CCA Senior Care Options (HMO D-SNP)

Lista de medicamentos cubiertos para 2025 (Lista de medicamentos o formulario)

LEA ESTO: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.

Este formulario se actualizó el 07/01/2025.

Para obtener información más reciente o si tiene otras preguntas, comuníquese al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, o visite ccama.org.

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Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también conocida como Lista de medicamentos). En este documento se explica qué medicamentos con receta *y productos no farmacológicos* están cubiertos por CCA Senior Care Options. En la Lista de medicamentos también se informa si existen normas o restricciones especiales sobre los medicamentos cubiertos por CCA Senior Care Options. Los términos clave y sus definiciones aparecen en el último capítulo de la *Evidencia de cobertura.*

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A.Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en CCA Senior Care Options.

- CCA Senior Care Options (HMO D-SNP) es un plan de salud que tiene contratos con Medicare y el programa de Commonwealth of Massachusetts Medicaid para proporcionar los beneficios de ambos programas a los inscritos. La inscripción en el plan depende de la renovación del contrato.
- Cuando en este documento se dice “nosotros”, “nos” o “nuestro/a”, se hace referencia a Commonwealth Care Alliance, Inc. Cuando se dice “plan” o “nuestro plan”, se hace referencia a CCA Senior Care Options.
- En Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. opera como Commonwealth Care Alliance Massachusetts (CCA).
- **Concientización sobre la recuperación del patrimonio:** la ley federal exige que MassHealth recupere dinero de los patrimonios de determinados miembros de MassHealth que sean mayores de 55 años y miembros de cualquier edad que estén recibiendo atención a largo plazo en un hogar de convalecencia u otra institución médica. Para obtener más información sobre la recuperación del patrimonio de MassHealth, visite www.mass.gov/estaterecovery.
- La Lista de medicamentos cubiertos puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

- Siempre puede consultar la *Lista de medicamentos cubiertos* actualizada de CCA Senior Care Options en línea en ccama.org o llamando a Servicios para los Miembros al 866-610-2273 (**TTY** 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.
- Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.
- Para las comunicaciones futuras, conservaremos en nuestros registros su solicitud de formatos alternativos e idiomas especiales. Comuníquese con Servicios para los Miembros para cambiar su solicitud por un idioma o formato preferido.
- Este documento está disponible de forma gratuita en inglés.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (**TTY** 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.

Aviso de no discriminación

Commonwealth Care Alliance, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina ni excluye a las personas ni las trata de manera diferente por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, antecedentes médicos, discapacidad (incluido el deterioro mental), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia. Commonwealth Care Alliance, Inc.:

- Proporciona recursos y servicios gratuitos a personas con discapacidades para que puedan comunicarse de forma eficaz con nosotros, como los siguientes:
  - Intérpretes calificados de lenguaje de señas
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idioma gratuitos para personas cuya lengua materna no es el inglés, como los siguientes:
  - Intérpretes calificados
  - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios para los Miembros.

Si considera que Commonwealth Care Alliance, Inc. no ha proporcionado estos servicios o lo ha discriminado de

otra manera por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, antecedentes médicos, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia, puede presentar un reclamo en la siguiente dirección:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Teléfono: 617-960-0474, ext. 3932 (TTY: 711) fax: 857-453-4517
Correo electrónico: civilrightscoordinator@commonwealthcare.org

Puede presentar un reclamo en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar un reclamo, el coordinador de derechos civiles está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos, de manera electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW

Room 509F, HHH Building
Washington, D.C. 20201
Teléfono: 800-368-1019, 800-537-7697 (TDD)

Los formularios de quejas están disponibles en www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-610-2273 (TTY 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-610-2273 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-866-610-2273 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: **您**對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-866-610-2273 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-610-2273 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-610-2273 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-610-2273 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-610-2273 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-610-2273 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-610-

2273 (телетайп 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على2273-610-866-1 (رقم هاتف الصم والبكم 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-610-2273 (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-610-2273 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-610-2273 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-610-2273 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-610-2273 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-610-2273 (TTY 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-866-610-2273 (TTY 711) પર કૉલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian:
ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄຳຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໂທຫາພວກເຮົາທີ່ເບີ 1-866-610-2273 (TTY 711).
ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການບໍ່ເສຍຄ່າ.

Cambodian:
យើងមានសេវាបកប្រែផ្តាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំនួរណាមួយដែលអ្នកអាចមាន អំពីគម្រោងសុខភាព ឬថ្នាំរបស់យើង។
ដើម្បីទទួលបានអ្នកបកប្រែផ្តាល់មាត់
សូមហៅទូរសព្ទមកយើងតាមរយៈលេខ 1-866-610-2273 (TTY 711)

។ នរណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មដែលឥតគិតថ្លៃ។

B.Preguntas frecuentes (FAQ)

En este documento encontrará las respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos.* Para obtener más información o para buscar una pregunta y su respuesta, puede leer todas las preguntas frecuentes.

B1. ¿Qué medicamentos con receta aparecen en la *Lista de medicamentos cubiertos*? (Para abreviarla, denominamos a la *Lista de medicamentos cubiertos* "Lista de medicamentos").

Los medicamentos de la *Lista de medicamentos cubiertos* que comienza en la sección C1 son los medicamentos cubiertos por CCA Senior Care Options. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia pertenece a nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le proporcione servicios. Nos referimos a estas farmacias como "farmacias de la red".

Otros medicamentos, como algunos medicamentos de venta libre (OTC) y ciertas vitaminas, pueden estar cubiertos por MassHealth. *Visite el sitio web de MassHealth* www.mass.gov/druglist *para obtener más información. También puede llamar al Centro de Servicios para los Miembros de MassHealth al 800-841-2900 y TTY 711, de lunes a viernes, de 8 am a 5 pm. Lleve su identificación de miembro cuando obtenga medicamentos con receta a través de MassHealth*.

CCA Senior Care Options cubrirá todos los medicamentos médicamente necesarios en la Lista de medicamentos en los siguientes casos:

  - Si su médico u otra persona autorizada a emitir recetas indica que los necesita para sentirse mejor o mantenerse sano.
  - Si CCA Senior Care Options acepta que el medicamento es médicamente necesario para usted.
  - Y si usted obtiene el medicamento con receta en una farmacia de la red de CCA Senior Care Options.
- En algunos casos, debe cumplir una serie de requisitos antes de poder obtener un medicamento (consulte la pregunta B4 para obtener más información).

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web ccama.org o llamando a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.

B2. ¿Se modifica la Lista de medicamentos en algún momento?

Sí, y CCA Senior Care Options debe seguir las normas de Medicare and MassHealth (Medicaid) cuando se llevan a cabo los cambios. Podemos agregar o eliminar medicamentos de la Lista de medicamentos durante el año.

También podemos modificar nuestras normas sobre los medicamentos. Por ejemplo, podríamos realizar lo siguiente:

- Decidir solicitar o no solicitar la autorización previa para un medicamento. (La autorización previa es el permiso que otorga CCA Senior Care Options antes de que pueda obtener un medicamento).
- Incorporar o modificar la cantidad de medicamento que puede obtener (lo que se denomina límites de cantidad).
- Incorporar o modificar restricciones de tratamiento escalonado respecto de un medicamento. (El tratamiento escalonado significa que debe probar un medicamento antes de que cubramos otro).

Para obtener más información sobre estas normas de medicamentos, consulte la pregunta B4.

Si toma un medicamento que estaba cubierto al **comienzo** del año, por lo general, no eliminaremos ni modificaremos la cobertura de ese medicamento **durante el resto del año**, a menos que se trate de alguno de los siguientes casos:

- Si aparece en el mercado un medicamento nuevo y más económico que sea igual de eficaz que el medicamento que actualmente aparece en la Lista de medicamentos.

- Si nos enteramos de que un medicamento no es seguro.
- Si un medicamento se retira del mercado.

Las preguntas B3 y B6 a continuación incluyen más información sobre lo que sucede cuando se modifica la Lista de medicamentos.

- Siempre puede consultar la Lista de medicamentos actualizada de CCA Senior Care Options en línea en ccama.org. Las actualizaciones de la Lista de medicamentos se publican en el sitio web todos los meses.
- También puede llamar a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, para consultar la Lista de medicamentos actual.

B3. ¿Qué sucede cuando se modifica la Lista de medicamentos?

Algunos cambios de la Lista de medicamentos sucederán **de forma inmediata**. Por ejemplo:

- Sustituciones por ciertas nuevas versiones de medicamentos. Podemos eliminar inmediatamente los medicamentos de la Lista de medicamentos si los reemplazamos con ciertas versiones nuevas de ese medicamento, pero el costo del nuevo medicamento seguirá siendo $0. Cuando agregamos una nueva versión de un medicamento, también podríamos decidir mantener el medicamento de marca o el

producto biológico original en la lista, pero modificar sus límites o normas de cobertura.

- Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que hayamos realizado una vez que ocurra.
- Podemos realizar estos cambios solo si el medicamento que estamos agregando reúne alguna de las siguientes características:
  - Es una nueva versión genérica de un medicamento de marca.
  - Es una determinada versión biosimilar nueva de productos biológicos originales de la Lista de medicamentos (por ejemplo, agregar un biosimilar intercambiable que puede sustituir a un producto biológico original sin una nueva receta).
  - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección B14.

- Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.
- Retiro de un medicamento del mercado. Si la Administración de Alimentos y Medicamentos (FDA) determina que un medicamento que usted toma no es

seguro o eficaz, o si el fabricante del medicamento retira un medicamento del mercado, podemos retirarlo inmediatamente de la Lista de medicamentos. Si toma el medicamento, le enviaremos un aviso para reemplazar el medicamento que se retira del mercado; comuníquese con su proveedor de atención médica. Su proveedor emitirá una receta para un nuevo medicamento para reemplazar al que se retira del mercado.

Podríamos realizar otros cambios que afecten los medicamentos que usted toma. Le informaremos con anticipación sobre estos otros cambios en la Lista de medicamentos. Estos cambios podrían suceder en los siguientes casos:

- La FDA proporciona nuevas instrucciones o hay nuevas pautas clínicas sobre un medicamento.
- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado.
- Eliminamos un producto biológico original cuando agregamos un biosimilar.
- O bien, cambiamos los límites o las normas de cobertura del medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

- Le informaremos al menos 30 días antes de realizar el cambio en la Lista de medicamentos.

- O bien, le avisaremos y le daremos un suministro de 31 días del medicamento después de que solicite un resurtido.

Esto le dará tiempo para consultar con su médico u otra persona autorizada a emitir recetas. Pueden ayudarlo a decidir lo siguiente:

- Si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar.
- O bien, si debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

B4. ¿Hay alguna restricción o limitación en la cobertura de los medicamentos, o se debe tomar alguna medida para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen normas de cobertura o tienen límites en la cantidad que puede obtener. En algunos casos, usted, su médico u otra persona autorizada a emitir recetas deben cumplir una serie de requisitos antes de que usted pueda obtener el medicamento. Por ejemplo:

- **Autorización previa (PA):** para algunos medicamentos, usted, su médico u otra persona autorizada a emitir recetas deben conseguir la autorización de CCA Senior Care Options antes de obtener su medicamento con receta. La autorización previa es diferente a una remisión. Es posible que CCA Senior Care Options no cubra el medicamento si no obtiene una autorización previa.

- **Límites de cantidad:** en ocasiones, CCA Senior Care Options limita la cantidad de un medicamento que puede obtener.
- **Terapia escalonada:** en ocasiones, CCA Senior Care Options requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos en un determinado orden para su afección médica. Es posible que deba probar un medicamento antes de que cubramos otro. Si la persona autorizada a emitir recetas considera que el primer medicamento no le da ningún resultado, cubriremos el segundo.
- **Cobertura según las indicaciones:** si CCA Senior Care Options cubre un medicamento solo para algunas afecciones médicas, lo indicamos expresamente en la Lista de medicamentos junto con las afecciones médicas específicas que están cubiertas. Se requiere autorización previa para obtener suministros para el control de la diabetes no preferidos (glucómetros y tiras reactivas).

Para averiguar si su medicamento está sujeto a requisitos o límites adicionales, consulte las tablas en la sección C1. Para obtener también más información, visite nuestro sitio web ccama.org. Hemos publicado documentos en línea en los que se explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitar que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para consultar con su médico u otra persona autorizada a emitir recetas. Podrán ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que deseo tiene límites o si debo tomar alguna medida para obtenerlo?

La tabla en la Lista de medicamentos por afección médica tiene una columna con el título “Medidas necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si CCA Senior Care Options modifica sus normas sobre cómo cubren algunos medicamentos (por ejemplo, autorización previa, límites de cantidad o restricciones de terapia escalonada)?

En algunos casos, le informaremos con antelación si agregamos o modificamos la autorización previa, los límites de cantidad o las restricciones de terapia escalonada en un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y cuáles son las situaciones en las que es posible que no le podamos avisar con antelación cuando cambien nuestras normas respecto de los medicamentos en la Lista de medicamentos.

B7. ¿Cómo puedo buscar un medicamento en la Lista de medicamentos?

Hay dos formas de buscar un medicamento:

- Puede buscar por orden alfabético.
- Puede buscar por afección médica o tipo de medicamento.

Para buscar **por orden alfabético**, busque su medicamento en la sección Índice de medicamentos cubiertos. Lo puede encontrar en la sección D. El Índice de medicamentos cubiertos es una lista alfabética de todos los medicamentos incluidos en la Lista de medicamentos. Los medicamentos de marca y los genéricos, así como los de venta libre (OTC), se incluyen en el índice.

Para buscar **por afección médica**, busque la sección C1 con el título “Lista de medicamentos por afección médica”. Los medicamentos en esta sección están agrupados en categorías según el tipo de afecciones médicas para cuyo tratamiento se usan. Por ejemplo, si tiene una afección cardíaca, debe buscar en Medicamentos cardiovasculares. En esta categoría encontrará medicamentos que tratan las afecciones cardíacas.

B8. ¿Qué sucede si el medicamento que deseo tomar no está en la Lista de medicamentos?

Si no encuentra su medicamento en la Lista de medicamentos, llame a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la

semana, y pregunte al respecto. Si le informan que CCA Senior Care Options no cubrirá el medicamento, puede hacer lo siguiente:

- Solicite a Servicios para los Miembros una lista de medicamentos como el que desea tomar. Luego, muéstrele la lista a su médico u otra persona autorizada a emitir recetas. Pueden recetarle un medicamento de la Lista de medicamentos que sea similar al que desea tomar. **O**
- Puede solicitar a CCA Senior Care Options que haga una excepción y cubra su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué sucede si soy un nuevo miembro de CCA Senior Care Options y no puedo encontrar mi medicamento en la Lista de medicamentos o tengo algún problema para obtener mi medicamento?

Podemos ayudarlo. Podemos cubrir un suministro temporal de 31 días de su medicamento durante los primeros 90 días como miembro de CCA Senior Care Options. Esto le dará tiempo para consultar con su médico u otra persona autorizada a emitir recetas. Podrán ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción.

Si su medicamento con receta está indicado para menos días, le permitiremos obtener varios resurtidos hasta

llegar a un suministro para un máximo de 31 días del medicamento.

Cubriremos un suministro de 31 días de su medicamento en los siguientes casos:

- Si toma un medicamento que no se encuentra en nuestra Lista de medicamentos.
- Si nuestras normas del plan no le permiten obtener la cantidad solicitada por la persona autorizada a emitir recetas.
- Si el medicamento requiere autorización previa de CCA Senior Care Options.
- O bien, si toma un medicamento que forma parte de una restricción de terapia escalonada.

Si toma un medicamento que CCA Senior Care Options no considera que sea un medicamento de la Parte D, usted tiene derecho a obtener un único suministro para 72 horas del medicamento.

Si se encuentra en un hogar de convalecencia u otro centro de atención a largo plazo y necesita un medicamento que no está en la Lista de medicamentos o si no puede obtener con facilidad el medicamento que necesita, podemos ayudarlo. Si ha sido miembro del plan por más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato, haremos lo siguiente:

- Cubriremos un suministro de 31 días del medicamento que necesita (a menos que tenga una receta por menos días), independientemente de que sea o no un miembro nuevo de CCA Senior Care Options.
- Esto se suma al suministro temporal durante los primeros 90 días como miembro de CCA Senior Care Options.

Proporcionaremos un suministro de emergencia de al menos 31 días (a menos que la receta esté indicada para menos días) para todos los medicamentos que no se encuentren en el formulario, incluidos aquellos que puedan tener requisitos de autorización previa o terapia escalonada para un cambio de nivel de atención no planificado. Una transición no planificada en el nivel de atención podría ser cualquiera de los siguientes casos:

- el alta o la admisión en un centro de atención a largo plazo
- el alta o la admisión en un hospital, o
- un cambio en el nivel del centro de atención de enfermería especializada.

B10. ¿Puedo solicitar una excepción para que se cubra mi medicamento?

Sí. Puede solicitar a CCA Senior Care Options una excepción para cubrir un medicamento que no esté en la Lista de medicamentos.

También puede solicitarnos que cambiemos las normas para su medicamento.

- Por ejemplo, CCA Senior Care Options puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitarnos que cambiemos dicho límite y cubramos más.
- Otros ejemplos: puede solicitarnos que omitamos las restricciones de terapia escalonada o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a Servicios para los Miembros. Un representante de Servicios para los Miembros trabajará con usted y su proveedor para ayudarlo a solicitar una excepción. También puede leer el capítulo 8 de la sección 7 de la **Evidencia de cobertura** para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo lleva obtener una excepción?

Después de que recibamos una declaración de la persona autorizada a emitir recetas en la que se respalde su solicitud de excepción, le informaremos nuestra decisión dentro de las 72 horas.

Un miembro, la persona autorizada a emitir recetas de un miembro o el representante designado (con consentimiento por escrito) pueden solicitar la excepción completando el formulario Solicitud de determinación de cobertura de medicamentos con receta disponible

en nuestro sitio web ccama.org. El formulario se puede enviar por correo o fax:

CVS Caremark Part D Appeals and Exceptions
PO Box 52000, MC109
Phoenix, AZ 85072-2000
Fax: 855-633-7673

Si usted o la persona autorizada a emitir recetas consideran que su salud podría verse perjudicada si debe esperar 72 horas para la decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si la persona autorizada a emitir recetas respalda su solicitud, le notificaremos nuestra decisión dentro de las 24 horas después de haber recibido la declaración de respaldo de la persona autorizada a emitir recetas.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes activos que los medicamentos de marca. Suelen ser más económicos que los medicamentos de marca y, por lo general, son igualmente eficaces. Generalmente, no tienen nombres muy conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Generalmente, en la farmacia se puede sustituir a los medicamentos de marca por los medicamentos genéricos sin necesidad de una nueva receta, dependiendo de las leyes estatales.

CCA Senior Care Options cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, podría tratarse de un medicamento o de un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas llamadas biosimilares. Por lo general, los biosimilares son tan eficaces como el producto biológico original y pueden ser más económicos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el capítulo 5 de la Evidencia de cobertura.

B15. ¿Qué son los medicamentos OTC?

OTC significa “de venta libre”. CCA Senior Care Options cubre algunos medicamentos OTC cuando los receta su proveedor.

Puede leer la Lista de medicamentos de MassHealth (Medicaid) para saber qué medicamentos OTC están cubiertos.

B16. ¿CCA Senior Care Options cubre productos OTC no farmacológicos?

CCA Senior Care Options cubre algunos productos OTC no farmacológicos cuando los receta su proveedor.

Entre algunos ejemplos de productos OTC no farmacológicos se incluyen los apósitos de gasas y los vendajes, los paños pequeños con alcohol y ciertas agujas/jeringas.

Puede leer la Lista de medicamentos de CCA Senior Care Options para saber qué productos OTC no farmacológicos están cubiertos.

B17. ¿CCA Senior Care Options cubre los suministros a largo plazo de los medicamentos con receta?

- **Programas de pedido por correo.** Ofrecemos un programa de pedido por correo que le permite recibir directamente en su hogar un suministro para un máximo de *100 días* de sus medicamentos con receta. No hay copago para los medicamentos de pedido por correo.
- **Programas de farmacias minoristas para suministros de *100* días.** Algunas farmacias minoristas también pueden ofrecer un suministro para un máximo de *100* días de medicamentos con receta

cubiertos. No hay copago para los medicamentos con receta en farmacias minoristas.

B18. ¿Puedo recibir en mi hogar medicamentos con receta de mi farmacia local?

Es posible que su farmacia local pueda enviarle su medicamento con receta a su hogar. Puede llamar a la farmacia para saber si ofrecen entrega a domicilio.

B19. ¿Cuál es mi copago?

Los miembros de CCA Senior Care Options no tienen copagos para medicamentos OTC y con receta ni productos no farmacológicos, siempre y cuando el miembro siga las normas del plan. Consulte las preguntas B14 y B15 para obtener más información sobre medicamentos OTC y productos no farmacológicos.

Los niveles son grupos de medicamentos en nuestra Lista de medicamentos.

- Los medicamentos genéricos preferidos del Nivel 1 tienen un copago de $0.
- Los medicamentos genéricos del Nivel 2 tienen un copago de $0.
- Los medicamentos de marca preferidos del Nivel 3 tienen un copago de $0.
- Los medicamentos de marca no preferidos del Nivel 4 tienen un copago de $0.
- Los medicamentos especializados del Nivel 5 tienen un copago de $0.
- Los medicamentos OTC tienen un copago de $0.

Si tiene preguntas, llame a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.

C. Descripción general de la *Lista de medicamentos cubiertos*

En la Lista de medicamentos cubiertos se brinda información sobre los medicamentos que cubre CCA Senior Care Options. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la sección D. En el índice se detalla por orden alfabético todos los medicamentos cubiertos por CCA Senior Care Options.

C1. Lista de medicamentos por afección médica

Los medicamentos en esta sección están agrupados en categorías según el tipo de afecciones médicas para cuyo tratamiento se usan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Medicamentos cardiovasculares. En esta categoría encontrará medicamentos que tratan las afecciones cardíacas.

A continuación, se detallan los significados de los códigos que se utilizan en la columna “Medidas necesarias, restricciones o límites de uso”:

(g) = solo se cubre la versión genérica de este medicamento. La versión de marca no está cubierta.

M= la versión de marca de este medicamento pertenece al Nivel 3. La versión genérica pertenece al Nivel 1.

EA = cada uno.

GM = gramos.

ML = mililitros.

NDS = suministro de días no prolongado. Puede recibir un suministro para más de 1 mes de la mayoría de los medicamentos en su Formulario a través de farmacias minoristas o con la opción de pedidos por correo. Los medicamentos con la abreviatura “NDS” se limitan a un suministro de 1 mes tanto para las farmacias minoristas como para aquellas con la opción de pedidos por correo.

PA = aprobación previa (o autorización previa). Para algunos medicamentos, usted, su médico u otra persona autorizada a emitir recetas deben conseguir la aprobación de CCA Senior Care Options antes de obtener su medicamento con receta. Si no obtiene la aprobación, es posible que CCA Senior Care Options no cubra el medicamento.

B/D = restricción de autorización previa para la determinación de la Parte B frente a la Parte D. Este medicamento puede ser elegible para el pago según la Parte B o la Parte D de Medicare. Antes de surtir su receta de este medicamento, usted o su proveedor de atención médica deben conseguir la autorización previa de CCA Senior Care Options para determinar si dicho medicamento tiene cobertura de la parte D de Medicare. Sin la aprobación previa, es posible que CCA no cubra este medicamento. La autorización previa para la determinación de la Parte B frente a la Parte D (PA_BVD) no se aplica a miembros de Medicaid Only.

PA_NSO = restricción de autorización previa solo para nuevos usuarios. Si este medicamento es nuevo para usted, antes de surtir su receta de este medicamento, usted (o su proveedor de atención médica) debe conseguir la autorización previa de CCA Senior Care Options. Sin la autorización previa, es posible que CCA Senior Care Options no cubra este medicamento. La autorización previa solo para nuevos usuarios (PA_NSO) no se aplica a miembros de Medicaid Only.

QL = límite de cantidad. En ocasiones, CCA Senior Care Options limita la cantidad de un medicamento que puede obtener.

ST = terapia escalonada. En ocasiones, CCA Senior Care Options requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos en un determinado orden para sus

afecciones médicas. Es posible que deba probar un medicamento antes de que cubramos otro. Si su proveedor de atención médica considera que el primer medicamento no le da ningún resultado, cubriremos el segundo.

ST_NSO = terapia escalonada solo para nuevos usuarios. Si este es un medicamento nuevo para el miembro, primero deberá probar determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. La terapia escalonada solo para nuevos usuarios (ST_NSO) no se aplica a miembros de Medicaid Only.

VAC = vacuna. Vacunas de la Parte D de Medicare (usted paga $0).

En la primera columna de la tabla se indica el nombre del medicamento. Los medicamentos genéricos se indican en letra minúscula y cursiva (por ejemplo, *valsartán*), los medicamentos de marca se indican en letra mayúscula (por ejemplo, MYRBETRIQ), y los medicamentos OTC y los productos no farmacológicos se indican en letra mayúscula (por ejemplo, AGUJAS DE SEGURIDAD PARA INSULINA).

La información en la columna “Medidas necesarias, restricciones o límites de uso” indica si CCA Senior Care Options tiene alguna norma para cubrir su medicamento.

