUICK (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
GENOTROPIN (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
INCRELEX (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	PA; LA; DL
SEROSTIM (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
ZORBTIVE (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
KORLYM (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 (ORAL TABLET)	\$0 (Tier 1)	PA; DL
<i>oxandrolone (10mg oral tablet)</i>	\$0 (Tier 1)	PA; QL
<i>oxandrolone (2.5mg oral tablet)</i>	\$0 (Tier 1)	PA; QL
<b>Androgens</b>		
ANDRODERM (TRANSDERMAL PATCH 24 HOUR)	\$0 (Tier 1)	QL
<i>danazol (oral capsule)</i>	\$0 (Tier 1)	
<i>testosterone cypionate (intramuscular solution)</i>	\$0 (Tier 1)	
<i>testosterone enanthate (intramuscular solution)</i>	\$0 (Tier 1)	
<i>testosterone (25mg/2.5gm 1% transdermal gel, 50mg/5gm 1% transdermal gel), testosterone pump (1% transdermal gel)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>testosterone (20.25mg/1.25gm 1.62% transdermal gel, 40.5mg/2.5gm 1.62% transdermal gel), testosterone pump (1.62% transdermal gel)</i>	\$0 (Tier 1)	
<b>Estrogens</b>		
<i>altavera (oral tablet)</i>	\$0 (Tier 1)	
<i>alyacen 1/35 (oral tablet)</i>	\$0 (Tier 1)	
<i>amethia (oral tablet)</i>	\$0 (Tier 1)	
<i>apri (oral tablet)</i>	\$0 (Tier 1)	
<i>aranelle (oral tablet)</i>	\$0 (Tier 1)	
<i>ashlyna (oral tablet)</i>	\$0 (Tier 1)	
<i>aubra eq (oral tablet)</i>	\$0 (Tier 1)	
<i>aviane (oral tablet)</i>	\$0 (Tier 1)	
<i>balziva (oral tablet)</i>	\$0 (Tier 1)	
<i>blisovi 24 fe (oral tablet)</i>	\$0 (Tier 1)	
<i>blisovi fe 1.5/30 (oral tablet)</i>	\$0 (Tier 1)	
<i>briellyn (oral tablet)</i>	\$0 (Tier 1)	
<i>camrese lo (oral tablet)</i>	\$0 (Tier 1)	
<i>caziant (oral tablet)</i>	\$0 (Tier 1)	
<b>CLIMARA PRO (TRANSDERMAL PATCH WEEKLY)</b>	\$0 (Tier 1)	
<i>cryselle-28 (oral tablet)</i>	\$0 (Tier 1)	
<i>cyclafem 1/35 (oral tablet)</i>	\$0 (Tier 1)	
<i>cyclafem 7/7/7 (oral tablet)</i>	\$0 (Tier 1)	
<i>cyred eq (oral tablet)</i>	\$0 (Tier 1)	
<i>depo-estradiol (intramuscular oil)</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol (oral tablet)</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol (oral tablet)</i>	\$0 (Tier 1)	
<b>DUAVEE (ORAL TABLET)</b>	\$0 (Tier 1)	
<b>ELESTRIN (TRANSDERMAL GEL)</b>	\$0 (Tier 1)	
<i>eluryng (vaginal ring)</i>	\$0 (Tier 1)	
<i>emoquette (oral tablet)</i>	\$0 (Tier 1)	
<i>enpresse-28 (oral tablet)</i>	\$0 (Tier 1)	
<i>enskyce (oral tablet)</i>	\$0 (Tier 1)	
<i>estarylla (oral tablet)</i>	\$0 (Tier 1)	
<i>estradiol (oral tablet)</i>	\$0 (Tier 1)	

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>estradiol (transdermal patch weekly)</i>	\$0 (Tier 1)	QL
<i>estradiol (vaginal cream)</i>	\$0 (Tier 1)	
<i>estradiol (vaginal tablet)</i>	\$0 (Tier 1)	QL
<i>estradiol valerate (intramuscular oil)</i>	\$0 (Tier 1)	
<b>ESTRING (VAGINAL RING)</b>	\$0 (Tier 1)	
<i>ethynodiol diacetate-ethinyl estradiol (oral tablet)</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol (vaginal ring)</i>	\$0 (Tier 1)	
<i>falmina (oral tablet)</i>	\$0 (Tier 1)	
<i>fayosim (oral tablet)</i>	\$0 (Tier 1)	
<b>FEMRING (VAGINAL RING)</b>	\$0 (Tier 1)	
<i>femynor (oral tablet)</i>	\$0 (Tier 1)	
<i>fyavolv (oral tablet)</i>	\$0 (Tier 1)	
<i>gianvi (oral tablet)</i>	\$0 (Tier 1)	
<i>hailey 24 fe (oral tablet)</i>	\$0 (Tier 1)	
<b>IMVEXXY MAINTENANCE PACK (VAGINAL INSERT)</b>	\$0 (Tier 1)	PA; QL
<b>IMVEXXY STARTER PACK (VAGINAL INSERT)</b>	\$0 (Tier 1)	PA; QL
<i>introvale (oral tablet)</i>	\$0 (Tier 1)	
<i>isibloom (oral tablet)</i>	\$0 (Tier 1)	
<i>jasmiel (oral tablet)</i>	\$0 (Tier 1)	
<i>jinteli (oral tablet)</i>	\$0 (Tier 1)	
<i>juleber (oral tablet)</i>	\$0 (Tier 1)	
<i>junel 1.5/30 (oral tablet)</i>	\$0 (Tier 1)	
<i>junel 1/20 (oral tablet)</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30 (oral tablet)</i>	\$0 (Tier 1)	
<i>junel fe 1/20 (oral tablet)</i>	\$0 (Tier 1)	
<i>junel fe 24 (oral tablet)</i>	\$0 (Tier 1)	
<i>kaitlib fe (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>kariva (oral tablet)</i>	\$0 (Tier 1)	
<i>kelnor 1/35 (oral tablet)</i>	\$0 (Tier 1)	
<i>kelnor 1/50 (oral tablet)</i>	\$0 (Tier 1)	
<i>kurvelo (oral tablet)</i>	\$0 (Tier 1)	
<i>larin 1.5/30 (oral tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>larin 1/20 (oral tablet)</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30 (oral tablet)</i>	\$0 (Tier 1)	
<i>larin fe 1/20 (oral tablet)</i>	\$0 (Tier 1)	
<i>larissia (oral tablet)</i>	\$0 (Tier 1)	
<b>LAYOLIS FE (ORAL TABLET CHEWABLE)</b>	\$0 (Tier 1)	
<i>leena (oral tablet)</i>	\$0 (Tier 1)	
<i>lessina (oral tablet)</i>	\$0 (Tier 1)	
<i>levonest (oral tablet)</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estradiol &amp; ethinyl estradiol (oral tablet)</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estradiol 91-day (oral tablet)</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estradiol (oral tablet)</i>	\$0 (Tier 1)	
<i>levora 0.15/30 (28) (oral tablet)</i>	\$0 (Tier 1)	
<i>loryna (oral tablet)</i>	\$0 (Tier 1)	
<i>low-ogestrel (oral tablet)</i>	\$0 (Tier 1)	
<i>lutra (oral tablet)</i>	\$0 (Tier 1)	
<i>marlissa (oral tablet)</i>	\$0 (Tier 1)	
<i>melodetta 24 fe (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>menest (oral tablet)</i>	\$0 (Tier 1)	
<i>mibelas 24 fe (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>microgestin 1.5/30 (oral tablet)</i>	\$0 (Tier 1)	
<i>microgestin 1/20 (oral tablet)</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30 (oral tablet)</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20 (oral tablet)</i>	\$0 (Tier 1)	
<i>mili (oral tablet)</i>	\$0 (Tier 1)	
<i>necon 0.5/35 (28) (oral tablet)</i>	\$0 (Tier 1)	
<i>nikki (oral tablet)</i>	\$0 (Tier 1)	
<i>norethindrone acetate-ethinyl estradiol (0.5-2.5mg-mcg oral tablet, 1-20mg-mcg oral tablet, 1-5mg-mcg oral tablet)</i>	\$0 (Tier 1)	
<i>norethindrone acetate-ethinyl estradiol-fe (0.4-35mg-mcg oral tablet chewable, 0.8-25mg-mcg oral tablet chewable, 1-20mg-mcg(24) oral tablet chewable)</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol (oral tablet)</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol triphasic (oral tablet)</i>	\$0 (Tier 1)	