CCA_CY25_5T_GS_CORE eff 07/01/2025

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	$0 (Tier 1)	
allopurinol tab 300 mg	$0 (Tier 1)	
colchicine cap 0.6 mg	$0 (Tier 3)	QL (60 caps / 30 days)
colchicine tab 0.6 mg	$0 (Tier 2)	QL (120 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
colchicine w/ probenecid tab 0.5-500 mg	$0 (Tier 3)	
febuxostat tab 40 mg	$0 (Tier 4)	PA
febuxostat tab 80 mg	$0 (Tier 4)	PA
MITIGARE CAP 0.6MG	$0 (Tier 3)	QL (60 caps / 30 days)
probenecid tab 500 mg	$0 (Tier 3)	
MISCELLANEOUS		
lidocaine hcl local inj 0.5%	$0 (Tier 3)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lidocaine hcl local inj 1%	$0 (Tier 3)	B/D
lidocaine hcl local inj 2%	$0 (Tier 3)	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	$0 (Tier 3)	B/D
lidocaine hcl local preservative free (pf) inj 1%	$0 (Tier 3)	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	$0 (Tier 3)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
celecoxib cap 50 mg	$0 (Tier 3)	QL (60 caps / 30 days)
celecoxib cap 100 mg	$0 (Tier 3)	QL (60 caps / 30 days)
celecoxib cap 200 mg	$0 (Tier 3)	QL (60 caps / 30 days)
celecoxib cap 400 mg	$0 (Tier 3)	QL (30 caps / 30 days)
diclofenac potassium tab 50 mg	$0 (Tier 2)	QL (120 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diclofenac sodium tab delayed release 25 mg	$0 (Tier 2)	
diclofenac sodium tab delayed release 50 mg	$0 (Tier 2)	
diclofenac sodium tab delayed release 75 mg	$0 (Tier 2)	
diclofenac sodium tab er 24hr 100 mg	$0 (Tier 3)	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	$0 (Tier 4)	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diflunisal tab 500 mg	$0 (Tier 3)	
ec-naproxen	$0 (Tier 4)	QL (90 tabs / 30 days)
etodolac cap 200 mg	$0 (Tier 3)	
etodolac cap 300 mg	$0 (Tier 3)	
etodolac tab 400 mg	$0 (Tier 3)	
etodolac tab 500 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
etodolac tab er 24hr 400 mg	$0 (Tier 3)	
etodolac tab er 24hr 500 mg	$0 (Tier 3)	
etodolac tab er 24hr 600 mg	$0 (Tier 3)	
flurbiprofen tab 100 mg	$0 (Tier 3)	
ibu	$0 (Tier 1)	
ibuprofen susp 100 mg/5ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ibuprofen tab 400 mg	$0 (Tier 1)	
ibuprofen tab 600 mg	$0 (Tier 1)	
ibuprofen tab 800 mg	$0 (Tier 1)	
ketorolac tromethamine tab 10 mg	$0 (Tier 2)	QL (20 tabs / 30 days), PA; PA applies if 70 years and older
meloxicam tab 7.5 mg	$0 (Tier 1)	
meloxicam tab 15 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nabumetone tab 500 mg	$0 (Tier 2)	
nabumetone tab 750 mg	$0 (Tier 2)	
naproxen sodium tab 275 mg	$0 (Tier 3)	
naproxen sodium tab 550 mg	$0 (Tier 3)	
naproxen tab 250 mg	$0 (Tier 1)	
naproxen tab 375 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
naproxen tab 500 mg	$0 (Tier 1)	
naproxen tab ec 375 mg	$0 (Tier 2)	QL (120 tabs / 30 days)
oxaprozin tab 600 mg	$0 (Tier 4)	
piroxicam cap 10 mg	$0 (Tier 3)	
piroxicam cap 20 mg	$0 (Tier 3)	
sulindac tab 150 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulindac tab 200 mg	$0 (Tier 2)	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine td patch weekly 5 mcg/hr	$0 (Tier 2)	QL (4 patches / 28 days)
buprenorphine td patch weekly 7.5 mcg/hr	$0 (Tier 2)	QL (4 patches / 28 days)
buprenorphine td patch weekly 10 mcg/hr	$0 (Tier 2)	QL (4 patches / 28 days)
buprenorphine td patch weekly 15 mcg/hr	$0 (Tier 2)	QL (4 patches / 28 days)
buprenorphine td patch weekly 20 mcg/hr	$0 (Tier 2)	QL (4 patches / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl td patch 72hr 12 mcg/hr	$0 (Tier 4)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	$0 (Tier 4)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 37.5 mcg/hr	$0 (Tier 4)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	$0 (Tier 4)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 62.5 mcg/hr	$0 (Tier 4)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	$0 (Tier 4)	QL (10 patches / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl td patch 72hr 87.5 mcg/hr	$0 (Tier 4)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	$0 (Tier 4)	QL (10 patches / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 20 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 30 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 40 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 60 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocodone bitartrate tab er 24hr deter 80 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 100 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 120 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
methadone hcl soln 5 mg/5ml	$0 (Tier 3)	QL (450 mL / 30 days), PA
methadone hcl soln 10 mg/5ml	$0 (Tier 3)	QL (450 mL / 30 days), PA
methadone hcl tab 5 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methadone hcl tab 10 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA
methadone hydrochloride i	$0 (Tier 3)	QL (90 mL / 30 days), PA
morphine sulfate tab er 15 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 30 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 60 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 100 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate tab er 200 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA
OXYCONTIN TAB 10MG ER	$0 (Tier 4)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG ER	$0 (Tier 4)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	$0 (Tier 4)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	$0 (Tier 4)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 60MG ER	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0 (Tier 2)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	$0 (Tier 2)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	$0 (Tier 2)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0 (Tier 2)	QL (180 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
butorphanol tartrate inj 1 mg/ml	$0 (Tier 4)	
butorphanol tartrate inj 2 mg/ml	$0 (Tier 4)	
butorphanol tartrate nasal soln 10 mg/ml	$0 (Tier 3)	QL (10 mL / 30 days)
endocet tab 2.5-325mg	$0 (Tier 3)	QL (360 tabs / 30 days)
endocet tab 5-325mg	$0 (Tier 3)	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	$0 (Tier 3)	QL (240 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
endocet tab 10-325mg	$0 (Tier 3)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0 (Tier 4)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0 (Tier 3)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0 (Tier 3)	QL (150 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydromorphone hcl liqd 1 mg/ml	$0 (Tier 4)	QL (600 mL / 30 days)
hydromorphone hcl tab 2 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
morphine sulfate iv soln 2 mg/ml	$0 (Tier 4)	B/D
morphine sulfate iv soln 4 mg/ml	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate iv soln 8 mg/ml	$0 (Tier 4)	B/D
morphine sulfate iv soln 10 mg/ml	$0 (Tier 4)	B/D
morphine sulfate oral soln 10 mg/5ml	$0 (Tier 3)	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	$0 (Tier 3)	QL (900 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	$0 (Tier 3)	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	$0 (Tier 3)	QL (180 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate tab 30 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
nalbuphine hcl inj 10 mg/ml	$0 (Tier 4)	
nalbuphine hcl inj 20 mg/ml	$0 (Tier 4)	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	$0 (Tier 4)	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	$0 (Tier 4)	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	$0 (Tier 3)	QL (180 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxycodone hcl tab 10 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0 (Tier 3)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	$0 (Tier 3)	QL (360 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxycodone w/ acetaminophen tab 7.5-325 mg	$0 (Tier 3)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0 (Tier 3)	QL (180 tabs / 30 days)
tramadol hcl tab 50 mg	$0 (Tier 2)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0 (Tier 2)	QL (240 tabs / 30 days)
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole tab 200 mg	$0 (Tier 5)	NDS, QL (672 tabs / year), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	$0 (Tier 4)	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	$0 (Tier 4)	
ARIKAYCE SUS	$0 (Tier 5)	NDS, PA
atovaquone susp 750 mg/5ml	$0 (Tier 4)	QL (300 mL / 30 days), PA
aztreonam for inj 1 gm	$0 (Tier 4)	
aztreonam for inj 2 gm	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CAYSTON INH 75MG	$0 (Tier 5)	NDS, PA
clindamycin hcl cap 75 mg	$0 (Tier 2)	
clindamycin hcl cap 150 mg	$0 (Tier 2)	
clindamycin hcl cap 300 mg	$0 (Tier 2)	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	$0 (Tier 4)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0 (Tier 4)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0 (Tier 4)	
clindamycin phosphate inj 300 mg/2ml	$0 (Tier 3)	
clindamycin phosphate inj 600 mg/4ml	$0 (Tier 3)	
clindamycin phosphate inj 900 mg/6ml	$0 (Tier 3)	
CLINDMYC/NAC INJ 300/50ML	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLINDMYC/NAC INJ 600/50ML	$0 (Tier 4)	
CLINDMYC/NAC INJ 900/50ML	$0 (Tier 4)	
colistimethate sod for inj 150 mg (colistin base activity)	$0 (Tier 4)	
dapsone tab 25 mg	$0 (Tier 3)	
dapsone tab 100 mg	$0 (Tier 3)	
daptomycin for iv soln 350 mg	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
daptomycin for iv soln 500 mg	$0 (Tier 5)	NDS
DAPTOMYCIN INJ 350MG	$0 (Tier 5)	NDS
EMVERM CHW 100MG	$0 (Tier 5)	NDS, QL (12 tabs / year)
ertapenem sodium for inj 1 gm (base equivalent)	$0 (Tier 3)	
gentamicin in saline inj 0.8 mg/ml	$0 (Tier 3)	
gentamicin in saline inj 1 mg/ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gentamicin in saline inj 1.2 mg/ml	$0 (Tier 3)	
gentamicin in saline inj 1.6 mg/ml	$0 (Tier 3)	
gentamicin in saline inj 2 mg/ml	$0 (Tier 3)	
gentamicin sulfate inj 10 mg/ml	$0 (Tier 3)	
gentamicin sulfate inj 40 mg/ml	$0 (Tier 3)	
imipenem-cilastatin intravenous for soln 250 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
imipenem-cilastatin intravenous for soln 500 mg	$0 (Tier 3)	
IMPAVIDO CAP 50MG	$0 (Tier 5)	NDS, PA
ivermectin tab 3 mg	$0 (Tier 3)	QL (12 tabs / 90 days), PA
linezolid for susp 100 mg/5ml	$0 (Tier 5)	NDS, QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	$0 (Tier 4)	
linezolid iv soln 600 mg/300ml (2 mg/ml)	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
linezolid tab 600 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
meropenem iv for soln 1 gm	$0 (Tier 4)	
meropenem iv for soln 500 mg	$0 (Tier 4)	
methenamine hippurate tab 1 gm	$0 (Tier 3)	
metronidazole iv soln 500 mg/100ml	$0 (Tier 3)	
metronidazole tab 250 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metronidazole tab 500 mg	$0 (Tier 1)	
neomycin sulfate tab 500 mg	$0 (Tier 2)	
nitazoxanide tab 500 mg	$0 (Tier 5)	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystalline cap 50 mg	$0 (Tier 3)	
nitrofurantoin macrocrystalline cap 100 mg	$0 (Tier 3)	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pentamidine isethionate inh	$0 (Tier 4)	B/D
pentamidine isethionate inj	$0 (Tier 4)	
polymyxin b sulfate for inj 500000 unit	$0 (Tier 4)	
praziquantel tab 600 mg	$0 (Tier 4)	
pyrimethamine tab 25 mg	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
streptomycin sulfate for inj 1 gm	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfadiazine tab 500 mg	$0 (Tier 5)	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0 (Tier 4)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0 (Tier 3)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0 (Tier 1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0 (Tier 1)	
tinidazole tab 250 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tinidazole tab 500 mg	$0 (Tier 3)	
TOBI PODHALR CAP 28MG	$0 (Tier 5)	NDS, PA
tobramycin nebu soln 300 mg/5ml	$0 (Tier 5)	NDS, PA
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	$0 (Tier 3)	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	$0 (Tier 3)	
tobramycin sulfate inj 10 mg/ml (base equivalent)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	$0 (Tier 3)	
trimethoprim tab 100 mg	$0 (Tier 3)	
vancomycin hcl cap 125 mg (base equivalent)	$0 (Tier 4)	QL (80 caps / 180 days)
vancomycin hcl cap 250 mg (base equivalent)	$0 (Tier 4)	QL (160 caps / 180 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	$0 (Tier 4)	
vancomycin hcl for iv soln 1.5 gm (base equivalent)	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vancomycin hcl for iv soln 1.25 gm (base equivalent)	$0 (Tier 4)	
vancomycin hcl for iv soln 5 gm (base equivalent)	$0 (Tier 4)	
vancomycin hcl for iv soln 10 gm (base equivalent)	$0 (Tier 4)	
vancomycin hcl for iv soln 500 mg (base equivalent)	$0 (Tier 4)	
vancomycin hcl for iv soln 750 mg (base equivalent)	$0 (Tier 4)	
VANCOMYCIN INJ 1 GM	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VANCOMYCIN INJ 500MG	$0 (Tier 4)	
VANCOMYCIN INJ 750MG	$0 (Tier 4)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	$0 (Tier 4)	B/D
amphotericin b for iv soln 50 mg	$0 (Tier 4)	B/D
amphotericin b liposome iv for susp 50 mg	$0 (Tier 5)	NDS, B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
caspofungin acetate for iv soln 50 mg	$0 (Tier 4)	
caspofungin acetate for iv soln 70 mg	$0 (Tier 4)	
fluconazole for susp 10 mg/ml	$0 (Tier 3)	
fluconazole for susp 40 mg/ml	$0 (Tier 3)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0 (Tier 3)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluconazole tab 50 mg	$0 (Tier 3)	
fluconazole tab 100 mg	$0 (Tier 2)	
fluconazole tab 150 mg	$0 (Tier 2)	
fluconazole tab 200 mg	$0 (Tier 2)	
flucytosine cap 250 mg	$0 (Tier 5)	NDS, PA
flucytosine cap 500 mg	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
griseofulvin microsize susp 125 mg/5ml	$0 (Tier 4)	
griseofulvin microsize tab 500 mg	$0 (Tier 4)	
griseofulvin ultramicrosize tab 125 mg	$0 (Tier 4)	
griseofulvin ultramicrosize tab 250 mg	$0 (Tier 4)	
itraconazole cap 100 mg	$0 (Tier 4)	PA
ketoconazole tab 200 mg	$0 (Tier 3)	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
micafungin sodium for iv soln 50 mg	$0 (Tier 4)	
micafungin sodium for iv soln 100 mg	$0 (Tier 4)	
nystatin tab 500000 unit	$0 (Tier 3)	
posaconazole susp 40 mg/ml	$0 (Tier 5)	NDS, QL (630 mL / 30 days), PA
posaconazole tab delayed release 100 mg	$0 (Tier 5)	NDS, QL (93 tabs / 30 days), PA
terbinafine hcl tab 250 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
voriconazole for inj 200 mg	$0 (Tier 4)	PA
voriconazole for susp 40 mg/ml	$0 (Tier 5)	NDS, QL (600 mL / 28 days), PA
voriconazole tab 50 mg	$0 (Tier 4)	QL (480 tabs / 30 days)
voriconazole tab 200 mg	$0 (Tier 4)	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atovaquone-proguanil hcl tab 250-100 mg	$0 (Tier 4)	
chloroquine phosphate tab 250 mg	$0 (Tier 4)	
chloroquine phosphate tab 500 mg	$0 (Tier 4)	
COARTEM TAB 20-120MG	$0 (Tier 4)	
mefloquine hcl tab 250 mg	$0 (Tier 3)	
primaquine phosphate tab 26.3 mg (15 mg base)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRIMAQUINE TAB 26.3MG	$0 (Tier 3)	
quinine sulfate cap 324 mg	$0 (Tier 4)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate soln 20 mg/ml (base equiv)	$0 (Tier 4)	
abacavir sulfate tab 300 mg (base equiv)	$0 (Tier 3)	
APTIVUS CAP 250MG	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atazanavir sulfate cap 150 mg (base equiv)	$0 (Tier 4)	
atazanavir sulfate cap 200 mg (base equiv)	$0 (Tier 4)	
atazanavir sulfate cap 300 mg (base equiv)	$0 (Tier 4)	
darunavir tab 600 mg	$0 (Tier 5)	NDS, QL (60 tabs / 30 days)
darunavir tab 800 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
EDURANT TAB 25MG	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
efavirenz tab 600 mg	$0 (Tier 4)	
emtricitabine caps 200 mg	$0 (Tier 3)	
EMTRIVA SOL 10MG/ML	$0 (Tier 4)	
etravirine tab 100 mg	$0 (Tier 5)	NDS
etravirine tab 200 mg	$0 (Tier 5)	NDS
fosamprenavir calcium tab 700 mg (base equiv)	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FUZEON INJ 90MG	$0 (Tier 5)	NDS
INTELENCE TAB 25MG	$0 (Tier 4)	
ISENTRESS CHW 25MG	$0 (Tier 4)	
ISENTRESS CHW 100MG	$0 (Tier 5)	NDS
ISENTRESS HD TAB 600MG	$0 (Tier 5)	NDS
ISENTRESS POW 100MG	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ISENTRESS TAB 400MG	$0 (Tier 5)	NDS
lamivudine oral soln 10 mg/ml	$0 (Tier 3)	
lamivudine tab 150 mg	$0 (Tier 3)	
lamivudine tab 300 mg	$0 (Tier 3)	
maraviroc tab 150 mg	$0 (Tier 5)	NDS
maraviroc tab 300 mg	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nevirapine susp 50 mg/5ml	$0 (Tier 4)	
nevirapine tab 200 mg	$0 (Tier 2)	
nevirapine tab er 24hr 400 mg	$0 (Tier 4)	
NORVIR POW 100MG	$0 (Tier 4)	
PIFELTRO TAB 100MG	$0 (Tier 5)	NDS
PREZISTA SUS 100MG/ML	$0 (Tier 5)	NDS, QL (400 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREZISTA TAB 75MG	$0 (Tier 4)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	$0 (Tier 5)	NDS, QL (240 tabs / 30 days)
REYATAZ POW 50MG	$0 (Tier 5)	NDS
ritonavir tab 100 mg	$0 (Tier 3)	
RUKOBIA TAB 600MG ER	$0 (Tier 5)	NDS
SELZENTRY SOL 20MG/ML	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SUNLENCA TAB 300MG	$0 (Tier 5)	NDS
tenofovir disoproxil fumarate tab 300 mg	$0 (Tier 3)	
TIVICAY PD TAB 5MG	$0 (Tier 5)	NDS
TIVICAY TAB 10MG	$0 (Tier 3)	
TIVICAY TAB 25MG	$0 (Tier 5)	NDS
TIVICAY TAB 50MG	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TROGARZO INJ 150MG/ML	$0 (Tier 5)	NDS
TYBOST TAB 150MG	$0 (Tier 3)	
VIRACEPT TAB 250MG	$0 (Tier 5)	NDS
VIRACEPT TAB 625MG	$0 (Tier 5)	NDS
VIREAD POW 40MG/GM	$0 (Tier 5)	NDS
VIREAD TAB 150MG	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIREAD TAB 200MG	$0 (Tier 5)	NDS
VIREAD TAB 250MG	$0 (Tier 5)	NDS
zidovudine cap 100 mg	$0 (Tier 4)	
zidovudine syrup 10 mg/ml	$0 (Tier 4)	
zidovudine tab 300 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$0 (Tier 3)	
BIKTARVY TAB 30-120-15 MG	$0 (Tier 5)	NDS
BIKTARVY TAB 50-200-25 MG	$0 (Tier 5)	NDS
CIMDUO TAB 300-300	$0 (Tier 5)	NDS
COMPLERA TAB	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DELSTRIGO TAB	$0 (Tier 5)	NDS
DESCOVY TAB 120-15MG	$0 (Tier 5)	NDS
DESCOVY TAB 200/25MG	$0 (Tier 5)	NDS
DOVATO TAB 50-300MG	$0 (Tier 5)	NDS
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	$0 (Tier 5)	NDS
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	$0 (Tier 5)	NDS
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	$0 (Tier 5)	NDS
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	$0 (Tier 5)	NDS
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	$0 (Tier 5)	NDS
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	$0 (Tier 4)	
EVOTAZ TAB 300-150	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENVOYA TAB	$0 (Tier 5)	NDS
JULUCA TAB 50-25MG	$0 (Tier 5)	NDS
lamivudine-zidovudine tab 150-300 mg	$0 (Tier 4)	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0 (Tier 4)	
lopinavir-ritonavir tab 100-25 mg	$0 (Tier 4)	
lopinavir-ritonavir tab 200-50 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ODEFSEY TAB	$0 (Tier 5)	NDS
PREZCOBIX TAB 800-150	$0 (Tier 5)	NDS
STRIBILD TAB	$0 (Tier 5)	NDS
SYMTUZA TAB	$0 (Tier 5)	NDS
TRIUMEQ PD TAB	$0 (Tier 3)	
TRIUMEQ TAB	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine cap 250 mg	$0 (Tier 5)	NDS
ethambutol hcl tab 100 mg	$0 (Tier 3)	
ethambutol hcl tab 400 mg	$0 (Tier 3)	
isoniazid syrup 50 mg/5ml	$0 (Tier 4)	
isoniazid tab 100 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
isoniazid tab 300 mg	$0 (Tier 1)	
PRIFTIN TAB 150MG	$0 (Tier 4)	
pyrazinamide tab 500 mg	$0 (Tier 4)	
rifabutin cap 150 mg	$0 (Tier 4)	
rifampin cap 150 mg	$0 (Tier 3)	
rifampin cap 300 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rifampin for inj 600 mg	$0 (Tier 4)	
SIRTURO TAB 20MG	$0 (Tier 5)	NDS, PA
SIRTURO TAB 100MG	$0 (Tier 5)	NDS, PA
TRECATOR TAB 250MG	$0 (Tier 4)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir cap 200 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
acyclovir sodium iv soln 50 mg/ml	$0 (Tier 4)	B/D
acyclovir susp 200 mg/5ml	$0 (Tier 4)	
acyclovir tab 400 mg	$0 (Tier 2)	
acyclovir tab 800 mg	$0 (Tier 2)	
adefovir dipivoxil tab 10 mg	$0 (Tier 4)	
BARACLUDE SOL	$0 (Tier 5)	NDS, ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
entecavir tab 0.5 mg	$0 (Tier 4)	
entecavir tab 1 mg	$0 (Tier 4)	
EPCLUSA PAK 150-37.5	$0 (Tier 5)	NDS, PA
EPCLUSA PAK 200-50MG	$0 (Tier 5)	NDS, PA
EPCLUSA TAB 200-50MG	$0 (Tier 5)	NDS, PA
EPCLUSA TAB 400-100	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famciclovir tab 125 mg	$0 (Tier 3)	
famciclovir tab 250 mg	$0 (Tier 3)	
famciclovir tab 500 mg	$0 (Tier 3)	
ganciclovir sodium for inj 500 mg	$0 (Tier 4)	B/D
HARVONI PAK 33.75-150MG	$0 (Tier 5)	NDS, PA
HARVONI PAK 45-200MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HARVONI TAB 45-200MG	$0 (Tier 5)	NDS, PA
HARVONI TAB 90-400MG	$0 (Tier 5)	NDS, PA
lamivudine tab 100 mg (hbv)	$0 (Tier 4)	
LIVTENCITY TAB 200MG	$0 (Tier 5)	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	$0 (Tier 5)	NDS, PA
MAVYRET TAB 100-40MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oseltamivir phosphate cap 30 mg (base equiv)	$0 (Tier 3)	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	$0 (Tier 3)	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	$0 (Tier 3)	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	$0 (Tier 3)	QL (1080 mL / year)
PAXLOVID PAK	$0 (Tier 2)	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	$0 (Tier 2)	QL (40 tabs / 90 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PAXLOVID TAB 300-100	$0 (Tier 2)	QL (60 tabs / 90 days)
PEGASYS INJ	$0 (Tier 5)	NDS, PA
PEGASYS INJ 180MCG/M	$0 (Tier 5)	NDS, PA
PREVYMIS TAB 240MG	$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	$0 (Tier 3)	QL (6 inhalers / year)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ribavirin cap 200 mg	$0 (Tier 3)	
ribavirin tab 200 mg	$0 (Tier 3)	
rimantadine hydrochloride tab 100 mg	$0 (Tier 4)	
valacyclovir hcl tab 1 gm	$0 (Tier 3)	
valacyclovir hcl tab 500 mg	$0 (Tier 3)	
valganciclovir hcl for soln 50 mg/ml (base equiv)	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
valganciclovir hcl tab 450 mg (base equivalent)	$0 (Tier 3)	
VOSEVI TAB	$0 (Tier 5)	NDS, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	$0 (Tier 3)	
cefaclor cap 500 mg	$0 (Tier 3)	
cefadroxil cap 500 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefadroxil for susp 250 mg/5ml	$0 (Tier 3)	
cefadroxil for susp 500 mg/5ml	$0 (Tier 3)	
CEFAZOLIN INJ 1GM/50ML	$0 (Tier 4)	
CEFAZOLIN INJ 2GM	$0 (Tier 4)	
CEFAZOLIN INJ 3GM	$0 (Tier 4)	
cefazolin sodium for inj 1 gm	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefazolin sodium for inj 2 gm	$0 (Tier 3)	
cefazolin sodium for inj 3 gm	$0 (Tier 3)	
cefazolin sodium for inj 10 gm	$0 (Tier 3)	
cefazolin sodium for inj 500 mg	$0 (Tier 3)	
cefazolin sodium for iv soln 1 gm	$0 (Tier 3)	
CEFAZOLIN SOLN 2GM/100ML-4%	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEFAZOLIN/DEX SOL 1GM/50ML-4%	$0 (Tier 4)	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	$0 (Tier 4)	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	$0 (Tier 4)	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	$0 (Tier 4)	
cefdinir cap 300 mg	$0 (Tier 2)	
cefdinir for susp 125 mg/5ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefdinir for susp 250 mg/5ml	$0 (Tier 3)	
cefepime hcl for inj 1 gm	$0 (Tier 4)	
cefepime hcl for iv soln 2 gm	$0 (Tier 4)	
cefixime cap 400 mg	$0 (Tier 4)	
cefixime for susp 100 mg/5ml	$0 (Tier 4)	
cefixime for susp 200 mg/5ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefotetan disodium for inj 1 gm	$0 (Tier 4)	
cefotetan disodium for inj 2 gm	$0 (Tier 4)	
cefoxitin sodium for iv soln 1 gm	$0 (Tier 4)	
cefoxitin sodium for iv soln 2 gm	$0 (Tier 4)	
cefoxitin sodium for iv soln 10 gm	$0 (Tier 4)	
cefpodoxime proxetil for susp 50 mg/5ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefpodoxime proxetil for susp 100 mg/5ml	$0 (Tier 4)	
cefpodoxime proxetil tab 100 mg	$0 (Tier 3)	
cefpodoxime proxetil tab 200 mg	$0 (Tier 3)	
cefprozil for susp 125 mg/5ml	$0 (Tier 3)	
cefprozil for susp 250 mg/5ml	$0 (Tier 3)	
cefprozil tab 250 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefprozil tab 500 mg	$0 (Tier 3)	
ceftazidime for inj 1 gm	$0 (Tier 4)	
ceftazidime for inj 6 gm	$0 (Tier 4)	
ceftazidime for iv soln 2 gm	$0 (Tier 4)	
ceftriaxone sodium for inj 1 gm	$0 (Tier 4)	
ceftriaxone sodium for inj 2 gm	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ceftriaxone sodium for inj 10 gm	$0 (Tier 4)	
ceftriaxone sodium for inj 250 mg	$0 (Tier 4)	
ceftriaxone sodium for inj 500 mg	$0 (Tier 4)	
ceftriaxone sodium for iv soln 1 gm	$0 (Tier 4)	
ceftriaxone sodium for iv soln 2 gm	$0 (Tier 4)	
cefuroxime axetil tab 250 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefuroxime axetil tab 500 mg	$0 (Tier 2)	
cefuroxime sodium for inj 750 mg	$0 (Tier 3)	
cefuroxime sodium for iv soln 1.5 gm	$0 (Tier 3)	
cephalexin cap 250 mg	$0 (Tier 1)	
cephalexin cap 500 mg	$0 (Tier 1)	
cephalexin for susp 125 mg/5ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cephalexin for susp 250 mg/5ml	$0 (Tier 3)	
tazicef	$0 (Tier 4)	
TEFLARO INJ 400MG	$0 (Tier 5)	NDS
TEFLARO INJ 600MG	$0 (Tier 5)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin for susp 100 mg/5ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
azithromycin for susp 200 mg/5ml	$0 (Tier 3)	
azithromycin iv for soln 500 mg	$0 (Tier 3)	
azithromycin powd pack for susp 1 gm	$0 (Tier 3)	
azithromycin tab 250 mg	$0 (Tier 1)	
azithromycin tab 500 mg	$0 (Tier 1)	
azithromycin tab 600 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clarithromycin for susp 125 mg/5ml	$0 (Tier 4)	
clarithromycin for susp 250 mg/5ml	$0 (Tier 4)	
clarithromycin tab 250 mg	$0 (Tier 3)	
clarithromycin tab 500 mg	$0 (Tier 3)	
clarithromycin tab er 24hr 500 mg	$0 (Tier 4)	
DIFICID SUS	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIFICID TAB 200MG	$0 (Tier 5)	NDS
e.e.s. 400	$0 (Tier 4)	
ery-tab	$0 (Tier 4)	
ERYTHROCIN INJ 500MG	$0 (Tier 4)	
erythromycin ethylsuccinate tab 400 mg	$0 (Tier 4)	
erythromycin lactobionate for inj 500 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erythromycin tab 250 mg	$0 (Tier 4)	
erythromycin tab 500 mg	$0 (Tier 4)	
erythromycin tab delayed release 250 mg	$0 (Tier 4)	
erythromycin tab delayed release 333 mg	$0 (Tier 4)	
erythromycin tab delayed release 500 mg	$0 (Tier 4)	
erythromycin w/ delayed release particles cap 250 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO (10%) SUS 500MG/5	$0 (Tier 4)	
ciprofloxacin 200 mg/100ml in d5w	$0 (Tier 3)	
ciprofloxacin 400 mg/200ml in d5w	$0 (Tier 3)	
ciprofloxacin hcl tab 250 mg (base equiv)	$0 (Tier 1)	
ciprofloxacin hcl tab 500 mg (base equiv)	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ciprofloxacin hcl tab 750 mg (base equiv)	$0 (Tier 1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0 (Tier 3)	
levofloxacin in d5w iv soln 500 mg/100ml	$0 (Tier 3)	
levofloxacin in d5w iv soln 750 mg/150ml	$0 (Tier 3)	
levofloxacin iv soln 25 mg/ml	$0 (Tier 4)	
levofloxacin oral soln 25 mg/ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levofloxacin tab 250 mg	$0 (Tier 1)	
levofloxacin tab 500 mg	$0 (Tier 1)	
levofloxacin tab 750 mg	$0 (Tier 1)	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	$0 (Tier 4)	
moxifloxacin hcl tab 400 mg (base equiv)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0 (Tier 3)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0 (Tier 4)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	$0 (Tier 3)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	$0 (Tier 3)	
amoxicillin & k clavulanate tab 250-125 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxicillin & k clavulanate tab 500-125 mg	$0 (Tier 2)	
amoxicillin & k clavulanate tab 875-125 mg	$0 (Tier 2)	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	$0 (Tier 4)	
amoxicillin (trihydrate) cap 250 mg	$0 (Tier 1)	
amoxicillin (trihydrate) cap 500 mg	$0 (Tier 1)	
amoxicillin (trihydrate) chew tab 125 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxicillin (trihydrate) chew tab 250 mg	$0 (Tier 2)	
amoxicillin (trihydrate) for susp 125 mg/5ml	$0 (Tier 1)	
amoxicillin (trihydrate) for susp 200 mg/5ml	$0 (Tier 1)	
amoxicillin (trihydrate) for susp 250 mg/5ml	$0 (Tier 1)	
amoxicillin (trihydrate) for susp 400 mg/5ml	$0 (Tier 1)	
amoxicillin (trihydrate) tab 500 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxicillin (trihydrate) tab 875 mg	$0 (Tier 1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	$0 (Tier 4)	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	$0 (Tier 4)	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	$0 (Tier 4)	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	$0 (Tier 4)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ampicillin cap 500 mg	$0 (Tier 2)	
ampicillin sodium for inj 1 gm	$0 (Tier 4)	
ampicillin sodium for inj 2 gm	$0 (Tier 4)	
ampicillin sodium for inj 125 mg	$0 (Tier 4)	
ampicillin sodium for inj 250 mg	$0 (Tier 4)	
ampicillin sodium for inj 500 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ampicillin sodium for iv soln 1 gm	$0 (Tier 4)	
ampicillin sodium for iv soln 2 gm	$0 (Tier 4)	
ampicillin sodium for iv soln 10 gm	$0 (Tier 4)	
BICILLIN L-A INJ 600000	$0 (Tier 4)	
BICILLIN L-A INJ 1200000	$0 (Tier 4)	
BICILLIN L-A INJ 2400000	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dicloxacillin sodium cap 250 mg	$0 (Tier 3)	
dicloxacillin sodium cap 500 mg	$0 (Tier 3)	
nafcillin sodium for inj 1 gm	$0 (Tier 4)	
nafcillin sodium for inj 2 gm	$0 (Tier 4)	
nafcillin sodium for iv soln 10 gm	$0 (Tier 5)	NDS
oxacillin sodium for inj 1 gm (base equivalent)	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxacillin sodium for inj 2 gm (base equivalent)	$0 (Tier 4)	
oxacillin sodium for iv soln 10 gm (base equivalent)	$0 (Tier 4)	
penicillin g potassium for inj 5000000 unit	$0 (Tier 4)	
penicillin g potassium for inj 20000000 unit	$0 (Tier 4)	
penicillin g sodium for inj 5000000 unit	$0 (Tier 4)	
penicillin v potassium for soln 125 mg/5ml	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
penicillin v potassium for soln 250 mg/5ml	$0 (Tier 2)	
penicillin v potassium tab 250 mg	$0 (Tier 1)	
penicillin v potassium tab 500 mg	$0 (Tier 1)	
pfizerpen	$0 (Tier 4)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0 (Tier 4)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0 (Tier 4)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0 (Tier 4)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0 (Tier 4)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100	$0 (Tier 4)	
doxycycline hyclate cap 50 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxycycline hyclate cap 100 mg	$0 (Tier 3)	
doxycycline hyclate for inj 100 mg	$0 (Tier 4)	
doxycycline hyclate tab 20 mg	$0 (Tier 3)	
doxycycline hyclate tab 100 mg	$0 (Tier 3)	
doxycycline monohydrate cap 50 mg	$0 (Tier 2)	
doxycycline monohydrate cap 100 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxycycline monohydrate for susp 25 mg/5ml	$0 (Tier 3)	
doxycycline monohydrate tab 50 mg	$0 (Tier 3)	
doxycycline monohydrate tab 75 mg	$0 (Tier 3)	
doxycycline monohydrate tab 100 mg	$0 (Tier 3)	
minocycline hcl cap 50 mg	$0 (Tier 3)	
minocycline hcl cap 75 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
minocycline hcl cap 100 mg	$0 (Tier 3)	
NUZYRA INJ 100MG	$0 (Tier 5)	NDS
NUZYRA TAB 150MG	$0 (Tier 5)	NDS, QL (30 tabs / 14 days)
tetracycline hcl cap 250 mg	$0 (Tier 4)	
tetracycline hcl cap 500 mg	$0 (Tier 4)	
tigecycline for iv soln 50 mg	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE SOL 100/4ML	$0 (Tier 5)	NDS, B/D
BENDEKA INJ 100/4ML	$0 (Tier 5)	NDS, B/D
carboplatin iv soln 50 mg/5ml	$0 (Tier 3)	B/D
carboplatin iv soln 150 mg/15ml	$0 (Tier 3)	B/D
carboplatin iv soln 450 mg/45ml	$0 (Tier 3)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carboplatin iv soln 600 mg/60ml	$0 (Tier 3)	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	$0 (Tier 3)	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	$0 (Tier 3)	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	$0 (Tier 3)	B/D
CYCLOPHOSPH INJ 1GM	$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 1GM/2ML	$0 (Tier 5)	NDS, B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYCLOPHOSPH INJ 2GM/4ML	$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 500/5ML	$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 500MG/ML	$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 1000MG	$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH INJ 2000MG	$0 (Tier 5)	NDS, B/D
CYCLOPHOSPH TAB 25MG	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYCLOPHOSPH TAB 50MG	$0 (Tier 4)	B/D
CYCLOPHOSPHA INJ 2GM/10ML	$0 (Tier 5)	NDS, B/D
CYCLOPHOSPHA INJ 500MG	$0 (Tier 5)	NDS, B/D
cyclophosphamide cap 25 mg	$0 (Tier 3)	B/D
cyclophosphamide cap 50 mg	$0 (Tier 3)	B/D
cyclophosphamide for inj 1 gm	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyclophosphamide for inj 2 gm	$0 (Tier 5)	NDS, B/D
cyclophosphamide for inj 500 mg	$0 (Tier 4)	B/D
FRINDOVYX INJ 1GM/2ML	$0 (Tier 5)	NDS, B/D
FRINDOVYX INJ 2GM/4ML	$0 (Tier 5)	NDS, B/D
FRINDOVYX INJ 500MG/ML	$0 (Tier 5)	NDS, B/D
GLEOSTINE CAP 10MG	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GLEOSTINE CAP 40MG	$0 (Tier 4)	
GLEOSTINE CAP 100MG	$0 (Tier 5)	NDS
LEUKERAN TAB 2MG	$0 (Tier 5)	NDS
oxaliplatin for iv inj 50 mg	$0 (Tier 4)	B/D
oxaliplatin for iv inj 100 mg	$0 (Tier 5)	NDS, B/D
oxaliplatin iv soln 50 mg/10ml	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxaliplatin iv soln 100 mg/20ml	$0 (Tier 4)	B/D
oxaliplatin iv soln 200 mg/40ml	$0 (Tier 4)	B/D
VIVIMUSTA INJ 100/4ML	$0 (Tier 5)	NDS, B/D
ANTIMETABOLITES		
azacitidine for inj 100 mg	$0 (Tier 5)	NDS, B/D
cytarabine inj 20 mg/ml	$0 (Tier 3)	B/D
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	$0 (Tier 3)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	$0 (Tier 3)	B/D
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	$0 (Tier 3)	B/D
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	$0 (Tier 3)	B/D
gemcitabine hcl for inj 1 gm	$0 (Tier 4)	B/D
gemcitabine hcl for inj 2 gm	$0 (Tier 4)	B/D
gemcitabine hcl for inj 200 mg	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	$0 (Tier 4)	B/D
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	$0 (Tier 4)	B/D
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	$0 (Tier 4)	B/D
INQOVI TAB 35-100MG	$0 (Tier 5)	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	$0 (Tier 5)	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	$0 (Tier 5)	NDS, QL (80 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	$0 (Tier 5)	NDS
mercaptopurine tab 50 mg	$0 (Tier 3)	
methotrexate sodium for inj 1 gm	$0 (Tier 2)	B/D
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	$0 (Tier 2)	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	$0 (Tier 2)	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	$0 (Tier 2)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	$0 (Tier 2)	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	$0 (Tier 2)	B/D
ONUREG TAB 200MG	$0 (Tier 5)	NDS, QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	$0 (Tier 5)	NDS, QL (14 tabs / 28 days), PA
pemetrexed disodium for iv soln 100 mg (base equiv)	$0 (Tier 5)	NDS, B/D
pemetrexed disodium for iv soln 500 mg (base equiv)	$0 (Tier 5)	NDS, B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pemetrexed disodium for iv soln 750 mg (base equiv)	$0 (Tier 5)	NDS, B/D
pemetrexed disodium for iv soln 1000 mg (base equiv)	$0 (Tier 5)	NDS, B/D
PURIXAN SUS 20MG/ML	$0 (Tier 5)	NDS
TABLOID TAB 40MG	$0 (Tier 5)	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
abiraterone acetate tab 500 mg	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
abirtega tab 250mg	$0 (Tier 4)	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
anastrozole tab 1 mg	$0 (Tier 2)	
bicalutamide tab 50 mg	$0 (Tier 2)	
ELIGARD INJ 7.5MG	$0 (Tier 4)	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ELIGARD INJ 22.5MG	$0 (Tier 4)	PA
ELIGARD INJ 30MG	$0 (Tier 4)	PA
ELIGARD INJ 45MG	$0 (Tier 4)	PA
ERLEADA TAB 60MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
exemestane tab 25 mg	$0 (Tier 4)	
FIRMAGON INJ 80MG	$0 (Tier 4)	PA
FIRMAGON INJ 120MG	$0 (Tier 5)	NDS, PA
fulvestrant inj soln pref syr 250 mg/5ml	$0 (Tier 5)	NDS, B/D
letrozole tab 2.5 mg	$0 (Tier 2)	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	$0 (Tier 4)	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUPRON DEPOT INJ 3.75MG	$0 (Tier 5)	NDS, PA
LUPRON DEPOT INJ 11.25MG	$0 (Tier 5)	NDS, PA
LYSODREN TAB 500MG	$0 (Tier 5)	NDS
megestrol acetate tab 20 mg	$0 (Tier 3)	
megestrol acetate tab 40 mg	$0 (Tier 3)	
nilutamide tab 150 mg	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUBEQA TAB 300MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	$0 (Tier 5)	NDS, PA
ORSERDU TAB 86MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	$0 (Tier 5)	NDS
tamoxifen citrate tab 10 mg (base equivalent)	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tamoxifen citrate tab 20 mg (base equivalent)	$0 (Tier 2)	
toremifene citrate tab 60 mg (base equivalent)	$0 (Tier 4)	PA
XTANDI CAP 40MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
XTANDI TAB 40MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
IMMUNOMODULATORS		
lenalidomide cap 5 mg	$0 (Tier 5)	NDS, QL (28 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lenalidomide cap 10 mg	$0 (Tier 5)	NDS, QL (28 caps / 28 days), PA
lenalidomide cap 15 mg	$0 (Tier 5)	NDS, QL (28 caps / 28 days), PA
lenalidomide cap 20 mg	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
lenalidomide cap 25 mg	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
lenalidomide caps 2.5 mg	$0 (Tier 5)	NDS, QL (28 caps / 28 days), PA
POMALYST CAP 1MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POMALYST CAP 2MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 3MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 4MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
THALOMID CAP 50MG	$0 (Tier 5)	NDS, QL (84 caps / 28 days), PA
THALOMID CAP 100MG	$0 (Tier 5)	NDS, QL (112 caps / 28 days), PA
THALOMID CAP 150MG	$0 (Tier 5)	NDS, QL (56 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
THALOMID CAP 200MG	$0 (Tier 5)	NDS, QL (56 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOL 500MCG	$0 (Tier 5)	NDS, QL (2 syringes / 28 days), PA
bexarotene cap 75 mg	$0 (Tier 5)	NDS, QL (300 caps / 30 days), PA
doxorubicin hcl inj 2 mg/ml	$0 (Tier 4)	B/D
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	$0 (Tier 5)	NDS, B/D
hydroxyurea cap 500 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	$0 (Tier 4)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	$0 (Tier 4)	B/D
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	$0 (Tier 4)	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	$0 (Tier 4)	B/D
IWILFIN TAB 192MG	$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
MATULANE CAP 50MG	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tretinoin cap 10 mg	$0 (Tier 5)	NDS
WELIREG TAB 40MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS		
docetaxel for inj conc 20 mg/ml	$0 (Tier 4)	B/D
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	$0 (Tier 5)	NDS, B/D
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	$0 (Tier 5)	NDS, B/D
DOCETAXEL INJ 20MG/2ML	$0 (Tier 5)	NDS, B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DOCETAXEL INJ 80MG/4ML	$0 (Tier 5)	NDS, B/D
DOCETAXEL INJ 80MG/8ML	$0 (Tier 5)	NDS, B/D
DOCETAXEL INJ 160/8ML	$0 (Tier 5)	NDS, B/D
DOCETAXEL INJ 160/16ML	$0 (Tier 5)	NDS, B/D
docetaxel soln for iv infusion 20 mg/2ml	$0 (Tier 5)	NDS, B/D
docetaxel soln for iv infusion 80 mg/8ml	$0 (Tier 5)	NDS, B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
docetaxel soln for iv infusion 160 mg/16ml	$0 (Tier 5)	NDS, B/D
DOCIVYX INJ 20MG/2ML	$0 (Tier 5)	NDS, B/D
DOCIVYX INJ 80MG/8ML	$0 (Tier 5)	NDS, B/D
DOCIVYX INJ 160/16ML	$0 (Tier 5)	NDS, B/D
etoposide inj 1 gm/50ml (20 mg/ml)	$0 (Tier 3)	B/D
etoposide inj 100 mg/5ml (20 mg/ml)	$0 (Tier 3)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
etoposide inj 500 mg/25ml (20 mg/ml)	$0 (Tier 3)	B/D
paclitaxel inj 100mg	$0 (Tier 5)	NDS, B/D
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	$0 (Tier 4)	B/D
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	$0 (Tier 4)	B/D
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	$0 (Tier 4)	B/D
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vincristine sulfate iv soln 1 mg/ml	$0 (Tier 2)	B/D
vinorelbine tartrate inj 10 mg/ml (base equiv)	$0 (Tier 4)	B/D
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	$0 (Tier 4)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAP 150MG	$0 (Tier 5)	NDS, QL (240 caps / 30 days), PA
ALUNBRIG PAK	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALUNBRIG TAB 90MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AUGTYRO CAP 40MG	$0 (Tier 5)	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
AYVAKIT TAB 25MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AYVAKIT TAB 100MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bortezomib for inj 3.5 mg	$0 (Tier 5)	NDS, PA
BORTEZOMIB INJ 1MG	$0 (Tier 4)	PA
BORTEZOMIB INJ 2.5MG	$0 (Tier 4)	PA
BOSULIF CAP 50MG	$0 (Tier 5)	NDS, QL (360 caps / 30 days), PA
BOSULIF CAP 100MG	$0 (Tier 5)	NDS, QL (150 caps / 25 days), PA
BOSULIF TAB 100MG	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BOSULIF TAB 400MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
CABOMETYX TAB 20MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CABOMETYX TAB 60MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
CALQUENCE CAP 100MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
CALQUENCE TAB 100MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	$0 (Tier 5)	NDS, QL (84 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COMETRIQ KIT 100MG	$0 (Tier 5)	NDS, QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	$0 (Tier 5)	NDS, QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	$0 (Tier 5)	NDS, QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	$0 (Tier 5)	NDS, QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	$0 (Tier 5)	NDS, QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DANZITEN TAB 95MG	$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA
dasatinib tab 20 mg	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
dasatinib tab 50 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 70 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 80 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
dasatinib tab 100 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dasatinib tab 140 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ERIVEDGE CAP 150MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
erlotinib hcl tab 25 mg (base equivalent)	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
erlotinib hcl tab 100 mg (base equivalent)	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erlotinib hcl tab 150 mg (base equivalent)	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
everolimus tab 2.5 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
everolimus tab 5 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
everolimus tab 7.5 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
everolimus tab 10 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
everolimus tab for oral susp 2 mg	$0 (Tier 5)	NDS, QL (150 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
everolimus tab for oral susp 3 mg	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
everolimus tab for oral susp 5 mg	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	$0 (Tier 5)	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAVRETO CAP 100MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
gefitinib tab 250 mg	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	$0 (Tier 5)	NDS, QL (168 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GOMEKLI CAP 2MG	$0 (Tier 5)	NDS, QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	$0 (Tier 5)	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	$0 (Tier 5)	NDS, PA
HERCEPTIN INJ 150MG	$0 (Tier 5)	NDS, PA
HERZUMA INJ 150MG	$0 (Tier 5)	NDS, PA
HERZUMA INJ 420MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IBRANCE CAP 75MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	$0 (Tier 5)	NDS, QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	$0 (Tier 5)	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	$0 (Tier 5)	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	$0 (Tier 5)	NDS, QL (21 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ICLUSIG TAB 10MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
imatinib mesylate tab 100 mg (base equivalent)	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
imatinib mesylate tab 400 mg (base equivalent)	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	$0 (Tier 5)	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMBRUVICA TAB 280MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	$0 (Tier 5)	NDS, QL (280 mL / 28 days), PA
INLYTA TAB 1MG	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ITOVEBI TAB 3MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAKAFI TAB 25MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	$0 (Tier 5)	NDS, B/D
KADCYLA INJ 160MG	$0 (Tier 5)	NDS, B/D
KANJINTI INJ 420MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KANJINTI SOL 150MG	$0 (Tier 5)	NDS, PA
KEYTRUDA INJ 100MG/4M	$0 (Tier 5)	NDS, PA
KISQALI 200 DOSE	$0 (Tier 5)	NDS, QL (21 tabs / 28 days), PA
KISQALI 200 PAK FEMARA	$0 (Tier 5)	NDS, QL (49 tabs / 28 days), PA
KISQALI 400 DOSE	$0 (Tier 5)	NDS, QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	$0 (Tier 5)	NDS, QL (70 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 600 DOSE	$0 (Tier 5)	NDS, QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	$0 (Tier 5)	NDS, QL (91 tabs / 28 days), PA
KOSELUGO CAP 10MG	$0 (Tier 5)	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
lapatinib ditosylate tab 250 mg (base equiv)	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LAZCLUZE TAB 80MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	$0 (Tier 5)	NDS, QL (90 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 14 MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	$0 (Tier 5)	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	$0 (Tier 5)	NDS, QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUMAKRAS TAB 120MG	$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LYTGOBI (16 MG DAILY DOSE)	$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	$0 (Tier 5)	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	$0 (Tier 5)	NDS, QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MONJUVI INJ 200MG	$0 (Tier 5)	NDS, PA
NERLYNX TAB 40MG	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
NINLARO CAP 2.3MG	$0 (Tier 5)	NDS, QL (3 caps / 28 days), PA
NINLARO CAP 3MG	$0 (Tier 5)	NDS, QL (3 caps / 28 days), PA
NINLARO CAP 4MG	$0 (Tier 5)	NDS, QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OGIVRI INJ 150MG	$0 (Tier 5)	NDS, PA
OGIVRI INJ 420MG	$0 (Tier 5)	NDS, PA
OGSIVEO TAB 50MG	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
OGSIVEO TAB 100MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	$0 (Tier 5)	NDS, QL (96 mL / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OJEMDA TAB 100MG	$0 (Tier 5)	NDS, QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	$0 (Tier 5)	NDS, PA
ONTRUZANT INJ 420MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pazopanib hcl tab 200 mg (base equiv)	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	$0 (Tier 5)	NDS, PA
PIQRAY 200MG TAB DOSE	$0 (Tier 5)	NDS, QL (28 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIQRAY 250MG TAB DOSE	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
RETEVMO CAP 40MG	$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
RETEVMO CAP 80MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
RETEVMO TAB 40MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RETEVMO TAB 80MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 120MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REZLIDHIA CAP 150MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	$0 (Tier 5)	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	$0 (Tier 5)	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	$0 (Tier 5)	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	$0 (Tier 5)	NDS, QL (90 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ROZLYTREK PAK 50MG	$0 (Tier 5)	NDS, QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	$0 (Tier 5)	NDS, QL (224 caps / 28 days), PA
SCEMBLIX TAB 20MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SCEMBLIX TAB 40MG	$0 (Tier 5)	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TAB 100MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
sorafenib tosylate tab 200 mg (base equivalent)	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
sunitinib malate cap 12.5 mg (base equivalent)	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
sunitinib malate cap 25 mg (base equivalent)	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sunitinib malate cap 37.5 mg (base equivalent)	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
sunitinib malate cap 50 mg (base equivalent)	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TAFINLAR TAB 10MG	$0 (Tier 5)	NDS, QL (900 tabs / 30 days), PA
TAGRISSO TAB 40MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	$0 (Tier 5)	NDS, QL (90 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TALZENNA CAP 0.35MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
TASIGNA CAP 50MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
TASIGNA CAP 150MG	$0 (Tier 5)	NDS, QL (112 caps / 28 days), PA
TASIGNA CAP 200MG	$0 (Tier 5)	NDS, QL (112 caps / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TAZVERIK TAB 200MG	$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
TECENTRIQ INJ 840/14	$0 (Tier 5)	NDS, PA
TECENTRIQ INJ 1200/20	$0 (Tier 5)	NDS, PA
TECENTRIQ INJ HYBREZA	$0 (Tier 5)	NDS, QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
torpenz tab 2.5mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
torpenz tab 5mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
torpenz tab 7.5mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
torpenz tab 10mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	$0 (Tier 5)	NDS, PA
TRAZIMERA INJ 420MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUQAP PAK 160MG	$0 (Tier 5)	NDS, QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	$0 (Tier 5)	NDS, QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	$0 (Tier 5)	NDS, QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	$0 (Tier 5)	NDS, QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	$0 (Tier 5)	NDS, PA
TRUXIMA INJ 500/50ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TUKYSA TAB 50MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	$0 (Tier 3)	QL (112 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VENCLEXTA TAB 50MG	$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	$0 (Tier 5)	NDS, QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VERZENIO TAB 200MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	$0 (Tier 5)	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIZIMPRO TAB 45MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
VONJO CAP 100MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	$0 (Tier 5)	NDS, QL (240 caps / 30 days), PA
XALKORI CAP 50MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XALKORI CAP 150MG	$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
XALKORI CAP 200MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 250MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	$0 (Tier 5)	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	$0 (Tier 5)	NDS, QL (4 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO PAK (40 MG TWICE WEEKLY)	$0 (Tier 5)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	$0 (Tier 5)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	$0 (Tier 5)	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	$0 (Tier 5)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	$0 (Tier 5)	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	$0 (Tier 5)	NDS, QL (8 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZEJULA TAB 100MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	$0 (Tier 5)	NDS, PA
ZIRABEV INJ 400/16ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZOLINZA CAP 100MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
PROTECTIVE AGENTS		
leucovorin calcium for inj 50 mg	$0 (Tier 4)	B/D
leucovorin calcium for inj 100 mg	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
leucovorin calcium for inj 200 mg	$0 (Tier 4)	B/D
leucovorin calcium for inj 350 mg	$0 (Tier 4)	B/D
leucovorin calcium for inj 500 mg	$0 (Tier 4)	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	$0 (Tier 4)	B/D
leucovorin calcium tab 5 mg	$0 (Tier 3)	
leucovorin calcium tab 10 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