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restriction, or limits on use</b>
<i>nortrel 0.5/35 (28) (oral tablet)</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21) (oral tablet)</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28) (oral tablet)</i>	\$0 (Tier 1)	
<i>nortrel 7/7/7 (oral tablet)</i>	\$0 (Tier 1)	
<i>ocella (oral tablet)</i>	\$0 (Tier 1)	
<i>orsythia (oral tablet)</i>	\$0 (Tier 1)	
<i>pimtrea (oral tablet)</i>	\$0 (Tier 1)	
<i>pirmella 1/35 (oral tablet)</i>	\$0 (Tier 1)	
<i>portia-28 (oral tablet)</i>	\$0 (Tier 1)	
PREMARIN (ORAL TABLET)	\$0 (Tier 1)	QL
PREMARIN (VAGINAL CREAM)	\$0 (Tier 1)	
PREMPHASE (ORAL TABLET)	\$0 (Tier 1)	QL
PREMPRO (ORAL TABLET)	\$0 (Tier 1)	QL
<i>previfem (oral tablet)</i>	\$0 (Tier 1)	
<i>reclipsen (oral tablet)</i>	\$0 (Tier 1)	
<i>rivelsa (oral tablet)</i>	\$0 (Tier 1)	
<i>setlakin (oral tablet)</i>	\$0 (Tier 1)	
<i>sprintec 28 (oral tablet)</i>	\$0 (Tier 1)	
<i>sronyx (oral tablet)</i>	\$0 (Tier 1)	
<i>syeda (oral tablet)</i>	\$0 (Tier 1)	
<i>tarina 24 fe (oral tablet)</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq (oral tablet)</i>	\$0 (Tier 1)	
<i>tri-estarylla (oral tablet)</i>	\$0 (Tier 1)	
<i>tri-legest fe (oral tablet)</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla (oral tablet)</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec (oral tablet)</i>	\$0 (Tier 1)	
<i>tri-mili (oral tablet)</i>	\$0 (Tier 1)	
<i>tri-previfem (oral tablet)</i>	\$0 (Tier 1)	
<i>tri-sprintec (oral tablet)</i>	\$0 (Tier 1)	
<i>trivora (28) (oral tablet)</i>	\$0 (Tier 1)	
<i>tri-vyllibra lo (oral tablet)</i>	\$0 (Tier 1)	
<i>tri-vyllibra (oral tablet)</i>	\$0 (Tier 1)	
<i>velivet (oral tablet)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>vienva (oral tablet)</i>	\$0 (Tier 1)	
<i>vyfemla (oral tablet)</i>	\$0 (Tier 1)	
<i>vylibra (oral tablet)</i>	\$0 (Tier 1)	
<i>wymzya fe (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>xulane (transdermal patch weekly)</i>	\$0 (Tier 1)	
<i>yuvaferm (vaginal tablet)</i>	\$0 (Tier 1)	QL
<i>zarah (oral tablet)</i>	\$0 (Tier 1)	
<i>zovia 1/35e (28) (oral tablet)</i>	\$0 (Tier 1)	
<b>Progestins</b>		
<i>camila (oral tablet)</i>	\$0 (Tier 1)	
<b>CRINONE (VAGINAL GEL)</b>	\$0 (Tier 1)	PA
<i>deblitane (oral tablet)</i>	\$0 (Tier 1)	
<i>errin (oral tablet)</i>	\$0 (Tier 1)	
<i>incassia (oral tablet)</i>	\$0 (Tier 1)	
<i>lyza (oral tablet)</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate (150mg/ml intramuscular suspension)</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate (150mg/ml intramuscular suspension prefilled syringe)</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate (10mg oral tablet, 2.5mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	
<i>megestrol acetate (40mg/ml oral suspension)</i>	\$0 (Tier 1)	
<i>megestrol acetate (625mg/5ml oral suspension)</i>	\$0 (Tier 1)	
<i>megestrol acetate (oral tablet)</i>	\$0 (Tier 1)	
<i>nora-be (oral tablet)</i>	\$0 (Tier 1)	
<i>norethindrone acetate (5mg oral tablet)</i>	\$0 (Tier 1)	
<i>norethindrone (0.35mg oral tablet)</i>	\$0 (Tier 1)	
<i>progesterone micronized (oral capsule)</i>	\$0 (Tier 1)	
<i>sharobel (oral tablet)</i>	\$0 (Tier 1)	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<b>OSPHENA (ORAL TABLET)</b>	\$0 (Tier 1)	PA; QL
<i>raloxifene hcl (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>EUTHYROX (ORAL TABLET)</b>	\$0 (Tier 1)	
<b>LEVO-T (ORAL TABLET)</b>	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>levothyroxine sodium (oral tablet)</i>	\$0 (Tier 1)	
LEVOXYL (ORAL TABLET)	\$0 (Tier 1)	
<i>liothyronine sodium (oral tablet)</i>	\$0 (Tier 1)	
SYNTHROID (ORAL TABLET)	\$0 (Tier 1)	
UNITHROID (100MCG ORAL TABLET, 112MCG ORAL TABLET, 125MCG ORAL TABLET, 150MCG ORAL TABLET, 175MCG ORAL TABLET, 200MCG ORAL TABLET, 25MCG ORAL TABLET, 300MCG ORAL TABLET, 50MCG ORAL TABLET, 75MCG ORAL TABLET, 88MCG ORAL TABLET)	\$0 (Tier 1)	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN (ORAL TABLET)	\$0 (Tier 1)	DL
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline (oral tablet)</i>	\$0 (Tier 1)	
FIRMAGON (240MG DOSE) (120MG/VIAL SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
FIRMAGON (80MG SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA
<i>leuprolide acetate (injection kit)</i>	\$0 (Tier 1)	PA
LUPANETA PACK (COMBINATION KIT)	\$0 (Tier 1)	PA; DL
LUPRON DEPOT (1-MONTH) (INTRAMUSCULAR KIT)	\$0 (Tier 1)	PA; DL
LUPRON DEPOT (3-MONTH) (INTRAMUSCULAR KIT)	\$0 (Tier 1)	PA; DL
LUPRON DEPOT (4-MONTH) (INTRAMUSCULAR KIT)	\$0 (Tier 1)	PA; DL
LUPRON DEPOT (6-MONTH) (INTRAMUSCULAR KIT)	\$0 (Tier 1)	PA; DL
<i>octreotide acetate (1000mcg/ml injection solution, 500mcg/ml injection solution)</i>	\$0 (Tier 1)	PA; DL
<i>octreotide acetate (100mcg/ml injection solution, 200mcg/ml injection solution, 50mcg/ml injection solution)</i>	\$0 (Tier 1)	PA
SIGNIFOR (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	PA; LA; DL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
SOMATULINE DEPOT (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	DL
SOMAVERT (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL; QL
SYNAREL (NASAL SOLUTION)	\$0 (Tier 1)	DL
TRELSTAR MIXJECT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole (oral tablet)</i>	\$0 (Tier 1)	
<i>propylthiouracil (oral tablet)</i>	\$0 (Tier 1)	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
BERINERT (INTRAVENOUS KIT)	\$0 (Tier 1)	PA; LA; DL
CINRYZE (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
HAEGARDA (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
<i>icatibant acetate (subcutaneous solution)</i>	\$0 (Tier 1)	PA; DL; QL
RUCONEST (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
<b>Immunoglobulins</b>		
BIVIGAM (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	PA; DL
FLEBOGAMMA DIF (5GM/50ML INTRAVENOUS SOLUTION)	\$0 (Tier 1)	PA; DL
GAMMAGARD (2.5GM/25ML INJECTION SOLUTION)	\$0 (Tier 1)	PA; DL
GAMMAGARD S/D LESS IGA (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
GAMMAKED (1GM/10ML INJECTION SOLUTION)	\$0 (Tier 1)	PA; DL
GAMMAPLEX (10GM/100ML INTRAVENOUS SOLUTION, 10GM/200ML INTRAVENOUS SOLUTION, 20GM/200ML INTRAVENOUS SOLUTION, 5GM/50ML INTRAVENOUS SOLUTION)	\$0 (Tier 1)	PA; DL
GAMUNEX-C (1GM/10ML INJECTION SOLUTION)	\$0 (Tier 1)	PA; DL
OCTAGAM (1GM/20ML INTRAVENOUS SOLUTION, 2GM/20ML INTRAVENOUS SOLUTION)	\$0 (Tier 1)	PA; DL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
PANZYGA (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	PA; DL
PRIVIGEN (20GM/200ML INTRAVENOUS SOLUTION)	\$0 (Tier 1)	PA; DL
VARIZIG (INTRAMUSCULAR SOLUTION)	\$0 (Tier 1)	DL
<b>Immunological Agents, Other</b>		
ACTEMRA ACTPEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; DL
ACTEMRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
ARCALYST (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
BENLYSTA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; DL
BENLYSTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
COSENTYX (300 MG DOSE) (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; LA; DL
COSENTYX SENSOREADY (300 MG) (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; LA; DL
KINERET (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
ORENCIA CLICKJECT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; DL
ORENCIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
OTEZLA (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL
OTEZLA (ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	PA; LA; DL
RIDAURA (ORAL CAPSULE)	\$0 (Tier 1)	DL
STELARA (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	PA; DL
STELARA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
XELJANZ (ORAL TABLET IMMEDIATE RELEASE)	\$0 (Tier 1)	PA; DL; QL
XELJANZ XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	PA; DL; QL
XOLAIR (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; LA; DL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
XOLAIR (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
<b>Immunostimulants</b>		
ACTIMMUNE (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	LA; DL
INTRON A (INJECTION SOLUTION)	\$0 (Tier 1)	PA; LA; DL
INTRON A (INJECTION SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
<b>Immunosuppressants</b>		
<i>azathioprine (oral tablet)</i>	\$0 (Tier 1)	B/D, PA
CIMZIA PREFILLED (SUBCUTANEOUS KIT)	\$0 (Tier 1)	PA; DL
CIMZIA (SUBCUTANEOUS KIT)	\$0 (Tier 1)	PA; DL
<i>cyclosporine modified (oral capsule)</i>	\$0 (Tier 1)	B/D, PA
<i>cyclosporine modified (oral solution)</i>	\$0 (Tier 1)	B/D, PA
<i>cyclosporine (oral capsule)</i>	\$0 (Tier 1)	B/D, PA
ENBREL MINI (SUBCUTANEOUS SOLUTION CARTRIDGE)	\$0 (Tier 1)	PA; DL
ENBREL (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	PA; DL
ENBREL (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
ENBREL (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
ENBREL SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; DL
ENVARUS XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	B/D, PA
<i>everolimus (0.25mg oral tablet, 0.5mg oral tablet, 0.75mg oral tablet)</i>	\$0 (Tier 1)	B/D, PA; DL
<i>gengraf (oral capsule)</i>	\$0 (Tier 1)	B/D, PA
<i>gengraf (oral solution)</i>	\$0 (Tier 1)	B/D, PA
HUMIRA PEDIATRIC CROHNS START (SUBCUTANEOUS PREFILLED SYRINGE KIT)	\$0 (Tier 1)	PA; DL
HUMIRA PEN (SUBCUTANEOUS PEN-INJECTOR KIT)	\$0 (Tier 1)	PA; DL
HUMIRA PEN CROHNS DISEASE STARTER (SUBCUTANEOUS PEN-INJECTOR KIT)	\$0 (Tier 1)	PA; DL
HUMIRA PEN PSORIASIS STARTER (SUBCUTANEOUS PEN-INJECTOR KIT)	\$0 (Tier 1)	PA; DL
HUMIRA (SUBCUTANEOUS PREFILLED SYRINGE KIT)	\$0 (Tier 1)	PA; DL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>leflunomide (oral tablet)</i>	\$0 (Tier 1)	
<i>methotrexate (oral tablet)</i>	\$0 (Tier 1)	
<i>methotrexate sodium (50mg/2ml injection solution prefilled syringe)</i>	\$0 (Tier 1)	
<i>methotrexate sodium (50mg/2ml injection solution)</i>	\$0 (Tier 1)	
<i>mycophenolate mofetil (oral capsule)</i>	\$0 (Tier 1)	B/D, PA
<i>mycophenolate mofetil (oral suspension reconstituted)</i>	\$0 (Tier 1)	B/D, PA; DL
<i>mycophenolate mofetil (oral tablet)</i>	\$0 (Tier 1)	B/D, PA
<i>mycophenolate sodium (oral tablet delayed release)</i>	\$0 (Tier 1)	B/D, PA
PROGRAF (ORAL PACKET)	\$0 (Tier 1)	B/D, PA
RASUVO (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA
SANDIMMUNE (ORAL SOLUTION)	\$0 (Tier 1)	B/D, PA; DL
SIMPONI (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; DL
SIMPONI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
<i>sirolimus (oral solution)</i>	\$0 (Tier 1)	B/D, PA; DL
<i>sirolimus (oral tablet)</i>	\$0 (Tier 1)	B/D, PA
<i>tacrolimus (oral capsule)</i>	\$0 (Tier 1)	B/D, PA
<i>trexall (oral tablet)</i>	\$0 (Tier 1)	
XATMEP (ORAL SOLUTION)	\$0 (Tier 1)	PA
ZORTRESS (1MG ORAL TABLET)	\$0 (Tier 1)	B/D, PA; DL
<b>Vaccines</b>		
ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED)	\$0 (Tier 1)	QL
ADACEL (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
BCG VACCINE (INJECTION)	\$0 (Tier 1)	QL
BEXSERO (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0 (Tier 1)	QL
BOOSTRIX (5-2.5-18.5 INTRAMUSCULAR SUSPENSION, 5-2.5-18.5 (0.5ML SYRINGE) INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
DAPTACEL (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
DIPHThERIA-TETANUS TOXOIDS DT (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
ENGERIX-B (INJECTION SUSPENSION)	\$0 (Tier 1)	B/D, PA; QL
GARDASIL 9 (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
GARDASIL 9 (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0 (Tier 1)	QL
HAVRIX (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
HIBERIX (INJECTION SOLUTION RECONSTITUTED)	\$0 (Tier 1)	QL
IMOVAX RABIES (INTRAMUSCULAR INJECTABLE)	\$0 (Tier 1)	B/D, PA; QL
INFANRIX (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
I POL (INJECTION)	\$0 (Tier 1)	QL
IXIARO (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
KINRIX (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
MENACTRA (INTRAMUSCULAR INJECTABLE)	\$0 (Tier 1)	QL
MENQUADFI (INTRAMUSCULAR INJECTABLE)	\$0 (Tier 1)	QL
MENVEO (INTRAMUSCULAR SOLUTION RECONSTITUTED)	\$0 (Tier 1)	QL
M-M-R II (INJECTION SOLUTION RECONSTITUTED)	\$0 (Tier 1)	QL
PEDIARIX (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
PEDVAX HIB (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
PROQUAD (SUBCUTANEOUS SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	QL
QUADRACEL (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
RABAVERT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	B/D, PA; QL
RECOMBIVAX HB (INJECTION SUSPENSION)	\$0 (Tier 1)	B/D, PA; QL
ROTARIX (ORAL SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	QL
ROTATEQ (ORAL SOLUTION)	\$0 (Tier 1)	QL
SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	PA; QL
TDVAX (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
TENIVAC (INTRAMUSCULAR INJECTABLE)	\$0 (Tier 1)	QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
TRUMENBA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0 (Tier 1)	QL
TWINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	\$0 (Tier 1)	QL
TYPHIM VI (INTRAMUSCULAR SOLUTION)	\$0 (Tier 1)	QL
VAQTA (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	QL
VARIVAX (SUBCUTANEOUS INJECTABLE)	\$0 (Tier 1)	QL
YF-VAX (SUBCUTANEOUS INJECTABLE)	\$0 (Tier 1)	QL
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
APRISO (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	QL
<i>balsalazide disodium (oral capsule)</i>	\$0 (Tier 1)	
DIPENTUM (ORAL CAPSULE)	\$0 (Tier 1)	DL
<i>mesalamine er (0.375mg oral capsule extended release 24 hour) (generic apriso)</i>	\$0 (Tier 1)	QL
<i>mesalamine (1.2gm oral tablet delayed release) (generic lialda)</i>	\$0 (Tier 1)	QL
<i>mesalamine (rectal enema)</i>	\$0 (Tier 1)	QL
<i>mesalamine (rectal suppository)</i>	\$0 (Tier 1)	QL
PENTASA (ORAL CAPSULE EXTENDED RELEASE)	\$0 (Tier 1)	QL
<i>sulfasalazine (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>sulfasalazine (oral tablet delayed release)</i>	\$0 (Tier 1)	
<b>Glucocorticoids</b>		
<i>budesonide er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	ST; DL
<i>budesonide (oral capsule delayed release particles)</i>	\$0 (Tier 1)	
<i>hydrocortisone (rectal enema)</i>	\$0 (Tier 1)	
<i>procto-med hc (external cream)</i>	\$0 (Tier 1)	
<i>procto-pak (external cream)</i>	\$0 (Tier 1)	
<i>proctosol hc (2.5% external cream)</i>	\$0 (Tier 1)	
<i>proctozone-hc (external cream)</i>	\$0 (Tier 1)	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>alendronate sodium (oral solution)</i>	\$0 (Tier 1)	
<i>alendronate sodium (10mg oral tablet, 35mg oral tablet, 70mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>calcitonin salmon (nasal solution)</i>	\$0 (Tier 1)	QL
<i>calcitriol (oral capsule)</i>	\$0 (Tier 1)	B/D, PA
<i>calcitriol (oral solution)</i>	\$0 (Tier 1)	B/D, PA
<i>cinacalcet hcl (30mg oral tablet)</i>	\$0 (Tier 1)	B/D, PA; QL
<i>cinacalcet hcl (60mg oral tablet, 90mg oral tablet)</i>	\$0 (Tier 1)	B/D, PA; DL; QL
<i>doxercalciferol (oral capsule)</i>	\$0 (Tier 1)	B/D, PA
FORTEO (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	PA; DL; QL
<i>ibandronate sodium (oral tablet)</i>	\$0 (Tier 1)	QL
NATPARA (SUBCUTANEOUS CARTRIDGE)	\$0 (Tier 1)	PA; LA; DL
<i>paricalcitol (oral capsule)</i>	\$0 (Tier 1)	B/D, PA
PROLIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	QL
RAYALDEE (ORAL CAPSULE EXTENDED RELEASE)	\$0 (Tier 1)	DL; QL
<i>risedronate sodium (oral tablet immediate release)</i>	\$0 (Tier 1)	QL
TERIPARATIDE (RECOMBINANT) (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	PA; DL; QL
TYMLOS (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	PA; DL; QL
XGEVA (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	PA; DL
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<i>alcohol prep pads</i>	\$0 (Tier 1)	
<i>gauze (non-medicated 2x2 pad)</i>	\$0 (Tier 1)	
<i>insulin syringes, needles</i>	\$0 (Tier 1)	
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
ATROPINE SULFATE (1% OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<i>neomycin-polymyxin-bacitracin-hydrocortisone (ophthalmic ointment)</i>	\$0 (Tier 1)	
BLEPHAMIDE (OPHTHALMIC SUSPENSION)	\$0 (Tier 1)	
<i>blephamide s.o.p. (ophthalmic ointment)</i>	\$0 (Tier 1)	
COMBIGAN (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
CYSTARAN (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	LA; DL
<i>dorzolamide hcl-timolol maleate (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol maleate preservative free (ophthalmic solution)</i>	\$0 (Tier 1)	
LACRISERT (OPHTHALMIC INSERT)	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexamethasone (ophthalmic ointment)</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexamethasone (3.5-10000-0.1 ophthalmic suspension)</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc (ophthalmic suspension)</i>	\$0 (Tier 1)	
PRED-G (OPHTHALMIC SUSPENSION)	\$0 (Tier 1)	
PRED-G S.O.P. (OPHTHALMIC OINTMENT)	\$0 (Tier 1)	
<i>proparacaine hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
RESTASIS SINGLE-USE VIALS (OPHTHALMIC EMULSION)	\$0 (Tier 1)	QL
ROCKLATAN (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	ST
<i>sulfacetamide-prednisolone (ophthalmic solution)</i>	\$0 (Tier 1)	
TOBRADEX (OPHTHALMIC OINTMENT)	\$0 (Tier 1)	
TOBRADEX ST (OPHTHALMIC SUSPENSION)	\$0 (Tier 1)	
<i>tobramycin-dexamethasone (ophthalmic suspension)</i>	\$0 (Tier 1)	
XIIDRA (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	QL
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRI (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
ALOMIDE (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<i>azelastine hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
BEPREVE (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<i>cromolyn sodium (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>epinastine hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
LASTACFT (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<i>olopatadine hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
PAZEO (0.7% OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<b>Ophthalmic Anti-Infectives</b>		
<i>bacitracin (ophthalmic ointment)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>bacitracin-polymyxin b (ophthalmic ointment)</i>	\$0 (Tier 1)	
<b>BESIVANCE (OPHTHALMIC SUSPENSION)</b>	\$0 (Tier 1)	
<b>CILOXAN (OPHTHALMIC OINTMENT)</b>	\$0 (Tier 1)	
<i>ciprofloxacin hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>erythromycin (ophthalmic ointment)</i>	\$0 (Tier 1)	
<i>gatifloxacin (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>gentak (ophthalmic ointment)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>levofloxacin (0.5% ophthalmic solution)</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl (ophthalmic solution) (generic vigamox)</i>	\$0 (Tier 1)	
<b>NATACYN (OPHTHALMIC SUSPENSION)</b>	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin (5-400-10000 ophthalmic ointment)</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>ofloxacin (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>polymyxin b-trimethoprim (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium (ophthalmic ointment)</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>tobramycin (ophthalmic solution)</i>	\$0 (Tier 1)	
<b>TOBREX (OPHTHALMIC OINTMENT)</b>	\$0 (Tier 1)	
<i>trifluridine (ophthalmic solution)</i>	\$0 (Tier 1)	
<b>Ophthalmic Anti-inflammatories</b>		
<i>dexamethasone sodium phosphate (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>diclofenac sodium (ophthalmic solution)</i>	\$0 (Tier 1)	
<b>FLAREX (OPHTHALMIC SUSPENSION)</b>	\$0 (Tier 1)	
<i>fluorometholone (ophthalmic suspension)</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium (ophthalmic solution)</i>	\$0 (Tier 1)	
<b>FML FORTE (OPHTHALMIC SUSPENSION)</b>	\$0 (Tier 1)	
<b>FML (OPHTHALMIC OINTMENT)</b>	\$0 (Tier 1)	
<b>ILEVRO (OPHTHALMIC SUSPENSION)</b>	\$0 (Tier 1)	
<i>ketorolac tromethamine (ophthalmic solution)</i>	\$0 (Tier 1)	
<b>LOTEMAX (OPHTHALMIC GEL)</b>	\$0 (Tier 1)	
<b>LOTEMAX (OPHTHALMIC OINTMENT)</b>	\$0 (Tier 1)	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
LOTEMAX (OPHTHALMIC SUSPENSION)	\$0 (Tier 1)	
LOTEMAX SM (OPHTHALMIC GEL)	\$0 (Tier 1)	
<i>loteprednol etabonate (ophthalmic suspension)</i>	\$0 (Tier 1)	
PRED MILD (OPHTHALMIC SUSPENSION)	\$0 (Tier 1)	
<i>prednisolone acetate (ophthalmic suspension)</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate (1% ophthalmic solution)</i>	\$0 (Tier 1)	
PROLENSA (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
BETIMOL (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<i>carteolol hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>levobunolol hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic gel forming (ophthalmic solution) (generic timoptic-xe)</i>	\$0 (Tier 1)	
<i>timolol maleate (0.25% ophthalmic solution, 0.5% ophthalmic solution) (generic timoptic)</i>	\$0 (Tier 1)	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
ALPHAGAN P (0.1% OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<i>apraclonidine hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
AZOPT (OPHTHALMIC SUSPENSION)	\$0 (Tier 1)	
BRIMONIDINE TARTRATE (0.15% OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<i>brimonidine tartrate (0.2% ophthalmic solution)</i>	\$0 (Tier 1)	
<i>dorzolamide hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>methazolamide (oral tablet)</i>	\$0 (Tier 1)	
PHOSPHOLINE IODIDE (OPHTHALMIC SOLUTION RECONSTITUTED)	\$0 (Tier 1)	
<i>pilocarpine hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
RHOPRESSA (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	ST
SIMBRINZA (OPHTHALMIC SUSPENSION)	\$0 (Tier 1)	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<i>latanoprost (ophthalmic solution)</i>	\$0 (Tier 1)	
LUMIGAN (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<i>travoprost (bak free) (ophthalmic solution)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.



Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
VYZULTA (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid (otic solution)</i>	\$0 (Tier 1)	
CIPRO HC (OTIC SUSPENSION)	\$0 (Tier 1)	
<i>ciprofloxacin-dexamethasone (otic suspension)</i>	\$0 (Tier 1)	
<i>flac (otic oil)</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide (otic oil)</i>	\$0 (Tier 1)	
<i>hydrocortisone-acetic acid (otic solution)</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc (1% otic solution)</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc (otic suspension)</i>	\$0 (Tier 1)	
<i>ofloxacin (otic solution)</i>	\$0 (Tier 1)	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
<i>azelastine hcl (0.1% nasal solution, 0.15% nasal solution)</i>	\$0 (Tier 1)	
<i>azelastine-fluticasone (nasal suspension)</i>	\$0 (Tier 1)	
<i>cetirizine hcl (1mg/ml oral solution)</i>	\$0 (Tier 1)	
<i>cyproheptadine hcl (oral syrup)</i>	\$0 (Tier 1)	
<i>cyproheptadine hcl (oral tablet)</i>	\$0 (Tier 1)	
DYMISTA (NASAL SUSPENSION)	\$0 (Tier 1)	
<i>levocetirizine dihydrochloride (oral tablet)</i>	\$0 (Tier 1)	QL
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUIY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
<i>budesonide (inhalation suspension)</i>	\$0 (Tier 1)	B/D, PA
FLOVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
FLOVENT HFA (INHALATION AEROSOL)	\$0 (Tier 1)	QL
<i>flunisolide (nasal solution)</i>	\$0 (Tier 1)	
<i>fluticasone propionate (nasal suspension)</i>	\$0 (Tier 1)	
<i>mometasone furoate (nasal suspension)</i>	\$0 (Tier 1)	
<b>Antileukotrienes</b>		
<i>montelukast sodium (oral packet)</i>	\$0 (Tier 1)	QL
<i>montelukast sodium (oral tablet)</i>	\$0 (Tier 1)	QL
<i>montelukast sodium (oral tablet chewable)</i>	\$0 (Tier 1)	QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<i>zafirlukast (oral tablet)</i>	\$0 (Tier 1)	QL
<i>zileuton er (oral tablet extended release 12 hour)</i>	\$0 (Tier 1)	ST; DL
ZYFLO (ORAL TABLET IMMEDIATE RELEASE)	\$0 (Tier 1)	ST; DL
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA (INHALATION AEROSOL SOLUTION)	\$0 (Tier 1)	
INCRUSE ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
<i>ipratropium bromide (inhalation solution)</i>	\$0 (Tier 1)	B/D, PA
<i>ipratropium bromide (nasal solution)</i>	\$0 (Tier 1)	
LONHALA MAGNAIR (INHALATION SOLUTION)	\$0 (Tier 1)	DL; QL
SPIRIVA HANDIHALER (INHALATION CAPSULE)	\$0 (Tier 1)	QL
SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION)	\$0 (Tier 1)	QL
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa (108 (90 base)mcg/act inhalation aerosol solution (generic proair), 108 (90 base)mcg/act inhalation aerosol solution (generic proventil)</i>	\$0 (Tier 1)	
<i>albuterol sulfate (inhalation nebulization solution)</i>	\$0 (Tier 1)	B/D, PA
<i>albuterol sulfate (oral syrup)</i>	\$0 (Tier 1)	
<i>albuterol sulfate (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>epinephrine (injection solution auto-injector)</i>	\$0 (Tier 1)	QL
<i>levalbuterol hcl (inhalation nebulization solution)</i>	\$0 (Tier 1)	B/D, PA
<i>metaproterenol sulfate (10mg/5ml oral syrup)</i>	\$0 (Tier 1)	
PERFORMIST (INHALATION NEBULIZATION SOLUTION)	\$0 (Tier 1)	B/D, PA; QL
PROAIR HFA (INHALATION AEROSOL SOLUTION)	\$0 (Tier 1)	
PROAIR RESPICLICK (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	
SEREVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
<b>Cystic Fibrosis Agents</b>		
BETHKIS (INHALATION NEBULIZATION SOLUTION)	\$0 (Tier 1)	B/D, PA; DL; QL

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
CAYSTON (INHALATION SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL
KALYDECO (ORAL PACKET)	\$0 (Tier 1)	PA; LA; DL; QL
KALYDECO (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
ORKAMBI (ORAL PACKET)	\$0 (Tier 1)	PA; LA; DL; QL
ORKAMBI (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
PULMOZYME (INHALATION SOLUTION)	\$0 (Tier 1)	B/D, PA; DL; QL
TOBI PODHALER (INHALATION CAPSULE)	\$0 (Tier 1)	PA; DL; QL
<i>tobramycin (inhalation nebulization solution)</i>	\$0 (Tier 1)	B/D, PA; DL; QL
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium (inhalation nebulization solution)</i>	\$0 (Tier 1)	B/D, PA; DL
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP (ORAL TABLET)	\$0 (Tier 1)	PA; QL
<i>theophylline er (300mg oral tablet extended release 12 hour)</i>	\$0 (Tier 1)	
<i>theophylline er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>theophylline (oral solution)</i>	\$0 (Tier 1)	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL
<i>alyq (oral tablet)</i>	\$0 (Tier 1)	PA; QL
<i>ambrisentan (oral tablet)</i>	\$0 (Tier 1)	PA; LA; DL; QL
<i>bosentan (oral tablet)</i>	\$0 (Tier 1)	PA; LA; DL; QL
OPSUMIT (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL
ORENITRAM (0.125MG ORAL TABLET EXTENDED RELEASE)	\$0 (Tier 1)	PA; LA
ORENITRAM (0.25MG ORAL TABLET EXTENDED RELEASE, 1MG ORAL TABLET EXTENDED RELEASE, 2.5MG ORAL TABLET EXTENDED RELEASE, 5MG ORAL TABLET EXTENDED RELEASE)	\$0 (Tier 1)	PA; LA; DL
<i>sildenafil citrate (20mg oral tablet) (generic revatio)</i>	\$0 (Tier 1)	PA; QL
<i>tadalafil (pah) (20mg oral tablet)</i>	\$0 (Tier 1)	PA; QL
TRACLEER (ORAL TABLET SOLUBLE)	\$0 (Tier 1)	PA; LA; DL; QL
VENTAVIS (INHALATION SOLUTION)	\$0 (Tier 1)	PA; LA; DL; QL
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
ESBRIET (ORAL TABLET)	\$0 (Tier 1)	PA; LA; DL; QL
OFEV (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine (inhalation solution)</i>	\$0 (Tier 1)	B/D, PA
ADVAIR DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
ADVAIR HFA (INHALATION AEROSOL)	\$0 (Tier 1)	QL
ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
BEVESPI AEROSPHERE (INHALATION AEROSOL)	\$0 (Tier 1)	QL
BREO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION)	\$0 (Tier 1)	QL
DULERA (INHALATION AEROSOL)	\$0 (Tier 1)	QL
FASENRA PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; LA; DL
FASENRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; LA; DL
<i>fluticasone-salmeterol (inhalation aerosol powder breath activated)</i>	\$0 (Tier 1)	QL
<i>ipratropium-albuterol (inhalation solution)</i>	\$0 (Tier 1)	B/D, PA
NUCALA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; LA; DL; QL
NUCALA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; LA; DL; QL
NUCALA (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; LA; DL; QL
STIOLTO RESPIMAT (INHALATION AEROSOL SOLUTION)	\$0 (Tier 1)	QL
SYMBICORT (INHALATION AEROSOL)	\$0 (Tier 1)	QL
TRELEGY ELLIPTA (100-62.5-25MCG/INH INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
<i>wixela inhub (inhalation aerosol powder breath activated) (generic advair)</i>	\$0 (Tier 1)	QL
<b>Skeletal Muscle Relaxants</b>		

You can find information on what the symbols and abbreviations in this table mean by going to pages 12 and 13.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restriction, or limits on use
<b>Skeletal Muscle Relaxants</b>		
<i>chlorzoxazone (500mg oral tablet)</i>	\$0 (Tier 1)	
<i>cyclobenzaprine hcl (10mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	
<i>cyclobenzaprine hcl (7.5mg oral tablet)</i>	\$0 (Tier 1)	
<b>Sleep Disorder Agents</b>		
<b>Sleep Promoting Agents</b>		
BELSOMRA (ORAL TABLET)	\$0 (Tier 1)	QL
HETLIOZ (ORAL CAPSULE)	\$0 (Tier 1)	PA; LA; DL; QL
<i>ramelteon (oral tablet)</i>	\$0 (Tier 1)	QL
<i>temazepam (15mg oral capsule, 30mg oral capsule)</i>	\$0 (Tier 1)	QL
<i>zaleplon (oral capsule)</i>	\$0 (Tier 1)	QL
<i>zolpidem tartrate (oral tablet immediate release)</i>	\$0 (Tier 1)	QL
<b>Wakefulness Promoting Agents</b>		
<i>armodafinil (oral tablet)</i>	\$0 (Tier 1)	PA; QL
<i>modafinil (oral tablet)</i>	\$0 (Tier 1)	PA; QL
XYREM (ORAL SOLUTION)	\$0 (Tier 1)	PA; LA; DL; QL

## C2. Covered drugs with a quantity limit (QL)

This list shows drugs that have a quantity limit. Some drugs come in several strengths. Each strength may have a different quantity limit. If quantity limits for a drug vary by strength, the different strengths are listed on separate lines. These limits may be in place to ensure your safety.

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist. You can also call Customer Service. Our contact information is on the cover.

Drugs are listed in alphabetical order in the tables below.

<b>Drug Name</b>	<b>Quantity Limit</b>
<i>abacavir sulfate (oral solution)</i>	Maximum of 32 ml per day
<i>abacavir sulfate (oral tablet)</i>	Maximum of 2 tablets per day
<i>abacavir sulfate-lamivudine (oral tablet)</i>	Maximum of 1 tablet per day
<i>abacavir-lamivudine-zidovudine (oral tablet)</i>	Maximum of 2 tablets per day
<i>abiraterone acetate (250mg oral tablet)</i>	Maximum of 4 tablets per day
<i>acarbose (100mg oral tablet)</i>	Maximum of 3 tablets per day
<i>acarbose (25mg oral tablet)</i>	Maximum of 12 tablets per day
<i>acarbose (50mg oral tablet)</i>	Maximum of 6 tablets per day
<i>acetaminophen-codeine (120-12mg/5ml oral solution)</i>	Maximum of 150 ml per day
<i>acetaminophen-codeine (300-15mg oral tablet, 300-30mg oral tablet, 300-60mg oral tablet)</i>	Maximum of 13 tablets per day
<b>ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED)</b>	1 vaccination dose (1 injection) per day
<i>acyclovir (external ointment)</i>	Maximum of 1 tube (30 grams) per 30 days
<b>ADACEL (INTRAMUSCULAR SUSPENSION)</b>	1 vaccination dose (0.5 ml) per day
<b>ADVAIR DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>ADVAIR HFA (INHALATION AEROSOL)</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>AIMOVIG (140MG/ML SUBCUTANEOUS SOLUTION AUTO-INJECTOR)</b>	Maximum of 1 pen (1 ml) per 30 days
<b>AIMOVIG (70MG/ML SUBCUTANEOUS SOLUTION AUTO-INJECTOR)</b>	Maximum of 2 pens (2 ml) per 30 days
<i>albendazole (oral tablet)</i>	Maximum of 16 tablets per day
<b>ALECENSA (ORAL CAPSULE)</b>	Maximum of 8 capsules per day
<i>alendronate sodium (10mg oral tablet)</i>	Maximum of 1 tablet per day
<i>alendronate sodium (35mg oral tablet)</i>	Maximum of 8 tablets per 28 days
<i>alendronate sodium (70mg oral tablet)</i>	Maximum of 4 tablets per 28 days
<i>aliskiren fumarate (oral tablet)</i>	Maximum of 1 tablet per day

Drug Name	Quantity Limit
<i>alprazolam (0.25mg oral tablet immediate release, 0.5mg oral tablet immediate release, 1mg oral tablet immediate release)</i>	Maximum of 4 tablets per day
<i>alprazolam (2mg oral tablet immediate release)</i>	Maximum of 5 tablets per day
<b>ALUNBRIG (180MG ORAL TABLET, 90MG ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>ALUNBRIG (30MG ORAL TABLET)</b>	Maximum of 4 tablets per day
<b>ALUNBRIG (ORAL TABLET THERAPY PACK)</b>	Maximum of 1 pack (30 tablets) per 30 days
<i>alyq (oral tablet)</i>	Maximum of 2 tablets per day
<i>ambrisentan (oral tablet)</i>	Maximum of 1 tablet per day
<b>AMITIZA (ORAL CAPSULE)</b>	Maximum of 2 capsules per day
<i>amlodipine-atorvastatin (oral tablet)</i>	Maximum of 1 tablet per day
<i>amlodipine-benazepril (oral capsule)</i>	Maximum of 1 capsule per day
<i>amlodipine-olmesartan (oral tablet)</i>	Maximum of 1 tablet per day
<i>amlodipine-valsartan (oral tablet)</i>	Maximum of 1 tablet per day
<i>amlodipine-valsartan-hctz (oral tablet)</i>	Maximum of 1 tablet per day
<i>amphetamine-dextroamphetamine er (oral capsule extended release 24 hour)</i>	Maximum of 2 capsules per day
<i>amphetamine-dextroamphetamine (10mg oral tablet, 12.5mg oral tablet, 15mg oral tablet, 30mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i>	Maximum of 2 tablets per day
<i>amphetamine-dextroamphetamine (20mg oral tablet)</i>	Maximum of 3 tablets per day
<b>ANDRODERM (TRANSDERMAL PATCH 24 HOUR)</b>	Maximum of 1 patch per day
<b>ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>APOKYN (SUBCUTANEOUS SOLUTION CARTRIDGE)</b>	Maximum of 3 ml per day
<b>APRISO (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)</b>	Maximum of 4 capsules per day
<b>APTIOM (200MG ORAL TABLET, 400MG ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>APTIOM (600MG ORAL TABLET, 800MG ORAL TABLET)</b>	Maximum of 2 tablets per day
<b>APTIVUS (ORAL CAPSULE)</b>	Maximum of 4 capsules per day
<b>APTIVUS (ORAL SOLUTION)</b>	Maximum of 4 bottles (380 ml) per 30 days
<i>aripiprazole (1mg/ml oral solution)</i>	Maximum of 25 ml per day
<i>aripiprazole (10mg oral tablet, 15mg oral tablet, 20mg oral tablet, 2mg oral tablet, 30mg oral tablet, 5mg oral tablet)</i>	Maximum of 1 tablet per day

<b>Drug Name</b>	<b>Quantity Limit</b>
<i>aripiprazole odt (10mg oral tablet dispersible)</i>	Maximum of 3 tablets per day
<i>aripiprazole odt (15mg oral tablet dispersible)</i>	Maximum of 2 tablets per day
<i>armodafinil (150mg oral tablet, 200mg oral tablet, 250mg oral tablet)</i>	Maximum of 1 tablet per day
<i>armodafinil (50mg oral tablet)</i>	Maximum of 2 tablets per day
<b>ARNUITY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
<i>aspirin-dipyridamole er (oral capsule extended release 12 hour)</i>	Maximum of 2 capsules per day
<i>atazanavir sulfate (150mg oral capsule, 300mg oral capsule)</i>	Maximum of 1 capsule per day
<i>atazanavir sulfate (200mg oral capsule)</i>	Maximum of 2 capsules per day
<i>atomoxetine hcl (100mg oral capsule, 60mg oral capsule, 80mg oral capsule)</i>	Maximum of 1 capsule per day
<i>atomoxetine hcl (10mg oral capsule, 18mg oral capsule, 25mg oral capsule, 40mg oral capsule)</i>	Maximum of 2 capsules per day
<i>atorvastatin calcium (oral tablet)</i>	Maximum of 1 tablet per day
<b>ATRIPLA (ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>AUBAGIO (ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>AUSTEDO (ORAL TABLET)</b>	Maximum of 4 tablets per day
<b>AVONEX PEN (INTRAMUSCULAR AUTO-INJECTOR KIT)</b>	Maximum of 1 kit per 28 days
<b>AVONEX PREFILLED (INTRAMUSCULAR PREFILLED SYRINGE KIT)</b>	Maximum of 1 kit per 28 days
<b>AYVAKIT (ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>BALVERSA (3MG ORAL TABLET)</b>	Maximum of 3 tablets per day
<b>BALVERSA (4MG ORAL TABLET)</b>	Maximum of 2 tablets per day
<b>BALVERSA (5MG ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>BCG VACCINE (INJECTION)</b>	1 vaccination dose (1 vial) per day
<b>BELSOMRA (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>benazepril hcl (oral tablet)</i>	Maximum of 2 tablets per day
<i>benazepril-hydrochlorothiazide (oral tablet)</i>	Maximum of 1 tablet per day
<b>BETASERON (SUBCUTANEOUS KIT)</b>	Maximum of 1 kit (15 vials) per 30 days
<b>BETHKIS (INHALATION NEBULIZATION SOLUTION)</b>	Maximum of 2 ampules (8 ml) per day
<b>BEVESPI AEROSPHERE (INHALATION AEROSOL)</b>	Maximum of 1 inhaler (10.7 grams) per 30 days
<b>BEXSERO (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)</b>	1 vaccination dose (0.5 ml) per day
<b>BIDIL (ORAL TABLET)</b>	Maximum of 6 tablets per day
<b>BIKTARVY (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>bisoprolol-hydrochlorothiazide (oral tablet)</i>	Maximum of 2 tablets per day



Drug Name	Quantity Limit
BOOSTRIX (5-2.5-18.5 INTRAMUSCULAR SUSPENSION, 5-2.5-18.5 (0.5ML SYRINGE) INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
<i>bosentan (oral tablet)</i>	Maximum of 2 tablets per day
BOSULIF (100MG ORAL TABLET)	Maximum of 6 tablets per day
BOSULIF (400MG ORAL TABLET, 500MG ORAL TABLET)	Maximum of 1 tablet per day
BREO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (60 blisters) per 30 days
BRILINTA (ORAL TABLET)	Maximum of 2 tablets per day
BRIVIACT (10MG/ML ORAL SOLUTION)	Maximum of 20 ml per day
BRIVIACT (100MG ORAL TABLET, 10MG ORAL TABLET, 25MG ORAL TABLET, 50MG ORAL TABLET, 75MG ORAL TABLET)	Maximum of 2 tablets per day
BRUKINSA (ORAL CAPSULE)	Maximum of 4 capsules per day
<i>buprenorphine hcl (tablet sublingual)</i>	Maximum of 3 tablets per day
<i>buprenorphine hcl-naloxone hcl (12-3mg sublingual film, 4-1mg sublingual film)</i>	Maximum of 2 films per day
<i>buprenorphine hcl-naloxone hcl (2-0.5mg sublingual film, 8-2mg sublingual film)</i>	Maximum of 3 films per day
<i>buprenorphine hcl-naloxone hcl (tablet sublingual)</i>	Maximum of 3 tablets per day
<i>buprenorphine (transdermal patch weekly)</i>	Maximum of 4 patches per 28 days
<i>butalbital-acetaminophen-caffeine (oral tablet)</i>	Maximum of 6 tablets per day
<i>butalbital-aspirin-caffeine (oral capsule)</i>	Maximum of 6 capsules per day
<i>butorphanol tartrate (nasal solution)</i>	Maximum of 2 bottles (5 ml) per 30 days
BYDUREON BCISE (SUBCUTANEOUS AUTO-INJECTOR)	Maximum of 4 pens (3.4 ml) per 28 days
BYDUREON (SUBCUTANEOUS PEN-INJECTOR)	Maximum of 4 pens per 28 days
BYETTA 10MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (2.4 ml) per 30 days
BYETTA 5MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (1.2 ml) per 30 days
BYSTOLIC (10MG ORAL TABLET, 2.5MG ORAL TABLET, 5MG ORAL TABLET)	Maximum of 1 tablet per day
BYSTOLIC (20MG ORAL TABLET)	Maximum of 2 tablets per day
CABLIVI (INJECTION KIT)	Maximum of 1 kit per day
CABOMETYX (20MG ORAL TABLET, 60MG ORAL TABLET)	Maximum of 1 tablet per day
CABOMETYX (40MG ORAL TABLET)	Maximum of 2 tablets per day
<i>calcitonin salmon (nasal solution)</i>	Maximum of 1 bottle per 28 days

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>CALQUENCE (ORAL CAPSULE)</b>	Maximum of 2 capsules per day
<i>candesartan cilexetil (16mg oral tablet, 32mg oral tablet, 4mg oral tablet)</i>	Maximum of 1 tablet per day
<i>candesartan cilexetil (8mg oral tablet)</i>	Maximum of 3 tablets per day
<i>candesartan cilexetil-hctz (oral tablet)</i>	Maximum of 1 tablet per day
<b>CAPLYTA (ORAL CAPSULE)</b>	Maximum of 1 capsule per day
<i>captopril (100mg oral tablet)</i>	Maximum of 4 tablets per day
<i>captopril (12.5mg oral tablet, 25mg oral tablet)</i>	Maximum of 3 tablets per day
<i>captopril (50mg oral tablet)</i>	Maximum of 9 tablets per day
<i>captopril-hydrochlorothiazide (25-15mg oral tablet, 50-15mg oral tablet)</i>	Maximum of 3 tablets per day
<i>captopril-hydrochlorothiazide (25-25mg oral tablet, 50-25mg oral tablet)</i>	Maximum of 2 tablets per day
<i>celecoxib (oral capsule)</i>	Maximum of 2 capsules per day
<i>chloroquine phosphate (oral tablet)</i>	Maximum of 2 tablets per day
<b>CIMDUO (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>cinacalcet hcl (30mg oral tablet, 60mg oral tablet)</i>	Maximum of 2 tablets per day
<i>cinacalcet hcl (90mg oral tablet)</i>	Maximum of 4 tablets per day
<i>clindamycin phosphate (external gel)</i>	Maximum of 75 grams per 30 days
<i>clobazam (2.5mg/ml oral suspension)</i>	Maximum of 16 ml per day
<i>clobazam (10mg oral tablet, 20mg oral tablet)</i>	Maximum of 2 tablets per day
<i>clonazepam (0.5mg oral tablet, 1mg oral tablet)</i>	Maximum of 4 tablets per day
<i>clonazepam (2mg oral tablet)</i>	Maximum of 10 tablets per day
<i>clonazepam odt (0.125mg oral tablet dispersible, 0.25mg oral tablet dispersible, 0.5mg oral tablet dispersible, 1mg oral tablet dispersible)</i>	Maximum of 4 tablets per day
<i>clonazepam odt (2mg oral tablet dispersible)</i>	Maximum of 10 tablets per day
<i>clopidogrel bisulfate (75mg oral tablet)</i>	Maximum of 4 tablets per day
<i>clorazepate dipotassium (15mg oral tablet)</i>	Maximum of 6 tablets per day
<i>clorazepate dipotassium (3.75mg oral tablet)</i>	Maximum of 24 tablets per day
<i>clorazepate dipotassium (7.5mg oral tablet)</i>	Maximum of 12 tablets per day
<i>clovique (oral capsule)</i>	Maximum of 8 capsules per day
<i>clozapine odt (100mg oral tablet dispersible)</i>	Maximum of 9 tablets per day
<i>clozapine odt (12.5mg oral tablet dispersible)</i>	Maximum of 2 tablets per day
<i>clozapine odt (150mg oral tablet dispersible)</i>	Maximum of 6 tablets per day
<i>clozapine odt (200mg oral tablet dispersible)</i>	Maximum of 4 tablets per day
<i>clozapine odt (25mg oral tablet dispersible)</i>	Maximum of 3 tablets per day
<b>CODEINE SULFATE (15MG ORAL TABLET)</b>	Maximum of 6 tablets per day

<b>Drug Name</b>	<b>Quantity Limit</b>
<i>codeine sulfate (30mg oral tablet, 60mg oral tablet)</i>	Maximum of 6 tablets per day
<b>COLCHICINE (0.6MG ORAL CAPSULE) (BRAND EQUIVALENT MITIGARE)</b>	Maximum of 4 capsules per day
<i>colchicine (0.6mg oral tablet) (generic colcrys)</i>	Maximum of 4 tablets per day
<b>COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION)</b>	Maximum of 1 inhaler (4 grams) per 20 days
<b>COMPLERA (ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>COPIKTRA (ORAL CAPSULE)</b>	Maximum of 2 capsules per day
<b>CORLANOR (ORAL SOLUTION)</b>	Maximum of 15 ml per day
<b>CORLANOR (ORAL TABLET)</b>	Maximum of 2 tablets per day
<b>COTELLIC (ORAL TABLET)</b>	Maximum of 3 tablets per day
<b>CRIXIVAN (200MG ORAL CAPSULE)</b>	Maximum of 9 capsules per day
<b>CRIXIVAN (400MG ORAL CAPSULE)</b>	Maximum of 6 capsules per day
<b>CYCLOSET (ORAL TABLET)</b>	Maximum of 6 tablets per day
<i>dalfampridine er (oral tablet extended release 12 hour)</i>	Maximum of 2 tablets per day
<b>DALIRESP (ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>DAPTACEL (INTRAMUSCULAR SUSPENSION)</b>	1 vaccination dose (0.5 ml) per day
<b>DAURISMO (100MG ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>DAURISMO (25MG ORAL TABLET)</b>	Maximum of 2 tablets per day
<b>DELSTRIGO (ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>DESCOVY (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>desoximetasone (external cream)</i>	Maximum of 100 grams per 30 days
<i>desvenlafaxine succinate er (100mg oral tablet extended release 24 hour) (generic pristiq)</i>	Maximum of 4 tablets per day
<i>desvenlafaxine succinate er (25mg oral tablet extended release 24 hour, 50mg oral tablet extended release 24 hour) (generic pristiq)</i>	Maximum of 1 tablet per day
<b>DEXILANT (ORAL CAPSULE DELAYED RELEASE)</b>	Maximum of 1 capsule per day
<i>dexmethylphenidate hcl (oral tablet)</i>	Maximum of 2 tablets per day
<i>dextroamphetamine sulfate er (10mg oral capsule extended release 24 hour)</i>	Maximum of 6 capsules per day
<i>dextroamphetamine sulfate er (15mg oral capsule extended release 24 hour)</i>	Maximum of 4 capsules per day
<i>dextroamphetamine sulfate er (5mg oral capsule extended release 24 hour)</i>	Maximum of 3 capsules per day
<i>dextroamphetamine sulfate (oral tablet)</i>	Maximum of 6 tablets per day
<b>DIACOMIT (250MG ORAL CAPSULE)</b>	Maximum of 12 capsules per day
<b>DIACOMIT (500MG ORAL CAPSULE)</b>	Maximum of 6 capsules per day

<b>Drug Name</b>	<b>Quantity Limit</b>
DIACOMIT (250MG ORAL PACKET)	Maximum of 12 packets per day
DIACOMIT (500MG ORAL PACKET)	Maximum of 6 packets per day
<i>diazepam intensol (5mg/ml oral concentrate)</i>	Maximum of 8 ml per day
<i>diazepam (10mg oral tablet, 2mg oral tablet, 5mg oral tablet)</i>	Maximum of 4 tablets per day
<i>diazepam (10mg rectal gel, 2.5mg rectal gel, 20mg rectal gel)</i>	Maximum of 5 packages per 30 days
<i>diclofenac epolamine (external patch)</i>	Maximum of 2 patches per day
<i>didanosine (250mg oral capsule delayed release, 400mg oral capsule delayed release)</i>	Maximum of 1 capsule per day
<i>dihydroergotamine mesylate (nasal solution)</i>	Maximum of 16 vials (16 ml) per 28 days
<i>dimethyl fumarate (120mg oral capsule delayed release, 240mg oral capsule delayed release)</i>	Maximum of 2 capsules per day
<b>DIPHThERIA-TETANUS TOXOIDS DT (INTRAMUSCULAR SUSPENSION)</b>	1 vaccination dose (0.5 ml) per day
<i>donepezil hcl (10mg oral tablet)</i>	Maximum of 2 tablets per day
<i>donepezil hcl (23mg oral tablet, 5mg oral tablet)</i>	Maximum of 1 tablet per day
<i>donepezil hcl odt (10mg oral tablet dispersible)</i>	Maximum of 2 tablets per day
<i>donepezil hcl odt (5mg oral tablet dispersible)</i>	Maximum of 1 tablet per day
<b>DOVATO (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>doxepin hcl (external cream)</i>	Maximum of 90 grams per 30 days
<b>DRIZALMA SPRINKLE (20MG ORAL CAPSULE DELAYED RELEASE SPRINKLE, 30MG ORAL CAPSULE DELAYED RELEASE SPRINKLE, 60MG ORAL CAPSULE DELAYED RELEASE SPRINKLE)</b>	Maximum of 2 capsules per day
<b>DRIZALMA SPRINKLE (40MG ORAL CAPSULE DELAYED RELEASE SPRINKLE)</b>	Maximum of 3 capsules per day
<b>DULERA (120 INHALATION AEROSOL)</b>	Maximum of 1 inhaler (13 grams) per 30 days
<i>duloxetine hcl (20mg oral capsule delayed release particles, 30mg oral capsule delayed release particles, 60mg oral capsule delayed release particles)</i>	Maximum of 2 capsules per day
<i>dutasteride (oral capsule)</i>	Maximum of 1 capsule per day
<i>econazole nitrate (external cream)</i>	Maximum of 90 grams per 30 days
<b>EDARBI (ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>EDARBYCLOR (ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>EDURANT (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>efavirenz (oral capsule)</i>	Maximum of 3 capsules per day
<i>efavirenz (oral tablet)</i>	Maximum of 1 tablet per day
<i>efavirenz-emtricitabine-tenofovir (oral tablet)</i>	Maximum of 1 tablet per day
<i>efavirenz-lamivudine-tenofovir (oral tablet)</i>	Maximum of 1 tablet per day