leucovorin calcium tab 15 mg	$0 (Tier 3)	
leucovorin calcium tab 25 mg	$0 (Tier 3)	
mesna tab 400 mg	$0 (Tier 5)	NDS
MESNEX TAB 400MG	$0 (Tier 5)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0 (Tier 1)	QL (30 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-benazepril hcl cap 5-10 mg	$0 (Tier 1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	$0 (Tier 1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	$0 (Tier 1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	$0 (Tier 1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	$0 (Tier 1)	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
benazepril & hydrochlorothiazide tab 10-12.5 mg	$0 (Tier 1)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	$0 (Tier 1)	
benazepril & hydrochlorothiazide tab 20-25 mg	$0 (Tier 1)	
captopril & hydrochlorothiazide tab 25-15 mg	$0 (Tier 1)	
captopril & hydrochlorothiazide tab 25-25 mg	$0 (Tier 1)	
captopril & hydrochlorothiazide tab 50-15 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
captopril & hydrochlorothiazide tab 50-25 mg	$0 (Tier 1)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	$0 (Tier 1)	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	$0 (Tier 1)	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	$0 (Tier 1)	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	$0 (Tier 1)	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lisinopril & hydrochlorothiazide tab 20-12.5 mg	$0 (Tier 1)	
lisinopril & hydrochlorothiazide tab 20-25 mg	$0 (Tier 1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl tab 5 mg	$0 (Tier 1)	
benazepril hcl tab 10 mg	$0 (Tier 1)	
benazepril hcl tab 20 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
benazepril hcl tab 40 mg	$0 (Tier 1)	
captopril tab 12.5 mg	$0 (Tier 1)	
captopril tab 25 mg	$0 (Tier 1)	
captopril tab 50 mg	$0 (Tier 1)	
captopril tab 100 mg	$0 (Tier 1)	
enalapril maleate tab 2.5 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enalapril maleate tab 5 mg	$0 (Tier 1)	
enalapril maleate tab 10 mg	$0 (Tier 1)	
enalapril maleate tab 20 mg	$0 (Tier 1)	
fosinopril sodium tab 10 mg	$0 (Tier 1)	
fosinopril sodium tab 20 mg	$0 (Tier 1)	
fosinopril sodium tab 40 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lisinopril tab 2.5 mg	$0 (Tier 1)	
lisinopril tab 5 mg	$0 (Tier 1)	
lisinopril tab 10 mg	$0 (Tier 1)	
lisinopril tab 20 mg	$0 (Tier 1)	
lisinopril tab 30 mg	$0 (Tier 1)	
lisinopril tab 40 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
moexipril hcl tab 7.5 mg	$0 (Tier 1)	
moexipril hcl tab 15 mg	$0 (Tier 1)	
perindopril erbumine tab 2 mg	$0 (Tier 1)	
perindopril erbumine tab 4 mg	$0 (Tier 1)	
perindopril erbumine tab 8 mg	$0 (Tier 1)	
quinapril hcl tab 5 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
quinapril hcl tab 10 mg	$0 (Tier 1)	
quinapril hcl tab 20 mg	$0 (Tier 1)	
quinapril hcl tab 40 mg	$0 (Tier 1)	
ramipril cap 1.25 mg	$0 (Tier 1)	
ramipril cap 2.5 mg	$0 (Tier 1)	
ramipril cap 5 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ramipril cap 10 mg	$0 (Tier 1)	
trandolapril tab 1 mg	$0 (Tier 1)	
trandolapril tab 2 mg	$0 (Tier 1)	
trandolapril tab 4 mg	$0 (Tier 1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone tab 25 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eplerenone tab 50 mg	$0 (Tier 3)	
KERENDIA TAB 10MG	$0 (Tier 3)	QL (30 tabs / 30 days)
KERENDIA TAB 20MG	$0 (Tier 3)	QL (30 tabs / 30 days)
spironolactone tab 25 mg	$0 (Tier 1)	
spironolactone tab 50 mg	$0 (Tier 1)	
spironolactone tab 100 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate tab 1 mg	$0 (Tier 2)	
doxazosin mesylate tab 2 mg	$0 (Tier 2)	
doxazosin mesylate tab 4 mg	$0 (Tier 2)	
doxazosin mesylate tab 8 mg	$0 (Tier 2)	
prazosin hcl cap 1 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prazosin hcl cap 2 mg	$0 (Tier 3)	
prazosin hcl cap 5 mg	$0 (Tier 3)	
terazosin hcl cap 1 mg (base equivalent)	$0 (Tier 1)	
terazosin hcl cap 2 mg (base equivalent)	$0 (Tier 1)	
terazosin hcl cap 5 mg (base equivalent)	$0 (Tier 1)	
terazosin hcl cap 10 mg (base equivalent)	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-valsartan tab 5-320 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EDARBYCLOR TAB 40-12.5	$0 (Tier 4)	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	$0 (Tier 4)	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	$0 (Tier 3)	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	$0 (Tier 3)	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	$0 (Tier 3)	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	$0 (Tier 3)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENTRESTO TAB 97-103MG	$0 (Tier 3)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0 (Tier 1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0 (Tier 1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil tab 4 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
candesartan cilexetil tab 8 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
candesartan cilexetil tab 16 mg	$0 (Tier 1)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
candesartan cilexetil tab 32 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
EDARBI TAB 40MG	$0 (Tier 4)	QL (30 tabs / 30 days), ST
EDARBI TAB 80MG	$0 (Tier 4)	QL (30 tabs / 30 days), ST
irbesartan tab 75 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
irbesartan tab 150 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
irbesartan tab 300 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
losartan potassium tab 25 mg	$0 (Tier 1)	
losartan potassium tab 50 mg	$0 (Tier 1)	
losartan potassium tab 100 mg	$0 (Tier 1)	
olmesartan medoxomil tab 5 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
olmesartan medoxomil tab 20 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
olmesartan medoxomil tab 40 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
telmisartan tab 20 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
telmisartan tab 40 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
telmisartan tab 80 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
valsartan tab 40 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
valsartan tab 80 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
valsartan tab 160 mg	$0 (Tier 1)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
valsartan tab 320 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	$0 (Tier 4)	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	$0 (Tier 4)	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	$0 (Tier 4)	
amiodarone hcl tab 100 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amiodarone hcl tab 200 mg	$0 (Tier 1)	
amiodarone hcl tab 400 mg	$0 (Tier 4)	
disopyramide phosphate cap 100 mg	$0 (Tier 4)	
disopyramide phosphate cap 150 mg	$0 (Tier 4)	
dofetilide cap 125 mcg (0.125 mg)	$0 (Tier 4)	
dofetilide cap 250 mcg (0.25 mg)	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dofetilide cap 500 mcg (0.5 mg)	$0 (Tier 4)	
flecainide acetate tab 50 mg	$0 (Tier 3)	
flecainide acetate tab 100 mg	$0 (Tier 3)	
flecainide acetate tab 150 mg	$0 (Tier 3)	
MULTAQ TAB 400MG	$0 (Tier 4)	QL (60 tabs / 30 days)
pacerone	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pacerone	$0 (Tier 4)	
propafenone hcl cap er 12hr 225 mg	$0 (Tier 4)	
propafenone hcl cap er 12hr 325 mg	$0 (Tier 4)	
propafenone hcl cap er 12hr 425 mg	$0 (Tier 4)	
propafenone hcl tab 150 mg	$0 (Tier 3)	
propafenone hcl tab 225 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propafenone hcl tab 300 mg	$0 (Tier 3)	
quinidine sulfate tab 200 mg	$0 (Tier 4)	
quinidine sulfate tab 300 mg	$0 (Tier 4)	
sotalol hcl (afib/afl) tab 80 mg	$0 (Tier 3)	
sotalol hcl (afib/afl) tab 120 mg	$0 (Tier 3)	
sotalol hcl (afib/afl) tab 160 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sotalol hcl tab 80 mg	$0 (Tier 2)	
sotalol hcl tab 120 mg	$0 (Tier 2)	
sotalol hcl tab 160 mg	$0 (Tier 2)	
sotalol hcl tab 240 mg	$0 (Tier 2)	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	$0 (Tier 3)	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fenofibrate micronized cap 67 mg	$0 (Tier 3)	
fenofibrate micronized cap 134 mg	$0 (Tier 3)	
fenofibrate micronized cap 200 mg	$0 (Tier 3)	
fenofibrate tab 48 mg	$0 (Tier 2)	
fenofibrate tab 54 mg	$0 (Tier 2)	
fenofibrate tab 145 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fenofibrate tab 160 mg	$0 (Tier 2)	
gemfibrozil tab 600 mg	$0 (Tier 1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV TAB 20MG ER	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), ST
ALTOPREV TAB 40MG ER	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), ST
ALTOPREV TAB 60MG ER	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atorvastatin calcium tab 10 mg (base equivalent)	$0 (Tier 1)	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	$0 (Tier 1)	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	$0 (Tier 1)	QL (30 tabs / 30 days)
atorvastatin calcium tab 80 mg (base equivalent)	$0 (Tier 1)	QL (30 tabs / 30 days)
EZALLOR SPR CAP 5MG	$0 (Tier 4)	QL (30 caps / 30 days), ST
EZALLOR SPR CAP 10MG	$0 (Tier 4)	QL (30 caps / 30 days), ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EZALLOR SPR CAP 20MG	$0 (Tier 4)	QL (30 caps / 30 days), ST
EZALLOR SPR CAP 40MG	$0 (Tier 4)	QL (30 caps / 30 days), ST
fluvastatin sodium cap 20 mg (base equivalent)	$0 (Tier 1)	QL (60 caps / 30 days), ST
fluvastatin sodium cap 40 mg (base equivalent)	$0 (Tier 1)	QL (60 caps / 30 days), ST
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	$0 (Tier 1)	QL (30 tabs / 30 days), ST
lovastatin tab 10 mg	$0 (Tier 1)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lovastatin tab 20 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
lovastatin tab 40 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
pitavastatin calcium tab 1 mg	$0 (Tier 1)	QL (30 tabs / 30 days), ST
pitavastatin calcium tab 2 mg	$0 (Tier 1)	QL (30 tabs / 30 days), ST
pitavastatin calcium tab 4 mg	$0 (Tier 1)	QL (30 tabs / 30 days), ST
pravastatin sodium tab 10 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pravastatin sodium tab 20 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
pravastatin sodium tab 40 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
pravastatin sodium tab 80 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 10 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 20 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rosuvastatin calcium tab 40 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
simvastatin tab 5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
simvastatin tab 10 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
simvastatin tab 20 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
simvastatin tab 40 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
simvastatin tab 80 mg	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZYPITAMAG TAB 2MG	$0 (Tier 4)	QL (30 tabs / 30 days), ST
ZYPITAMAG TAB 4MG	$0 (Tier 4)	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light powder 4 gm/dose	$0 (Tier 3)	
cholestyramine light powder packets 4 gm	$0 (Tier 3)	
cholestyramine powder 4 gm/dose	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cholestyramine powder packets 4 gm	$0 (Tier 3)	
colesevelam hcl packet for susp 3.75 gm	$0 (Tier 4)	
colesevelam hcl tab 625 mg	$0 (Tier 4)	
colestipol hcl granule packets 5 gm	$0 (Tier 4)	
colestipol hcl granules 5 gm	$0 (Tier 4)	
colestipol hcl tab 1 gm	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ezetimibe tab 10 mg	$0 (Tier 3)	
ezetimibe-simvastatin tab 10-10 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	$0 (Tier 3)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEXLIZET TAB 180/10MG	$0 (Tier 3)	QL (30 tabs / 30 days)
niacin tab er 500 mg (antihyperlipidemic)	$0 (Tier 3)	QL (60 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	$0 (Tier 3)	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	$0 (Tier 3)	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	$0 (Tier 3)	PA
prevalite	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REPATHA INJ 140MG/ML	$0 (Tier 3)	PA
REPATHA PUSH INJ 420/3.5	$0 (Tier 3)	PA
REPATHA SURE INJ 140MG/ML	$0 (Tier 3)	PA
VASCEPA CAP 0.5GM	$0 (Tier 3)	
VASCEPA CAP 1GM	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0 (Tier 2)	
atenolol & chlorthalidone tab 100-25 mg	$0 (Tier 2)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0 (Tier 2)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0 (Tier 2)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metoprolol & hydrochlorothiazide tab 50-25 mg	$0 (Tier 3)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0 (Tier 3)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0 (Tier 3)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	$0 (Tier 3)	
acebutolol hcl cap 400 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atenolol tab 25 mg	$0 (Tier 1)	
atenolol tab 50 mg	$0 (Tier 1)	
atenolol tab 100 mg	$0 (Tier 1)	
bisoprolol fumarate tab 5 mg	$0 (Tier 2)	
bisoprolol fumarate tab 10 mg	$0 (Tier 2)	
carvedilol tab 3.125 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carvedilol tab 6.25 mg	$0 (Tier 1)	
carvedilol tab 12.5 mg	$0 (Tier 1)	
carvedilol tab 25 mg	$0 (Tier 1)	
labetalol hcl tab 100 mg	$0 (Tier 3)	
labetalol hcl tab 200 mg	$0 (Tier 3)	
labetalol hcl tab 300 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	$0 (Tier 1)	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	$0 (Tier 1)	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	$0 (Tier 1)	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	$0 (Tier 1)	
metoprolol tartrate iv soln 5 mg/5ml	$0 (Tier 4)	
metoprolol tartrate tab 25 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metoprolol tartrate tab 50 mg	$0 (Tier 1)	
metoprolol tartrate tab 100 mg	$0 (Tier 1)	
nadolol tab 20 mg	$0 (Tier 3)	
nadolol tab 40 mg	$0 (Tier 3)	
nadolol tab 80 mg	$0 (Tier 3)	
nebivolol hcl tab 2.5 mg (base equivalent)	$0 (Tier 3)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nebivolol hcl tab 5 mg (base equivalent)	$0 (Tier 3)	QL (30 tabs / 30 days)
nebivolol hcl tab 10 mg (base equivalent)	$0 (Tier 3)	QL (30 tabs / 30 days)
nebivolol hcl tab 20 mg (base equivalent)	$0 (Tier 3)	QL (60 tabs / 30 days)
pindolol tab 5 mg	$0 (Tier 3)	
pindolol tab 10 mg	$0 (Tier 3)	
propranolol hcl cap er 24hr 60 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol hcl cap er 24hr 80 mg	$0 (Tier 3)	
propranolol hcl cap er 24hr 120 mg	$0 (Tier 3)	
propranolol hcl cap er 24hr 160 mg	$0 (Tier 3)	
propranolol hcl oral soln 20 mg/5ml	$0 (Tier 3)	
propranolol hcl oral soln 40 mg/5ml	$0 (Tier 3)	
propranolol hcl tab 10 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol hcl tab 20 mg	$0 (Tier 2)	
propranolol hcl tab 40 mg	$0 (Tier 2)	
propranolol hcl tab 60 mg	$0 (Tier 2)	
propranolol hcl tab 80 mg	$0 (Tier 2)	
timolol maleate tab 5 mg	$0 (Tier 3)	
timolol maleate tab 10 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
timolol maleate tab 20 mg	$0 (Tier 3)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate tab 2.5 mg (base equivalent)	$0 (Tier 1)	
amlodipine besylate tab 5 mg (base equivalent)	$0 (Tier 1)	
amlodipine besylate tab 10 mg (base equivalent)	$0 (Tier 1)	
cartia xt	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dilt-xr	$0 (Tier 2)	
diltiazem hcl cap er 12hr 60 mg	$0 (Tier 4)	
diltiazem hcl cap er 12hr 90 mg	$0 (Tier 4)	
diltiazem hcl cap er 12hr 120 mg	$0 (Tier 4)	
diltiazem hcl coated beads cap er 24hr 120 mg	$0 (Tier 2)	
diltiazem hcl coated beads cap er 24hr 180 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl coated beads cap er 24hr 240 mg	$0 (Tier 2)	
diltiazem hcl coated beads cap er 24hr 300 mg	$0 (Tier 2)	
diltiazem hcl coated beads cap er 24hr 360 mg	$0 (Tier 4)	
diltiazem hcl extended release beads cap er 24hr 120 mg	$0 (Tier 2)	
diltiazem hcl extended release beads cap er 24hr 180 mg	$0 (Tier 2)	
diltiazem hcl extended release beads cap er 24hr 240 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl extended release beads cap er 24hr 300 mg	$0 (Tier 2)	
diltiazem hcl extended release beads cap er 24hr 360 mg	$0 (Tier 2)	
diltiazem hcl extended release beads cap er 24hr 420 mg	$0 (Tier 2)	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	$0 (Tier 3)	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	$0 (Tier 3)	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl tab 30 mg	$0 (Tier 2)	
diltiazem hcl tab 60 mg	$0 (Tier 2)	
diltiazem hcl tab 90 mg	$0 (Tier 2)	
diltiazem hcl tab 120 mg	$0 (Tier 2)	
diltiazem hcl tab er 24hr 120 mg	$0 (Tier 3)	
diltiazem hcl tab er 24hr 180 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl tab er 24hr 240 mg	$0 (Tier 3)	
diltiazem hcl tab er 24hr 300 mg	$0 (Tier 3)	
diltiazem hcl tab er 24hr 360 mg	$0 (Tier 3)	
diltiazem hcl tab er 24hr 420 mg	$0 (Tier 3)	
felodipine tab er 24hr 2.5 mg	$0 (Tier 2)	
felodipine tab er 24hr 5 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
felodipine tab er 24hr 10 mg	$0 (Tier 2)	
isradipine cap 2.5 mg	$0 (Tier 4)	
isradipine cap 5 mg	$0 (Tier 4)	
matzim la	$0 (Tier 3)	
nicardipine hcl cap 20 mg	$0 (Tier 4)	
nicardipine hcl cap 30 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nifedipine tab er 24hr 30 mg	$0 (Tier 3)	
nifedipine tab er 24hr 60 mg	$0 (Tier 3)	
nifedipine tab er 24hr 90 mg	$0 (Tier 3)	
nifedipine tab er 24hr osmotic release 30 mg	$0 (Tier 3)	
nifedipine tab er 24hr osmotic release 60 mg	$0 (Tier 3)	
nifedipine tab er 24hr osmotic release 90 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nimodipine cap 30 mg	$0 (Tier 4)	
nisoldipine tab er 24hr 8.5 mg	$0 (Tier 4)	
nisoldipine tab er 24hr 17 mg	$0 (Tier 4)	
nisoldipine tab er 24hr 20 mg	$0 (Tier 4)	
nisoldipine tab er 24hr 25.5 mg	$0 (Tier 4)	
nisoldipine tab er 24hr 30 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nisoldipine tab er 24hr 34 mg	$0 (Tier 4)	
nisoldipine tab er 24hr 40 mg	$0 (Tier 4)	
tiadylt er	$0 (Tier 2)	
verapamil hcl cap er 24hr 100 mg	$0 (Tier 4)	
verapamil hcl cap er 24hr 120 mg	$0 (Tier 3)	
verapamil hcl cap er 24hr 180 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
verapamil hcl cap er 24hr 200 mg	$0 (Tier 4)	
verapamil hcl cap er 24hr 240 mg	$0 (Tier 3)	
verapamil hcl cap er 24hr 300 mg	$0 (Tier 4)	
verapamil hcl cap er 24hr 360 mg	$0 (Tier 4)	
verapamil hcl iv soln 2.5 mg/ml	$0 (Tier 4)	
verapamil hcl tab 40 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
verapamil hcl tab 80 mg	$0 (Tier 1)	
verapamil hcl tab 120 mg	$0 (Tier 1)	
verapamil hcl tab er 120 mg	$0 (Tier 2)	
verapamil hcl tab er 180 mg	$0 (Tier 2)	
verapamil hcl tab er 240 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	$0 (Tier 3)	
acetazolamide tab 125 mg	$0 (Tier 3)	
acetazolamide tab 250 mg	$0 (Tier 3)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0 (Tier 2)	
amiloride hcl tab 5 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bumetanide inj 0.25 mg/ml	$0 (Tier 3)	
bumetanide tab 0.5 mg	$0 (Tier 3)	
bumetanide tab 1 mg	$0 (Tier 3)	
bumetanide tab 2 mg	$0 (Tier 3)	
chlorthalidone tab 25 mg	$0 (Tier 2)	
chlorthalidone tab 50 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
furosemide inj	$0 (Tier 3)	
furosemide oral soln 8 mg/ml	$0 (Tier 2)	
furosemide oral soln 10 mg/ml	$0 (Tier 2)	
furosemide tab 20 mg	$0 (Tier 1)	
furosemide tab 40 mg	$0 (Tier 1)	
furosemide tab 80 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrochlorothiazide cap 12.5 mg	$0 (Tier 1)	
hydrochlorothiazide tab 12.5 mg	$0 (Tier 1)	
hydrochlorothiazide tab 25 mg	$0 (Tier 1)	
hydrochlorothiazide tab 50 mg	$0 (Tier 1)	
indapamide tab 1.25 mg	$0 (Tier 1)	
indapamide tab 2.5 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methazolamide tab 25 mg	$0 (Tier 4)	
methazolamide tab 50 mg	$0 (Tier 4)	
metolazone tab 2.5 mg	$0 (Tier 2)	
metolazone tab 5 mg	$0 (Tier 2)	
metolazone tab 10 mg	$0 (Tier 2)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
torsemide tab 5 mg	$0 (Tier 2)	
torsemide tab 10 mg	$0 (Tier 2)	
torsemide tab 20 mg	$0 (Tier 2)	
torsemide tab 100 mg	$0 (Tier 2)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0 (Tier 1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
triamterene & hydrochlorothiazide tab 75-50 mg	$0 (Tier 1)	
MISCELLANEOUS		
aliskiren fumarate tab 150 mg (base equivalent)	$0 (Tier 1)	
aliskiren fumarate tab 300 mg (base equivalent)	$0 (Tier 1)	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	$0 (Tier 1)	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	$0 (Tier 1)	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-atorvastatin calcium tab 5-10 mg	$0 (Tier 1)	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	$0 (Tier 1)	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	$0 (Tier 1)	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	$0 (Tier 1)	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	$0 (Tier 1)	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-atorvastatin calcium tab 10-40 mg	$0 (Tier 1)	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	$0 (Tier 1)	
clonidine hcl tab 0.1 mg	$0 (Tier 1)	
clonidine hcl tab 0.2 mg	$0 (Tier 1)	
clonidine hcl tab 0.3 mg	$0 (Tier 1)	
clonidine td patch weekly 0.1 mg/24hr	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clonidine td patch weekly 0.2 mg/24hr	$0 (Tier 3)	
clonidine td patch weekly 0.3 mg/24hr	$0 (Tier 3)	
CORLANOR SOL 5MG/5ML	$0 (Tier 4)	QL (450 mL / 30 days)
digoxin inj 0.25 mg/ml	$0 (Tier 4)	
digoxin oral soln 0.05 mg/ml	$0 (Tier 4)	
digoxin tab 125 mcg (0.125 mg)	$0 (Tier 2)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
digoxin tab 250 mcg (0.25 mg)	$0 (Tier 2)	QL (30 tabs / 30 days)
droxidopa cap 100 mg	$0 (Tier 5)	NDS, QL (90 caps / 30 days), PA
droxidopa cap 200 mg	$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
droxidopa cap 300 mg	$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
epinephrine inj 1 mg/ml (1:1000)	$0 (Tier 4)	
guanfacine hcl tab 1 mg	$0 (Tier 3)	PA; PA applies if 70 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
guanfacine hcl tab 2 mg	$0 (Tier 3)	PA; PA applies if 70 years and older
hydralazine hcl inj 20 mg/ml	$0 (Tier 4)	
hydralazine hcl tab 10 mg	$0 (Tier 1)	
hydralazine hcl tab 25 mg	$0 (Tier 1)	
hydralazine hcl tab 50 mg	$0 (Tier 1)	
hydralazine hcl tab 100 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ivabradine hcl tab 5 mg (base equiv)	$0 (Tier 4)	QL (60 tabs / 30 days)
ivabradine hcl tab 7.5 mg (base equiv)	$0 (Tier 4)	QL (60 tabs / 30 days)
metyrosine cap 250 mg	$0 (Tier 5)	NDS, PA
midodrine hcl tab 2.5 mg	$0 (Tier 3)	
midodrine hcl tab 5 mg	$0 (Tier 3)	
midodrine hcl tab 10 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
minoxidil tab 2.5 mg	$0 (Tier 2)	
minoxidil tab 10 mg	$0 (Tier 2)	
ranolazine tab er 12hr 500 mg	$0 (Tier 4)	
ranolazine tab er 12hr 1000 mg	$0 (Tier 4)	
VERQUVO TAB 2.5MG	$0 (Tier 3)	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	$0 (Tier 3)	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VERQUVO TAB 10MG	$0 (Tier 3)	QL (30 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate tab 5 mg	$0 (Tier 3)	
isosorbide dinitrate tab 10 mg	$0 (Tier 3)	
isosorbide dinitrate tab 20 mg	$0 (Tier 3)	
isosorbide dinitrate tab 30 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
isosorbide mononitrate tab er 24hr 30 mg	$0 (Tier 1)	
isosorbide mononitrate tab er 24hr 60 mg	$0 (Tier 1)	
isosorbide mononitrate tab er 24hr 120 mg	$0 (Tier 1)	
NITRO-BID OIN 2%	$0 (Tier 3)	
nitroglycerin sl tab 0.3 mg	$0 (Tier 2)	
nitroglycerin sl tab 0.4 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nitroglycerin sl tab 0.6 mg	$0 (Tier 2)	
nitroglycerin td patch 24hr 0.1 mg/hr	$0 (Tier 3)	
nitroglycerin td patch 24hr 0.2 mg/hr	$0 (Tier 3)	
nitroglycerin td patch 24hr 0.4 mg/hr	$0 (Tier 3)	
nitroglycerin td patch 24hr 0.6 mg/hr	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
alyq	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
ambrisentan tab 5 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
ambrisentan tab 10 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
bosentan tab 62.5 mg	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
bosentan tab 125 mg	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OPSUMIT TAB 10MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
sildenafil citrate tab 20 mg	$0 (Tier 3)	QL (360 tabs / 30 days), PA
tadalafil tab 20 mg (pah)	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	$0 (Tier 5)	NDS, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	$0 (Tier 5)	NDS, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
treprostinil inj soln 200 mg/20ml (10 mg/ml)	$0 (Tier 5)	NDS, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam tab 0.5 mg	$0 (Tier 2)	QL (150 tabs / 30 days)
alprazolam tab 0.25 mg	$0 (Tier 2)	QL (150 tabs / 30 days)
alprazolam tab 1 mg	$0 (Tier 2)	QL (150 tabs / 30 days)
alprazolam tab 2 mg	$0 (Tier 2)	QL (150 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buspirone hcl tab 5 mg	$0 (Tier 1)	
buspirone hcl tab 7.5 mg	$0 (Tier 3)	
buspirone hcl tab 10 mg	$0 (Tier 1)	
buspirone hcl tab 15 mg	$0 (Tier 1)	
buspirone hcl tab 30 mg	$0 (Tier 3)	
fluvoxamine maleate tab 25 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluvoxamine maleate tab 50 mg	$0 (Tier 3)	
fluvoxamine maleate tab 100 mg	$0 (Tier 3)	
lorazepam conc 2 mg/ml	$0 (Tier 3)	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	$0 (Tier 2)	
lorazepam inj 4 mg/ml	$0 (Tier 2)	
lorazepam intensol	$0 (Tier 3)	QL (150 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lorazepam tab 0.5 mg	$0 (Tier 2)	QL (150 tabs / 30 days)
lorazepam tab 1 mg	$0 (Tier 2)	QL (150 tabs / 30 days)
lorazepam tab 2 mg	$0 (Tier 2)	QL (150 tabs / 30 days)
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	$0 (Tier 2)	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
donepezil hydrochloride tab 5 mg	$0 (Tier 2)	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	$0 (Tier 2)	
galantamine hydrobromide cap er 24hr 8 mg	$0 (Tier 3)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	$0 (Tier 3)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	$0 (Tier 3)	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	$0 (Tier 4)	QL (200 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
galantamine hydrobromide tab 4 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	$0 (Tier 4)	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 14 mg	$0 (Tier 4)	PA; PA applies if 29 years and younger
memantine hcl cap er 24hr 21 mg	$0 (Tier 4)	PA; PA applies if 29 years and younger