<b>Drug Name</b>	<b>Quantity Limit</b>
ELIQUIS STARTER PACK (ORAL TABLET)	Maximum of 1 pack (74 tablets) per 30 days
ELIQUIS (ORAL TABLET)	Maximum of 2 tablets per day
EMGALITY (300MG DOSE) (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 3 syringes or pens (3 ml) per 30 days
EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 2 syringes or pens (2 ml) per 30 days
EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 2 syringes or pens (2 ml) per 30 days
EMSAM (TRANSDERMAL PATCH 24 HOUR)	Maximum of 1 patch per day
<i>emtricitabine (oral capsule)</i>	Maximum of 1 capsule per day
<i>emtricitabine-tenofovir disoproxil fumarate (oral tablet)</i>	Maximum of 1 tablet per day
EMTRIVA (ORAL CAPSULE)	Maximum of 1 capsule per day
EMTRIVA (ORAL SOLUTION)	Maximum of 5 bottles (850 ml) per 30 days
<i>enalapril maleate (oral tablet)</i>	Maximum of 2 tablets per day
<i>enalapril-hydrochlorothiazide (10-25mg oral tablet)</i>	Maximum of 2 tablets per day
<i>enalapril-hydrochlorothiazide (5-12.5mg oral tablet)</i>	Maximum of 1 tablet per day
<i>endocet (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>	Maximum of 12 tablets per day
ENGERIX-B (10MCG/0.5ML INJECTION SUSPENSION)	1 vaccination dose (0.5 ml) per day
ENGERIX-B (20MCG/ML INJECTION SUSPENSION)	1 vaccination dose (1 ml) per day
<i>enoxaparin sodium (100mg/ml subcutaneous solution, 150mg/ml subcutaneous solution)</i>	Maximum of 2 syringes (2 ml) per day
<i>enoxaparin sodium (120mg/0.8ml subcutaneous solution, 80mg/0.8ml subcutaneous solution)</i>	Maximum of 2 syringes (1.6 ml) per day
<i>enoxaparin sodium (30mg/0.3ml subcutaneous solution)</i>	Maximum of 2 syringes (0.6 ml) per day
<i>enoxaparin sodium (40mg/0.4ml subcutaneous solution)</i>	Maximum of 2 syringes (0.8 ml) per day
<i>enoxaparin sodium (60mg/0.6ml subcutaneous solution)</i>	Maximum of 2 syringes (1.2 ml) per day
ENTRESTO (ORAL TABLET)	Maximum of 2 tablets per day
EPCLUSA (400-100MG ORAL TABLET)	Maximum of 1 tablet per day
<i>epinephrine (injection solution auto-injector)</i>	Maximum of 4 pens (2 boxes) per 30 days
ERIVEDGE (ORAL CAPSULE)	Maximum of 1 capsule per day
ERLEADA (ORAL TABLET)	Maximum of 4 tablets per day

<b>Drug Name</b>	<b>Quantity Limit</b>
<i>erlotinib hcl (100mg oral tablet, 150mg oral tablet)</i>	Maximum of 1 tablet per day
<i>erlotinib hcl (25mg oral tablet)</i>	Maximum of 3 tablets per day
ESBRIET (ORAL CAPSULE)	Maximum of 9 capsules per day
ESBRIET (267MG ORAL TABLET)	Maximum of 9 tablets per day
ESBRIET (801MG ORAL TABLET)	Maximum of 3 tablets per day
<i>esomeprazole magnesium (20mg oral capsule delayed release) (generic nexium)</i>	Maximum of 3 capsules per day
<i>esomeprazole magnesium (40mg oral capsule delayed release) (generic nexium)</i>	Maximum of 2 capsules per day
<i>estradiol (transdermal patch weekly)</i>	Maximum of 4 patches per 28 days
<i>estradiol (vaginal tablet)</i>	Maximum of 1 tablet per day
EVOTAZ (ORAL TABLET)	Maximum of 1 tablet per day
<i>ezetimibe (oral tablet)</i>	Maximum of 1 tablet per day
<i>ezetimibe-simvastatin (oral tablet)</i>	Maximum of 1 tablet per day
<i>famciclovir (125mg oral tablet, 250mg oral tablet)</i>	Maximum of 2 tablets per day
<i>famciclovir (500mg oral tablet)</i>	Maximum of 3 tablets per day
FANAPT (10MG ORAL TABLET, 12MG ORAL TABLET, 1MG ORAL TABLET, 2MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET)	Maximum of 2 tablets per day
FARXIGA (ORAL TABLET)	Maximum of 1 tablet per day
<i>fentanyl citrate (buccal lozenge on a handle)</i>	Maximum of 4 lozenges per day
<i>fentanyl (100mcg/hr transdermal patch 72 hour, 12mcg/hr transdermal patch 72 hour, 25mcg/hr transdermal patch 72 hour, 50mcg/hr transdermal patch 72 hour, 75mcg/hr transdermal patch 72 hour)</i>	Maximum of 15 patches per 30 days
FETZIMA (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	Maximum of 1 capsule per day
FINTEPLA (ORAL SOLUTION)	Maximum of 12 ml per day
FLOVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 2 inhalers (120 blisters) per 30 days
FLOVENT HFA (110MCG/ACT INHALATION AEROSOL)	Maximum of 1 inhaler (12 grams) per 30 days
FLOVENT HFA (220MCG/ACT INHALATION AEROSOL)	Maximum of 2 inhalers (24 grams) per 30 days
FLOVENT HFA (44MCG/ACT INHALATION AEROSOL)	Maximum of 1 inhaler (10.6 grams) per 30 days

Drug Name	Quantity Limit
<i>fluticasone-salmeterol (100-50mcg/dose inhalation aerosol powder breath activated, 250-50mcg/dose inhalation aerosol powder breath activated, 500-50mcg/dose inhalation aerosol powder breath activated) (generic advair)</i>	Maximum of 1 inhaler (60 blisters) per 30 days
<i>fluticasone-salmeterol (113-14mcg/act inhalation aerosol powder breath activated, 232-14mcg/act inhalation aerosol powder breath activated, 55-14mcg/act inhalation aerosol powder breath activated) (brand equivalent airduo)</i>	Maximum of 1 inhaler per 30 days
<i>fluvastatin sodium (20mg oral capsule)</i>	Maximum of 1 capsule per day
<i>fluvastatin sodium (40mg oral capsule)</i>	Maximum of 2 capsules per day
<b>FORTEO (SUBCUTANEOUS SOLUTION PEN-INJECTOR)</b>	Maximum of 1 pen (2.4 ml) per 28 days
<i>fosamprenavir calcium (oral tablet)</i>	Maximum of 4 tablets per day
<i>fosinopril sodium (oral tablet)</i>	Maximum of 2 tablets per day
<i>fosinopril sodium-hctz (oral tablet)</i>	Maximum of 4 tablets per day
<b>FUZEON (SUBCUTANEOUS SOLUTION RECONSTITUTED)</b>	Maximum of 2 vials per day
<b>FYCOMPA (ORAL SUSPENSION)</b>	Maximum of 24 ml per day
<b>FYCOMPA (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>galantamine hydrobromide er (oral capsule extended release 24 hour)</i>	Maximum of 1 capsule per day
<i>galantamine hydrobromide (oral solution)</i>	Maximum of 2 bottles (200 ml) per 30 days
<i>galantamine hydrobromide (oral tablet)</i>	Maximum of 2 tablets per day
<b>GARDASIL 9 (INTRAMUSCULAR SUSPENSION)</b>	1 vaccination dose (0.5 ml) per day
<b>GARDASIL 9 (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)</b>	1 vaccination dose (0.5 ml) per day
<b>GAVRETO (ORAL CAPSULE)</b>	Maximum of 4 capsules per day
<b>GENVOYA (ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>GILENYA (0.5MG ORAL CAPSULE)</b>	Maximum of 1 pack (30 capsules) per 30 days
<i>glatiramer acetate (20mg/ml subcutaneous solution prefilled syringe)</i>	Maximum of 1 syringe (1 ml) per day
<i>glatiramer acetate (40mg/ml subcutaneous solution prefilled syringe)</i>	Maximum of 12 syringes (12 ml) per 28 days
<i>glatopa (20mg/ml subcutaneous solution prefilled syringe)</i>	Maximum of 1 syringe (1 ml) per day
<i>glatopa (40mg/ml subcutaneous solution prefilled syringe)</i>	Maximum of 12 syringes (12 ml) per 28 days
<i>glimepiride (1mg oral tablet)</i>	Maximum of 8 tablets per day

<b>Drug Name</b>	<b>Quantity Limit</b>
<i>glimepiride (2mg oral tablet)</i>	Maximum of 4 tablets per day
<i>glimepiride (4mg oral tablet)</i>	Maximum of 2 tablets per day
<i>glipizide er (10mg oral tablet extended release 24 hour)</i>	Maximum of 2 tablets per day
<i>glipizide er (2.5mg oral tablet extended release 24 hour)</i>	Maximum of 8 tablets per day
<i>glipizide er (5mg oral tablet extended release 24 hour)</i>	Maximum of 4 tablets per day
<i>glipizide (10mg oral tablet immediate release)</i>	Maximum of 4 tablets per day
<i>glipizide (5mg oral tablet immediate release)</i>	Maximum of 8 tablets per day
<i>glipizide-metformin hcl (2.5-250mg oral tablet)</i>	Maximum of 8 tablets per day
<i>glipizide-metformin hcl (2.5-500mg oral tablet, 5-500mg oral tablet)</i>	Maximum of 4 tablets per day
<b>GLYXAMBI (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>granisetron hcl (oral tablet)</i>	Maximum of 2 tablets per day
<b>HAVRIX (INTRAMUSCULAR SUSPENSION)</b>	Maximum of 2 vaccines per lifetime
<b>HETLIOZ (ORAL CAPSULE)</b>	Maximum of 1 capsule per day
<b>HIBERIX (INJECTION SOLUTION RECONSTITUTED)</b>	1 vaccination dose (1 injection) per day
<i>hydrocodone-acetaminophen (7.5-325mg/15ml oral solution)</i>	Maximum of 180 ml per day
<i>hydrocodone-acetaminophen (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>	Maximum of 12 tablets per day
<i>hydrocodone-ibuprofen (7.5-200mg oral tablet)</i>	Maximum of 5 tablets per day
<i>hydromorphone hcl er (oral tablet er 24 hour abuse-deterrent)</i>	Maximum of 2 tablets per day
<i>hydromorphone hcl (1mg/ml oral liquid)</i>	Maximum of 50 ml per day
<i>hydromorphone hcl (2mg oral tablet immediate release, 4mg oral tablet immediate release)</i>	Maximum of 8 tablets per day
<i>hydromorphone hcl (8mg oral tablet immediate release)</i>	Maximum of 6 tablets per day
<i>hydroxychloroquine sulfate (oral tablet)</i>	Maximum of 3 tablets per day
<i>ibandronate sodium (oral tablet)</i>	Maximum of 1 tablet per 28 days
<b>IBRANCE (ORAL CAPSULE)</b>	Maximum of 1 capsule per day
<b>IBRANCE (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>icatibant acetate (subcutaneous solution)</i>	Maximum of 3 syringes (9 ml) per day
<b>ICLUSIG (15MG ORAL TABLET)</b>	Maximum of 2 tablets per day
<b>ICLUSIG (45MG ORAL TABLET)</b>	Maximum of 1 tablet per day
<b>IDHIFA (ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>imatinib mesylate (oral tablet)</i>	Maximum of 3 tablets per day



Drug Name	Quantity Limit
IMBRUVICA (140MG ORAL CAPSULE)	Maximum of 4 capsules per day
IMBRUVICA (70MG ORAL CAPSULE)	Maximum of 1 capsule per day
IMBRUVICA (ORAL TABLET)	Maximum of 1 tablet per day
<i>imiquimod (5% external cream)</i>	Maximum of 24 grams per 30 days
IMOVAX RABIES (INTRAMUSCULAR INJECTABLE)	1 vaccination dose (1 injection) per day
IMVEXXY MAINTENANCE PACK (VAGINAL INSERT)	Maximum of 1 vaginal insert per day
IMVEXXY STARTER PACK (VAGINAL INSERT)	Maximum of 1 vaginal insert per day
INCRUSE ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (30 blisters) per 30 days
INFANRIX (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
INGREZZA (ORAL CAPSULE)	Maximum of 1 capsule per day
INGREZZA (ORAL CAPSULE THERAPY PACK)	Maximum of 1 pack (28 capsules) per 28 days
INLYTA (ORAL TABLET)	Maximum of 4 tablets per day
INQOVI (ORAL TABLET)	Maximum of 1 pack (5 tablets) per 28 days
INREBIC (ORAL CAPSULE)	Maximum of 4 capsules per day
INTELENCE (100MG ORAL TABLET, 200MG ORAL TABLET)	Maximum of 2 tablets per day
INTELENCE (25MG ORAL TABLET)	Maximum of 4 tablets per day
INVIRASE (ORAL TABLET)	Maximum of 4 tablets per day
IPOL (INJECTION)	1 vaccination dose (0.5 ml) per day
<i>irbesartan (150mg oral tablet, 300mg oral tablet)</i>	Maximum of 1 tablet per day
<i>irbesartan (75mg oral tablet)</i>	Maximum of 3 tablets per day
<i>irbesartan-hydrochlorothiazide (oral tablet)</i>	Maximum of 1 tablet per day
IRESSA (ORAL TABLET)	Maximum of 2 tablets per day
ISENTRESS HD (ORAL TABLET)	Maximum of 2 tablets per day
ISENTRESS (ORAL PACKET)	Maximum of 2 packets per day
ISENTRESS (ORAL TABLET)	Maximum of 2 tablets per day
ISENTRESS (ORAL TABLET CHEWABLE)	Maximum of 6 tablets per day
<i>itraconazole (oral capsule)</i>	Maximum of 4 capsules per day
IXIARO (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
JAKAFI (ORAL TABLET)	Maximum of 2 tablets per day
JANUMET (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
JANUMET XR (100-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day

Drug Name	Quantity Limit
JANUMET XR (50-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 50-500MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
JANUVIA (ORAL TABLET)	Maximum of 1 tablet per day
JARDIANCE (ORAL TABLET)	Maximum of 1 tablet per day
JENTADUETO (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
JENTADUETO XR (2.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
JENTADUETO XR (5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
JULUCA (ORAL TABLET)	Maximum of 1 tablet per day
KALETRA (100-25MG ORAL TABLET)	Maximum of 8 tablets per day
KALETRA (200-50MG ORAL TABLET)	Maximum of 4 tablets per day
KALYDECO (ORAL PACKET)	Maximum of 2 packets per day
KALYDECO (ORAL TABLET)	Maximum of 2 tablets per day
<i>ketoconazole (external cream)</i>	Maximum of 90 grams per 30 days
KINRIX (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
KISQALI (200MG DOSE) (ORAL TABLET)	Maximum of 3 tablets per day
KISQALI (400MG DOSE) (ORAL TABLET)	Maximum of 3 tablets per day
KISQALI (600MG DOSE) (ORAL TABLET)	Maximum of 3 tablets per day
KISQALI FEMARA (400MG DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 1 pack (91 tablets) per 28 days
KISQALI FEMARA (600MG DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 1 pack (91 tablets) per 28 days
KISQALI FEMARA (200MG DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 1 pack (91 tablets) per 28 days
KORLYM (ORAL TABLET)	Maximum of 4 tablets per day
KOSELUGO (10MG ORAL CAPSULE)	Maximum of 8 capsules per day
KOSELUGO (25MG ORAL CAPSULE)	Maximum of 4 capsules per day
KYNMOBI (10MG SUBLINGUAL FILM, 15MG SUBLINGUAL FILM, 20MG SUBLINGUAL FILM, 25MG SUBLINGUAL FILM, 30MG SUBLINGUAL FILM)	Maximum of 5 films per day
<i>lamivudine (10mg/ml oral solution)</i>	Maximum of 32 ml per day
<i>lamivudine (150mg oral tablet)</i>	Maximum of 2 tablets per day
<i>lamivudine (300mg oral tablet)</i>	Maximum of 1 tablet per day
<i>lamivudine-zidovudine (oral tablet)</i>	Maximum of 2 tablets per day
<i>lansoprazole (oral capsule delayed release)</i>	Maximum of 2 capsules per day

Drug Name	Quantity Limit
LATUDA (120MG ORAL TABLET, 20MG ORAL TABLET, 40MG ORAL TABLET, 60MG ORAL TABLET)	Maximum of 1 tablet per day
LATUDA (80MG ORAL TABLET)	Maximum of 2 tablets per day
<i>levocetirizine dihydrochloride (oral tablet)</i>	Maximum of 1 tablet per day
<i>levorphanol tartrate (oral tablet)</i>	Maximum of 6 tablets per day
LEXIVA (ORAL SUSPENSION)	Maximum of 60 ml per day
<i>lidocaine (5% external ointment)</i>	Maximum of 152 grams per 30 days
<i>lidocaine (5% external patch)</i>	Maximum of 3 patches per day
<i>linezolid (oral tablet)</i>	Maximum of 2 tablets per day
LINZESS (ORAL CAPSULE)	Maximum of 1 capsule per day
<i>lisinopril (oral tablet)</i>	Maximum of 2 tablets per day
<i>lisinopril-hydrochlorothiazide (10-12.5mg oral tablet)</i>	Maximum of 1 tablet per day
<i>lisinopril-hydrochlorothiazide (20-12.5mg oral tablet)</i>	Maximum of 4 tablets per day
<i>lisinopril-hydrochlorothiazide (20-25mg oral tablet)</i>	Maximum of 2 tablets per day
LIVALO (ORAL TABLET)	Maximum of 1 tablet per day
LOKELMA (ORAL PACKET)	Maximum of 90 packets per 30 days
LONHALA MAGNAIR (INHALATION SOLUTION)	Maximum of 2 vials (2 ml) per day
LONSURF (15-6.14MG ORAL TABLET)	Maximum of 10 tablets per day
LONSURF (20-8.19MG ORAL TABLET)	Maximum of 8 tablets per day
<i>lopinavir-ritonavir (oral solution)</i>	Maximum of 2 bottles (320 ml) per 30 days
<i>lorazepam intensol (oral concentrate)</i>	Maximum of 5 ml per day
<i>lorazepam (0.5mg oral tablet, 1mg oral tablet)</i>	Maximum of 4 tablets per day
<i>lorazepam (2mg oral tablet)</i>	Maximum of 5 tablets per day
LORBRENA (100MG ORAL TABLET)	Maximum of 1 tablet per day
LORBRENA (25MG ORAL TABLET)	Maximum of 3 tablets per day
<i>losartan potassium (100mg oral tablet)</i>	Maximum of 1 tablet per day
<i>losartan potassium (25mg oral tablet, 50mg oral tablet)</i>	Maximum of 2 tablets per day
<i>losartan potassium-hctz (100-12.5mg oral tablet, 100-25mg oral tablet)</i>	Maximum of 1 tablet per day
<i>losartan potassium-hctz (50-12.5mg oral tablet)</i>	Maximum of 2 tablets per day
<i>lovastatin (10mg oral tablet, 20mg oral tablet)</i>	Maximum of 1 tablet per day
<i>lovastatin (40mg oral tablet)</i>	Maximum of 2 tablets per day
LYNPARZA (ORAL TABLET)	Maximum of 4 tablets per day
MAVYRET (ORAL TABLET)	Maximum of 3 tablets per day
MAYZENT (0.25MG ORAL TABLET)	Maximum of 8 tablets per day

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>MAYZENT (2MG ORAL TABLET)</b>	Maximum of 1 tablet per day
<i>memantine hcl er (oral capsule extended release 24 hour)</i>	Maximum of 1 capsule per day
<i>memantine hcl (2mg/ml oral solution)</i>	Maximum of 10 ml per day
<i>memantine hcl (10mg oral tablet)</i>	Maximum of 2 tablets per day
<i>memantine hcl (5mg oral tablet)</i>	Maximum of 3 tablets per day
<b>MENACTRA (INTRAMUSCULAR INJECTABLE)</b>	1 vaccination dose (0.5 ml) per day
<b>MENQUADFI (INTRAMUSCULAR INJECTABLE)</b>	1 vaccination dose (0.5 ml) per day
<b>MENVEO (INTRAMUSCULAR SOLUTION RECONSTITUTED)</b>	1 vaccination dose (1 injection) per day
<i>mesalamine er (0.375mg oral capsule extended release 24 hour) (generic apriso)</i>	Maximum of 4 capsules per day
<i>mesalamine (1.2gm oral tablet delayed release) (generic lialda)</i>	Maximum of 4 tablets per day
<i>mesalamine (rectal enema)</i>	Maximum of 1 bottle (60 ml) per day
<i>mesalamine (rectal suppository)</i>	Maximum of 1 suppository per day
<i>metformin hcl er (500mg oral tablet extended release 24 hour) (generic glucophage xr)</i>	Maximum of 4 tablets per day
<i>metformin hcl er (750mg oral tablet extended release 24 hour) (generic glucophage xr)</i>	Maximum of 2 tablets per day
<i>metformin hcl (500mg/5ml oral solution)</i>	Maximum of 25.5 ml per day
<i>metformin hcl (1000mg oral tablet immediate release)</i>	Maximum of 2.5 tablets per day
<i>metformin hcl (500mg oral tablet immediate release)</i>	Maximum of 5 tablets per day
<i>metformin hcl (850mg oral tablet immediate release)</i>	Maximum of 3 tablets per day
<i>methadone hcl (10mg/5ml oral solution)</i>	Maximum of 60 ml per day
<i>methadone hcl (5mg/5ml oral solution)</i>	Maximum of 120 ml per day
<i>methadone hcl (10mg oral tablet)</i>	Maximum of 12 tablets per day
<i>methadone hcl (5mg oral tablet)</i>	Maximum of 8 tablets per day
<i>methylphenidate hcl er (10mg oral tablet extended release)</i>	Maximum of 4 tablets per day
<i>methylphenidate hcl er (20mg oral tablet extended release)</i>	Maximum of 3 tablets per day
<i>methylphenidate hcl (10mg/5ml oral solution)</i>	Maximum of 30 ml per day
<i>methylphenidate hcl (5mg/5ml oral solution)</i>	Maximum of 60 ml per day
<i>methylphenidate hcl (oral tablet immediate release) (generic ritalin)</i>	Maximum of 3 tablets per day
<i>miglitol (100mg oral tablet)</i>	Maximum of 3 tablets per day
<i>miglitol (25mg oral tablet)</i>	Maximum of 12 tablets per day

<b>Drug Name</b>	<b>Quantity Limit</b>
<i>miglitol (50mg oral tablet)</i>	Maximum of 6 tablets per day
<b>M-M-R II (INJECTION SOLUTION RECONSTITUTED)</b>	1 vaccination dose (1 injection) per day
<i>modafinil (100mg oral tablet)</i>	Maximum of 1 tablet per day
<i>modafinil (200mg oral tablet)</i>	Maximum of 2 tablets per day
<i>moexipril hcl (oral tablet)</i>	Maximum of 2 tablets per day
<i>montelukast sodium (oral packet)</i>	Maximum of 1 packet per day
<i>montelukast sodium (oral tablet)</i>	Maximum of 1 tablet per day
<i>montelukast sodium (oral tablet chewable)</i>	Maximum of 1 tablet per day
<i>morphine sulfate (100mg/5ml oral solution)</i>	Maximum of 10 ml per day
<i>morphine sulfate er (100mg oral tablet extended release, 15mg oral tablet extended release) (generic ms contin)</i>	Maximum of 3 tablets per day
<i>morphine sulfate er (200mg oral tablet extended release) (generic ms contin)</i>	Maximum of 2 tablets per day
<i>morphine sulfate er (30mg oral tablet extended release, 60mg oral tablet extended release) (generic ms contin)</i>	Maximum of 4 tablets per day
<i>morphine sulfate (10mg/5ml oral solution)</i>	Maximum of 100 ml per day
<i>morphine sulfate (20mg/5ml oral solution)</i>	Maximum of 50 ml per day
<i>morphine sulfate (15mg oral tablet immediate release)</i>	Maximum of 8 tablets per day
<i>morphine sulfate (30mg oral tablet immediate release)</i>	Maximum of 6 tablets per day
<b>MULTAQ (ORAL TABLET)</b>	Maximum of 2 tablets per day
<i>mupirocin (external ointment)</i>	Maximum of 110 grams per 30 days
<b>NAMZARIC (ORAL CAPSULE ER 24 HOUR THERAPY PACK)</b>	Maximum of 1 capsule per day
<b>NAMZARIC (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)</b>	Maximum of 1 capsule per day
<i>naratriptan hcl (oral tablet)</i>	Maximum of 12 tablets per 30 days
<i>nateglinide (120mg oral tablet)</i>	Maximum of 3 tablets per day
<i>nateglinide (60mg oral tablet)</i>	Maximum of 6 tablets per day
<b>NAYZILAM (NASAL SOLUTION)</b>	Maximum of 10 devices per 30 days
<b>NERLYNX (ORAL TABLET)</b>	Maximum of 6 tablets per day
<i>nevirapine er (100mg oral tablet extended release 24 hour)</i>	Maximum of 2 tablets per day
<i>nevirapine er (400mg oral tablet extended release 24 hour)</i>	Maximum of 1 tablet per day
<i>nevirapine (oral suspension)</i>	Maximum of 40 ml per day
<i>nevirapine (oral tablet immediate release)</i>	Maximum of 2 tablets per day

Drug Name	Quantity Limit
<i>nifedipine er (oral tablet extended release 24 hour)</i>	Maximum of 2 tablets per day
<i>nifedipine er osmotic release (oral tablet extended release 24 hour)</i>	Maximum of 2 tablets per day
NINLARO (ORAL CAPSULE)	Maximum of 3 capsules per 28 days
NORTHERA (100MG ORAL CAPSULE)	Maximum of 3 capsules per day
NORTHERA (200MG ORAL CAPSULE, 300MG ORAL CAPSULE)	Maximum of 6 capsules per day
NORVIR (ORAL PACKET)	Maximum of 12 packets per day
NORVIR (ORAL SOLUTION)	Maximum of 16 ml per day
NOXAFIL (ORAL SUSPENSION)	Maximum of 20 ml per day
NUBEQA (ORAL TABLET)	Maximum of 4 tablets per day
NUCALA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 3 ml per 28 days
NUCALA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 3 ml per 28 days
NUCALA (SUBCUTANEOUS SOLUTION RECONSTITUTED)	Maximum of 3 vials per 28 days
NUCYNTA ER (ORAL TABLET EXTENDED RELEASE 12 HOUR)	Maximum of 2 tablets per day
NUEDEXTA (ORAL CAPSULE)	Maximum of 2 capsules per day
NUPLAZID (ORAL CAPSULE)	Maximum of 1 capsule per day
NUPLAZID (ORAL TABLET)	Maximum of 1 tablet per day
<i>nyamyc (external powder)</i>	Maximum of 120 grams per 30 days
<i>nystatin (external powder)</i>	Maximum of 120 grams per 30 days
<i>nystop (external powder)</i>	Maximum of 120 grams per 30 days
OCALIVA (ORAL TABLET)	Maximum of 1 tablet per day
ODEFSEY (ORAL TABLET)	Maximum of 1 tablet per day
ODOMZO (ORAL CAPSULE)	Maximum of 1 capsule per day
OFEV (ORAL CAPSULE)	Maximum of 2 capsules per day
<i>olanzapine (10mg oral tablet, 15mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i>	Maximum of 1 tablet per day
<i>olanzapine odt (10mg oral tablet dispersible, 15mg oral tablet dispersible, 20mg oral tablet dispersible, 5mg oral tablet dispersible)</i>	Maximum of 1 tablet per day
<i>olmesartan medoxomil (20mg oral tablet, 40mg oral tablet)</i>	Maximum of 1 tablet per day
<i>olmesartan medoxomil (5mg oral tablet)</i>	Maximum of 2 tablets per day
<i>olmesartan medoxomil-hctz (oral tablet)</i>	Maximum of 1 tablet per day
<i>olmesartan-amlodipine-hctz (oral tablet)</i>	Maximum of 1 tablet per day

Drug Name	Quantity Limit
<i>omega-3-acid ethyl esters (oral capsule) (generic lovaza)</i>	Maximum of 4 capsules per day
<i>omeprazole (10mg oral capsule delayed release)</i>	Maximum of 3 capsules per day
ORKAMBI (ORAL PACKET)	Maximum of 56 packets per 28 days
ORKAMBI (ORAL TABLET)	Maximum of 112 tablets per 28 days
<i>oseltamivir phosphate (oral capsule)</i>	Maximum of 2 capsules per day
<i>oseltamivir phosphate (oral suspension reconstituted)</i>	Maximum of 26 ml per day
OSPHENA (ORAL TABLET)	Maximum of 1 tablet per day
<i>oxandrolone (10mg oral tablet)</i>	Maximum of 2 tablets per day
<i>oxandrolone (2.5mg oral tablet)</i>	Maximum of 4 tablets per day
<i>oxybutynin chloride er (10mg oral tablet extended release 24 hour)</i>	Maximum of 3 tablets per day
<i>oxybutynin chloride er (15mg oral tablet extended release 24 hour)</i>	Maximum of 2 tablets per day
<i>oxybutynin chloride er (5mg oral tablet extended release 24 hour)</i>	Maximum of 1 tablet per day
<i>oxycodone hcl (100mg/5ml oral concentrate)</i>	Maximum of 6 ml per day
<i>oxycodone hcl (5mg/5ml oral solution)</i>	Maximum of 130 ml per day
<i>oxycodone hcl (10mg oral tablet immediate release, 5mg oral tablet immediate release)</i>	Maximum of 12 tablets per day
<i>oxycodone hcl (15mg oral tablet immediate release)</i>	Maximum of 8 tablets per day
<i>oxycodone hcl (20mg oral tablet immediate release, 30mg oral tablet immediate release)</i>	Maximum of 6 tablets per day
<i>oxycodone-acetaminophen (10-325mg oral tablet, 2.5-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i>	Maximum of 12 tablets per day
<i>oxycodone-aspirin (oral tablet)</i>	Maximum of 12 tablets per day
OZEMPIC (0.25MG/DOSE OR 0.5MG/DOSE) (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (1.5 ml) per 28 days
OZEMPIC (1MG/DOSE) (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 2 pens (3 ml) per 28 days
<i>paliperidone er (1.5mg oral tablet extended release 24 hour, 3mg oral tablet extended release 24 hour, 9mg oral tablet extended release 24 hour)</i>	Maximum of 1 tablet per day
<i>paliperidone er (6mg oral tablet extended release 24 hour)</i>	Maximum of 2 tablets per day
<i>pantoprazole sodium (20mg oral tablet delayed release)</i>	Maximum of 3 tablets per day

<b>Drug Name</b>	<b>Quantity Limit</b>
<i>pantoprazole sodium (40mg oral tablet delayed release)</i>	Maximum of 2 tablets per day
PEDIARIX (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
PEDVAX HIB (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
PEMAZYRE (ORAL TABLET)	Maximum of 1 tablet per day
<i>pentamidine isethionate (inhalation solution reconstituted)</i>	Maximum of 1 vial (300 mg) per 28 days
PENTASA (250MG ORAL CAPSULE EXTENDED RELEASE)	Maximum of 12 capsules per day
PENTASA (500MG ORAL CAPSULE EXTENDED RELEASE)	Maximum of 8 capsules per day
PERFOROMIST (INHALATION NEBULIZATION SOLUTION)	Maximum of 2 vials (4 ml) per day
<i>perindopril erbumine (oral tablet)</i>	Maximum of 2 tablets per day
PICATO (0.015% EXTERNAL GEL)	Maximum of 3 tubes per 30 days
PICATO (0.05% EXTERNAL GEL)	Maximum of 2 tubes per 30 days
PIFELTRO (ORAL TABLET)	Maximum of 1 tablet per day
<i>pimecrolimus (external cream)</i>	Maximum of 100 grams per 30 days
<i>pioglitazone hcl (15mg oral tablet)</i>	Maximum of 3 tablets per day
<i>pioglitazone hcl (30mg oral tablet, 45mg oral tablet)</i>	Maximum of 1 tablet per day
<i>pioglitazone hcl-glimepiride (oral tablet)</i>	Maximum of 1 tablet per day
<i>pioglitazone hcl-metformin hcl (oral tablet)</i>	Maximum of 3 tablets per day
PIQRAY (200MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 1 tablet per day
PIQRAY (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 2 tablets per day
PIQRAY (300MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 2 tablets per day
POMALYST (ORAL CAPSULE)	Maximum of 1 capsule per day
<i>posaconazole (oral tablet delayed release)</i>	Maximum of 6 tablets per day
PRALUENT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 2 pens (2 ml) per 28 days
<i>prasugrel hcl (oral tablet)</i>	Maximum of 1 tablet per day
<i>pravastatin sodium (oral tablet)</i>	Maximum of 1 tablet per day
<i>pregabalin (100mg oral capsule, 150mg oral capsule, 200mg oral capsule, 25mg oral capsule, 50mg oral capsule, 75mg oral capsule)</i>	Maximum of 3 capsules per day
<i>pregabalin (225mg oral capsule, 300mg oral capsule)</i>	Maximum of 2 capsules per day
<i>pregabalin (oral solution)</i>	Maximum of 30 ml per day



Drug Name	Quantity Limit
PREMARIN (ORAL TABLET)	Maximum of 1 tablet per day
PREMPHASE (ORAL TABLET)	Maximum of 1 tablet per day
PREMPRO (ORAL TABLET)	Maximum of 1 tablet per day
PREZCOBIX (ORAL TABLET)	Maximum of 1 tablet per day
PREZISTA (ORAL SUSPENSION)	Maximum of 2 bottles (400 ml) per 30 days
PREZISTA (150MG ORAL TABLET)	Maximum of 6 tablets per day
PREZISTA (600MG ORAL TABLET, 75MG ORAL TABLET)	Maximum of 2 tablets per day
PREZISTA (800MG ORAL TABLET)	Maximum of 1 tablet per day
PROLIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 1 syringe per 180 days
PROMACTA (ORAL PACKET)	Maximum of 6 packets per day
PROMACTA (12.5MG ORAL TABLET, 25MG ORAL TABLET)	Maximum of 1 tablet per day
PROMACTA (50MG ORAL TABLET, 75MG ORAL TABLET)	Maximum of 2 tablets per day
PROQUAD (SUBCUTANEOUS SUSPENSION RECONSTITUTED)	1 vaccination dose (1 injection) per day
PULMOZYME (INHALATION SOLUTION)	Maximum of 2 ampules (5 ml) per day
QINLOCK (ORAL TABLET)	Maximum of 3 tablets per day
QUADRACEL (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
<i>quetiapine fumarate er (150mg oral tablet extended release 24 hour, 200mg oral tablet extended release 24 hour)</i>	Maximum of 1 tablet per day
<i>quetiapine fumarate er (300mg oral tablet extended release 24 hour, 400mg oral tablet extended release 24 hour, 50mg oral tablet extended release 24 hour)</i>	Maximum of 2 tablets per day
<i>quetiapine fumarate (100mg oral tablet immediate release, 200mg oral tablet immediate release, 50mg oral tablet immediate release)</i>	Maximum of 3 tablets per day
<i>quetiapine fumarate (25mg oral tablet immediate release)</i>	Maximum of 4 tablets per day
<i>quetiapine fumarate (300mg oral tablet immediate release, 400mg oral tablet immediate release)</i>	Maximum of 2 tablets per day
<i>quinapril hcl (oral tablet)</i>	Maximum of 2 tablets per day
<i>quinapril-hydrochlorothiazide (10-12.5mg oral tablet)</i>	Maximum of 1 tablet per day
<i>quinapril-hydrochlorothiazide (20-12.5mg oral tablet, 20-25mg oral tablet)</i>	Maximum of 2 tablets per day

Drug Name	Quantity Limit
RABAVERT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	1 vaccination dose (1 injection) per day
<i>raloxifene hcl (oral tablet)</i>	Maximum of 1 tablet per day
<i>ramelteon (oral tablet)</i>	Maximum of 1 tablet per day
<i>ramipril (oral capsule)</i>	Maximum of 2 capsules per day
<i>ranolazine er (oral tablet extended release 12 hour)</i>	Maximum of 2 tablets per day
RAVICTI (ORAL LIQUID)	Maximum of 17.5 ml per day
RAYALDEE (ORAL CAPSULE EXTENDED RELEASE)	Maximum of 2 capsules per day
REBIF REBIDOSE (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 12 pens (6 ml) per 28 days
REBIF REBIDOSE TITRATION PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 1 pack (4.2 ml) per 28 days
REBIF (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 12 syringes (6 ml) per 28 days
REBIF TITRATION PACK (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 1 pack (4.2 ml) per 28 days
RECOMBIVAX HB (10MCG/ML INJECTION SUSPENSION, 10MCG/ML (1ML SYRINGE) INJECTION SUSPENSION, 40MCG/ML INJECTION SUSPENSION)	1 vaccination dose (1 ml) per day
RECOMBIVAX HB (5MCG/0.5ML INJECTION SUSPENSION)	1 vaccination dose (0.5 ml) per day
RECTIV (RECTAL OINTMENT)	Maximum of 30 grams per 30 days
RELENZA DISKHALER (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 3 inhalers (60 blisters) per 30 days
RELISTOR (ORAL TABLET)	Maximum of 3 tablets per day
<i>repaglinide (0.5mg oral tablet)</i>	Maximum of 32 tablets per day
<i>repaglinide (1mg oral tablet)</i>	Maximum of 16 tablets per day
<i>repaglinide (2mg oral tablet)</i>	Maximum of 8 tablets per day
REPATHA PUSHTRONEX SYSTEM (SUBCUTANEOUS SOLUTION CARTRIDGE)	Maximum of 1 cartridge (3.5 ml) per 28 days
REPATHA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 3 syringes (3 ml) per 28 days
REPATHA SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 3 pens (3 ml) per 28 days
RESTASIS SINGLE-USE VIALS (OPHTHALMIC EMULSION)	Maximum of 2 vials per day
RETEVMO (40MG ORAL CAPSULE)	Maximum of 6 capsules per day
RETEVMO (80MG ORAL CAPSULE)	Maximum of 4 capsules per day
REVLIMID (ORAL CAPSULE)	Maximum of 1 capsule per day