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
memantine hcl cap er 24hr 28 mg	$0 (Tier 4)	PA; PA applies if 29 years and younger
memantine hcl oral solution 2 mg/ml	$0 (Tier 4)	PA; PA applies if 29 years and younger
memantine hcl tab 5 mg	$0 (Tier 3)	PA; PA applies if 29 years and younger
memantine hcl tab 10 mg	$0 (Tier 3)	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	$0 (Tier 4)	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	$0 (Tier 4)	
NAMZARIC CAP 7-10MG	$0 (Tier 4)	
NAMZARIC CAP 14-10MG	$0 (Tier 4)	
NAMZARIC CAP 21-10MG	$0 (Tier 4)	
NAMZARIC CAP 28-10MG	$0 (Tier 4)	
NAMZARIC CAP PACK	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rivastigmine tartrate cap 1.5 mg (base equivalent)	$0 (Tier 3)	QL (60 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	$0 (Tier 3)	QL (60 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	$0 (Tier 3)	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	$0 (Tier 3)	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	$0 (Tier 4)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	$0 (Tier 4)	QL (30 patches / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rivastigmine td patch 24hr 13.3 mg/24hr	$0 (Tier 4)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl tab 10 mg	$0 (Tier 3)	
amitriptyline hcl tab 25 mg	$0 (Tier 3)	
amitriptyline hcl tab 50 mg	$0 (Tier 3)	
amitriptyline hcl tab 75 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amitriptyline hcl tab 100 mg	$0 (Tier 3)	
amitriptyline hcl tab 150 mg	$0 (Tier 3)	
amoxapine tab 25 mg	$0 (Tier 3)	
amoxapine tab 50 mg	$0 (Tier 3)	
amoxapine tab 100 mg	$0 (Tier 3)	
amoxapine tab 150 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUVELITY TAB 45-105MG	$0 (Tier 4)	QL (60 tabs / 30 days), PA
bupropion hcl tab 75 mg	$0 (Tier 2)	
bupropion hcl tab 100 mg	$0 (Tier 2)	
bupropion hcl tab er 12hr 100 mg	$0 (Tier 2)	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 150 mg	$0 (Tier 2)	QL (60 tabs / 30 days)
bupropion hcl tab er 12hr 200 mg	$0 (Tier 2)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bupropion hcl tab er 24hr 150 mg	$0 (Tier 2)	QL (60 tabs / 30 days)
bupropion hcl tab er 24hr 300 mg	$0 (Tier 2)	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	$0 (Tier 3)	
citalopram hydrobromide tab 10 mg (base equiv)	$0 (Tier 1)	
citalopram hydrobromide tab 20 mg (base equiv)	$0 (Tier 1)	
citalopram hydrobromide tab 40 mg (base equiv)	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clomipramine hcl cap 25 mg	$0 (Tier 4)	PA
clomipramine hcl cap 50 mg	$0 (Tier 4)	PA
clomipramine hcl cap 75 mg	$0 (Tier 4)	PA
desipramine hcl tab 10 mg	$0 (Tier 4)	
desipramine hcl tab 25 mg	$0 (Tier 4)	
desipramine hcl tab 50 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desipramine hcl tab 75 mg	$0 (Tier 4)	
desipramine hcl tab 100 mg	$0 (Tier 4)	
desipramine hcl tab 150 mg	$0 (Tier 4)	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	$0 (Tier 3)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	$0 (Tier 3)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	$0 (Tier 3)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxepin hcl cap 10 mg	$0 (Tier 3)	
doxepin hcl cap 25 mg	$0 (Tier 3)	
doxepin hcl cap 50 mg	$0 (Tier 3)	
doxepin hcl cap 75 mg	$0 (Tier 3)	
doxepin hcl cap 100 mg	$0 (Tier 3)	
doxepin hcl cap 150 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
doxepin hcl conc 10 mg/ml	$0 (Tier 3)	
DRIZALMA CAP 20MG DR	$0 (Tier 4)	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	$0 (Tier 4)	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	$0 (Tier 4)	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	$0 (Tier 4)	QL (60 caps / 30 days), PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	$0 (Tier 3)	QL (60 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	$0 (Tier 3)	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	$0 (Tier 3)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	$0 (Tier 5)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	$0 (Tier 5)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	$0 (Tier 5)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
escitalopram oxalate tab 5 mg (base equiv)	$0 (Tier 1)	
escitalopram oxalate tab 10 mg (base equiv)	$0 (Tier 1)	
escitalopram oxalate tab 20 mg (base equiv)	$0 (Tier 1)	
FETZIMA CAP 20MG	$0 (Tier 4)	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	$0 (Tier 4)	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	$0 (Tier 4)	QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FETZIMA CAP 120MG	$0 (Tier 4)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0 (Tier 4)	QL (2 packs / year), PA
fluoxetine hcl cap 10 mg	$0 (Tier 1)	
fluoxetine hcl cap 20 mg	$0 (Tier 1)	
fluoxetine hcl cap 40 mg	$0 (Tier 1)	
fluoxetine hcl solution 20 mg/5ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
imipramine hcl tab 10 mg	$0 (Tier 2)	
imipramine hcl tab 25 mg	$0 (Tier 2)	
imipramine hcl tab 50 mg	$0 (Tier 2)	
MARPLAN TAB 10MG	$0 (Tier 4)	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	$0 (Tier 3)	
mirtazapine orally disintegrating tab 30 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mirtazapine orally disintegrating tab 45 mg	$0 (Tier 3)	
mirtazapine tab 7.5 mg	$0 (Tier 3)	
mirtazapine tab 15 mg	$0 (Tier 2)	
mirtazapine tab 30 mg	$0 (Tier 2)	
mirtazapine tab 45 mg	$0 (Tier 2)	
nefazodone hcl tab 50 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nefazodone hcl tab 100 mg	$0 (Tier 4)	
nefazodone hcl tab 150 mg	$0 (Tier 4)	
nefazodone hcl tab 200 mg	$0 (Tier 4)	
nefazodone hcl tab 250 mg	$0 (Tier 4)	
nortriptyline hcl cap 10 mg	$0 (Tier 2)	
nortriptyline hcl cap 25 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nortriptyline hcl cap 50 mg	$0 (Tier 2)	
nortriptyline hcl cap 75 mg	$0 (Tier 2)	
nortriptyline hcl soln 10 mg/5ml	$0 (Tier 4)	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	$0 (Tier 4)	QL (900 mL / 30 days), PA
paroxetine hcl tab 10 mg	$0 (Tier 2)	
paroxetine hcl tab 20 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
paroxetine hcl tab 30 mg	$0 (Tier 2)	
paroxetine hcl tab 40 mg	$0 (Tier 2)	
paroxetine hcl tab er 24hr 12.5 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
paroxetine hcl tab er 24hr 25 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
paroxetine hcl tab er 24hr 37.5 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
phenelzine sulfate tab 15 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
protriptyline hcl tab 5 mg	$0 (Tier 4)	
protriptyline hcl tab 10 mg	$0 (Tier 4)	
RALDESY SOL 10MG/ML	$0 (Tier 4)	QL (1800 mL / 30 days), PA
sertraline hcl oral concentrate for solution 20 mg/ml	$0 (Tier 3)	
sertraline hcl tab 25 mg	$0 (Tier 1)	
sertraline hcl tab 50 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sertraline hcl tab 100 mg	$0 (Tier 1)	
tranylcypromine sulfate tab 10 mg	$0 (Tier 4)	
trazodone hcl tab 50 mg	$0 (Tier 1)	
trazodone hcl tab 100 mg	$0 (Tier 1)	
trazodone hcl tab 150 mg	$0 (Tier 1)	
trimipramine maleate cap 25 mg	$0 (Tier 4)	QL (120 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trimipramine maleate cap 50 mg	$0 (Tier 4)	QL (120 caps / 30 days)
trimipramine maleate cap 100 mg	$0 (Tier 4)	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	$0 (Tier 4)	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	$0 (Tier 4)	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	$0 (Tier 4)	QL (30 tabs / 30 days), PA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	$0 (Tier 2)	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	$0 (Tier 2)	
venlafaxine hcl tab 25 mg (base equivalent)	$0 (Tier 3)	
venlafaxine hcl tab 37.5 mg (base equivalent)	$0 (Tier 3)	
venlafaxine hcl tab 50 mg (base equivalent)	$0 (Tier 3)	
venlafaxine hcl tab 75 mg (base equivalent)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
venlafaxine hcl tab 100 mg (base equivalent)	$0 (Tier 3)	
vilazodone hcl tab 10 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
vilazodone hcl tab 20 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
vilazodone hcl tab 40 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	$0 (Tier 5)	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	$0 (Tier 5)	NDS, QL (28 caps / 14 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZURZUVAE CAP 30MG	$0 (Tier 5)	NDS, QL (14 caps / 14 days), PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	$0 (Tier 3)	QL (120 caps / 30 days)
amantadine hcl soln 50 mg/5ml	$0 (Tier 3)	
amantadine hcl tab 100 mg	$0 (Tier 4)	
benztropine mesylate inj 1 mg/ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
benztropine mesylate tab 0.5 mg	$0 (Tier 2)	PA; PA applies if 70 years and older
benztropine mesylate tab 1 mg	$0 (Tier 2)	PA; PA applies if 70 years and older
benztropine mesylate tab 2 mg	$0 (Tier 2)	PA; PA applies if 70 years and older
bromocriptine mesylate cap 5 mg (base equivalent)	$0 (Tier 4)	
bromocriptine mesylate tab 2.5 mg (base equivalent)	$0 (Tier 4)	
carb/levo orally disintegrating tab 10-100mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carb/levo orally disintegrating tab 25-100mg	$0 (Tier 3)	
carb/levo orally disintegrating tab 25-250mg	$0 (Tier 3)	
carbidopa & levodopa tab 10-100 mg	$0 (Tier 2)	
carbidopa & levodopa tab 25-100 mg	$0 (Tier 2)	
carbidopa & levodopa tab 25-250 mg	$0 (Tier 2)	
carbidopa & levodopa tab er 25-100 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa & levodopa tab er 50-200 mg	$0 (Tier 3)	
carbidopa tab 25 mg	$0 (Tier 4)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0 (Tier 4)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0 (Tier 4)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0 (Tier 4)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0 (Tier 4)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0 (Tier 4)	
entacapone tab 200 mg	$0 (Tier 4)	
INBRIJA CAP 42MG	$0 (Tier 5)	NDS, QL (300 caps / 30 days), PA
NEUPRO DIS 1MG/24HR	$0 (Tier 4)	
NEUPRO DIS 2MG/24HR	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEUPRO DIS 3MG/24HR	$0 (Tier 4)	
NEUPRO DIS 4MG/24HR	$0 (Tier 4)	
NEUPRO DIS 6MG/24HR	$0 (Tier 4)	
NEUPRO DIS 8MG/24HR	$0 (Tier 4)	
pramipexole dihydrochloride tab 0.5 mg	$0 (Tier 2)	
pramipexole dihydrochloride tab 0.25 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pramipexole dihydrochloride tab 0.75 mg	$0 (Tier 2)	
pramipexole dihydrochloride tab 0.125 mg	$0 (Tier 2)	
pramipexole dihydrochloride tab 1 mg	$0 (Tier 2)	
pramipexole dihydrochloride tab 1.5 mg	$0 (Tier 2)	
pramipexole dihydrochloride tab er 24hr 0.75 mg	$0 (Tier 4)	
pramipexole dihydrochloride tab er 24hr 0.375 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pramipexole dihydrochloride tab er 24hr 1.5 mg	$0 (Tier 4)	
pramipexole dihydrochloride tab er 24hr 2.25 mg	$0 (Tier 4)	
pramipexole dihydrochloride tab er 24hr 3 mg	$0 (Tier 4)	
pramipexole dihydrochloride tab er 24hr 3.75 mg	$0 (Tier 4)	
pramipexole dihydrochloride tab er 24hr 4.5 mg	$0 (Tier 4)	
rasagiline mesylate tab 0.5 mg (base equiv)	$0 (Tier 4)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rasagiline mesylate tab 1 mg (base equiv)	$0 (Tier 4)	QL (30 tabs / 30 days)
ropinirole hydrochloride tab 0.5 mg	$0 (Tier 2)	
ropinirole hydrochloride tab 0.25 mg	$0 (Tier 2)	
ropinirole hydrochloride tab 1 mg	$0 (Tier 2)	
ropinirole hydrochloride tab 2 mg	$0 (Tier 2)	
ropinirole hydrochloride tab 3 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ropinirole hydrochloride tab 4 mg	$0 (Tier 2)	
ropinirole hydrochloride tab 5 mg	$0 (Tier 2)	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	$0 (Tier 4)	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	$0 (Tier 4)	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	$0 (Tier 4)	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	$0 (Tier 4)	
selegiline hcl cap 5 mg	$0 (Tier 3)	
selegiline hcl tab 5 mg	$0 (Tier 3)	
trihexyphenidyl hcl oral soln 0.4 mg/ml	$0 (Tier 3)	PA; PA applies if 70 years and older
trihexyphenidyl hcl tab 2 mg	$0 (Tier 2)	PA; PA applies if 70 years and older
trihexyphenidyl hcl tab 5 mg	$0 (Tier 2)	PA; PA applies if 70 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIM INJ 720MG	$0 (Tier 5)	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	$0 (Tier 5)	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	$0 (Tier 5)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	$0 (Tier 5)	NDS, QL (1 injection / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 400MG	$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
aripiprazole oral solution 1 mg/ml	$0 (Tier 4)	QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	$0 (Tier 4)	QL (60 tabs / 30 days), ST
aripiprazole orally disintegrating tab 15 mg	$0 (Tier 4)	QL (60 tabs / 30 days), ST
aripiprazole tab 2 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	$0 (Tier 4)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aripiprazole tab 10 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
aripiprazole tab 20 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	$0 (Tier 5)	NDS, QL (1 syringe / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARISTADA INJ 882MG/3	$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	$0 (Tier 5)	NDS, QL (1 syringe / 56 days)
ARISTADA INJ INITIO	$0 (Tier 5)	NDS
asenapine maleate sl tab 2.5 mg (base equiv)	$0 (Tier 4)	QL (60 tabs / 30 days)
asenapine maleate sl tab 5 mg (base equiv)	$0 (Tier 4)	QL (60 tabs / 30 days)
asenapine maleate sl tab 10 mg (base equiv)	$0 (Tier 4)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CAPLYTA CAP 10.5MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 21MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days)
CAPLYTA CAP 42MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days)
chlorpromazine hcl conc 30 mg/ml	$0 (Tier 4)	
chlorpromazine hcl conc 100 mg/ml	$0 (Tier 4)	
chlorpromazine hcl inj 25 mg/ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
chlorpromazine hcl inj 50 mg/2ml	$0 (Tier 4)	
chlorpromazine hcl tab 10 mg	$0 (Tier 4)	
chlorpromazine hcl tab 25 mg	$0 (Tier 4)	
chlorpromazine hcl tab 50 mg	$0 (Tier 4)	
chlorpromazine hcl tab 100 mg	$0 (Tier 4)	
chlorpromazine hcl tab 200 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clozapine orally disintegrating tab 12.5 mg	$0 (Tier 4)	PA
clozapine orally disintegrating tab 25 mg	$0 (Tier 4)	PA
clozapine orally disintegrating tab 100 mg	$0 (Tier 4)	QL (270 tabs / 30 days), PA
clozapine orally disintegrating tab 150 mg	$0 (Tier 4)	QL (180 tabs / 30 days), PA
clozapine orally disintegrating tab 200 mg	$0 (Tier 4)	QL (120 tabs / 30 days), PA
clozapine tab 25 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clozapine tab 50 mg	$0 (Tier 3)	
clozapine tab 100 mg	$0 (Tier 3)	QL (270 tabs / 30 days)
clozapine tab 200 mg	$0 (Tier 3)	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COBENFY STRT CAP PACK	$0 (Tier 5)	NDS, QL (2 packs / year), PA
FANAPT PAK	$0 (Tier 4)	QL (2 packs / year), PA
FANAPT TAB 1MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 8MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
fluphenazine decanoate inj 25 mg/ml	$0 (Tier 4)	
fluphenazine hcl elixir 2.5 mg/5ml	$0 (Tier 4)	
fluphenazine hcl inj 2.5 mg/ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluphenazine hcl oral conc 5 mg/ml	$0 (Tier 4)	
fluphenazine hcl tab 1 mg	$0 (Tier 4)	
fluphenazine hcl tab 2.5 mg	$0 (Tier 4)	
fluphenazine hcl tab 5 mg	$0 (Tier 4)	
fluphenazine hcl tab 10 mg	$0 (Tier 4)	
haloperidol decanoate im soln 50 mg/ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
haloperidol decanoate im soln 100 mg/ml	$0 (Tier 3)	
haloperidol lactate inj 5 mg/ml	$0 (Tier 3)	
haloperidol lactate oral conc 2 mg/ml	$0 (Tier 3)	
haloperidol tab 0.5 mg	$0 (Tier 3)	
haloperidol tab 1 mg	$0 (Tier 3)	
haloperidol tab 2 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
haloperidol tab 5 mg	$0 (Tier 3)	
haloperidol tab 10 mg	$0 (Tier 3)	
haloperidol tab 20 mg	$0 (Tier 3)	
INVEGA HAFYE INJ 1092MG	$0 (Tier 5)	NDS, QL (1 injection / 180 days)
INVEGA HAFYE INJ 1560MG	$0 (Tier 5)	NDS, QL (1 injection / 180 days)
INVEGA SUST INJ 39/0.25	$0 (Tier 4)	QL (1 syringe / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUST INJ 78/0.5ML	$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	$0 (Tier 5)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	$0 (Tier 5)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	$0 (Tier 5)	NDS, QL (1 syringe / 90 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA TRINZ INJ 546MG	$0 (Tier 5)	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	$0 (Tier 5)	NDS, QL (1 syringe / 90 days)
loxapine succinate cap 5 mg	$0 (Tier 3)	
loxapine succinate cap 10 mg	$0 (Tier 3)	
loxapine succinate cap 25 mg	$0 (Tier 3)	
loxapine succinate cap 50 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lurasidone hcl tab 20 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
lurasidone hcl tab 40 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
lurasidone hcl tab 60 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
lurasidone hcl tab 80 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
lurasidone hcl tab 120 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LYBALVI TAB 10-10MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
molindone hcl tab 5 mg	$0 (Tier 4)	
molindone hcl tab 10 mg	$0 (Tier 4)	
molindone hcl tab 25 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUPLAZID CAP 34MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
olanzapine for im inj 10 mg	$0 (Tier 4)	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	$0 (Tier 4)	QL (30 tabs / 30 days), ST
olanzapine orally disintegrating tab 10 mg	$0 (Tier 4)	QL (60 tabs / 30 days), ST
olanzapine orally disintegrating tab 15 mg	$0 (Tier 4)	QL (30 tabs / 30 days), ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olanzapine orally disintegrating tab 20 mg	$0 (Tier 4)	QL (30 tabs / 30 days), ST
olanzapine tab 2.5 mg	$0 (Tier 2)	QL (60 tabs / 30 days)
olanzapine tab 5 mg	$0 (Tier 2)	QL (60 tabs / 30 days)
olanzapine tab 7.5 mg	$0 (Tier 2)	QL (30 tabs / 30 days)
olanzapine tab 10 mg	$0 (Tier 2)	QL (60 tabs / 30 days)
olanzapine tab 15 mg	$0 (Tier 2)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
olanzapine tab 20 mg	$0 (Tier 2)	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	$0 (Tier 5)	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	$0 (Tier 5)	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	$0 (Tier 5)	NDS, QL (90 films / 30 days), PA
paliperidone tab er 24hr 1.5 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	$0 (Tier 4)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
paliperidone tab er 24hr 6 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
perphenazine tab 2 mg	$0 (Tier 3)	
perphenazine tab 4 mg	$0 (Tier 3)	
perphenazine tab 8 mg	$0 (Tier 3)	
perphenazine tab 16 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pimozide tab 1 mg	$0 (Tier 4)	
pimozide tab 2 mg	$0 (Tier 4)	
quetiapine fumarate tab 25 mg	$0 (Tier 2)	QL (180 tabs / 30 days)
quetiapine fumarate tab 50 mg	$0 (Tier 2)	QL (90 tabs / 30 days)
quetiapine fumarate tab 100 mg	$0 (Tier 2)	QL (90 tabs / 30 days)
quetiapine fumarate tab 150 mg	$0 (Tier 2)	QL (90 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
quetiapine fumarate tab 200 mg	$0 (Tier 2)	QL (90 tabs / 30 days)
quetiapine fumarate tab 300 mg	$0 (Tier 2)	QL (60 tabs / 30 days)
quetiapine fumarate tab 400 mg	$0 (Tier 2)	QL (60 tabs / 30 days)
quetiapine fumarate tab er 24hr 50 mg	$0 (Tier 4)	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 150 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 200 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
quetiapine fumarate tab er 24hr 300 mg	$0 (Tier 4)	QL (60 tabs / 30 days), PA
quetiapine fumarate tab er 24hr 400 mg	$0 (Tier 4)	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REXULTI TAB 3MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
risperidone microspheres for im extended rel susp 12.5 mg	$0 (Tier 4)	QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 25 mg	$0 (Tier 4)	QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 37.5 mg	$0 (Tier 5)	NDS, QL (2 injections / 28 days)
risperidone microspheres for im extended rel susp 50 mg	$0 (Tier 5)	NDS, QL (2 injections / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone orally disintegrating tab 0.5 mg	$0 (Tier 4)	QL (90 tabs / 30 days), ST
risperidone orally disintegrating tab 0.25 mg	$0 (Tier 4)	QL (90 tabs / 30 days), ST
risperidone orally disintegrating tab 1 mg	$0 (Tier 4)	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 2 mg	$0 (Tier 4)	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 3 mg	$0 (Tier 4)	QL (60 tabs / 30 days), ST
risperidone orally disintegrating tab 4 mg	$0 (Tier 4)	QL (120 tabs / 30 days), ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone soln 1 mg/ml	$0 (Tier 3)	QL (240 mL / 30 days)
risperidone tab 0.5 mg	$0 (Tier 2)	
risperidone tab 0.25 mg	$0 (Tier 2)	
risperidone tab 1 mg	$0 (Tier 2)	
risperidone tab 2 mg	$0 (Tier 2)	
risperidone tab 3 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone tab 4 mg	$0 (Tier 2)	
SECUADO DIS 3.8MG	$0 (Tier 5)	NDS, QL (30 patches / 30 days)
SECUADO DIS 5.7MG	$0 (Tier 5)	NDS, QL (30 patches / 30 days)
SECUADO DIS 7.6MG	$0 (Tier 5)	NDS, QL (30 patches / 30 days)
thioridazine hcl tab 10 mg	$0 (Tier 3)	
thioridazine hcl tab 25 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
thioridazine hcl tab 50 mg	$0 (Tier 3)	
thioridazine hcl tab 100 mg	$0 (Tier 3)	
thiothixene cap 1 mg	$0 (Tier 4)	
thiothixene cap 2 mg	$0 (Tier 4)	
thiothixene cap 5 mg	$0 (Tier 4)	
thiothixene cap 10 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
trifluoperazine hcl tab 1 mg (base equivalent)	$0 (Tier 3)	
trifluoperazine hcl tab 2 mg (base equivalent)	$0 (Tier 3)	
trifluoperazine hcl tab 5 mg (base equivalent)	$0 (Tier 3)	
trifluoperazine hcl tab 10 mg (base equivalent)	$0 (Tier 3)	
VERSACLOZ SUS 50MG/ML	$0 (Tier 5)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VRAYLAR CAP 3MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	$0 (Tier 5)	NDS, QL (30 caps / 30 days)
ziprasidone hcl cap 20 mg	$0 (Tier 4)	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	$0 (Tier 4)	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	$0 (Tier 4)	QL (60 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ziprasidone hcl cap 80 mg	$0 (Tier 4)	QL (60 caps / 30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	$0 (Tier 4)	QL (6 injections / 3 days)
ANTISEIZURE AGENTS		
APTIOM TAB 200MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
APTIOM TAB 400MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
APTIOM TAB 600MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRIVIACT SOL 10MG/ML	$0 (Tier 5)	NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbamazepine cap er 12hr 100 mg	$0 (Tier 4)	
carbamazepine cap er 12hr 200 mg	$0 (Tier 4)	
carbamazepine cap er 12hr 300 mg	$0 (Tier 4)	
carbamazepine chew tab 100 mg	$0 (Tier 3)	
carbamazepine chew tab 200 mg	$0 (Tier 4)	
carbamazepine susp 100 mg/5ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbamazepine tab 200 mg	$0 (Tier 3)	
carbamazepine tab er 12hr 100 mg	$0 (Tier 4)	
carbamazepine tab er 12hr 200 mg	$0 (Tier 4)	
carbamazepine tab er 12hr 400 mg	$0 (Tier 4)	
clobazam suspension 2.5 mg/ml	$0 (Tier 4)	QL (480 mL / 30 days), PA
clobazam tab 10 mg	$0 (Tier 4)	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clobazam tab 20 mg	$0 (Tier 4)	QL (60 tabs / 30 days), PA
clonazepam orally disintegrating tab 0.5 mg	$0 (Tier 3)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	$0 (Tier 3)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	$0 (Tier 3)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	$0 (Tier 3)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	$0 (Tier 3)	QL (300 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clonazepam tab 0.5 mg	$0 (Tier 2)	QL (90 tabs / 30 days)
clonazepam tab 1 mg	$0 (Tier 2)	QL (90 tabs / 30 days)
clonazepam tab 2 mg	$0 (Tier 2)	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	$0 (Tier 4)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
clorazepate dipotassium tab 7.5 mg	$0 (Tier 4)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clorazepate dipotassium tab 15 mg	$0 (Tier 4)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	$0 (Tier 5)	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	$0 (Tier 5)	NDS, QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	$0 (Tier 5)	NDS, QL (180 packets / 30 days), PA
diazepam inj	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam intensol	$0 (Tier 3)	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam oral soln 1 mg/ml	$0 (Tier 3)	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam rectal gel delivery system 2.5 mg	$0 (Tier 4)	
diazepam rectal gel delivery system 10 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam rectal gel delivery system 20 mg	$0 (Tier 4)	
diazepam tab 2 mg	$0 (Tier 2)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam tab 5 mg	$0 (Tier 2)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam tab 10 mg	$0 (Tier 2)	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	$0 (Tier 4)	
divalproex sodium cap delayed release sprinkle 125 mg	$0 (Tier 4)	
divalproex sodium tab delayed release 125 mg	$0 (Tier 2)	
divalproex sodium tab delayed release 250 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
divalproex sodium tab delayed release 500 mg	$0 (Tier 2)	
divalproex sodium tab er 24 hr 250 mg	$0 (Tier 3)	
divalproex sodium tab er 24 hr 500 mg	$0 (Tier 3)	
EPIDIOLEX SOL 100MG/ML	$0 (Tier 5)	NDS, QL (600 mL / 30 days), PA
epitol	$0 (Tier 3)	
EPRONTIA SOL 25MG/ML	$0 (Tier 4)	QL (480 mL / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ethosuximide cap 250 mg	$0 (Tier 3)	
ethosuximide soln 250 mg/5ml	$0 (Tier 3)	
felbamate susp 600 mg/5ml	$0 (Tier 4)	
felbamate tab 400 mg	$0 (Tier 4)	
felbamate tab 600 mg	$0 (Tier 4)	
FINTEPLA SOL 2.2MG/ML	$0 (Tier 5)	NDS, QL (360 mL / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA SUS 0.5MG/ML	$0 (Tier 5)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	$0 (Tier 4)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FYCOMPA TAB 12MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	$0 (Tier 2)	QL (360 caps / 30 days)
gabapentin cap 300 mg	$0 (Tier 2)	QL (360 caps / 30 days)
gabapentin cap 400 mg	$0 (Tier 2)	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	$0 (Tier 3)	QL (2160 mL / 30 days)
gabapentin tab 600 mg	$0 (Tier 2)	QL (180 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gabapentin tab 800 mg	$0 (Tier 2)	QL (120 tabs / 30 days)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	$0 (Tier 4)	
lacosamide oral	$0 (Tier 4)	QL (1200 mL / 30 days)
lacosamide tab 50 mg	$0 (Tier 4)	QL (120 tabs / 30 days)
lacosamide tab 100 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
lacosamide tab 150 mg	$0 (Tier 4)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lacosamide tab 200 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
lamotrigine orally disintegrating tab 25 mg	$0 (Tier 4)	ST
lamotrigine orally disintegrating tab 50 mg	$0 (Tier 4)	ST
lamotrigine orally disintegrating tab 100 mg	$0 (Tier 4)	ST
lamotrigine orally disintegrating tab 200 mg	$0 (Tier 4)	ST
lamotrigine tab 25 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamotrigine tab 100 mg	$0 (Tier 1)	
lamotrigine tab 150 mg	$0 (Tier 1)	
lamotrigine tab 200 mg	$0 (Tier 1)	
lamotrigine tab chewable dispersible 5 mg	$0 (Tier 3)	
lamotrigine tab chewable dispersible 25 mg	$0 (Tier 3)	
lamotrigine tab er 24hr 25 mg	$0 (Tier 4)	ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamotrigine tab er 24hr 50 mg	$0 (Tier 4)	ST
lamotrigine tab er 24hr 100 mg	$0 (Tier 4)	ST
lamotrigine tab er 24hr 200 mg	$0 (Tier 4)	ST
lamotrigine tab er 24hr 250 mg	$0 (Tier 4)	ST
lamotrigine tab er 24hr 300 mg	$0 (Tier 4)	ST
LEVETIRACETA TAB 250MG	$0 (Tier 4)	QL (360 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levetiracetam in sodium chloride iv soln 500 mg/100ml	$0 (Tier 4)	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	$0 (Tier 4)	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	$0 (Tier 4)	
levetiracetam inj 500 mg/5ml (100 mg/ml)	$0 (Tier 4)	
levetiracetam oral soln 100 mg/ml	$0 (Tier 3)	
levetiracetam tab 250 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levetiracetam tab 500 mg	$0 (Tier 2)	
levetiracetam tab 750 mg	$0 (Tier 2)	
levetiracetam tab 1000 mg	$0 (Tier 2)	
levetiracetam tab er 24hr 500 mg	$0 (Tier 3)	
levetiracetam tab er 24hr 750 mg	$0 (Tier 3)	
methsuximide cap 300 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NAYZILAM SPR 5MG	$0 (Tier 4)	QL (10 nasal units per 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	$0 (Tier 4)	
oxcarbazepine tab 150 mg	$0 (Tier 3)	
oxcarbazepine tab 300 mg	$0 (Tier 3)	
oxcarbazepine tab 600 mg	$0 (Tier 3)	
phenobarbital elixir 20 mg/5ml	$0 (Tier 4)	QL (1500 mL / 30 days), PA; PA applies if 70 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital sodium inj 65 mg/ml	$0 (Tier 4)	PA; PA applies if 70 years and older
phenobarbital sodium inj 130 mg/ml	$0 (Tier 4)	PA; PA applies if 70 years and older
phenobarbital tab 15 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 16.2 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 30 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital tab 32.4 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 60 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 64.8 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 97.2 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
phenobarbital tab 100 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenytek	$0 (Tier 3)	
phenytoin chew tab 50 mg	$0 (Tier 3)	
phenytoin sodium extended cap 100 mg	$0 (Tier 3)	
phenytoin sodium extended cap 200 mg	$0 (Tier 3)	
phenytoin sodium extended cap 300 mg	$0 (Tier 3)	
phenytoin sodium inj 50 mg/ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenytoin susp 125 mg/5ml	$0 (Tier 3)	
pregabalin cap 25 mg	$0 (Tier 3)	QL (120 caps / 30 days), PA
pregabalin cap 50 mg	$0 (Tier 3)	QL (120 caps / 30 days), PA
pregabalin cap 75 mg	$0 (Tier 3)	QL (120 caps / 30 days), PA
pregabalin cap 100 mg	$0 (Tier 3)	QL (120 caps / 30 days), PA
pregabalin cap 150 mg	$0 (Tier 3)	QL (120 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pregabalin cap 200 mg	$0 (Tier 3)	QL (90 caps / 30 days), PA
pregabalin cap 225 mg	$0 (Tier 3)	QL (60 caps / 30 days), PA
pregabalin cap 300 mg	$0 (Tier 3)	QL (60 caps / 30 days), PA
pregabalin soln 20 mg/ml	$0 (Tier 4)	QL (900 mL / 30 days), PA
primidone tab 50 mg	$0 (Tier 2)	
primidone tab 125 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
primidone tab 250 mg	$0 (Tier 2)	
roweepra	$0 (Tier 2)	
rufinamide susp 40 mg/ml	$0 (Tier 5)	NDS, QL (2400 mL / 30 days), PA
rufinamide tab 200 mg	$0 (Tier 4)	QL (480 tabs / 30 days), PA
rufinamide tab 400 mg	$0 (Tier 5)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	$0 (Tier 4)	QL (360 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRITAM TAB 500MG	$0 (Tier 4)	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	$0 (Tier 4)	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	$0 (Tier 4)	QL (90 tabs / 30 days)
subvenite	$0 (Tier 1)	
SYMPAZAN MIS 5MG	$0 (Tier 5)	NDS, QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	$0 (Tier 5)	NDS, QL (60 films / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMPAZAN MIS 20MG	$0 (Tier 5)	NDS, QL (60 films / 30 days), PA
tiagabine hcl tab 2 mg	$0 (Tier 4)	
tiagabine hcl tab 4 mg	$0 (Tier 4)	
tiagabine hcl tab 12 mg	$0 (Tier 4)	
tiagabine hcl tab 16 mg	$0 (Tier 4)	
topiramate sprinkle cap 15 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
topiramate sprinkle cap 25 mg	$0 (Tier 3)	
topiramate sprinkle cap 50 mg	$0 (Tier 4)	
topiramate tab 25 mg	$0 (Tier 2)	
topiramate tab 50 mg	$0 (Tier 2)	
topiramate tab 100 mg	$0 (Tier 2)	
topiramate tab 200 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
valproate sodium inj 100 mg/ml	$0 (Tier 4)	
valproate sodium oral soln 250 mg/5ml (base equiv)	$0 (Tier 3)	
valproic acid cap 250 mg	$0 (Tier 3)	
VALTOCO SPR 5MG	$0 (Tier 4)	QL (10 blister packs per 30 days)
VALTOCO SPR 10MG	$0 (Tier 4)	QL (10 blister packs per 30 days)
VALTOCO SPR 15MG	$0 (Tier 4)	QL (10 blister packs per 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VALTOCO SPR 20MG	$0 (Tier 4)	QL (10 blister packs per 30 days)
vigabatrin powd pack 500 mg	$0 (Tier 5)	NDS, QL (180 packets / 30 days), PA
vigabatrin tab 500 mg	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
vigadrone	$0 (Tier 5)	NDS, QL (180 packets / 30 days), PA
vigadrone	$0 (Tier 5)	NDS, QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	$0 (Tier 5)	NDS, QL (900 mL / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vigpoder	$0 (Tier 5)	NDS, QL (180 packets / 30 days), PA
XCOPRI PAK 12.5-25	$0 (Tier 4)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	$0 (Tier 5)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	$0 (Tier 5)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	$0 (Tier 5)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	$0 (Tier 5)	NDS, QL (28 tabs / 28 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XCOPRI TAB 25MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 50MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	$0 (Tier 5)	NDS, QL (900 mL / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zonisamide cap 25 mg	$0 (Tier 2)	
zonisamide cap 50 mg	$0 (Tier 2)	
zonisamide cap 100 mg	$0 (Tier 2)	
ZTALMY SUS 50MG/ML	$0 (Tier 5)	NDS, QL (1100 mL / 30 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0 (Tier 4)	QL (30 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0 (Tier 4)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0 (Tier 4)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0 (Tier 4)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0 (Tier 4)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0 (Tier 4)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	$0 (Tier 3)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine tab 7.5 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	$0 (Tier 3)	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	$0 (Tier 3)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atomoxetine hcl cap 10 mg (base equiv)	$0 (Tier 4)	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	$0 (Tier 4)	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	$0 (Tier 4)	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	$0 (Tier 4)	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	$0 (Tier 4)	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	$0 (Tier 4)	QL (30 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atomoxetine hcl cap 100 mg (base equiv)	$0 (Tier 4)	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 5 mg	$0 (Tier 3)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl tab 10 mg	$0 (Tier 3)	QL (60 tabs / 30 days), PA
guanfacine hcl tab er 24hr 1 mg (base equiv)	$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
guanfacine hcl tab er 24hr 3 mg (base equiv)	$0 (Tier 3)	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
lisdexamfetamine dimesylate cap 10 mg	$0 (Tier 4)	QL (60 caps / 30 days), PA
lisdexamfetamine dimesylate cap 20 mg	$0 (Tier 4)	QL (60 caps / 30 days), PA
lisdexamfetamine dimesylate cap 30 mg	$0 (Tier 4)	QL (60 caps / 30 days), PA
lisdexamfetamine dimesylate cap 40 mg	$0 (Tier 4)	QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lisdexamfetamine dimesylate cap 50 mg	$0 (Tier 4)	QL (30 caps / 30 days), PA
lisdexamfetamine dimesylate cap 60 mg	$0 (Tier 4)	QL (30 caps / 30 days), PA
lisdexamfetamine dimesylate cap 70 mg	$0 (Tier 4)	QL (30 caps / 30 days), PA
lisdexamfetamine dimesylate chew tab 10 mg	$0 (Tier 4)	QL (60 tabs / 30 days), PA
lisdexamfetamine dimesylate chew tab 20 mg	$0 (Tier 4)	QL (60 tabs / 30 days), PA
lisdexamfetamine dimesylate chew tab 30 mg	$0 (Tier 4)	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lisdexamfetamine dimesylate chew tab 40 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
lisdexamfetamine dimesylate chew tab 50 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
lisdexamfetamine dimesylate chew tab 60 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
methylphenidate hcl chew tab 2.5 mg	$0 (Tier 4)	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 5 mg	$0 (Tier 4)	QL (180 tabs / 30 days), PA
methylphenidate hcl chew tab 10 mg	$0 (Tier 4)	QL (180 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylphenidate hcl soln 5 mg/5ml	$0 (Tier 4)	QL (1800 mL / 30 days), PA
methylphenidate hcl soln 10 mg/5ml	$0 (Tier 4)	QL (900 mL / 30 days), PA
methylphenidate hcl tab 5 mg	$0 (Tier 3)	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 10 mg	$0 (Tier 3)	QL (180 tabs / 30 days), PA
methylphenidate hcl tab 20 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA
methylphenidate hcl tab er 10 mg	$0 (Tier 4)	QL (90 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylphenidate hcl tab er 20 mg	$0 (Tier 4)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TAB 5MG	$0 (Tier 3)	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	$0 (Tier 3)	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 3 mg (base equiv)	$0 (Tier 3)	QL (30 tabs / 30 days)
doxepin hcl (sleep) tab 6 mg (base equiv)	$0 (Tier 3)	QL (30 tabs / 30 days)
tasimelteon capsule 20 mg	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
temazepam cap 7.5 mg	$0 (Tier 4)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 15 mg	$0 (Tier 4)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
temazepam cap 30 mg	$0 (Tier 4)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
zolpidem tartrate tab 5 mg	$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zolpidem tartrate tab 10 mg	$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab er 6.25 mg	$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zolpidem tartrate tab er 12.5 mg	$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG INJ 70MG/ML	$0 (Tier 3)	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	$0 (Tier 3)	QL (1 pen / 30 days), PA
dihydroergotamine mesylate inj 1 mg/ml	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dihydroergotamine mesylate nasal spray 4 mg/ml	$0 (Tier 5)	NDS, QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	$0 (Tier 3)	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	$0 (Tier 3)	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	$0 (Tier 3)	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	$0 (Tier 3)	QL (40 tabs / 28 days), PA
naratriptan hcl tab 1 mg (base equiv)	$0 (Tier 3)	QL (12 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
naratriptan hcl tab 2.5 mg (base equiv)	$0 (Tier 3)	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	$0 (Tier 3)	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	$0 (Tier 3)	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	$0 (Tier 3)	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	$0 (Tier 3)	QL (30 tabs / 30 days), PA
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	$0 (Tier 3)	QL (18 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	$0 (Tier 3)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	$0 (Tier 3)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	$0 (Tier 3)	QL (18 tabs / 30 days)
sumatriptan nasal spray 5 mg/act	$0 (Tier 4)	QL (24 units / 30 days)
sumatriptan nasal spray 20 mg/act	$0 (Tier 4)	QL (12 units / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	$0 (Tier 4)	QL (12 injections / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan succinate solution auto-injector 4 mg/0.5ml	$0 (Tier 4)	QL (18 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	$0 (Tier 4)	QL (12 injections / 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	$0 (Tier 4)	QL (18 injections / 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	$0 (Tier 4)	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	$0 (Tier 2)	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	$0 (Tier 2)	QL (12 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sumatriptan succinate tab 100 mg	$0 (Tier 2)	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	$0 (Tier 3)	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	$0 (Tier 3)	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TAB 6MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB 6MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG ER	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG ER	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB 42MG ER	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG ER	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	$0 (Tier 5)	NDS, QL (2 packs / year), PA
gabapentin (once-daily) tab 300 mg	$0 (Tier 4)	QL (180 tabs / 30 days), PA
gabapentin (once-daily) tab 600 mg	$0 (Tier 4)	QL (90 tabs / 30 days), PA
lithium carbonate cap 150 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lithium carbonate cap 300 mg	$0 (Tier 1)	
lithium carbonate cap 600 mg	$0 (Tier 1)	
lithium carbonate tab 300 mg	$0 (Tier 1)	
lithium carbonate tab er 300 mg	$0 (Tier 2)	
lithium carbonate tab er 450 mg	$0 (Tier 2)	
lithium oral solution 8 meq/5ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUEDEXTA CAP 20-10MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide tab 60 mg	$0 (Tier 3)	
riluzole tab 50 mg	$0 (Tier 4)	
tetrabenazine tab 12.5 mg	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
tetrabenazine tab 25 mg	$0 (Tier 5)	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CAP 95MG	$0 (Tier 5)	NDS, QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	$0 (Tier 5)	NDS, QL (14 syringes / 28 days), PA
COPAXONE INJ 20MG/ML	$0 (Tier 5)	NDS, QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	$0 (Tier 5)	NDS, QL (12 syringes / 28 days), PA
dalfampridine tab er 12hr 10 mg	$0 (Tier 3)	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fingolimod hcl cap 0.5 mg (base equiv)	$0 (Tier 5)	NDS, QL (30 caps / 30 days), PA
glatiramer acetate soln prefilled syringe 20 mg/ml	$0 (Tier 5)	NDS, QL (30 syringes / 30 days), PA
glatiramer acetate soln prefilled syringe 40 mg/ml	$0 (Tier 5)	NDS, QL (12 syringes / 28 days), PA
glatopa	$0 (Tier 5)	NDS, QL (12 syringes / 28 days), PA
glatopa	$0 (Tier 5)	NDS, QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	$0 (Tier 5)	NDS, QL (16 pens / 365 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen tab 5 mg	$0 (Tier 2)	QL (90 tabs / 30 days)
baclofen tab 10 mg	$0 (Tier 2)	
baclofen tab 20 mg	$0 (Tier 2)	
cyclobenzaprine hcl tab 5 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyclobenzaprine hcl tab 10 mg	$0 (Tier 3)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
dantrolene sodium cap 25 mg	$0 (Tier 4)	
dantrolene sodium cap 50 mg	$0 (Tier 4)	
dantrolene sodium cap 100 mg	$0 (Tier 4)	
tizanidine hcl tab 2 mg (base equivalent)	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tizanidine hcl tab 4 mg (base equivalent)	$0 (Tier 2)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	$0 (Tier 4)	QL (60 tabs / 30 days), PA
armodafinil tab 150 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	$0 (Tier 4)	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
modafinil tab 100 mg	$0 (Tier 3)	QL (30 tabs / 30 days), PA
modafinil tab 200 mg	$0 (Tier 3)	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	$0 (Tier 5)	NDS, QL (540 mL / 30 days), PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	$0 (Tier 4)	
buprenorphine hcl sl tab 2 mg (base equiv)	$0 (Tier 3)	QL (90 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	$0 (Tier 3)	QL (90 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	$0 (Tier 4)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	$0 (Tier 4)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	$0 (Tier 4)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	$0 (Tier 4)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0 (Tier 2)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0 (Tier 2)	QL (90 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	$0 (Tier 2)	QL (60 tabs / 30 days)
disulfiram tab 250 mg	$0 (Tier 3)	
disulfiram tab 500 mg	$0 (Tier 3)	
naloxone hcl inj 0.4 mg/ml	$0 (Tier 2)	
naloxone hcl inj 4 mg/10ml	$0 (Tier 2)	
naloxone hcl nasal spray 4 mg/0.1ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
naloxone hcl soln cartridge 0.4 mg/ml	$0 (Tier 2)	
naloxone hcl soln prefilled syringe 0.4 mg/ml	$0 (Tier 2)	
naloxone hcl soln prefilled syringe 2 mg/2ml	$0 (Tier 2)	
naltrexone hcl tab 50 mg	$0 (Tier 3)	
NICOTROL INH	$0 (Tier 4)	
NICOTROL NS SPR 10MG/ML	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
varenicline tartrate tab 0.5 mg (base equiv)	$0 (Tier 4)	QL (56 tabs / 28 days)
varenicline tartrate tab 1 mg (base equiv)	$0 (Tier 4)	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	$0 (Tier 4)	QL (2 packs / year)
VIVITROL INJ 380MG	$0 (Tier 5)	NDS