<b>Drug Name</b>	<b>Quantity Limit</b>
REXULTI (ORAL TABLET)	Maximum of 1 tablet per day
REYATAZ (ORAL PACKET)	Maximum of 6 packets per day
RIOMET ER (ORAL SUSPENSION RECONSTITUTED ER)	Maximum of 20 ml per day
<i>risedronate sodium (150mg oral tablet immediate release)</i>	Maximum of 1 tablet per 30 days
<i>risedronate sodium (30mg oral tablet immediate release, 5mg oral tablet immediate release)</i>	Maximum of 1 tablet per day
<i>risedronate sodium (35mg oral tablet immediate release, 35mg (12 pack) oral tablet immediate release, 35mg (4 pack) oral tablet immediate release)</i>	Maximum of 4 tablets per 28 days
<i>ritonavir (oral tablet)</i>	Maximum of 12 tablets per day
<i>rivastigmine tartrate (oral capsule)</i>	Maximum of 2 capsules per day
<i>rivastigmine (transdermal patch 24 hour)</i>	Maximum of 1 patch per day
<i>rizatriptan benzoate (oral tablet)</i>	Maximum of 12 tablets per 30 days
<i>rizatriptan benzoate odt (oral tablet dispersible)</i>	Maximum of 12 tablets per 30 days
<i>rosuvastatin calcium (oral tablet)</i>	Maximum of 1 tablet per day
ROTARIX (ORAL SUSPENSION RECONSTITUTED)	1 vaccination dose (1 ml) per day
ROTATEQ (ORAL SOLUTION)	1 vaccination dose (2 ml) per day
ROZLYTREK (100MG ORAL CAPSULE)	Maximum of 5 capsules per day
ROZLYTREK (200MG ORAL CAPSULE)	Maximum of 3 capsules per day
RUBRACA (ORAL TABLET)	Maximum of 4 tablets per day
RUKOBIA (ORAL TABLET EXTENDED RELEASE 12 HOUR)	Maximum of 2 tablets per day
RYBELSUS (ORAL TABLET)	Maximum of 1 tablet per day
RYDAPT (ORAL CAPSULE)	Maximum of 8 capsules per day
SANCUSO (TRANSDERMAL PATCH)	Maximum of 4 patches per 28 days
SAPHRIS (TABLET SUBLINGUAL)	Maximum of 2 tablets per day
SECUADO (TRANSDERMAL PATCH 24 HOUR)	Maximum of 1 patch per day
SELZENTRY (ORAL SOLUTION)	Maximum of 8 bottles (1840 ml) per 30 days
SELZENTRY (150MG ORAL TABLET, 75MG ORAL TABLET)	Maximum of 2 tablets per day
SELZENTRY (25MG ORAL TABLET, 300MG ORAL TABLET)	Maximum of 4 tablets per day
SEREVENT DISKUS (60 INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (60 inhalations) per 30 days
SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	1 vaccination dose (1 injection) per day

Drug Name	Quantity Limit
<i>sildenafil citrate (20mg oral tablet) (generic revatio)</i>	Maximum of 3 tablets per day
<i>silodosin (oral capsule)</i>	Maximum of 1 capsule per day
<i>simvastatin (oral tablet)</i>	Maximum of 1 tablet per day
<i>sofosbuvir-velpatasvir (oral tablet)</i>	Maximum of 1 tablet per day
<i>solifenacin succinate (oral tablet)</i>	Maximum of 1 tablet per day
SOLIQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 6 pens (18 ml) per 30 days
SOMAVERT (SUBCUTANEOUS SOLUTION RECONSTITUTED)	Maximum of 1 vial per day
SOVALDI (150MG ORAL PACKET)	Maximum of 1 carton (28 packets) per 28 days
SOVALDI (200MG ORAL PACKET)	Maximum of 2 cartons (56 packets) per 28 days
SOVALDI (400MG ORAL TABLET)	Maximum of 1 tablet per day
SPIRIVA HANDHALER (INHALATION CAPSULE)	Maximum of 1 capsule per day
SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION)	Maximum of 1 inhaler (4 grams) per 30 days
SPRYCEL (100MG ORAL TABLET, 140MG ORAL TABLET, 70MG ORAL TABLET)	Maximum of 1 tablet per day
SPRYCEL (20MG ORAL TABLET, 50MG ORAL TABLET)	Maximum of 3 tablets per day
SPRYCEL (80MG ORAL TABLET)	Maximum of 2 tablets per day
<i>stavudine (oral capsule)</i>	Maximum of 2 capsules per day
STIOLTO RESPIMAT (INHALATION AEROSOL SOLUTION)	Maximum of 1 inhaler (4 grams) per 30 days
STIVARGA (ORAL TABLET)	Maximum of 4 tablets per day
STRIBILD (ORAL TABLET)	Maximum of 1 tablet per day
SUBOXONE (12-3MG SUBLINGUAL FILM, 4-1MG SUBLINGUAL FILM)	Maximum of 2 films per day
SUBOXONE (2-0.5MG SUBLINGUAL FILM, 8-2MG SUBLINGUAL FILM)	Maximum of 3 films per day
<i>sumatriptan (nasal solution)</i>	Maximum of 12 devices per 30 days
<i>sumatriptan succinate (100mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	Maximum of 12 tablets per 30 days
<i>sumatriptan succinate refill (subcutaneous solution cartridge)</i>	Maximum of 12 injections (6 ml) per 30 days
<i>sumatriptan succinate (6mg/0.5ml subcutaneous solution)</i>	Maximum of 12 injections (6 ml) per 30 days
<i>sumatriptan succinate (4mg/0.5ml subcutaneous solution auto-injector, 6mg/0.5ml subcutaneous solution auto-injector)</i>	Maximum of 12 injections (6 ml) per 30 days

Drug Name	Quantity Limit
<i>sumatriptan succinate (6mg/0.5ml subcutaneous solution prefilled syringe)</i>	Maximum of 12 injections (6 ml) per 30 days
SUTENT (12.5MG ORAL CAPSULE, 25MG ORAL CAPSULE, 50MG ORAL CAPSULE)	Maximum of 1 capsule per day
SUTENT (37.5MG ORAL CAPSULE)	Maximum of 2 capsules per day
SYMBICORT (120 INHALATION AEROSOL)	Maximum of 1 inhaler (10.2 grams) per 30 days
SYMFI LO (ORAL TABLET)	Maximum of 1 tablet per day
SYMFI (ORAL TABLET)	Maximum of 1 tablet per day
SYMPAZAN (ORAL FILM)	Maximum of 2 films per day
SYMTUZA (ORAL TABLET)	Maximum of 1 tablet per day
SYNJARDY (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
SYNJARDY XR (10-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 25-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
SYNJARDY XR (12.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
TABRECTA (ORAL TABLET)	Maximum of 4 tablets per day
<i>tadalafil (pah) (20mg oral tablet)</i>	Maximum of 2 tablets per day
TAGRISSO (ORAL TABLET)	Maximum of 1 tablet per day
TALZENNA (0.25MG ORAL CAPSULE)	Maximum of 3 capsules per day
TALZENNA (1MG ORAL CAPSULE)	Maximum of 1 capsule per day
TARGRETIN (EXTERNAL GEL)	Maximum of 60 grams per 30 days
TASIGNA (150MG ORAL CAPSULE)	Maximum of 5 capsules per day
TASIGNA (200MG ORAL CAPSULE)	Maximum of 4 capsules per day
TASIGNA (50MG ORAL CAPSULE)	Maximum of 14 capsules per day
TAZVERIK (ORAL TABLET)	Maximum of 8 tablets per day
TDVAX (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
TECFIDERA (ORAL CAPSULE DELAYED RELEASE)	Maximum of 2 capsules per day
<i>telmisartan (oral tablet)</i>	Maximum of 1 tablet per day
<i>telmisartan-amlodipine (oral tablet)</i>	Maximum of 1 tablet per day
<i>telmisartan-hctz (40-12.5mg oral tablet, 80-25mg oral tablet)</i>	Maximum of 1 tablet per day
<i>telmisartan-hctz (80-12.5mg oral tablet)</i>	Maximum of 2 tablets per day
<i>temazepam (15mg oral capsule, 30mg oral capsule)</i>	Maximum of 1 capsule per day
TENIVAC (INTRAMUSCULAR INJECTABLE)	1 vaccination dose (0.5 ml) per day

Drug Name	Quantity Limit
<i>tenofovir disoproxil fumarate (oral tablet)</i>	Maximum of 1 tablet per day
TERIPARATIDE (RECOMBINANT) (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (2.48 ml) per 28 days
<i>tetrabenazine (12.5mg oral tablet)</i>	Maximum of 3 tablets per day
<i>tetrabenazine (25mg oral tablet)</i>	Maximum of 4 tablets per day
THALOMID (100MG ORAL CAPSULE, 50MG ORAL CAPSULE)	Maximum of 1 capsule per day
THALOMID (150MG ORAL CAPSULE, 200MG ORAL CAPSULE)	Maximum of 2 capsules per day
TIBSOVO (ORAL TABLET)	Maximum of 2 tablets per day
TIVICAY (10MG ORAL TABLET, 25MG ORAL TABLET)	Maximum of 1 tablet per day
TIVICAY (50MG ORAL TABLET)	Maximum of 2 tablets per day
TIVICAY PD (ORAL TABLET SOLUBLE)	Maximum of 6 tablets per day
TOBI PODHALER (INHALATION CAPSULE)	Maximum of 8 capsules per day
<i>tobramycin (300mg/4ml inhalation nebulization solution)</i>	Maximum of 2 ampules (8 ml) per day
<i>tobramycin (300mg/5ml inhalation nebulization solution)</i>	Maximum of 2 ampules (10 ml) per day
<i>tolcapone (oral tablet)</i>	Maximum of 6 tablets per day
TRACLEER (ORAL TABLET SOLUBLE)	Maximum of 8 tablets per day
TRADJENTA (ORAL TABLET)	Maximum of 1 tablet per day
<i>tramadol hcl er (biphasic) (oral tablet extended release 24 hour)</i>	Maximum of 1 tablet per day
<i>tramadol hcl er (oral tablet extended release 24 hour)</i>	Maximum of 1 tablet per day
<i>tramadol hcl (50mg oral tablet immediate release)</i>	Maximum of 8 tablets per day
<i>tramadol-acetaminophen (oral tablet)</i>	Maximum of 8 tablets per day
<i>trandolapril (1mg oral tablet, 2mg oral tablet)</i>	Maximum of 1 tablet per day
<i>trandolapril (4mg oral tablet)</i>	Maximum of 2 tablets per day
TRELEGY ELLIPTA (100-62.5-25MCG/INH INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (60 blisters) per 30 days
<i>trientine hcl (oral capsule)</i>	Maximum of 8 capsules per day
TRIJARDY XR (10-5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 25-5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day

Drug Name	Quantity Limit
TRIJARDY XR (12.5-2.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 5-2.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
TRINTELLIX (ORAL TABLET)	Maximum of 1 tablet per day
TRIUMEQ (ORAL TABLET)	Maximum of 1 tablet per day
TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 4 pens (2 ml) per 28 days
TRUMENBA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
TRUVADA (ORAL TABLET)	Maximum of 1 tablet per day
TUKYSA (150MG ORAL TABLET)	Maximum of 4 tablets per day
TUKYSA (50MG ORAL TABLET)	Maximum of 12 tablets per day
TURALIO (ORAL CAPSULE)	Maximum of 4 capsules per day
TWINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (1 ml) per day
TYBOST (ORAL TABLET)	Maximum of 1 tablet per day
TYMLOS (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1.56 ml per 30 days
TYPHIM VI (INTRAMUSCULAR SOLUTION)	1 vaccination dose (0.5 ml) per day
<i>valacyclovir hcl (1gm oral tablet)</i>	Maximum of 4 tablets per day
<i>valacyclovir hcl (500mg oral tablet)</i>	Maximum of 2 tablets per day
VALCHLOR (EXTERNAL GEL)	Maximum of 60 grams per 30 days
<i>valganciclovir hcl (50mg/ml oral solution reconstituted)</i>	Maximum of 36 ml per day
<i>valganciclovir hcl (450mg oral tablet)</i>	Maximum of 4 tablets per day
<i>valsartan (160mg oral tablet, 40mg oral tablet, 80mg oral tablet)</i>	Maximum of 2 tablets per day
<i>valsartan (320mg oral tablet)</i>	Maximum of 1 tablet per day
<i>valsartan-hydrochlorothiazide (oral tablet)</i>	Maximum of 1 tablet per day
VALTOCO 10 MG DOSE (NASAL LIQUID)	Maximum of 10 blister packs (10 spray devices) per 30 days
VALTOCO 15 MG DOSE (NASAL LIQUID THERAPY PACK)	Maximum of 10 blister packs (20 spray devices) per 30 days
VALTOCO 20 MG DOSE (NASAL LIQUID THERAPY PACK)	Maximum of 10 blister packs (20 spray devices) per 30 days
VALTOCO 5 MG DOSE (NASAL LIQUID)	Maximum of 10 blister packs (10 spray devices) per 30 days
<i>vancomycin hcl (125mg oral capsule)</i>	Maximum of 4 capsules per day
<i>vancomycin hcl (250mg oral capsule)</i>	Maximum of 8 capsules per day
VAQTA (INTRAMUSCULAR SUSPENSION)	Maximum of 2 vaccines per lifetime
VARIVAX (SUBCUTANEOUS INJECTABLE)	1 vaccination dose (1 injection) per day

Drug Name	Quantity Limit
VELTASSA (ORAL PACKET)	Maximum of 1 packet per day
VEMLIDY (ORAL TABLET)	Maximum of 1 tablet per day
VENCLEXTA (100MG ORAL TABLET)	Maximum of 6 tablets per day
VENCLEXTA (10MG ORAL TABLET)	Maximum of 2 tablets per day
VENCLEXTA (50MG ORAL TABLET)	Maximum of 1 tablet per day
VENTAVIS (10MCG/ML INHALATION SOLUTION)	Maximum of 7 ml per day
VENTAVIS (20MCG/ML INHALATION SOLUTION)	Maximum of 3 ml per day
VERZENIO (ORAL TABLET)	Maximum of 2 tablets per day
VICTOZA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 3 pens (9 ml) per 30 days
<i>vigabatin (oral packet)</i>	Maximum of 6 packets per day
<i>vigabatin (oral tablet)</i>	Maximum of 6 tablets per day
<i>vigadrone (oral packet)</i>	Maximum of 6 packets per day
VIIBRYD (ORAL TABLET)	Maximum of 1 tablet per day
VIIBRYD STARTER PACK (ORAL KIT)	Maximum of 1 pack (30 tablets) per 30 days
VIMPAT (ORAL SOLUTION)	Maximum of 40 ml per day
VIMPAT (ORAL TABLET)	Maximum of 2 tablets per day
VIRACEPT (250MG ORAL TABLET)	Maximum of 10 tablets per day
VIRACEPT (625MG ORAL TABLET)	Maximum of 4 tablets per day
VIREAD (ORAL POWDER)	Maximum of 4 bottles (240 grams) per 30 days
VIREAD (150MG ORAL TABLET, 200MG ORAL TABLET, 250MG ORAL TABLET)	Maximum of 1 tablet per day
VITRAKVI (100MG ORAL CAPSULE)	Maximum of 4 capsules per day
VITRAKVI (25MG ORAL CAPSULE)	Maximum of 6 capsules per day
VITRAKVI (ORAL SOLUTION)	Maximum of 20 ml per day
VIZIMPRO (ORAL TABLET)	Maximum of 1 tablet per day
VOSEVI (ORAL TABLET)	Maximum of 1 tablet per day
VOTRIENT (ORAL TABLET)	Maximum of 4 tablets per day
VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL CAPSULE)	Maximum of 1 capsule per day
VYNDAMAX (ORAL CAPSULE)	Maximum of 1 capsule per day
VYNDAQEL (ORAL CAPSULE)	Maximum of 4 capsules per day
<i>wixela inhub (inhalation aerosol powder breath activated) (generic advair)</i>	Maximum of 1 inhaler (60 blisters) per 30 days
XARELTO (10MG ORAL TABLET, 20MG ORAL TABLET)	Maximum of 1 tablet per day
XARELTO (15MG ORAL TABLET, 2.5MG ORAL TABLET)	Maximum of 2 tablets per day



Drug Name	Quantity Limit
XARELTO STARTER PACK (ORAL TABLET THERAPY PACK)	Maximum of 1 pack (51 tablets) per 30 days
XCOPRI (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 1 pack (56 tablets) per 28 days
XCOPRI (350MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 1 pack (56 tablets) per 28 days
XCOPRI (100MG ORAL TABLET, 50MG ORAL TABLET)	Maximum of 1 tablet per day
XCOPRI (150MG ORAL TABLET, 200MG ORAL TABLET)	Maximum of 2 tablets per day
XCOPRI (ORAL TABLET TITRATION THERAPY PACK)	Maximum of 1 pack (28 tablets) per 28 days
XELJANZ (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
XELJANZ XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
XIGDUO XR (10-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 10-500MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 5-500MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
XIGDUO XR (2.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
XIIDRA (OPHTHALMIC SOLUTION)	Maximum of 2 vials per day
XOFLUZA (40 MG DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 2 tablets per 30 days
XOFLUZA (80 MG DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 2 tablets per 30 days
XOSPATA (ORAL TABLET)	Maximum of 3 tablets per day
XPOVIO (100MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 20 tablets per 28 days
XPOVIO (40MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 8 tablets per 28 days
XPOVIO (40MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 16 tablets per 28 days
XPOVIO (60MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 12 tablets per 28 days
XPOVIO (60MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 24 tablets per 28 days
XPOVIO (80MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 16 tablets per 28 days

Drug Name	Quantity Limit
XPOVIO (80MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 32 tablets per 28 days
XTAMPZA ER (13.5MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT, 18MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT, 9MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT)	Maximum of 3 capsules per day
XTAMPZA ER (27MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT, 36MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT)	Maximum of 6 capsules per day
XTANDI (ORAL CAPSULE)	Maximum of 4 capsules per day
XYREM (ORAL SOLUTION)	Maximum of 18 ml per day
YF-VAX (SUBCUTANEOUS INJECTABLE)	1 vaccination dose (1 injection) per day
<i>yuvafem (vaginal tablet)</i>	Maximum of 1 tablet per day
<i>zafirlukast (oral tablet)</i>	Maximum of 2 tablets per day
<i>zaleplon (10mg oral capsule)</i>	Maximum of 2 capsules per day
<i>zaleplon (5mg oral capsule)</i>	Maximum of 1 capsule per day
ZEJULA (ORAL CAPSULE)	Maximum of 3 capsules per day
ZELBORAF (ORAL TABLET)	Maximum of 8 tablets per day
<i>zidovudine (oral capsule)</i>	Maximum of 6 capsules per day
<i>zidovudine (oral syrup)</i>	Maximum of 64 ml per day
<i>zidovudine (oral tablet)</i>	Maximum of 2 tablets per day
<i>ziprasidone hcl (oral capsule)</i>	Maximum of 2 capsules per day
<i>zolpidem tartrate (oral tablet immediate release)</i>	Maximum of 1 tablet per day
ZYDELIG (ORAL TABLET)	Maximum of 2 tablets per day
ZYKADIA (ORAL TABLET)	Maximum of 3 tablets per day

### C3. Over-the-counter (OTC) Drug List

UnitedHealthcare Dual Complete ONE covers some prescription OTC drugs that aren't normally covered under our Medicare Part D benefit.

You need a prescription from your doctor to have drugs on this list covered. If your prescription is for a brand name drug, you will get the generic version of the drug if it's available, unless otherwise prescribed or directed by your doctor.

Some of these drugs may need prior authorization. Please check with your doctor and the plan. If the drug requires a prior authorization, you or your doctor will need to get approval from the plan before the drug may be covered.

The list below shows the prescription OTC drugs covered by the plan.