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
danazol cap 50 mg	$0 (Tier 4)	
danazol cap 100 mg	$0 (Tier 4)	
danazol cap 200 mg	$0 (Tier 4)	
depo-testosterone	$0 (Tier 3)	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methyltestosterone cap 10 mg	$0 (Tier 5)	NDS, QL (600 caps / 30 days), PA
testosterone cypionate im inj in oil 100 mg/ml	$0 (Tier 3)	PA
testosterone cypionate im inj in oil 200 mg/ml	$0 (Tier 3)	PA
testosterone enanthate im inj in oil 200 mg/ml	$0 (Tier 3)	PA
testosterone pump	$0 (Tier 4)	QL (150 gm / 30 days), PA
testosterone td gel 12.5 mg/act (1%)	$0 (Tier 4)	QL (300 gm / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
testosterone td gel 25 mg/2.5gm (1%)	$0 (Tier 4)	QL (300 gm / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	$0 (Tier 4)	QL (300 gm / 30 days), PA
ANTIDIABETICS		
acarbose tab 25 mg	$0 (Tier 3)	
acarbose tab 50 mg	$0 (Tier 3)	
acarbose tab 100 mg	$0 (Tier 3)	
FARXIGA TAB 5MG	$0 (Tier 3)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FARXIGA TAB 10MG	$0 (Tier 3)	QL (30 tabs / 30 days)
glimepiride tab 1 mg	$0 (Tier 1)	QL (90 tabs / 30 days)
glimepiride tab 2 mg	$0 (Tier 1)	QL (90 tabs / 30 days)
glimepiride tab 4 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
glipizide tab 5 mg	$0 (Tier 1)	QL (240 tabs / 30 days)
glipizide tab 10 mg	$0 (Tier 1)	QL (120 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glipizide tab er 24hr 2.5 mg	$0 (Tier 1)	QL (90 tabs / 30 days)
glipizide tab er 24hr 5 mg	$0 (Tier 1)	QL (90 tabs / 30 days)
glipizide tab er 24hr 10 mg	$0 (Tier 1)	QL (60 tabs / 30 days)
glipizide xl	$0 (Tier 1)	QL (60 tabs / 30 days)
glipizide xl	$0 (Tier 1)	QL (90 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0 (Tier 1)	QL (240 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glipizide-metformin hcl tab 2.5-500 mg	$0 (Tier 1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0 (Tier 1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	$0 (Tier 3)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	$0 (Tier 3)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	$0 (Tier 3)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0 (Tier 3)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JANUMET XR TAB 50-500MG	$0 (Tier 3)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0 (Tier 3)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0 (Tier 3)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	$0 (Tier 3)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	$0 (Tier 3)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	$0 (Tier 3)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JARDIANCE TAB 10MG	$0 (Tier 3)	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	$0 (Tier 3)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0 (Tier 3)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	$0 (Tier 3)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0 (Tier 3)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	$0 (Tier 3)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JENTADUETO TAB XR 5-1000MG	$0 (Tier 3)	QL (30 tabs / 30 days)
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	$0 (Tier 2)	QL (3 pens / 30 days), PA
metformin hcl oral soln 500 mg/5ml	$0 (Tier 2)	QL (765 mL / 30 days)
metformin hcl tab 500 mg	$0 (Tier 1)	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	$0 (Tier 1)	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	$0 (Tier 1)	QL (75 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metformin hcl tab er 24hr 500 mg	$0 (Tier 1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	$0 (Tier 1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOUNJARO INJ 10MG/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA
nateglinide tab 60 mg	$0 (Tier 1)	QL (90 tabs / 30 days)
nateglinide tab 120 mg	$0 (Tier 1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	$0 (Tier 3)	QL (1 pen / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OZEMPIC (0.25 OR 0.5MG/DOSE)	$0 (Tier 3)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	$0 (Tier 3)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	$0 (Tier 3)	QL (1 pen / 28 days), PA
pioglitazone hcl tab 15 mg (base equiv)	$0 (Tier 1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	$0 (Tier 1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pioglitazone hcl-metformin hcl tab 15-500 mg	$0 (Tier 1)	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	$0 (Tier 1)	QL (90 tabs / 30 days)
repaglinide tab 0.5 mg	$0 (Tier 1)	QL (120 tabs / 30 days)
repaglinide tab 1 mg	$0 (Tier 1)	QL (120 tabs / 30 days)
repaglinide tab 2 mg	$0 (Tier 1)	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	$0 (Tier 3)	QL (30 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RYBELSUS TAB 7MG	$0 (Tier 3)	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	$0 (Tier 3)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	$0 (Tier 3)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	$0 (Tier 3)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	$0 (Tier 3)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	$0 (Tier 3)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNJARDY XR TAB 5-1000MG	$0 (Tier 3)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	$0 (Tier 3)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	$0 (Tier 3)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0 (Tier 3)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	$0 (Tier 3)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	$0 (Tier 3)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIJARDY XR TAB ER 24HR 10-5-1000MG	$0 (Tier 3)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	$0 (Tier 3)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	$0 (Tier 3)	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRULICITY INJ 4.5/0.5	$0 (Tier 3)	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	$0 (Tier 3)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0 (Tier 3)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0 (Tier 3)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0 (Tier 3)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	$0 (Tier 3)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIDIABETICS, INSULINS		
ADMELOG INJ 100U/ML	$0 (Tier 3)	
ADMELOG SOLO INJ 100U/ML	$0 (Tier 3)	
AFREZZA POW 4-8 UNIT	$0 (Tier 5)	NDS
AFREZZA POW 4-8-12	$0 (Tier 5)	NDS
AFREZZA POW 4UNIT	$0 (Tier 3)	
AFREZZA POW 8 UNIT	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AFREZZA POW 8-12UNIT	$0 (Tier 5)	NDS
AFREZZA POW 12 UNIT	$0 (Tier 5)	NDS
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	$0 (Tier 3)	PA
APIDRA INJ SOLOSTAR	$0 (Tier 3)	
APIDRA INJ U-100	$0 (Tier 3)	
BASAGLAR INJ 100UNIT	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BASAGLAR INJ TEMPO PN	$0 (Tier 3)	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	$0 (Tier 4)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	$0 (Tier 4)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	$0 (Tier 4)	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	$0 (Tier 3)	
FIASP INJ 100/ML	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FIASP PENFIL INJ U-100	$0 (Tier 3)	
FIASP PMPCRT INJ U-100	$0 (Tier 3)	B/D
GAUZE PADS 2" X 2"	$0 (Tier 3)	PA
GLARGIN YFGN INJ 100U/ML	$0 (Tier 3)	
GLARGIN YFGN SOL 100U/ML	$0 (Tier 4)	
HUMALOG INJ 100/ML	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMALOG JR INJ 100/ML	$0 (Tier 3)	
HUMALOG KWIK INJ 100/ML	$0 (Tier 3)	
HUMALOG KWIK INJ 200/ML	$0 (Tier 3)	
HUMALOG MIX INJ 50/50KWP	$0 (Tier 3)	
HUMALOG MIX INJ 75/25KWP	$0 (Tier 3)	
HUMALOG MIX SUS 75/25	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMALOG TMPO INJ 100/ML	$0 (Tier 3)	
HUMULIN INJ 70/30	$0 (Tier 3)	
HUMULIN INJ 70/30KWP	$0 (Tier 3)	
HUMULIN N INJ U-100	$0 (Tier 3)	
HUMULIN N INJ U-100KWP	$0 (Tier 3)	
HUMULIN R INJ U-100	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMULIN R INJ U-500	$0 (Tier 5)	NDS; KWIKPEN
HUMULIN R INJ U-500	$0 (Tier 5)	NDS, B/D
INS ASP PROT INJ FLEXPEN	$0 (Tier 4)	
INS DEGL FLX INJ 100UNIT	$0 (Tier 4)	
INS DEGL FLX INJ 200UNIT	$0 (Tier 4)	
INSULIN ASPA INJ 70/30	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INSULIN ASPA INJ 100/ML	$0 (Tier 4)	
INSULIN ASPA INJ FLEXPEN	$0 (Tier 4)	
INSULIN ASPA INJ PENFILL	$0 (Tier 4)	
INSULIN DEGL INJ 100UNIT	$0 (Tier 4)	
INSULIN GLAR INJ 300/ML	$0 (Tier 4)	
INSULIN LISP INJ 100/ML	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INSULIN LISP INJ JUNIOR	$0 (Tier 3)	
INSULIN LISP INJ PROTAMIN	$0 (Tier 3)	
INSULIN PEN NEEDLES: BD-EMBECTA	$0 (Tier 3)	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	$0 (Tier 3)	PA
INSULIN SYRINGES: BD-EMBECTA	$0 (Tier 3)	PA
LANTUS INJ 100/ML	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LANTUS SOLOS INJ 100/ML	$0 (Tier 3)	
LYUMJEV INJ 100UT/ML	$0 (Tier 3)	
LYUMJEV KWPN INJ 100UT/ML	$0 (Tier 3)	
LYUMJEV KWPN INJ 200UT/ML	$0 (Tier 3)	
LYUMJEV TMPO INJ 100UT/ML	$0 (Tier 3)	
NOVOLIN70/30 INJ RELION	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN INJ 70/30	$0 (Tier 3)	
NOVOLIN INJ 70/30 FP	$0 (Tier 3)	
NOVOLIN N INJ 100 UNIT	$0 (Tier 3)	
NOVOLIN N INJ RELION	$0 (Tier 3)	
NOVOLIN N INJ U-100	$0 (Tier 3)	
NOVOLIN R INJ 100 UNIT	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN R INJ RELION	$0 (Tier 3)	
NOVOLIN R INJ U-100	$0 (Tier 3)	
NOVOLOG INJ 100/ML	$0 (Tier 3)	
NOVOLOG INJ FLEX REL	$0 (Tier 3)	
NOVOLOG INJ FLEXPEN	$0 (Tier 3)	
NOVOLOG INJ PENFILL	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLOG INJ RELION	$0 (Tier 3)	
NOVOLOG MIX INJ 70/30	$0 (Tier 3)	
NOVOLOG MIX INJ FLEX REL	$0 (Tier 3)	
NOVOLOG MIX INJ FLEXPEN	$0 (Tier 3)	
NOVOLOG RELI INJ 70/30	$0 (Tier 3)	
OMNIPOD 5 DX KIT INT G7G6	$0 (Tier 4)	QL (1 kit / year), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD 5 DX MIS POD G7G6	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	$0 (Tier 4)	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	$0 (Tier 4)	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	$0 (Tier 4)	QL (1 kit / year), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD DASH MIS PODS	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	$0 (Tier 4)	QL (15 pods / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD GO KIT 35UNT/DY	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	$0 (Tier 4)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	$0 (Tier 4)	QL (15 pods / 30 days), PA
REZVOGLAR INJ 100UT/ML	$0 (Tier 4)	
SEMGLEE INJ 100U/ML	$0 (Tier 3)	
SOLIQUA INJ 100/33	$0 (Tier 3)	QL (5 pens / 25 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TOUJEO MAX INJ 300/ML	$0 (Tier 3)	
TOUJEO SOLO INJ 300/ML	$0 (Tier 3)	
TRESIBA FLEX INJ 100UNIT	$0 (Tier 3)	
TRESIBA FLEX INJ 200UNIT	$0 (Tier 3)	
TRESIBA INJ 100UNIT	$0 (Tier 3)	
XULTOPHY INJ 100/3.6	$0 (Tier 3)	QL (5 pens / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CALCIUM REGULATORS		
alendronate sodium oral soln 70 mg/75ml	$0 (Tier 4)	ST
alendronate sodium tab 10 mg	$0 (Tier 1)	
alendronate sodium tab 35 mg	$0 (Tier 1)	
alendronate sodium tab 70 mg	$0 (Tier 1)	
calcitonin (salmon) spray	$0 (Tier 3)	B/D
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	$0 (Tier 4)	B/D, QL (1 injection / 90 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ibandronate sodium tab 150 mg (base equivalent)	$0 (Tier 2)	B/D
pamidronate disodium iv soln 3 mg/ml	$0 (Tier 3)	B/D
pamidronate disodium iv soln 9 mg/ml	$0 (Tier 3)	B/D
PAMIDRONATE INJ 6MG/ML	$0 (Tier 3)	B/D
PROLIA INJ 60MG/ML	$0 (Tier 4)	QL (1 syringe / 180 days)
risedronate sodium tab 5 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risedronate sodium tab 30 mg	$0 (Tier 4)	
risedronate sodium tab 35 mg	$0 (Tier 3)	
risedronate sodium tab 150 mg	$0 (Tier 3)	
risedronate sodium tab delayed release 35 mg	$0 (Tier 4)	ST
TERIPARATIDE INJ 620/2.48	$0 (Tier 5)	NDS, PA
XGEVA INJ	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zoledronic acid inj conc for iv infusion 4 mg/5ml	$0 (Tier 4)	B/D
zoledronic acid iv soln 5 mg/100ml	$0 (Tier 4)	B/D
CHELATING AGENTS		
CHEMET CAP 100MG	$0 (Tier 5)	NDS
deferasirox granules packet 90 mg	$0 (Tier 5)	NDS, PA
deferasirox granules packet 180 mg	$0 (Tier 5)	NDS, PA
deferasirox granules packet 360 mg	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
deferasirox tab 90 mg	$0 (Tier 3)	PA
deferasirox tab 180 mg	$0 (Tier 4)	PA
deferasirox tab 360 mg	$0 (Tier 4)	PA
deferasirox tab for oral susp 125 mg	$0 (Tier 4)	PA
deferasirox tab for oral susp 250 mg	$0 (Tier 5)	NDS, PA
deferasirox tab for oral susp 500 mg	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kionex sus 15gm/60	$0 (Tier 3)	
LOKELMA PAK 5GM	$0 (Tier 3)	
LOKELMA PAK 10GM	$0 (Tier 3)	
penicillamine tab 250 mg	$0 (Tier 5)	NDS
sodium polystyrene sulfonate powder	$0 (Tier 3)	
sps	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sps rectal	$0 (Tier 3)	
trientine hcl cap 250 mg	$0 (Tier 5)	NDS, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	$0 (Tier 2)	
altavera	$0 (Tier 3)	
alyacen 1/35	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alyacen 7/7/7	$0 (Tier 3)	
amethia tab	$0 (Tier 3)	
amethyst	$0 (Tier 3)	
apri	$0 (Tier 2)	
aranelle	$0 (Tier 3)	
ashlyna	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aubra eq	$0 (Tier 2)	
aurovela 1/20	$0 (Tier 3)	
aurovela 24 fe	$0 (Tier 3)	
aurovela fe 1.5/30	$0 (Tier 2)	
aurovela fe 1/20	$0 (Tier 2)	
aviane	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ayuna	$0 (Tier 3)	
azurette	$0 (Tier 3)	
balziva	$0 (Tier 3)	
blisovi 24 fe	$0 (Tier 3)	
blisovi fe 1.5/30	$0 (Tier 2)	
briellyn	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
camila	$0 (Tier 2)	
camrese	$0 (Tier 3)	
camrese lo	$0 (Tier 3)	
chateal eq	$0 (Tier 3)	
cryselle-28	$0 (Tier 3)	
cyred eq	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dasetta 1/35	$0 (Tier 3)	
dasetta 7/7/7	$0 (Tier 3)	
daysee	$0 (Tier 3)	
deblitane	$0 (Tier 2)	
DEPO-SQ PROV INJ 104	$0 (Tier 3)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dolishale	$0 (Tier 3)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	$0 (Tier 3)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0 (Tier 3)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0 (Tier 3)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0 (Tier 3)	
elinest	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eluryng	$0 (Tier 3)	
emzahh tab 0.35mg	$0 (Tier 2)	
enilloring	$0 (Tier 3)	
enpresse-28	$0 (Tier 2)	
enskyce	$0 (Tier 2)	
errin	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estarylla	$0 (Tier 2)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0 (Tier 2)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0 (Tier 3)	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	$0 (Tier 3)	
falmina	$0 (Tier 2)	
feirza tab 1.5/30	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
feirza tab 1/20	$0 (Tier 2)	
finzala	$0 (Tier 3)	
hailey 1.5/30	$0 (Tier 3)	
hailey 24 fe	$0 (Tier 3)	
haloette	$0 (Tier 3)	
heather	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
iclevia	$0 (Tier 3)	
incassia	$0 (Tier 2)	
introvale	$0 (Tier 3)	
isibloom	$0 (Tier 2)	
jasmiel	$0 (Tier 3)	
jolessa	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
juleber	$0 (Tier 2)	
junel 1.5/30	$0 (Tier 3)	
junel 1/20	$0 (Tier 3)	
junel fe 1.5/30	$0 (Tier 2)	
junel fe 1/20	$0 (Tier 2)	
junel fe 24	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kaitlib fe	$0 (Tier 3)	
kariva	$0 (Tier 3)	
kelnor 1/35	$0 (Tier 2)	
kelnor 1/50	$0 (Tier 3)	
kurvelo	$0 (Tier 3)	
larin 1.5/30	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
larin 1/20	$0 (Tier 3)	
larin 24 fe	$0 (Tier 3)	
larin fe 1.5/30	$0 (Tier 2)	
larin fe 1/20	$0 (Tier 2)	
layolis fe	$0 (Tier 3)	
lessina	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levonest	$0 (Tier 2)	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0 (Tier 3)	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0 (Tier 3)	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0 (Tier 3)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0 (Tier 3)	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0 (Tier 3)	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0 (Tier 2)	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	$0 (Tier 3)	
levora 0.15/30-28	$0 (Tier 3)	
LILETTA IUD 52MG	$0 (Tier 3)	
loestrin 1.5/30-21	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
loestrin 1/20-21	$0 (Tier 3)	
loestrin fe 1.5/30	$0 (Tier 2)	
loestrin fe 1/20	$0 (Tier 2)	
loryna	$0 (Tier 3)	
low-ogestrel	$0 (Tier 3)	
lutera	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lyleq	$0 (Tier 2)	
lyza	$0 (Tier 2)	
marlissa	$0 (Tier 3)	
medroxyprogesterone acetate im susp 150 mg/ml	$0 (Tier 3)	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	$0 (Tier 3)	
mibelas 24 fe	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
microgestin 1.5/30	$0 (Tier 3)	
microgestin 1/20	$0 (Tier 3)	
microgestin fe 1.5/30	$0 (Tier 2)	
microgestin fe 1/20	$0 (Tier 2)	
mili	$0 (Tier 2)	
mono-linyah	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
necon 0.5/35-28	$0 (Tier 3)	
NEXPLANON IMP 68MG	$0 (Tier 3)	
nikki	$0 (Tier 3)	
nora-be	$0 (Tier 2)	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0 (Tier 3)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0 (Tier 3)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0 (Tier 3)	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0 (Tier 2)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0 (Tier 3)	
norethindrone tab 0.35 mg	$0 (Tier 2)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0 (Tier 3)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0 (Tier 3)	
norlyroc	$0 (Tier 2)	
nortrel 0.5/35 (28)	$0 (Tier 3)	
nortrel 1/35 (21)	$0 (Tier 3)	
nortrel 1/35 (28)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nortrel 7/7/7	$0 (Tier 3)	
nylia 1/35	$0 (Tier 3)	
nylia 7/7/7	$0 (Tier 3)	
ocella	$0 (Tier 3)	
philith	$0 (Tier 3)	
pimtrea	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
portia-28	$0 (Tier 3)	
reclipsen	$0 (Tier 2)	
rivelsa	$0 (Tier 3)	
setlakin	$0 (Tier 3)	
sharobel	$0 (Tier 2)	
simliya	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
simpesse	$0 (Tier 3)	
sprintec 28	$0 (Tier 2)	
sronyx	$0 (Tier 2)	
syeda	$0 (Tier 3)	
tarina 24 fe	$0 (Tier 3)	
tarina fe 1/20 eq	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tilia fe	$0 (Tier 3)	
tri-estarylla	$0 (Tier 3)	
tri-legest fe	$0 (Tier 3)	
tri-linyah	$0 (Tier 3)	
tri-lo-estarylla	$0 (Tier 3)	
tri-lo-marzia	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tri-lo-mili	$0 (Tier 3)	
tri-lo-sprintec	$0 (Tier 3)	
tri-mili	$0 (Tier 3)	
tri-nymyo tab	$0 (Tier 3)	
tri-sprintec	$0 (Tier 3)	
tri-vylibra	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tri-vylibra lo	$0 (Tier 3)	
trivora-28	$0 (Tier 2)	
turqoz	$0 (Tier 3)	
tydemy	$0 (Tier 3)	
valtya 1/50 tab	$0 (Tier 3)	
velivet	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vestura	$0 (Tier 3)	
vienva	$0 (Tier 2)	
viorele	$0 (Tier 3)	
vyfemla	$0 (Tier 3)	
vylibra	$0 (Tier 2)	
wera	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
wymzya fe	$0 (Tier 3)	
xarah fe tab	$0 (Tier 3)	
xelria fe chw 0.4mg-35	$0 (Tier 3)	
xulane	$0 (Tier 3)	
zafemy	$0 (Tier 3)	
zovia 1/35	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zumandimine	$0 (Tier 3)	
ESTROGENS – DRUGS TO REGULATE FEMALE HORMONES		
dotti	$0 (Tier 3)	
estradiol & norethindrone acetate tab 0.5-0.1 mg	$0 (Tier 3)	
estradiol & norethindrone acetate tab 1-0.5 mg	$0 (Tier 3)	
estradiol tab 0.5 mg	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol tab 1 mg	$0 (Tier 2)	
estradiol tab 2 mg	$0 (Tier 2)	
estradiol td patch twice weekly 0.1 mg/24hr	$0 (Tier 3)	
estradiol td patch twice weekly 0.05 mg/24hr	$0 (Tier 3)	
estradiol td patch twice weekly 0.025 mg/24hr	$0 (Tier 3)	
estradiol td patch twice weekly 0.075 mg/24hr	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol td patch twice weekly 0.0375 mg/24hr	$0 (Tier 3)	
estradiol td patch weekly 0.1 mg/24hr	$0 (Tier 3)	
estradiol td patch weekly 0.05 mg/24hr	$0 (Tier 3)	
estradiol td patch weekly 0.06 mg/24hr	$0 (Tier 3)	
estradiol td patch weekly 0.025 mg/24hr	$0 (Tier 3)	
estradiol td patch weekly 0.075 mg/24hr	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	$0 (Tier 3)	
estradiol vaginal cream 0.1 mg/gm	$0 (Tier 3)	
estradiol vaginal tab 10 mcg	$0 (Tier 4)	
estradiol valerate im in oil 10 mg/ml	$0 (Tier 4)	
estradiol valerate im in oil 20 mg/ml	$0 (Tier 4)	
estradiol valerate im in oil 40 mg/ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fyavolv tab 0.5mg-2.5mcg	$0 (Tier 3)	
fyavolv tab 1mg-5mcg	$0 (Tier 3)	
jinteli	$0 (Tier 3)	
lyllana	$0 (Tier 3)	
mimvey	$0 (Tier 3)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0 (Tier 3)	
yuvafem	$0 (Tier 4)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
DEXAMETHASON CON 1MG/ML	$0 (Tier 4)	
dexamethasone elixir 0.5 mg/5ml	$0 (Tier 3)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone sodium phosphate inj 4 mg/ml	$0 (Tier 3)	
dexamethasone sodium phosphate inj 10 mg/ml	$0 (Tier 3)	
dexamethasone sodium phosphate inj 20 mg/5ml	$0 (Tier 3)	
dexamethasone sodium phosphate inj 100 mg/10ml	$0 (Tier 3)	
dexamethasone sodium phosphate inj 120 mg/30ml	$0 (Tier 3)	
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone soln 0.5 mg/5ml	$0 (Tier 3)	
dexamethasone tab 0.5 mg	$0 (Tier 3)	
dexamethasone tab 0.75 mg	$0 (Tier 3)	
dexamethasone tab 1 mg	$0 (Tier 3)	
dexamethasone tab 1.5 mg	$0 (Tier 3)	
dexamethasone tab 2 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone tab 4 mg	$0 (Tier 3)	
dexamethasone tab 6 mg	$0 (Tier 3)	
fludrocortisone acetate tab 0.1 mg	$0 (Tier 2)	
hydrocortisone sodium succinate pf for inj 100 mg	$0 (Tier 4)	
hydrocortisone tab 5 mg	$0 (Tier 3)	
hydrocortisone tab 10 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone tab 20 mg	$0 (Tier 3)	
methylprednisolone acetate inj susp 40 mg/ml	$0 (Tier 3)	B/D
methylprednisolone acetate inj susp 80 mg/ml	$0 (Tier 3)	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	$0 (Tier 3)	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	$0 (Tier 3)	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	$0 (Tier 3)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylprednisolone tab 4 mg	$0 (Tier 3)	B/D
methylprednisolone tab 8 mg	$0 (Tier 3)	B/D
methylprednisolone tab 16 mg	$0 (Tier 3)	B/D
methylprednisolone tab 32 mg	$0 (Tier 3)	B/D
methylprednisolone tab therapy pack 4 mg (21)	$0 (Tier 2)	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	$0 (Tier 2)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	$0 (Tier 4)	B/D
prednisolone soln 15 mg/5ml	$0 (Tier 2)	B/D
PREDNISONE CON 5MG/ML	$0 (Tier 4)	B/D
prednisone oral soln 5 mg/5ml	$0 (Tier 4)	B/D
prednisone tab 1 mg	$0 (Tier 1)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisone tab 2.5 mg	$0 (Tier 1)	B/D
prednisone tab 5 mg	$0 (Tier 1)	B/D
prednisone tab 10 mg	$0 (Tier 1)	B/D
prednisone tab 20 mg	$0 (Tier 1)	B/D
prednisone tab 50 mg	$0 (Tier 1)	B/D
prednisone tab therapy pack 5 mg (21)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisone tab therapy pack 5 mg (48)	$0 (Tier 3)	
prednisone tab therapy pack 10 mg (21)	$0 (Tier 3)	
prednisone tab therapy pack 10 mg (48)	$0 (Tier 3)	
SOLU-CORTEF INJ 100MG	$0 (Tier 4)	
SOLU-CORTEF INJ 250MG	$0 (Tier 4)	
SOLU-CORTEF INJ 500MG	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOLU-CORTEF INJ 1000MG	$0 (Tier 4)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE POW 3MG/DOSE	$0 (Tier 4)	
diazoxide susp 50 mg/ml	$0 (Tier 5)	NDS
ZEGALOGUE INJ 0.6/0.6	$0 (Tier 3)	
MISCELLANEOUS		
ALDURAZYME INJ 2.9MG/5M	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
betaine powder for oral solution	$0 (Tier 5)	NDS
cabergoline tab 0.5 mg	$0 (Tier 3)	
carglumic acid soluble tab 200 mg	$0 (Tier 5)	NDS, PA
CERDELGA CAP 84MG	$0 (Tier 5)	NDS, PA
CEREZYME INJ 400UNIT	$0 (Tier 5)	NDS, PA
cinacalcet hcl tab 30 mg (base equiv)	$0 (Tier 4)	B/D, QL (60 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cinacalcet hcl tab 60 mg (base equiv)	$0 (Tier 4)	B/D, QL (60 tabs / 30 days)
cinacalcet hcl tab 90 mg (base equiv)	$0 (Tier 5)	NDS, B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	$0 (Tier 4)	PA
CYSTAGON CAP 150MG	$0 (Tier 4)	PA
desmopressin acetate inj 4 mcg/ml	$0 (Tier 5)	NDS
desmopressin acetate nasal spray soln 0.01%	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desmopressin acetate nasal spray soln 0.01% (refrigerated)	$0 (Tier 4)	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	$0 (Tier 5)	NDS
desmopressin acetate tab 0.1 mg	$0 (Tier 3)	
desmopressin acetate tab 0.2 mg	$0 (Tier 3)	
FABRAZYME INJ 5MG	$0 (Tier 5)	NDS, PA
FABRAZYME INJ 35MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENOTROPIN INJ 0.2MG	$0 (Tier 3)	PA
GENOTROPIN INJ 0.4MG	$0 (Tier 5)	NDS, PA
GENOTROPIN INJ 0.6MG	$0 (Tier 5)	NDS, PA
GENOTROPIN INJ 0.8MG	$0 (Tier 5)	NDS, PA
GENOTROPIN INJ 1.2MG	$0 (Tier 5)	NDS, PA
GENOTROPIN INJ 1.4MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENOTROPIN INJ 1.6MG	$0 (Tier 5)	NDS, PA
GENOTROPIN INJ 1.8MG	$0 (Tier 5)	NDS, PA
GENOTROPIN INJ 1MG	$0 (Tier 5)	NDS, PA
GENOTROPIN INJ 2MG	$0 (Tier 5)	NDS, PA
GENOTROPIN INJ 5MG	$0 (Tier 5)	NDS, PA
GENOTROPIN INJ 12MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INCRELEX INJ 40MG/4ML	$0 (Tier 5)	NDS, PA
javygtor	$0 (Tier 5)	NDS, PA
lanreotide acetate extended release inj 120 mg/0.5ml	$0 (Tier 5)	NDS, PA
levocarnitine oral soln 1 gm/10ml (10%)	$0 (Tier 4)	B/D
levocarnitine tab 330 mg	$0 (Tier 4)	B/D
LUMIZYME INJ 50MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUPR DEP-PED INJ 3M 30MG	$0 (Tier 5)	NDS, PA
LUPR DEP-PED INJ 7.5MG	$0 (Tier 5)	NDS, PA
LUPR DEP-PED INJ 11.25MG	$0 (Tier 5)	NDS, PA
LUPR DEP-PED INJ 15MG	$0 (Tier 5)	NDS, PA
LUPRON DEPOT INJ 45MG	$0 (Tier 5)	NDS, PA
mifepristone tab 300 mg	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NAGLAZYME INJ 1MG/ML	$0 (Tier 5)	NDS, PA
nitisinone cap 2 mg	$0 (Tier 5)	NDS, PA
nitisinone cap 5 mg	$0 (Tier 5)	NDS, PA
nitisinone cap 10 mg	$0 (Tier 5)	NDS, PA
nitisinone cap 20 mg	$0 (Tier 5)	NDS, PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	$0 (Tier 4)	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	$0 (Tier 4)	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	$0 (Tier 4)	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	$0 (Tier 5)	NDS, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	$0 (Tier 5)	NDS, PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	$0 (Tier 4)	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	$0 (Tier 4)	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	$0 (Tier 5)	NDS, PA
raloxifene hcl tab 60 mg	$0 (Tier 3)	
sapropterin dihydrochloride powder packet 100 mg	$0 (Tier 5)	NDS, PA
sapropterin dihydrochloride powder packet 500 mg	$0 (Tier 5)	NDS, PA
sapropterin dihydrochloride tab 100 mg	$0 (Tier 5)	NDS, PA
SIGNIFOR INJ 0.3MG/ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SIGNIFOR INJ 0.6MG/ML	$0 (Tier 5)	NDS, PA
SIGNIFOR INJ 0.9MG/ML	$0 (Tier 5)	NDS, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	$0 (Tier 5)	NDS, PA
sodium phenylbutyrate tab 500 mg	$0 (Tier 5)	NDS, PA
SOMATULINE INJ 60/0.2ML	$0 (Tier 5)	NDS, PA
SOMATULINE INJ 90/0.3ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOMATULINE INJ 120/.5ML	$0 (Tier 5)	NDS, PA
SOMAVERT INJ 10MG	$0 (Tier 5)	NDS, PA
SOMAVERT INJ 15MG	$0 (Tier 5)	NDS, PA
SOMAVERT INJ 20MG	$0 (Tier 5)	NDS, PA
SOMAVERT INJ 25MG	$0 (Tier 5)	NDS, PA
SOMAVERT INJ 30MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNAREL SOL 2MG/ML	$0 (Tier 5)	NDS, PA
VEOZAH TAB 45MG	$0 (Tier 4)	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey tab 5mg	$0 (Tier 3)	
medroxyprogesterone acetate tab 2.5 mg	$0 (Tier 1)	
medroxyprogesterone acetate tab 5 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
medroxyprogesterone acetate tab 10 mg	$0 (Tier 1)	
megestrol acetate susp 40 mg/ml	$0 (Tier 3)	
megestrol acetate susp 625 mg/5ml	$0 (Tier 4)	PA
norethindrone acetate tab 5 mg	$0 (Tier 3)	
progesterone cap 100 mg	$0 (Tier 3)	
progesterone cap 200 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
euthyrox	$0 (Tier 1)	
levo-t	$0 (Tier 1)	
levothyroxine sodium tab 25 mcg	$0 (Tier 1)	
levothyroxine sodium tab 50 mcg	$0 (Tier 1)	
levothyroxine sodium tab 75 mcg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levothyroxine sodium tab 88 mcg	$0 (Tier 1)	
levothyroxine sodium tab 100 mcg	$0 (Tier 1)	
levothyroxine sodium tab 112 mcg	$0 (Tier 1)	
levothyroxine sodium tab 125 mcg	$0 (Tier 1)	
levothyroxine sodium tab 137 mcg	$0 (Tier 1)	
levothyroxine sodium tab 150 mcg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levothyroxine sodium tab 175 mcg	$0 (Tier 1)	
levothyroxine sodium tab 200 mcg	$0 (Tier 1)	
levothyroxine sodium tab 300 mcg	$0 (Tier 1)	
levoxyl	$0 (Tier 1)	
liothyronine sodium tab 5 mcg	$0 (Tier 3)	
liothyronine sodium tab 25 mcg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
liothyronine sodium tab 50 mcg	$0 (Tier 3)	
methimazole tab 5 mg	$0 (Tier 1)	
methimazole tab 10 mg	$0 (Tier 1)	
propylthiouracil tab 50 mg	$0 (Tier 3)	
SYNTHROID TAB 25MCG	$0 (Tier 4)	
SYNTHROID TAB 50MCG	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TAB 75MCG	$0 (Tier 4)	
SYNTHROID TAB 88MCG	$0 (Tier 4)	
SYNTHROID TAB 100MCG	$0 (Tier 4)	
SYNTHROID TAB 112MCG	$0 (Tier 4)	
SYNTHROID TAB 125MCG	$0 (Tier 4)	
SYNTHROID TAB 137MCG	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNTHROID TAB 150MCG	$0 (Tier 4)	
SYNTHROID TAB 175MCG	$0 (Tier 4)	
SYNTHROID TAB 200MCG	$0 (Tier 4)	
SYNTHROID TAB 300MCG	$0 (Tier 4)	
unithroid	$0 (Tier 1)	
VITAMIN D ANALOGS		
calcitriol (oral)	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcitriol cap 0.5 mcg	$0 (Tier 2)	B/D
calcitriol cap 0.25 mcg	$0 (Tier 2)	B/D
doxercalciferol cap 0.5 mcg	$0 (Tier 4)	B/D
doxercalciferol cap 1 mcg	$0 (Tier 4)	B/D
doxercalciferol cap 2.5 mcg	$0 (Tier 4)	B/D
paricalcitol cap 1 mcg	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
paricalcitol cap 2 mcg	$0 (Tier 4)	B/D
paricalcitol cap 4 mcg	$0 (Tier 4)	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant capsule 40 mg	$0 (Tier 4)	B/D
aprepitant capsule 80 mg	$0 (Tier 4)	B/D
aprepitant capsule 125 mg	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aprepitant capsule therapy pack 80 & 125 mg	$0 (Tier 4)	B/D
compro	$0 (Tier 4)	
dronabinol cap 2.5 mg	$0 (Tier 4)	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	$0 (Tier 4)	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	$0 (Tier 4)	B/D, QL (60 caps / 30 days)
granisetron hcl inj 1 mg/ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
granisetron hcl inj 4 mg/4ml (1 mg/ml)	$0 (Tier 4)	
granisetron hcl tab 1 mg	$0 (Tier 4)	B/D
meclizine hcl tab 12.5 mg	$0 (Tier 2)	
meclizine hcl tab 25 mg	$0 (Tier 2)	
metoclopramide hcl inj 5 mg/ml (base equivalent)	$0 (Tier 3)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metoclopramide hcl tab 5 mg (base equivalent)	$0 (Tier 1)	
metoclopramide hcl tab 10 mg (base equivalent)	$0 (Tier 1)	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	$0 (Tier 3)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	$0 (Tier 3)	
ondansetron hcl inj soln pref syr 4 mg/2ml	$0 (Tier 3)	
ondansetron hcl oral soln 4 mg/5ml	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ondansetron hcl tab 4 mg	$0 (Tier 3)	B/D
ondansetron hcl tab 8 mg	$0 (Tier 3)	B/D
ondansetron orally disintegrating tab 4 mg	$0 (Tier 3)	B/D
ondansetron orally disintegrating tab 8 mg	$0 (Tier 3)	B/D
prochlorperazine edisylate inj 10 mg/2ml	$0 (Tier 4)	
prochlorperazine maleate tab 5 mg (base equivalent)	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prochlorperazine maleate tab 10 mg (base equivalent)	$0 (Tier 2)	
prochlorperazine suppos 25 mg	$0 (Tier 4)	
promethazine hcl inj 25 mg/ml	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
promethazine hcl inj 50 mg/ml	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl oral soln 6.25 mg/5ml	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
promethazine hcl tab 12.5 mg	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
promethazine hcl tab 25 mg	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
promethazine hcl tab 50 mg	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
scopolamine td patch 72hr 1 mg/3days	$0 (Tier 4)	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl cap 10 mg	$0 (Tier 3)	
dicyclomine hcl oral soln 10 mg/5ml	$0 (Tier 4)	
dicyclomine hcl tab 20 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glycopyrrolate tab 1 mg	$0 (Tier 3)	QL (90 tabs / 30 days)
glycopyrrolate tab 2 mg	$0 (Tier 3)	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
famotidine for susp 40 mg/5ml	$0 (Tier 4)	
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0 (Tier 3)	
famotidine inj 40 mg/4ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
famotidine inj 200 mg/20ml	$0 (Tier 3)	
famotidine preservative free inj 20 mg/2ml	$0 (Tier 3)	
famotidine tab 20 mg	$0 (Tier 1)	
famotidine tab 40 mg	$0 (Tier 1)	
nizatidine cap 150 mg	$0 (Tier 4)	
nizatidine cap 300 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	$0 (Tier 3)	
budesonide delayed release particles cap 3 mg	$0 (Tier 4)	QL (90 caps / 30 days), PA
budesonide tab er 24hr 9 mg	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
hydrocortisone enema 100 mg/60ml	$0 (Tier 4)	
mesalamine cap dr 400 mg	$0 (Tier 4)	QL (180 caps / 30 days)
mesalamine cap er 24hr 0.375 gm	$0 (Tier 4)	QL (120 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mesalamine enema 4 gm	$0 (Tier 4)	QL (1680 mL / 28 days)
mesalamine rectal enema 4 gm & cleanser wipe kit	$0 (Tier 4)	QL (28 bottles / 28 days)
mesalamine suppos 1000 mg	$0 (Tier 4)	QL (30 suppositories / 30 days)
mesalamine tab delayed release 1.2 gm	$0 (Tier 4)	QL (120 tabs / 30 days)
sulfasalazine tab 500 mg	$0 (Tier 2)	
sulfasalazine tab delayed release 500 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LAXATIVES		
constulose	$0 (Tier 3)	
enulose	$0 (Tier 3)	
gavilyte-c	$0 (Tier 2)	
gavilyte-g	$0 (Tier 2)	
gavilyte-n sol flav pk	$0 (Tier 2)	
generlac	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lactulose (encephalopathy) solution 10 gm/15ml	$0 (Tier 3)	
lactulose solution 10 gm/15ml	$0 (Tier 3)	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0 (Tier 2)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0 (Tier 2)	
PLENVU SOL	$0 (Tier 4)	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	$0 (Tier 4)	QL (60 tabs / 30 days), PA
alosetron hcl tab 1 mg (base equiv)	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	$0 (Tier 3)	
CREON CAP 6000UNIT	$0 (Tier 3)	
CREON CAP 12000UNT	$0 (Tier 3)	
CREON CAP 24000UNT	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CREON CAP 36000UNT	$0 (Tier 3)	
cromolyn sodium oral conc 100 mg/5ml	$0 (Tier 4)	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0 (Tier 4)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0 (Tier 3)	
GATTEX KIT 5MG	$0 (Tier 5)	NDS, PA
LINZESS CAP 72MCG	$0 (Tier 3)	QL (30 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LINZESS CAP 145MCG	$0 (Tier 3)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	$0 (Tier 3)	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	$0 (Tier 3)	
misoprostol tab 100 mcg	$0 (Tier 3)	
misoprostol tab 200 mcg	$0 (Tier 3)	
MOVANTIK TAB 12.5MG	$0 (Tier 3)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOVANTIK TAB 25MG	$0 (Tier 3)	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	$0 (Tier 5)	NDS, QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	$0 (Tier 5)	NDS, QL (28 syringes / 28 days), PA
sucralfate susp 1 gm/10ml	$0 (Tier 2)	QL (1200 mL / 30 days)
sucralfate tab 1 gm	$0 (Tier 3)	
TRULANCE TAB 3MG	$0 (Tier 4)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ursodiol cap 300 mg	$0 (Tier 3)	
ursodiol tab 250 mg	$0 (Tier 4)	
ursodiol tab 500 mg	$0 (Tier 4)	
VOWST CAP	$0 (Tier 5)	NDS, QL (12 caps / 30 days), PA
XERMELO TAB 250MG	$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZENPEP CAP 3000UNIT	$0 (Tier 4)	
ZENPEP CAP 5000UNIT	$0 (Tier 4)	
ZENPEP CAP 10000UNT	$0 (Tier 4)	
ZENPEP CAP 15000UNT	$0 (Tier 4)	
ZENPEP CAP 20000UNT	$0 (Tier 4)	
ZENPEP CAP 25000UNT	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZENPEP CAP 40000UNT	$0 (Tier 4)	
ZENPEP CAP 60000UNT	$0 (Tier 4)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0 (Tier 3)	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 40 mg (base eq)	$0 (Tier 3)	QL (30 caps / 30 days), ST
esomeprazole magnesium for delayed release susp packet 10 mg	$0 (Tier 2)	QL (30 packets / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
esomeprazole magnesium for delayed release susp packet 20 mg	$0 (Tier 2)	QL (30 packets / 30 days)
esomeprazole magnesium for delayed release susp packet 40 mg	$0 (Tier 2)	QL (30 packets / 30 days)
lansoprazole cap delayed release 15 mg	$0 (Tier 3)	QL (60 caps / 30 days)
lansoprazole cap delayed release 30 mg	$0 (Tier 3)	QL (60 caps / 30 days)
lansoprazole tab delayed release orally disintegrating 15 mg	$0 (Tier 4)	QL (60 tabs / 30 days), ST
lansoprazole tab delayed release orally disintegrating 30 mg	$0 (Tier 4)	QL (60 tabs / 30 days), ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
omeprazole cap delayed release 10 mg	$0 (Tier 1)	
omeprazole cap delayed release 20 mg	$0 (Tier 1)	
omeprazole cap delayed release 40 mg	$0 (Tier 1)	
pantoprazole sodium ec tab 20 mg (base equiv)	$0 (Tier 1)	
pantoprazole sodium ec tab 40 mg (base equiv)	$0 (Tier 1)	
pantoprazole sodium for iv soln 40 mg (base equiv)	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rabeprazole sodium ec tab 20 mg	$0 (Tier 3)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab er 24hr 10 mg	$0 (Tier 2)	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	$0 (Tier 3)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0 (Tier 3)	QL (30 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
finasteride tab 5 mg	$0 (Tier 1)	QL (30 tabs / 30 days)
silodosin cap 4 mg	$0 (Tier 3)	QL (30 caps / 30 days)
silodosin cap 8 mg	$0 (Tier 3)	QL (30 caps / 30 days)
tadalafil tab 5 mg	$0 (Tier 3)	QL (30 tabs / 30 days), PA
tamsulosin hcl cap 0.4 mg	$0 (Tier 1)	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid irrigation soln 0.25%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bethanechol chloride tab 5 mg	$0 (Tier 3)	
bethanechol chloride tab 10 mg	$0 (Tier 3)	
bethanechol chloride tab 25 mg	$0 (Tier 3)	
bethanechol chloride tab 50 mg	$0 (Tier 3)	
potassium citrate tab er 5 meq (540 mg)	$0 (Tier 3)	
potassium citrate tab er 10 meq (1080 mg)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium citrate tab er 15 meq (1620 mg)	$0 (Tier 3)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	$0 (Tier 4)	QL (30 tabs / 30 days), ST
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	$0 (Tier 4)	QL (30 tabs / 30 days), ST
fesoterodine fumarate tab er 24hr 4 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
fesoterodine fumarate tab er 24hr 8 mg	$0 (Tier 4)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GEMTESA TAB 75MG	$0 (Tier 4)	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	$0 (Tier 4)	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	$0 (Tier 4)	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	$0 (Tier 4)	QL (30 tabs / 30 days)
oxybutynin chloride solution 5 mg/5ml	$0 (Tier 3)	QL (600 mL / 30 days)
oxybutynin chloride tab 5 mg	$0 (Tier 3)	QL (120 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oxybutynin chloride tab er 24hr 5 mg	$0 (Tier 3)	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
solifenacin succinate tab 5 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
solifenacin succinate tab 10 mg	$0 (Tier 4)	QL (30 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	$0 (Tier 4)	QL (30 caps / 30 days), ST