OTC Drug Name	OTC Drug Name
<b>Analgesics</b>	<i>pain &amp; fever childrens</i>
<b>Analgesics</b>	<i>pain &amp; fever childrens/dye-free</i>
<i>acetaminophen</i>	<i>pain &amp; fever infants</i>
<i>acetaminophen er</i>	<i>pain relief</i>
<i>acetaminophen extra strength</i>	<i>pain relief childrens</i>
<i>added strength headache relief</i>	<i>pain relief regular strength</i>
<i>arthritis pain relief</i>	<i>pain reliever</i>
<i>arthritis pain reliever</i>	<i>pain reliever extra strength</i>
<i>cvs arthritis pain relief</i>	<i>pain reliever/fever reducer childrens</i>
<i>cvs headache relief extrastrength</i>	<i>px arthritis pain relief</i>
<i>cvs migraine relief</i>	<i>px childrens pain relief</i>
<i>cvs pain &amp; fever childrens</i>	<i>px headache relief added strength</i>
<i>cvs pain &amp; fever infants</i>	<i>px migraine relief</i>
<i>cvs pain relief 8 hour</i>	<i>px pain relief extra strength</i>
<i>cvs pain relief extra strength</i>	<i>sb arthritis pain relief</i>
<i>cvs pain relief regular strength</i>	<b>SOBA PAIN RELIEVER HEADACHE FORMULA</b>
<i>gnp pain relief extra strength</i>	<b>TYLENOL</b>
<i>headache relief</i>	<b>TYLENOL 8 HOUR</b>
<i>headache relief/extra strength</i>	<b>TYLENOL 8 HOUR ARTHRITIS PAIN</b>
<i>infants pain &amp; fever</i>	<b>TYLENOL ARTHRITIS PAIN</b>
<i>infants pain relief</i>	<b>TYLENOL CHILDRENS</b>
<b>MEDI-TABS</b>	<b>TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER</b>
<b>MEDI-TABS EXTRA STRENGTH</b>	<b>TYLENOL EXTRA STRENGTH</b>
<i>menstrual pain relief multi-symptom maximum strength</i>	<b>TYLENOL INFANTS</b>
<i>non-aspirin</i>	<b>TYLENOL INFANTS PAIN+FEVER</b>
<i>non-aspirin childrens</i>	

OTC Drug Name
TYLENOL SORE THROAT DAYTIME
<b>Nonsteroidal Anti-inflammatory Drugs</b>
<i>adult aspirin ec low strength</i>
<i>aspirin</i>
<i>aspirin 81 low dose</i>
<i>aspirin low dose</i>
<i>aspirin tab 325mg ec</i>
BAYER ASPIRIN EC LOW DOSE
<i>childrens ibuprofen</i>
CHILDRENS MOTRIN
<i>cvs aspirin</i>
<i>cvs aspirin adult low dose</i>
<i>cvs aspirin adult low strength</i>
<i>cvs aspirin low dose</i>
<i>cvs aspirin low strength</i>
<i>cvs ibuprofen</i>
<i>cvs ibuprofen childrens</i>
<i>cvs ibuprofen junior strength</i>
ECOTRIN LOW STRENGTH
ECOTRIN MAXIMUM STRENGTH
ECOTRIN REGULAR STRENGTH
<i>eq ibuprofen</i>
<i>gnp adult aspirin low strength</i>
<i>gnp aspirin</i>
<i>gnp childrens ibuprofen</i>
<i>gnp ibuprofen</i>
HYVEE IBUPROFEN CHILDRENS
<i>ibuprofen</i>
<i>ibuprofen 100 junior strength</i>
<i>ibuprofen 200</i>
<i>ibuprofen childrens</i>
<i>infants ibuprofen</i>
MEDI-PROFEN
MOTRIN CHILDRENS
MOTRIN IB
MOTRIN INFANTS DROPS
<i>naproxen sodium</i>
<i>px all day relief</i>
<i>px aspirin</i>

OTC Drug Name
<i>px childrens profen ib</i>
<i>px enteric aspirin</i>
<i>px ibuprofen junior strength</i>
<i>px infants profen ib</i>
<i>qc childrens aspirin</i>
<i>qc lo-dose aspirin</i>
ST JOSEPH ASPIRIN
TGT IBUPROFEN
WAL-PROFEN
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>
<b>Smoking Cessation Agents</b>
<i>cvs nicotine lozenge</i>
NICODERM CQ
NICORETTE
NICORETTE MINI
NICORETTE STARTER KIT
<i>nicotine</i>
<i>nicotine polacrilex</i>
<i>nicotine step 3</i>
<i>nicotine transdermal system</i>
<i>nicotine transdermal system step 1</i>
<i>nicotine transdermal system step 2</i>
<i>nicotine transdermal system step 3</i>
<i>px stop smoking aid</i>
<i>tgt nicotine step one</i>
<i>tgt nicotine step three</i>
<i>tgt nicotine step two</i>
<b>Antibacterials</b>
<b>Antibacterials, Other</b>
<i>bacitracin</i>
BACTERICIN
<i>cvs bacitracin</i>
<i>eq triple antibiotic</i>
<i>gnp bacitracin zinc</i>
NEOPORACIN
NEOSPORIN ORIGINAL
POLYSPORIN
<i>ra bacitracin zinc first aid</i>
<b>Antiemetics</b>

OTC Drug Name
<b>Antiemetics, Other</b>
<i>anti-nausea</i>
DRAMAMINE LESS DROWSY
<i>meclizine hydrochloride</i>
<i>soba anti-nausea</i>
<b>Antifungals</b>
<b>Antifungals</b>
<i>3 day vaginal</i>
<i>antifungal spray powder</i>
CRUEX PRESCRIPTION STRENGTH
<i>cvs athletes foot</i>
<i>cvs jock itch</i>
<i>cvs miconazole 3</i>
<i>cvs miconazole 7</i>
DESENEX JOCK ITCH SPRAY POWDER
DR GS CLEAR NAIL
<i>eq athletes foot</i>
GYNE-LOTRIMIN 3
<i>jock itch spray powder</i>
LAMISIL AT
LAMISIL AT JOCK ITCH
LOTRIMIN AF DEODORANT POWDER
LOTRIMIN AF JOCK ITCH POWDER
LOTRIMIN AF POWDER
<i>medal tolnaf cre 1%</i>
MYCOCIDE CLINICAL NS ANTIFUNGAL TREATMENT
<i>px miconazole 3-day combo pack</i>
TINACTIN
TINACTIN DEODORANT
<b>Antiparasitics</b>
<b>Anthelmintics</b>
<i>pinworm medicine</i>
<b>Pediculicides/Scabicides</b>
<i>gnp lice treatment</i>
<i>pronto sha w/cr ri</i>
<b>Antivirals</b>
<b>Antiherpetic Agents</b>
ABREVA
<b>Blood Glucose Monitoring</b>

OTC Drug Name
<b>Blood Glucose Monitoring</b>
<i>advanced mobile lancet 30g</i>
AT LAST BLOOD GLUCOSE SYSTEM
AT LAST LANCETS
AT LAST TEST STRIPS
AUTOPEN
<i>cvs lancets micro thin 33g</i>
<i>cvs lancets thin 26g</i>
<i>cvs lancing device</i>
<i>duane reade lancet alternate site 26g</i>
<i>duane reade lancet super thin 30g</i>
<i>duane reade lancet ultra thin 28g</i>
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING
EMBRACE BLOOD GLUCOSE TEST STRIPS
EMBRACE CONTROL SOLUTION LOW
<i>kroger lancets 21g</i>
<i>lancets</i>
<i>lancets super thin 28g</i>
<i>lancets ultra thin 30g</i>
MM EASY TOUCH BLOOD GLUCOSE METER
MM EASY TOUCH GLUCOSE TEST STRIPS
MM LANCING DEVICE
MM TWIST LANCETS
ONETOUCH LANCETS
PRECISION SOF-TACT TEST STRIPS
PRESTIGE TEST STRIPS
RA E-ZJECT LANCETS THIN 26G
RA E-ZJECT LANCETS ULTRA THIN 30G
RA LANCETS
RA LANCETS THIN
RELION LANCETS THIN 26G
SURE-LANCE THIN LANCETS 28G
SURE-LANCE ULTRA THIN LANCETS
SURE-PEN
SURE-TEST EASYPLUS MINI BLOOD GLUCOSE TEST STRIPS
SURE-TEST EASYPLUS MINI SELF MONITORING BLOOD GLUCOSE METER

<b>OTC Drug Name</b>
<i>tgt advanced lancing device</i>
<i>tgt lancet alternate site</i>
<i>tgt lancet super thin 30g</i>
<i>tgt lancet thin 23g</i>
<i>tgt lancet ultra thin 28g</i>
<i>tgt lancing device</i>
<i>true focus self monitoring blood glucose test strips</i>
<b>ULTILET OPERATING DEVICE</b>
<i>ultra thin lancets 28g</i>
<b>Blood Glucose Regulators</b>
<i>glycemic agents</i>
<i>cvs glucose</i>
<i>cvs glucose bits</i>
<i>cvs glucose shot</i>
<i>gnp glucose</i>
<i>croger glucose</i>
<b>Insulins</b>
HUMULIN 70/30
HUMULIN 70/30 KWIKPEN
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
NOVOLIN 70/30
NOVOLIN 70/30 FLEXPEN
NOVOLIN 70/30 FLEXPEN RELION
NOVOLIN 70/30 RELION
NOVOLIN N
NOVOLIN N FLEXPEN
NOVOLIN N FLEXPEN RELION
NOVOLIN N RELION
NOVOLIN R
NOVOLIN R FLEXPEN
NOVOLIN R FLEXPEN RELION
NOVOLIN R RELION
RELION R
<b>Dermatological Agents</b>
<b>Dermatological Agents</b>
AQUAPHOR
AQUAPHOR OIN

<b>OTC Drug Name</b>
CHAPSTICK
CHAPSTICK MOISTURIZER
CHAPSTICK ULTRA SPF 30
<i>duofilm sol 17%</i>
EUCERIN
NEUTROGENA OIL-FREE ACNE WASH/PINK GRAPEFRUIT FOAMING SCRUB
NEUTROGENA ULTRA SHEER D RY-TOUCH WITH HELIOPLEX SPF 100
NEUTROGENA ULTRA SHEER D RY-TOUCH WITH HELIOPLEX SPF 55
NEUTROGENA ULTRA SHEER FACE & BODY SPF 70
PRAMEGEL HCL
PSORIASIN
PSORIASIS MEDICATED SKIN TREATMENT
<i>px hemorrhoidal</i>
<i>wart remover maximum strength</i>
<b>Electrolytes/Minerals/Metals/Vitamins</b>
<b>Electrolyte/Mineral Replacement</b>
<i>calcium</i>
<i>calcium + d3</i>
<i>calcium 600</i>
<i>calcium 600+d</i>
<i>calcium citrate +</i>
<i>calcium citrate + d</i>
<i>calcium citrate/vitamin d3</i>
<i>calcium/vitamin d</i>
<i>chelated zinc</i>
<i>chromium picolinate</i>
<i>complete nutrition</i>
<i>complete nutrition plus</i>
<i>fem-cal citrate</i>
<i>ferrous gluconate</i>
<i>ferrous sulfate</i>
<i>fish oil</i>
<i>folic acid</i>
<i>iron 65 tab 325mg</i>
<i>magnesium oxide</i>
<i>mdl oys sh+d tab 250mg</i>

<b>OTC Drug Name</b>
NUBASICS POW COFFEE
omega-3 fish oil
omega-3 fish oil extra strength
oyster shell calcium
oyster shell calcium 250+d
oyster shell calcium 500
oyster shell calcium 500/d
oyster shell tab /d 250mg
oyster shell tab 500mg
parva-cal
ped electrol sol fruit
pediatric electrolyte
slow iron
slow release iron
sm oyster shell calcium
ultramino soy protein
v-r iron cap 250mg cr
v-r oyster tab 500mg
zinc sulfate
<b>Vitamins</b>
animal chews
a-z formula tab
biotin
certa plus
child chew chw extra c
childrens chewable multivitamin
childrens chewable multivitamin with iron
d 1000
d 2000
daily multiple vitamin
daily value multivitamin
daily vitamin
daily vitamin formula+ir on
daily vitamin formula+iron
daily vitamin formula+minerals
daily vite multivitamin/iron
delta d3
eye-vite plus lutein
freedavite

<b>OTC Drug Name</b>
fruit c 500
fruit c-100
geri-freeda senior formula
gnp one daily womens 50+ advanced
hi-kovite 2-part formula
kids vitamins plus iron
mdl once dly tab multi-vi
mdl stress tab w/fe&bio
mdl vit e cap 400iu
mens multiple vitamins plus lycopene
multi vitamin and minerals
multi vitamin daily
multiple vit chw
multiple vit chw /iron
multiple vit tab
multiple vit tab minerals
multiple vit tab pls iron
multivital platinum
multivital-m
multi-vitamin daily
multi-vitamin monocaps
natural vitamin e
niacin
niacin tab 100mg
niacin tab 50mg
parvlex
prenatal
prenatal formula a-free
prenatal one daily
prenatal vitamin
quin b strong
quintabs
quintabs-m
sm multiple vitamins/iron
sm therapeutic-m
<b>SOURCECF</b>
stress form tab vitamins
super antioxidant
theragenerix tab nf

<b>OTC Drug Name</b>
<i>thera-m</i>
<i>therapeutic tab -m</i>
<b>THERATRUM COMPLETE</b>
<b>THERATRUM COMPLETE 50 PLUS</b>
<i>t-vites</i>
<i>ultra freeda</i>
<i>ultra freeda/iron</i>
<i>vimar syp</i>
<i>vit e/d-alph cap 1000iu</i>
<i>vit e/d-alph cap 400iu</i>
<b>VITALETS CHILDRENS</b>
<i>vitamin a</i>
<i>vitamin a palmitate</i>
<i>vitamin b 6</i>
<i>vitamin b1</i>
<i>vitamin b-1</i>
<i>vitamin b6</i>
<i>vitamin b-6</i>
<i>vitamin b-6 tab 500mg</i>
<i>vitamin b-complex</i>
<i>vitamin c</i>
<i>vitamin c tab 1000mg</i>
<i>vitamin c tab 500mg</i>
<i>vitamin c tr</i>
<i>vitamin c/rose hips</i>
<i>vitamin d</i>
<i>vitamin d3</i>
<i>vitamin e</i>
<i>vitamin e cap 1000iu</i>
<i>vitamin e cap 400iu</i>
<i>vitamins a-d-e/selenium</i>
<b>YELETS TEENAGE FORMULA</b>
<b>Gastrointestinal Agents</b>
<b>Gastrointestinal Agents, Other</b>
<i>acidophilus plus pectin</i>
<i>acidophilus/pectin</i>
<i>antacid</i>
<i>antacid + anti-gas liquid maximum strength</i>
<i>antacid anti-gas maximum strength</i>

<b>OTC Drug Name</b>
<i>antacid extra strength</i>
<i>antacid fast relief</i>
<i>antacid plus anti-gas relief</i>
<i>antacid plus anti-gas relief maximum strength</i>
<i>antacid ultra strength</i>
<i>antacid/anti-gas</i>
<i>anti-diarrheal</i>
<i>calcium antacid</i>
<i>calcium rich supreme antacid</i>
<i>childrens pepto</i>
<i>cvs anti-diarrheal</i>
<i>eq gas relief</i>
<i>eq1 antacid</i>
<i>gas relief extra strength</i>
<i>gas relief ultra strength</i>
<b>GAS-X EXTRA STRENGTH</b>
<b>GAS-X ULTRA STRENGTH</b>
<b>GAVISCON</b>
<b>GAVISCON EXTRA STRENGTH</b>
<b>GAVISCON EXTRA STRENGTH RELIEF FORMULA</b>
<i>gnp antacid</i>
<i>gnp antacid anti-gas</i>
<i>goodsense antacid/regular strength</i>
<b>HYVEE ADVANCED ANTACID MAXIMUM STRENGTH</b>
<b>IMODIUM A-D</b>
<b>IMODIUM MULTI-SYMPTOM RELIEF</b>
<b>IMPERIM</b>
<b>KALA</b>
<b>LITTLE TUMMYS GAS RELIEF</b>
<b>MAALOX MAX</b>
<b>MAALOX MULTI SYMPTOM MAXIMUM STRENGTH</b>
<i>maldroxal</i>
<b>MYLANTA GAS RELIEF MAXIMUM STRENGTH</b>
<b>PEPTO BISMOL</b>
<b>PEPTO-BISMOL</b>
<b>PEPTO-BISMOL MAX STRENGTH</b>



OTC Drug Name
PEPTO-BISMOL TO-GO
PHAZYME
<i>pink bismuth</i>
<i>pink bismuth maximum strength</i>
<i>pink bismuth regular strength</i>
<i>px antacid extra strength</i>
<i>px antacid maximum strength</i>
<i>px antacid regular strength</i>
<i>px calcium antacid regular strength</i>
<i>px gas relief extra strength</i>
<i>px gas relief infants</i>
<i>px gas relief ultra strength</i>
<i>px stomach relief</i>
<i>px stomach relief maximum strength</i>
<i>qc antacid</i>
<i>qc antacid/anti-gas</i>
<i>qc antacid/anti-gas maximum strength</i>
<i>sb antacid anti-gas</i>
<i>simethicone</i>
<i>sm stomach relief</i>
SOOTHE
<i>stomach relief</i>
TUMS
TUMS E-X 750
TUMS EXTRA STRENGTH 750
TUMS SMOOTHIES
TUMS ULTRA 1000
Histamine2 (H2) receptor Antagonists
<i>acid controller maximum strength</i>
<i>acid reducer</i>
<i>eq heartburn prevention</i>
PEPCID AC MAXIMUM STRENGTH
<i>px acid reducer</i>
<i>px acid reducer maximum strength</i>
Laxatives
<i>citrate of magnesia</i>
CITRUCEL
CITRUCEL FIBER LAXATIVE
COLACE LIQ 150/15ML

OTC Drug Name
<i>cvs c-lax laxative</i>
<i>cvs enema ready-to-use</i>
CVS PURELAX
<i>cvs stool softener</i>
<i>doc sod/cas cap 100-30</i>
<i>docusate sodium</i>
DULCOLAX
DULCOLAX STOOL SOFTENER
<i>enema</i>
<i>enema mineral oil</i>
<i>enema ready-to-use</i>
<i>eq enema</i>
<i>eq senna-s</i>
EX-LAX ULTRA
<i>fiber therapy</i>
FLEET ENEMA
FLEET ENEMA SIX PACK
<i>gentle laxative</i>
<i>glycerin adult</i>
<i>glycerin children</i>
<i>magnesium citrate</i>
METAMUCIL
METAMUCIL MULTIHEALTH FIBER
METAMUCIL ORIGINAL TEXTURE
METAMUCIL SMOOTH TEXTURE
METAMUCIL SMOOTH TEXTURE FIBER SINGLES
METAMUCIL SMOOTH TEXTURE SUGAR FREE
<i>milk of magnesia</i>
<i>mineral oil</i>
<i>natural psyllium seed indian husks</i>
PEDIA-LAX
<i>pediatric enema</i>
PERDIEM OVERNIGHT RELIEF
PHILLIPS MILK OF MAGNESIA
<i>px fiber</i>
<i>px milk of magnesia</i>
<i>qc milk of magnesia</i>
<i>sb glycerin</i>

<b>OTC Drug Name</b>
<i>sb polyethylene glycol 3 350</i>
<i>senna</i>
<i>senna plus</i>
<i>senna-s</i>
<b>SMOOTH LAX</b>
<i>stool softener</i>
<i>stool softener plus laxative</i>
<i>veracolate</i>
<b>Proton Pump Inhibitors</b>
<i>cvs omeprazole</i>
<i>eq1 omeprazole</i>
<i>esomeprazole magnesium</i>
<i>gnp omeprazole</i>
<i>lansoprazole odt</i>
<i>omeprazole</i>
<i>px omeprazole</i>
<b>Genitourinary Agents</b>
<b>Genitourinary Agents, Other</b>
TODAY SPONGE
<i>urinary pain relief</i>
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>
<i>cvs anti-itch maximum strength</i>
<i>cvs cortisone maximum strength</i>
<i>cvs hydrocortisone anti-itch</i>
<i>cvs hydrocortisone maximum strength</i>
<i>hc/aloe cre 0.5%</i>
<i>hydrocortisone</i>
<i>hydrocortisone maximum strength</i>
<i>v-r hydrocort oin 0.5%</i>
<b>Miscellaneous Therapeutic Agents</b>
<b>Miscellaneous Therapeutic Agents</b>
A & D ZINC OXIDE
<i>alcohol prep pads</i>
<i>alcohol preps</i>
<i>alcohol swabs</i>
AURORA PEN NEEDLES 29GX12MM
AURORA PEN NEEDLES 31G X 6MM

<b>OTC Drug Name</b>
AURORA PEN NEEDLES 31G X 8MM
B-D INSULIN SYRINGE ULTRA FINE II, 0.3CC,U-100, 30GX0.3"
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM
BD INSULIN SYRINGE ULTRAFINE/ U-100/0.3ML/29G X 1/2"
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM
CAREFINE PEN NEEDLE 32GX4MM
CAREFINE PEN NEEDLES 29GX1/2"
CAREFINE PEN NEEDLES 30GX5/16"
CAREFINE PEN NEEDLES 31GX6MM
CAREFINE PEN NEEDLES 31GX8MM
CAREFINE PEN NEEDLES 32GX5MM
CAREFINE PEN NEEDLES 32GX6MM
CARETOUCH ALCOHOL PREP PADS
CARETOUCH INSULIN SYRINGE/ U-100/1ML/28G X 5/16"
CARETOUCH INSULIN SYRINGE/ U-100/1ML/29G X 5/16"
CARETOUCH PEN NEEDLES 31 G X 6 MM
CARETOUCH PEN NEEDLES 31GX 5MM
CARETOUCH PEN NEEDLES 31GX 8MM
CARETOUCH PEN NEEDLES 32GX 4MM
CARETOUCH PEN NEEDLES 32GX 5MM
<i>conform band mis</i>
<i>cranberry</i>
<i>cvs alcohol prep pads</i>
<i>cvs gauze pads 2"x2" 12-ply</i>
<i>cvs prep pads</i>
DUANE READE UNIFINE PENTIPS 29G X 12MM
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT
EASY TOUCH ALCOHOL PREP PADS/ MEDIUM
<i>elite-thin insulin syringe/0.3ml/31g x 5/16"</i>
<i>elite-thin insulin syringe/0.5ml/29g x 1/2"</i>

OTC Drug Name	OTC Drug Name
<i>elite-thin insulin syringe/0.5ml/30g x 5/16"</i>	KANGAROO ENTERAL FEEDING PUMP MODEL K224
<i>elite-thin insulin syringe/1ml/30g x 5/16"</i>	KANGAROO ENTERAL FEEDING PUMP MODEL K324
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	KANGAROO EZ CAP BAG/1000 ML
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	KANGAROO EZ CAP PUMP SET/1000ML
<i>elite-thin insulin syringe/u-100/1ml/28g x 1/2"</i>	KANGAROO EZ CAP PUMP SET/STERILE/1000ML
<i>elite-thin insulin syringe/u-100/1ml/29g x 1/2"</i>	KANGAROO EZ CAP PUMP SET/STERILE/500ML
<i>elite-thin insulin syringe/u-100/1ml/31g x 5/16"</i>	KANGAROO FEEDING TUBE/NON-WEIGHTED/10 FRENCH/36"
<i>eql alcohol swabs</i>	KANGAROO FEEDING TUBE/NON-WEIGHTED/12 FRENCH/36"
<i>eql insulin syringe/u-100/0.3ml/29g x 1/2"</i>	KANGAROO FEEDING TUBE/NON-WEIGHTED/14 FRENCH/36"
EQL SHORT PEN NEEDLES 31G X 8MM	KANGAROO FEEDING TUBE/NON-WEIGHTED/8 FRENCH/36"
EQL ULTRA SHORT PEN NEEDLES 31G X 6MM	KANGAROO GASTROSTOMY TUBE/SILICONE/22 FRENCH
<i>garlic</i>	KANGAROO GASTROSTOMY TUBE/Y-SITE/SILICONE/24 FRENCH
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	KANGAROO GASTROSTOMY TUBE/Y-SITE/SILICONE/26 FRENCH
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	KANGAROO GRAVITY SET/BAG/ICE POUCH/ROLL CLAMP/1000ML
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	KANGAROO PER FRAME FOR PUMP
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	KANGAROO PET ENTERAL FEEDING AMBULATORY PUMP
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	KANGAROO PET PUMP CARRYING CASE/FRAME
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	KANGAROO PUMP SET/1000ML
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	KANGAROO PVC FEEDING TUBE16 FRENCH/48"
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	KANGAROO PVC FEEDING TUBE18 FRENCH/48"
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	KANGAROO PVC FEEDING TUBE8 FRENCH/42"
<i>glucosamine/chondroitin</i>	KANGAROO RIGID CONTAINER PUMP SET 1200ML
<i>gnp alcohol swabs</i>	KANGAROO RIGID CONTAINER PUMP SET 600ML
<i>gnp sterile pads 3"x3"</i>	
<i>hm sterile alcohol prep pads</i>	
<i>insulin syringe/0.5ml/31g x 5/16"</i>	
KANGAROO DELUXE EZ CAP PUMP SET/STERILE/1600ML	

OTC Drug Name
KANGAROO SCREW CAP PUMP SET
KANGAROO SCREW CAP PUMP SET FOR GLASS BOTTLES
KANGAROO UNIVERSAL PUMP SET/ STERILE
KANGAROO Y-SITE EXTENSIONSET
KENALOG MIS DISPNSR
<i>kinray insulin syringe/0.5ml/29g x 1/2"</i>
<i>croger insulin syringe/u-100/0.3ml/30g x 5/16"</i>
<i>croger insulin syringe/u-100/0.5ml/29g x 1/2"</i>
<i>croger insulin syringe/u-100/0.5ml/30g x 5/16"</i>
<i>croger insulin syringe/u-100/1ml/29g x 1/2"</i>
<i>croger insulin syringe/u-100/1ml/30g x 5/16"</i>
LEADER UNIFINE PENTIPS PLUS/MINI/ 31GX3/16"
LEADER UNIFINE PENTIPS PLUS/SHORT/ 31GX5/16"
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"
LIVE BETTER PEN NEEDLES 29G X 12MM
LIVE BETTER PEN NEEDLES 31G X 12MM
LIVE BETTER PEN NEEDLES 31G X 6MM
MAXICOMFORT II PEN NEEDLES/31G X 1/4"
MAXI-COMFORT INSULIN SYRINGE/ U-100/0.5ML/28G X 1/2"
MAXI-COMFORT INSULIN SYRINGE/ U-100/1ML/28G X 1/2"
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"
<i>medic insulin syringe/0.3ml/30g x 5/16"</i>
<i>medic insulin syringe/0.5ml/30g x 5/16"</i>
<i>medic ultra comfort insulin syringe/ u-100/0.3ml/30g x 1/2"</i>

OTC Drug Name
<i>medicine shoppe pen needles 29g x 12mm</i>
<i>medicine shoppe pen needles 31g x 6mm</i>
<i>medicine shoppe pen needles 31g x 8mm</i>
<i>meijer pen needles 29g x 12mm</i>
<i>meijer pen needles 31g x 6mm</i>
<i>meijer pen needles 31g x 8mm</i>
MICRODOT PEN NEEDLE/31G X 6 MM
MICRODOT PEN NEEDLE/32G X 4 MM
MICRODOT PEN NEEDLE/33G X 4 MM
<i>mm insulin syringe/u-100/0.3ml/30g x 5/16"</i>
<i>mm insulin syringe/u-100/0.3ml/31g x 5/16"</i>
<i>mm insulin syringe/u-100/1/2ml/30g x 5/16"</i>
<i>mm insulin syringe/u-100/1/2ml/31g x 5/16"</i>
<i>mm insulin syringe/u-100/1ml/30g x 5/16"</i>
<i>mm insulin syringe/u-100/1ml/31g x 5/16"</i>
MM PEN NEEDLES 31G X 1/4"
MM PEN NEEDLES 31G X 3/16"
MM PEN NEEDLES 31G X 5/16"
MM PEN NEEDLES 32G X 5/32"
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"
MONOJECT INSULIN SYRINGE/U-100/1ML/ 30G X 5/16"
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"

OTC Drug Name
MULTIDEX MIS
NOVOFINE 32GX6MM
NOVOFINE AUTOCOVER 30GX8MM
NOVOFINE PLUS 32GX4MM
NOVOTWIST 32GX5MM
PC UNIFINE PENTIPS 29G X 1/2"
PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT
PC UNIFINE PENTIPS 31G X 8MM SHORT
<i>pen needles 29gx1/2"</i>
<i>pen needles 31g x 1/4" short</i>
<i>pen needles 31gx5/16"</i>
PHARMACIST CHOICE ALCOHOL PRED PADS
PRECISION SURE-DOSE INSULIN SYRINGE/ 0.3ML/30G X 5/16"
PRECISION SURE-DOSE INSULIN SYRINGE/ 0.5ML/28G X 1/2"
PRECISION SURE-DOSE INSULIN SYRINGE/ 0.5ML/29G X 1/2"
PRECISION SURE-DOSE INSULIN SYRINGE/ 0.5ML/30G X 3/8"
PRECISION SURE-DOSE INSULIN SYRINGE/ 1ML/28G X 1/2"
PRECISION SURE-DOSE PLUS INSULIN SYRINGE/0.3ML/29G X 1/2"
PRECISION SURE-DOSE PLUS INSULIN SYRINGE/1ML/29G X 1/2"
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT
PREVENT SAFETY PEN NEEDLES 31GX1/4"
PREVENT SAFETY PEN NEEDLES 31GX5/16"
<i>qc alcohol swabs</i>
QC PEN NEEDLES 29G X 12MM
QC PEN NEEDLES 31G X 6MM
QC PEN NEEDLES 31G X 8MM

OTC Drug Name
<i>ra alcohol swabs</i>
<i>ra insulin syringe/0.5ml/29g x 1/2"</i>
<i>ra insulin syringe/1ml/29g x 1/2"</i>
<i>ra insulin syringe/u-100/0.5ml/30g x 5/16"</i>
<i>ra insulin syringe/u-100/1 ml/30g x 5/16"</i>
<i>ra pen needles 31g x 5mm 3/16"</i>
<i>ra pen needles 31g x 8mm 5/16"</i>
<i>ra sterile pads 2"x2"</i>
<i>reality insulin syringe/u-100/0.5ml/28g x 1/2"</i>
<i>reality insulin syringe/u-100/0.5ml/29g x 1/2"</i>
<i>reality insulin syringe/u-100/1ml/28g x 1/2"</i>
<i>reality insulin syringe/u-100/1ml/29g x 1/2"</i>
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"
RELION INSULIN SYRINGE/U-100/0.3ML/ 31G X 15/64"
RELION PEN NEEDLES 29GX12MM
REVEAL DNA PATERNITY TEST
REVEAL OVULATION PREDICTOR
REVEAL URINARY TRACT INFECTION
REVEAL URINE PREGNANCY
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"
<i>sheer bandages</i>
SHOPKO ALCOHOL SWABS
<i>sm alcohol prep pads</i>
<i>sm gauze pads 2"x2"</i>
<i>sm insulin syringe/u-100/0.3ml/29g x 1/2"</i>
STOMAHESIVE PROTECTIVE POWDER
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM
SURE-FINE PEN NEEDLES 31GX3/16" 5MM
SURE-FINE PEN NEEDLES 31GX5/16" 8MM

OTC Drug Name
SURE-JECT INSULIN SYRINGE/ U-100/0.3ML/29G X 1/2"
SURE-JECT INSULIN SYRINGE/ U-100/0.3ML/30G X 5/16"
SURE-JECT INSULIN SYRINGE/ U-100/0.3ML/31G X 5/16"
SURE-JECT INSULIN SYRINGE/ U-100/0.5ML/28G X 1/2"
SURE-JECT INSULIN SYRINGE/ U-100/0.5ML/29G X 1/2"
SURE-JECT INSULIN SYRINGE/ U-100/0.5ML/30G X 5/16"
SURE-JECT INSULIN SYRINGE/ U-100/0.5ML/31G X 5/16"
SURE-JECT INSULIN SYRINGE/U-100/1ML/ 28G X 1/2"
SURE-JECT INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"
SURE-JECT INSULIN SYRINGE/U-100/1ML/ 30G X 5/16"
SURE-JECT INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"
TEGADERM FOAM DRESSING 2"X2"
<i>tgt alcohol swabs</i>
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/ 29G X 1/2"
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/ 30G X 5/16"
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/ 31G X 5/16"
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/ 28G X 1/2"
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/ 29G X 1/2"
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/ 30G X 5/16"
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/ 31G X 5/16"
TRUEPLUS INSULIN SYRINGE/U-100/1ML/ 28G X 1/2"
TRUEPLUS INSULIN SYRINGE/U-100/1ML/ 29G X 1/2"

OTC Drug Name
TRUEPLUS INSULIN SYRINGE/U-100/1ML/ 30G X 5/16"
TRUEPLUS INSULIN SYRINGE/U-100/1ML/ 31G X 5/16"
TRUEPLUS PEN NEEDLES 29GX12MM
TRUEPLUS PEN NEEDLES 31GX5MM
TRUEPLUS PEN NEEDLES 31GX6MM
TRUEPLUS PEN NEEDLES 31GX8MM
TRUEPLUS PEN NEEDLES 32GX4MM
<i>tube/connect kit</i>
ULTRA COMFORT INSULIN SYRINGE/ U-100/0.3ML/30G X 5/16"
ULTRA THIN PEN NEEDLES 32G X 4MM
ULTRA-THIN II INSULIN SYRINGE SHORT/ U-100/0.3ML/30G X 5/16"
ULTRA-THIN II INSULIN SYRINGE SHORT/ U-100/0.3ML/31G X 5/16"
ULTRA-THIN II INSULIN SYRINGE SHORT/ U-100/0.5ML/30G X 5/16"
ULTRA-THIN II INSULIN SYRINGE SHORT/ U-100/0.5ML/31G X 5/16"
ULTRA-THIN II INSULIN SYRINGE SHORT/ U-100/1ML/30G X 5/16"
ULTRA-THIN II INSULIN SYRINGE SHORT/ U-100/1ML/31GX5/16"
ULTRA-THIN II INSULIN SYRINGE/ U-100/0.5ML/29G X 1/2"
ULTRA-THIN II INSULIN SYRINGE/ U-100/1ML/29G X 1/2"
ULTRA-THIN II MINI PEN NEEDLE/31G X 3/16"
ULTRA-THIN II PEN NEEDLE/29G X 1/2"
ULTRA-THIN II PEN NEEDLE/SHORT/31G X 5/16"
UNIFINE PENTIPS 29GX12MM
UNIFINE PENTIPS 31GX6MM
UNIFINE PENTIPS 31GX8MM
UNIFINE PENTIPS PLUS 31GX5MM
UNIFINE PENTIPS PLUS 31GX6MM
UNIFINE PENTIPS PLUS 31GX8MM
UNIFINE PENTIPS PLUS 32GX4MM

<b>OTC Drug Name</b>
UNIFINE PENTIPS PLUS 33G X 5/32"
UNI-SOLVE ADHESIVE REMOVER
VALUMARK PEN NEEDLES 29GX12MM
VALUMARK PEN NEEDLES 31G X 6MM
VALUMARK PEN NEEDLES 31G X 8MM
<i>witch hazel pad</i>
<b>Ophthalmic Agents</b>
<b>Ophthalmic Agents, Other</b>
<i>artificial tears</i>
BION TEARS
CLERZ SOL OP
<i>eq revive plus lubricant eye drops</i>
<i>eye drops</i>
<i>lubricant eye drops</i>
<i>lubricant eye nighttime</i>
<i>mdl eye drop sol 0.05% op</i>
REFRESH P.M.
REFRESH PLUS
REFRESH TEARS
SOOTHE XP
VISINE ADVANCED REDNESS/IRRITATION RELIEF
<i>ophthalmic anti-inflammatories</i>
<i>eye itch relief</i>
<b>Respiratory Tract/Pulmonary Agents</b>
<b>Antihistamines</b>
ACTANOL
<i>all day allergy</i>
<i>allergy childrens</i>
<i>allergy relief childrens</i>
BENADRYL ALLERGY
BENADRYL ALLERGY CHILDRENS
<i>cetirizine hcl</i>
<i>childrens allergy</i>
<i>childrens loratadine</i>
CHLOR-TRIMETON
CHLOR-TRIMETON ALLERGY
<i>cold/allergy childrens</i>
<i>complete allergy</i>
CORICIDIN HBP COUGH & COLD

<b>OTC Drug Name</b>
<i>cvs allergy relief</i>
<i>cvs allergy relief childrens</i>
<i>cvs allergy relief-d</i>
<i>cvs allergy relief-d12</i>
<i>eq allergy relief</i>
<i>eq childrens loratadine</i>
<i>eq1 allergy</i>
<i>gnp all day allergy</i>
<i>loratadine</i>
MEDI-PHEDRYL
PEDIACARE CHILDRENS ALLERGY
<i>px allergy</i>
<i>px allergy relief</i>
<i>px allergy relief d</i>
<i>px childrens allergy</i>
PX DAYHIST ALLERGY
<i>px dibromm cold/allergy childrens</i>
<i>sb allergy relief</i>
<i>sm cold &amp; allergy childrens</i>
<i>tgt allergy relief non-drowsy</i>
WAL-DRYL ALLERGY
WAL-DRYL ALLERGY CHILDRENS
WAL-DRYL ALLERGY DYE-FREECHILDRENS
WAL-FEX ALLERGY 12 HOUR
WAL-ITIN
WAL-ITIN D
WAL-ZYR
WAL-ZYR ALL DAY ALLERGY CHILDRENS
WAL-ZYR D
ZYRTEC ALLERGY
ZYRTEC ALLERGY CHILDRENS
ZYRTEC CHILDRENS ALLERGY
ZYRTEC-D ALLERGY/CONGESTION
<b>Anti-inflammatories, Inhaled Corticosteroids</b>
<i>allergy nasal spray 24 hour</i>
<i>cvs budesonide nasal spray</i>
<i>cvs fluticasone propionate nasal spray</i>
<i>cvs nasal allergy spray</i>
<i>rhinocort allergy</i>

<b>OTC Drug Name</b>
<b>Respiratory Tract Agents, Other</b>
AFRIN 12 HOUR
AFRIN NASAL SPRAY
AFRIN NODRIP EXTRA MOISTURIZING
AFRIN NODRIP SINUS
AFRIN SINUS
<i>anefrin nasal spray</i>
<i>anefrin nasal spray/no drip</i>
<i>chest congestion relief</i>
<i>childrens mucus relief cough</i>
<i>childrens mucus relief expectorant</i>
<i>cold/cough dm childrens</i>
<b>CONTAC-D</b>
<i>cough &amp; chest congestion dm</i>
<i>cvs 12 hour nasal decongestant</i>
<i>cvs chest congestion childrens</i>
<i>cvs chest congestion plus cough/childrens</i>
<i>cvs cough dm</i>
<i>cvs mucus d extended release</i>
<i>cvs mucus extended release</i>
<i>cvs nasal decongestant</i>
<i>cvs tussin adult chest congestion</i>
<i>cvs tussin dm</i>
<b>DELSYM COUGH CHILDRENS</b>
<i>gnp childrens ibuprofen cold</i>
<i>gnp nasal decongestant</i>
<i>gnp nasal moisturizing</i>
<i>gnp nasal spray</i>
<i>guiatuss ac</i>
<i>medi-phedrine</i>
<i>medi-tussin</i>
<i>medi-tussin cough/cold</i>
<i>medi-tussin dm diabetic</i>
<b>MUCINEX</b>
<b>MUCINEX DM</b>
<b>MUCINEX FAST-MAX DM MAX</b>
<b>MUCINEX MAXIMUM STRENGTH</b>
<i>mucus relief chest congestion</i>
<i>mucus relief d</i>

<b>OTC Drug Name</b>
<i>mucus relief er</i>
<i>mucus relief er 12 hour maximum strength</i>
<i>mucus-er</i>
<i>nasal decongestant</i>
<i>nasal decongestant pe</i>
<i>nasal moisturizing spray</i>
<i>nasal spray 12 hour</i>
<i>nasal spray maximum strength</i>
<i>pseudoephedrine hcl</i>
<i>px dibromm dm cold/cough childrens</i>
<i>px ibuprofen cold &amp; sinus</i>
<i>px nasal decongestant</i>
<i>px nasal decongestant pe</i>
<i>px nasal four</i>
<i>px nasal spray extra moisturizing</i>
<i>px no drip nasal spray</i>
<i>px original nasal spray</i>
<i>px tussin</i>
<i>px tussin cf</i>
<i>px tussin dm</i>
<i>px tussin max</i>
<b>QLEARQUIL</b>
<b>SALINE NASAL MIST</b>
<i>saline nasal spray</i>
<b>SOBA PAIN RELIEVER/SINUS</b>
<b>SUDAFED 12 HOUR</b>
<b>SUDAFED CONGESTION</b>
<b>SUDAFED NASAL DECONGESTANT MAXIMUM STRENGTH</b>
<b>SUDAFED PE CONGESTION</b>
<b>SUDAFED PE SINUS CONGESTION</b>
<b>SUDAFED SINUS CONGESTION</b>
<b>SUDAFED SINUS CONGESTION 12 HOUR</b>
<b>SUDOPHED</b>
<i>tussin</i>
<i>tussin cf</i>
<i>tussin cough</i>
<i>tussin dm</i>
<i>tussin dm clear</i>
<i>tussin dm max</i>



**OTC Drug Name***tussin expectorant**tussin mucus & chest congestion adult*

VICKS SINEX

VICKS SINEX 12 HOUR

VICKS SINEX 12 HOUR DECONGESTANT

VICKS SINEX 12 HOUR ULTRAFINE MIST

VICKS SINEX MOISTURIZING

VICKS SINEX SEVERE NASAL  
DECONGESTANT

VICKS SINEX ULTRAFINE MIST

WAL-PHED D

**OTC Drug Name**

WAL-TUSSIN COUGH LONG ACTING

**Sleep Disorder Agents****Sleep Disorders, Other***acetaminophen pm extra strength**cvs sleep aid**cvs sleep-aid nighttime**medi-sleep***SIMPLY SLEEP***sleep aid**wal-som*

## D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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