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tolterodine tartrate cap er 24hr 4 mg	$0 (Tier 4)	QL (30 caps / 30 days), ST
tolterodine tartrate tab 1 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
tolterodine tartrate tab 2 mg	$0 (Tier 4)	QL (60 tabs / 30 days)
trospium chloride cap er 24hr 60 mg	$0 (Tier 4)	QL (30 caps / 30 days)
trospium chloride tab 20 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metronidazole vaginal gel 0.75%	$0 (Tier 3)	
terconazole vaginal cream 0.4%	$0 (Tier 3)	
terconazole vaginal cream 0.8%	$0 (Tier 3)	
terconazole vaginal suppos 80 mg	$0 (Tier 3)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	$0 (Tier 4)	QL (60 caps / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	$0 (Tier 4)	QL (120 caps / 30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	$0 (Tier 4)	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	$0 (Tier 3)	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	$0 (Tier 3)	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	$0 (Tier 3)	QL (74 tabs / 30 days)
enoxaparin sodium inj 300 mg/3ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	$0 (Tier 4)	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	$0 (Tier 4)	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	$0 (Tier 4)	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	$0 (Tier 4)	
enoxaparin sodium inj soln pref syr 100 mg/ml	$0 (Tier 4)	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enoxaparin sodium inj soln pref syr 150 mg/ml	$0 (Tier 4)	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	$0 (Tier 4)	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	$0 (Tier 5)	NDS
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	$0 (Tier 5)	NDS
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	$0 (Tier 5)	NDS
HEP SOD/NACL INJ 25000UNT	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
heparin sodium (porcine) inj 1000 unit/ml	$0 (Tier 3)	B/D
heparin sodium (porcine) inj 5000 unit/ml	$0 (Tier 3)	B/D
heparin sodium (porcine) inj 10000 unit/ml	$0 (Tier 3)	B/D
heparin sodium (porcine) inj 20000 unit/ml	$0 (Tier 3)	B/D
heparin sodium (porcine) pf inj 1000 unit/ml	$0 (Tier 3)	B/D
jantoven	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rivaroxaban tab 2.5 mg	$0 (Tier 3)	QL (60 tabs / 30 days)
warfarin sodium tab 1 mg	$0 (Tier 1)	
warfarin sodium tab 2 mg	$0 (Tier 1)	
warfarin sodium tab 2.5 mg	$0 (Tier 1)	
warfarin sodium tab 3 mg	$0 (Tier 1)	
warfarin sodium tab 4 mg	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
warfarin sodium tab 5 mg	$0 (Tier 1)	
warfarin sodium tab 6 mg	$0 (Tier 1)	
warfarin sodium tab 7.5 mg	$0 (Tier 1)	
warfarin sodium tab 10 mg	$0 (Tier 1)	
XARELTO STAR TAB 15/20MG	$0 (Tier 3)	QL (51 tabs / 30 days)
XARELTO SUS 1MG/ML	$0 (Tier 3)	QL (620 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XARELTO TAB 2.5MG	$0 (Tier 3)	QL (60 tabs / 30 days)
XARELTO TAB 10MG	$0 (Tier 3)	QL (30 tabs / 30 days)
XARELTO TAB 15MG	$0 (Tier 3)	QL (30 tabs / 30 days)
XARELTO TAB 20MG	$0 (Tier 3)	QL (30 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ 6/0.6ML	$0 (Tier 5)	NDS, QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	$0 (Tier 3)	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROCRIT INJ 3000/ML	$0 (Tier 3)	PA
PROCRIT INJ 4000/ML	$0 (Tier 3)	PA
PROCRIT INJ 10000/ML	$0 (Tier 3)	PA
PROCRIT INJ 20000/ML	$0 (Tier 5)	NDS, PA
PROCRIT INJ 40000/ML	$0 (Tier 5)	NDS, PA
ZARXIO INJ 300/0.5	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZARXIO INJ 480/0.8	$0 (Tier 5)	NDS, PA
MISCELLANEOUS		
ALVAIZ TAB 9MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
anagrelide hcl cap 0.5 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
anagrelide hcl cap 1 mg	$0 (Tier 4)	
BERINERT INJ 500UNIT	$0 (Tier 5)	NDS, QL (24 boxes / 30 days), PA
cilostazol tab 50 mg	$0 (Tier 2)	
cilostazol tab 100 mg	$0 (Tier 2)	
DOPTELET TAB 20MG	$0 (Tier 5)	NDS, PA
HAEGARDA INJ 2000UNIT	$0 (Tier 5)	NDS, QL (30 vials / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HAEGARDA INJ 3000UNIT	$0 (Tier 5)	NDS, QL (20 vials / 30 days), PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	$0 (Tier 5)	NDS, QL (9 syringes / 30 days), PA
l-glutamine (sickle cell)	$0 (Tier 5)	NDS, PA
pentoxifylline tab er 400 mg	$0 (Tier 2)	
sajazir	$0 (Tier 5)	NDS, QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SIKLOS TAB 1000MG	$0 (Tier 5)	NDS
TAVNEOS CAP 10MG	$0 (Tier 5)	NDS, QL (180 caps / 30 days), PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	$0 (Tier 4)	
tranexamic acid tab 650 mg	$0 (Tier 3)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0 (Tier 4)	
BRILINTA TAB 60MG	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRILINTA TAB 90MG	$0 (Tier 3)	
clopidogrel bisulfate tab 75 mg (base equiv)	$0 (Tier 1)	
dipyridamole tab 25 mg	$0 (Tier 3)	PA; PA applies if 70 years and older
dipyridamole tab 50 mg	$0 (Tier 3)	PA; PA applies if 70 years and older
dipyridamole tab 75 mg	$0 (Tier 3)	PA; PA applies if 70 years and older
prasugrel hcl tab 5 mg (base equiv)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prasugrel hcl tab 10 mg (base equiv)	$0 (Tier 3)	
ticagrelor tab 60 mg	$0 (Tier 3)	
ticagrelor tab 90 mg	$0 (Tier 3)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMU-AACF INJ 40/0.8ML	$0 (Tier 5)	NDS, QL (2 packs / year), PA
ADALIMU-AACF INJ 40/0.8ML	$0 (Tier 5)	NDS, QL (56 pens / 365 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADALIMU-AACF KIT 40/0.8ML	$0 (Tier 5)	NDS, QL (56 syringes / 365 days), PA
COSENTYX INJ 75MG/0.5	$0 (Tier 5)	NDS, QL (16 syringes / 365 days), PA
COSENTYX INJ 125/5ML	$0 (Tier 5)	NDS, PA
COSENTYX INJ 150MG/ML	$0 (Tier 5)	NDS, QL (32 syringes / 365 days), PA
COSENTYX INJ 300DOSE	$0 (Tier 5)	NDS, QL (32 syringes / 365 days), PA
COSENTYX PEN INJ 150MG/ML	$0 (Tier 5)	NDS, QL (32 pens / 365 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
COSENTYX PEN INJ 300DOSE	$0 (Tier 5)	NDS, QL (32 pens / 365 days), PA
COSENTYX UNO INJ 300/2ML	$0 (Tier 5)	NDS, QL (16 pens / 365 days), PA
DUPIXENT INJ 200/1.14	$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENBREL INJ 25/0.5ML	$0 (Tier 5)	NDS, QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	$0 (Tier 5)	NDS, QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	$0 (Tier 5)	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	$0 (Tier 5)	NDS, QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	$0 (Tier 5)	NDS, QL (8 pens / 28 days), PA
HUMIRA INJ 10/0.1ML	$0 (Tier 5)	NDS, QL (2 syringes / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA INJ 20/0.2ML	$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	$0 (Tier 5)	NDS, QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	$0 (Tier 5)	NDS, QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	$0 (Tier 5)	NDS, QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	$0 (Tier 5)	NDS, QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA PEN KIT CD/UC/HS	$0 (Tier 5)	NDS, QL (3 pens / 28 days), PA
HUMIRA PEN KIT PED UC	$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	$0 (Tier 5)	NDS, QL (3 pens / 28 days), PA
IDACIO 2-PEN INJ 40/0.8ML	$0 (Tier 5)	NDS, QL (56 pens / 365 days), PA
IDACIO 2-SYR INJ 40/0.8ML	$0 (Tier 5)	NDS, QL (56 syringes / 365 days), PA
IDACIO CROHN INJ DISEASE	$0 (Tier 5)	NDS, QL (2 packs / year), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IDACIO PLAQU INJ PSORIASIS	$0 (Tier 5)	NDS, QL (2 packs / year), PA
INFLIXIMAB INJ 100MG	$0 (Tier 5)	NDS, PA
PYZCHIVA INJ 45/0.5ML	$0 (Tier 3)	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 90MG/ML	$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	$0 (Tier 5)	NDS, PA
REMICADE INJ 100MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RENFLEXIS INJ 100MG	$0 (Tier 5)	NDS, PA
RINVOQ LQ SOL 1MG/ML	$0 (Tier 5)	NDS, QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	$0 (Tier 5)	NDS, QL (168 tabs / year), PA
SKYRIZI INJ 150MG/ML	$0 (Tier 5)	NDS, QL (6 syringes / 365 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SKYRIZI INJ 180/1.2	$0 (Tier 5)	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	$0 (Tier 5)	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	$0 (Tier 5)	NDS, QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	$0 (Tier 5)	NDS, PA
SOTYKTU TAB 6MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
STELARA INJ 45MG/0.5	$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
STELARA INJ 45MG/0.5	$0 (Tier 5)	NDS, QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
TREMFYA CROH INJ 200/2ML	$0 (Tier 5)	NDS, QL (2 pens / 28 days), PA
TREMFYA INJ 100MG/ML	$0 (Tier 5)	NDS, QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TREMFYA INJ 200/2ML	$0 (Tier 5)	NDS, QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	$0 (Tier 5)	NDS, QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	$0 (Tier 5)	NDS, PA
TYENNE INJ 80MG/4ML	$0 (Tier 5)	NDS, PA
TYENNE INJ 162/0.9	$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
TYENNE INJ 162MG	$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TYENNE INJ 200/10ML	$0 (Tier 5)	NDS, PA
TYENNE INJ 400/20ML	$0 (Tier 5)	NDS, PA
VELSIPITY TAB 2MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	$0 (Tier 5)	NDS, QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XELJANZ XR TAB 11MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	$0 (Tier 3)	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	$0 (Tier 3)	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	$0 (Tier 3)	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate tab 200 mg	$0 (Tier 3)	
JYLAMVO SOL 2MG/ML	$0 (Tier 4)	B/D
leflunomide tab 10 mg	$0 (Tier 3)	QL (30 tabs / 30 days)
leflunomide tab 20 mg	$0 (Tier 3)	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XATMEP SOL 2.5MG/ML	$0 (Tier 4)	B/D
IMMUNOGLOBULINS		
ALYGLO INJ 5GM/50ML	$0 (Tier 5)	NDS, PA
ALYGLO INJ 10/100ML	$0 (Tier 5)	NDS, PA
ALYGLO INJ 20/200ML	$0 (Tier 5)	NDS, PA
BIVIGAM INJ 10%	$0 (Tier 5)	NDS, PA
FLEBOGAMMA INJ 10/200ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLEBOGAMMA INJ 20/400ML	$0 (Tier 5)	NDS, PA
FLEBOGAMMA INJ DIF 5%	$0 (Tier 5)	NDS, PA
GAMASTAN INJ	$0 (Tier 4)	B/D
GAMMAGARD INJ 1GM/10ML	$0 (Tier 5)	NDS, PA
GAMMAGARD INJ 2.5GM/25	$0 (Tier 5)	NDS, PA
GAMMAGARD INJ 5GM/50ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAGARD INJ 10GM/100	$0 (Tier 5)	NDS, PA
GAMMAGARD INJ 20GM/200	$0 (Tier 5)	NDS, PA
GAMMAGARD INJ 30GM/300	$0 (Tier 5)	NDS, PA
GAMMAGARD SD INJ 5GM HU	$0 (Tier 5)	NDS, PA
GAMMAGARD SD INJ 10GM HU	$0 (Tier 5)	NDS, PA
GAMMAKED INJ 1GM/10ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMMAKED INJ 5GM/50ML	$0 (Tier 5)	NDS, PA
GAMMAKED INJ 10GM/100	$0 (Tier 5)	NDS, PA
GAMMAKED INJ 20GM/200	$0 (Tier 5)	NDS, PA
GAMMAPLEX INJ 5%	$0 (Tier 5)	NDS, PA
GAMMAPLEX INJ 10%	$0 (Tier 5)	NDS, PA
GAMUNEX-C INJ 1GM/10ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMUNEX-C INJ 2.5GM/25	$0 (Tier 5)	NDS, PA
GAMUNEX-C INJ 5GM/50ML	$0 (Tier 5)	NDS, PA
GAMUNEX-C INJ 10GM/100	$0 (Tier 5)	NDS, PA
GAMUNEX-C INJ 20GM/200	$0 (Tier 5)	NDS, PA
GAMUNEX-C INJ 40/400ML	$0 (Tier 5)	NDS, PA
OCTAGAM INJ 1GM	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OCTAGAM INJ 2.5GM	$0 (Tier 5)	NDS, PA
OCTAGAM INJ 2GM/20ML	$0 (Tier 5)	NDS, PA
OCTAGAM INJ 5GM	$0 (Tier 5)	NDS, PA
OCTAGAM INJ 5GM/50ML	$0 (Tier 5)	NDS, PA
OCTAGAM INJ 10/100ML	$0 (Tier 5)	NDS, PA
OCTAGAM INJ 10GM	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OCTAGAM INJ 20/200ML	$0 (Tier 5)	NDS, PA
OCTAGAM INJ 30/300ML	$0 (Tier 5)	NDS, PA
PANZYGA SOL 1GM/10ML	$0 (Tier 5)	NDS, PA
PANZYGA SOL 2.5/25ML	$0 (Tier 5)	NDS, PA
PANZYGA SOL 5GM/50ML	$0 (Tier 5)	NDS, PA
PANZYGA SOL 10/100ML	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PANZYGA SOL 20/200ML	$0 (Tier 5)	NDS, PA
PANZYGA SOL 30/300ML	$0 (Tier 5)	NDS, PA
PRIVIGEN INJ 5 GRAMS	$0 (Tier 5)	NDS, PA
PRIVIGEN INJ 10GRAMS	$0 (Tier 5)	NDS, PA
PRIVIGEN INJ 20GRAMS	$0 (Tier 5)	NDS, PA
PRIVIGEN INJ 40GRAMS	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	$0 (Tier 5)	NDS, PA
ARCALYST INJ 220MG	$0 (Tier 5)	NDS, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAP 0.5MG	$0 (Tier 4)	B/D
ASTAGRAF XL CAP 1MG	$0 (Tier 4)	B/D
ASTAGRAF XL CAP 5MG	$0 (Tier 5)	NDS, B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
azathioprine tab 50 mg	$0 (Tier 3)	B/D
BENLYSTA INJ 120MG	$0 (Tier 5)	NDS, PA
BENLYSTA INJ 200MG/ML	$0 (Tier 5)	NDS, QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	$0 (Tier 5)	NDS, PA
cyclosporine cap 25 mg	$0 (Tier 4)	B/D
cyclosporine cap 100 mg	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyclosporine modified cap 25 mg	$0 (Tier 4)	B/D
cyclosporine modified cap 50 mg	$0 (Tier 4)	B/D
cyclosporine modified cap 100 mg	$0 (Tier 4)	B/D
cyclosporine modified oral soln 100 mg/ml	$0 (Tier 4)	B/D
ENVARSUS XR TAB 0.75MG	$0 (Tier 4)	B/D
ENVARSUS XR TAB 1MG	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENVARSUS XR TAB 4MG	$0 (Tier 5)	NDS, B/D
everolimus tab 0.5 mg	$0 (Tier 5)	NDS, B/D
everolimus tab 0.25 mg	$0 (Tier 5)	NDS, B/D
everolimus tab 0.75 mg	$0 (Tier 5)	NDS, B/D
everolimus tab 1 mg	$0 (Tier 5)	NDS, B/D
gengraf	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gengraf sol 100mg/ml	$0 (Tier 4)	B/D
mycophenolate mofetil cap 250 mg	$0 (Tier 3)	B/D
mycophenolate mofetil for oral susp 200 mg/ml	$0 (Tier 5)	NDS, B/D
mycophenolate mofetil tab 500 mg	$0 (Tier 3)	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	$0 (Tier 4)	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NULOJIX INJ 250MG	$0 (Tier 5)	NDS, B/D
PROGRAF GRA 0.2MG	$0 (Tier 4)	B/D
PROGRAF GRA 1MG	$0 (Tier 4)	B/D
REZUROCK TAB 200MG	$0 (Tier 5)	NDS, QL (30 tabs / 30 days), PA
sirolimus oral soln 1 mg/ml	$0 (Tier 5)	NDS, B/D
sirolimus tab 0.5 mg	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sirolimus tab 1 mg	$0 (Tier 4)	B/D
sirolimus tab 2 mg	$0 (Tier 4)	B/D
tacrolimus cap 0.5 mg	$0 (Tier 4)	B/D
tacrolimus cap 1 mg	$0 (Tier 4)	B/D
tacrolimus cap 5 mg	$0 (Tier 4)	B/D
VACCINES		
ABRYSVO INJ	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ACTHIB INJ	$0 (Tier 1)	
ADACEL INJ	$0 (Tier 1)	
AREXVY INJ 120MCG	$0 (Tier 1)	
BCG VACCINE INJ 50MG	$0 (Tier 1)	
BEXSERO INJ	$0 (Tier 1)	
BOOSTRIX INJ	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DAPTACEL INJ	$0 (Tier 1)	
DENGVAXIA SUS	$0 (Tier 1)	
DIP/TET PED INJ 25-5LFU	$0 (Tier 1)	B/D
ENGERIX-B INJ 10/0.5ML	$0 (Tier 1)	B/D
ENGERIX-B INJ 20MCG/ML	$0 (Tier 1)	B/D
GARDASIL 9 INJ	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HAVRIX INJ 720UNIT	$0 (Tier 1)	
HAVRIX INJ 1440UNIT	$0 (Tier 1)	
HEPLISAV-B INJ 20/0.5ML	$0 (Tier 1)	B/D
HIBERIX SOL 10MCG	$0 (Tier 1)	
IMOVAX RABIE INJ 2.5/ML	$0 (Tier 1)	B/D
INFANRIX INJ	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IPOL INJ INACTIVE	$0 (Tier 1)	
IXCHIQ INJ	$0 (Tier 1)	
IXIARO INJ	$0 (Tier 1)	
JYNNEOS INJ	$0 (Tier 1)	B/D
KINRIX INJ	$0 (Tier 1)	
M-M-R II INJ	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MENACTRA INJ	$0 (Tier 1)	
MENQUADFI INJ	$0 (Tier 1)	
MENVEO INJ	$0 (Tier 1)	
MENVEO SOL	$0 (Tier 1)	
MRESVIA INJ 50MCG	$0 (Tier 1)	
PEDIARIX INJ 0.5ML	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PEDVAX HIB INJ	$0 (Tier 1)	
PENBRAYA INJ	$0 (Tier 1)	
PENTACEL INJ	$0 (Tier 1)	
PRIORIX INJ	$0 (Tier 1)	
PROQUAD INJ	$0 (Tier 1)	
QUADRACEL INJ 0.5ML	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RABAVERT INJ	$0 (Tier 1)	B/D
RECOMBIVA HB INJ 5MCG/0.5	$0 (Tier 1)	B/D
RECOMBIVA HB INJ 10MCG/ML	$0 (Tier 1)	B/D
RECOMBIVA-HB INJ 40MCG/ML	$0 (Tier 1)	B/D
ROTARIX SUS	$0 (Tier 1)	
ROTATEQ SOL	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SHINGRIX INJ 50/0.5ML	$0 (Tier 1)	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	$0 (Tier 1)	B/D
TICOVAC INJ	$0 (Tier 1)	
TRUMENBA INJ	$0 (Tier 1)	
TWINRIX INJ	$0 (Tier 1)	
TYPHIM VI INJ	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VAQTA INJ 25/0.5ML	$0 (Tier 1)	
VAQTA INJ 50UNT/ML	$0 (Tier 1)	
VARIVAX INJ	$0 (Tier 1)	
VAXCHORA SUS	$0 (Tier 1)	
VIMKUNYA INJ 40/0.8ML	$0 (Tier 1)	
VIVOTIF CAP EC	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YF-VAX INJ	$0 (Tier 1)	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	$0 (Tier 4)	
D10W/NACL INJ 0.2%	$0 (Tier 3)	
dextrose 2.5% w/ sodium chloride 0.45%	$0 (Tier 3)	
dextrose 5% in lactated ringers	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dextrose 5% w/ sodium chloride 0.2%	$0 (Tier 3)	
dextrose 5% w/ sodium chloride 0.3%	$0 (Tier 3)	
dextrose 5% w/ sodium chloride 0.9%	$0 (Tier 3)	
dextrose 5% w/ sodium chloride 0.45%	$0 (Tier 3)	
dextrose 5% w/ sodium chloride 0.225%	$0 (Tier 3)	
dextrose 10% w/ sodium chloride 0.45%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ISOLYTE-P INJ /D5W	$0 (Tier 4)	
ISOLYTE-S INJ PH 7.4	$0 (Tier 4)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0 (Tier 3)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0 (Tier 3)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0 (Tier 3)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0 (Tier 3)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0 (Tier 3)	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	$0 (Tier 3)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	$0 (Tier 3)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	$0 (Tier 3)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 40 meq/l (0.3%) in nacl 0.9% inj	$0 (Tier 3)	
KCL/D5W/NACL INJ 0.3/0.9%	$0 (Tier 4)	
lactated ringer's solution	$0 (Tier 3)	
MAGNESIUM SU INJ 2GM/50ML	$0 (Tier 3)	
MAGNESIUM SU INJ 4G/100ML	$0 (Tier 3)	
MAGNESIUM SU INJ 20/500ML	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAGNESIUM SU INJ 40G/1000	$0 (Tier 3)	
MAGNESIUM SU INJ 80MG/ML	$0 (Tier 3)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0 (Tier 3)	
magnesium sulfate inj 50%	$0 (Tier 3)	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	$0 (Tier 3)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	$0 (Tier 3)	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	$0 (Tier 3)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	$0 (Tier 3)	
multiple electrolytes ph 5.5	$0 (Tier 4)	
multiple electrolytes ph 7.4	$0 (Tier 4)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POT CHL 20MEQ/L IN NACL 0.45% INJ	$0 (Tier 4)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	$0 (Tier 4)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0 (Tier 3)	
potassium chloride inj 2 meq/ml	$0 (Tier 3)	
potassium chloride inj 10 meq/50ml	$0 (Tier 3)	
potassium chloride inj 10 meq/100ml	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride inj 20 meq/50ml	$0 (Tier 3)	
potassium chloride inj 20 meq/100ml	$0 (Tier 3)	
potassium chloride inj 40 meq/100ml	$0 (Tier 3)	
sodium chloride inj 2.5 meq/ml (14.6%)	$0 (Tier 3)	
sodium chloride iv soln 0.9%	$0 (Tier 3)	
sodium chloride iv soln 0.45%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium chloride iv soln 3%	$0 (Tier 3)	
sodium chloride iv soln 5%	$0 (Tier 3)	
TPN ELECTROL INJ	$0 (Tier 4)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con	$0 (Tier 4)	
klor-con 8	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
klor-con 10	$0 (Tier 2)	
klor-con m10	$0 (Tier 2)	
klor-con m15	$0 (Tier 2)	
klor-con m20	$0 (Tier 2)	
M-NATAL PLUS TAB	$0 (Tier 3)	
potassium chloride cap er 8 meq	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride cap er 10 meq	$0 (Tier 2)	
potassium chloride microencapsulated crys er tab 10 meq	$0 (Tier 2)	
potassium chloride microencapsulated crys er tab 15 meq	$0 (Tier 2)	
potassium chloride microencapsulated crys er tab 20 meq	$0 (Tier 2)	
potassium chloride oral soln 10% (20 meq/15ml)	$0 (Tier 4)	
potassium chloride oral soln 20% (40 meq/15ml)	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride powder packet 20 meq	$0 (Tier 4)	
potassium chloride tab er 8 meq (600 mg)	$0 (Tier 2)	
potassium chloride tab er 10 meq	$0 (Tier 2)	
potassium chloride tab er 20 meq (1500 mg)	$0 (Tier 2)	
PRENATAL TAB 27-1MG	$0 (Tier 3)	
PRENATAL TAB PLUS	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0 (Tier 2)	
WESTAB PLUS TAB 27-1MG	$0 (Tier 3)	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	$0 (Tier 4)	B/D
CLINIMIX INJ 4.25/D10	$0 (Tier 4)	B/D
CLINIMIX INJ 5%/D15W	$0 (Tier 4)	B/D
CLINIMIX INJ 5%/D20W	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLINIMIX INJ 6/5	$0 (Tier 4)	B/D
CLINIMIX INJ 8/10	$0 (Tier 4)	B/D
CLINIMIX INJ 8/14	$0 (Tier 4)	B/D
clinisol sf 15%	$0 (Tier 4)	B/D
CLINOLIPID EMU 20%	$0 (Tier 4)	B/D
dextrose inj 5%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dextrose inj 10%	$0 (Tier 3)	
dextrose inj 50%	$0 (Tier 3)	B/D
dextrose inj 70%	$0 (Tier 3)	B/D
INTRALIPID INJ 20%	$0 (Tier 4)	B/D
INTRALIPID INJ 30%	$0 (Tier 4)	B/D
NUTRILIPID EMU 20%	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
plenamine	$0 (Tier 4)	B/D
PREMASOL SOL 10%	$0 (Tier 5)	NDS, B/D
PROSOL INJ 20%	$0 (Tier 4)	B/D
TRAVASOL INJ 10%	$0 (Tier 4)	B/D
TROPHAMINE INJ 10%	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0 (Tier 3)	
neo-polycin hc ophth oint 1%	$0 (Tier 3)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0 (Tier 2)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
neomycin-polymyxin-hc ophth susp	$0 (Tier 4)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0 (Tier 2)	
TOBRADEX OIN 0.3-0.1%	$0 (Tier 3)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0 (Tier 3)	
ZYLET SUS 0.5-0.3%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin ophth oint 500 unit/gm	$0 (Tier 3)	
bacitracin-polymyxin b ophth oint	$0 (Tier 2)	
BESIVANCE SUS 0.6%	$0 (Tier 3)	
CILOXAN OIN 0.3% OP	$0 (Tier 3)	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erythromycin ophth oint 5 mg/gm	$0 (Tier 2)	
gatifloxacin ophth soln 0.5%	$0 (Tier 3)	
gentamicin sulfate ophth soln 0.3%	$0 (Tier 2)	
moxifloxacin hcl ophth soln 0.5% (base equiv)	$0 (Tier 3)	QL (12 mL / 30 days)
NATACYN SUS 5% OP	$0 (Tier 4)	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	$0 (Tier 3)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0 (Tier 3)	
ofloxacin ophth soln 0.3%	$0 (Tier 2)	
polycin ophth oint	$0 (Tier 2)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0 (Tier 1)	
sulfacetamide sodium ophth oint 10%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfacetamide sodium ophth soln 10%	$0 (Tier 3)	
tobramycin ophth soln 0.3%	$0 (Tier 1)	
trifluridine ophth soln 1%	$0 (Tier 4)	
XDEMVY DRO 0.25%	$0 (Tier 5)	NDS, PA
ZIRGAN GEL 0.15%	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
bromfenac sodium ophth soln 0.07% (base equivalent)	$0 (Tier 3)	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	$0 (Tier 4)	
bromfenac sodium ophth soln 0.075% (base equivalent)	$0 (Tier 4)	
dexamethasone sodium phosphate ophth soln 0.1%	$0 (Tier 3)	
diclofenac sodium ophth soln 0.1%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
difluprednate ophth emulsion 0.05%	$0 (Tier 4)	
FLAREX SUS 0.1% OP	$0 (Tier 4)	
fluorometholone ophth susp 0.1%	$0 (Tier 3)	
flurbiprofen sodium ophth soln 0.03%	$0 (Tier 3)	
ketorolac tromethamine ophth soln 0.4%	$0 (Tier 3)	
ketorolac tromethamine ophth soln 0.5%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LOTEMAX OIN 0.5%	$0 (Tier 3)	
loteprednol etabonate ophth susp 0.2%	$0 (Tier 3)	
PRED SOD PHO SOL 1% OP	$0 (Tier 3)	
prednisolone acetate ophth susp 1%	$0 (Tier 3)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophth soln 0.05%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cromolyn sodium ophth soln 4%	$0 (Tier 2)	
ZERVIATE DRO 0.24%	$0 (Tier 4)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl ophth soln 0.5%	$0 (Tier 3)	
BETOPTIC-S SUS 0.25% OP	$0 (Tier 4)	
brimonidine tartrate ophth soln 0.2%	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
brimonidine tartrate ophth soln 0.15%	$0 (Tier 4)	
brinzolamide ophth susp 1%	$0 (Tier 4)	
carteolol hcl ophth soln 1%	$0 (Tier 2)	
COMBIGAN SOL 0.2/0.5%	$0 (Tier 3)	
dorzolamide hcl ophth soln 2%	$0 (Tier 2)	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
latanoprost ophth soln 0.005%	$0 (Tier 1)	
levobunolol hcl ophth soln 0.5%	$0 (Tier 2)	
LUMIGAN SOL 0.01% OP	$0 (Tier 3)	
pilocarpine hcl ophth soln 1%	$0 (Tier 3)	
pilocarpine hcl ophth soln 2%	$0 (Tier 3)	
pilocarpine hcl ophth soln 4%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RHOPRESSA SOL 0.02%	$0 (Tier 4)	
ROCKLATAN DRO	$0 (Tier 4)	
SIMBRINZA SUS 1-0.2%	$0 (Tier 4)	
timolol maleate ophth gel forming soln 0.5%	$0 (Tier 3)	
timolol maleate ophth gel forming soln 0.25%	$0 (Tier 3)	
timolol maleate ophth soln 0.5%	$0 (Tier 1)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
timolol maleate ophth soln 0.25%	$0 (Tier 1)	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	$0 (Tier 4)	
VYZULTA SOL 0.024%	$0 (Tier 4)	
MISCELLANEOUS		
ATROPINE SUL SOL 1% OP	$0 (Tier 3)	
atropine sulfate ophth soln 1%	$0 (Tier 3)	
CYSTADROPS SOL 0.37%	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYSTARAN SOL 0.44%	$0 (Tier 5)	NDS, PA
EYSUVIS DRO 0.25%	$0 (Tier 4)	
MIEBO DRO 1.3GM/ML	$0 (Tier 3)	
proparacaine hcl ophth soln 0.5%	$0 (Tier 3)	
RESTASIS EMU 0.05% OP	$0 (Tier 3)	
RESTASIS MUL EMU 0.05% OP	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XIIDRA DRO 5%	$0 (Tier 3)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid otic soln 2%	$0 (Tier 3)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	$0 (Tier 4)	
flac	$0 (Tier 3)	
fluocinolone acetonide (otic) oil 0.01%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone w/ acetic acid otic soln 1-2%	$0 (Tier 4)	
neomycin-polymyxin-hc otic soln 1%	$0 (Tier 3)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0 (Tier 3)	
ofloxacin otic soln 0.3%	$0 (Tier 4)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0 (Tier 3)	QL (60 blisters / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BEVESPI AER 9-4.8MCG	$0 (Tier 3)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	$0 (Tier 3)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	$0 (Tier 3)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	$0 (Tier 4)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0 (Tier 3)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	$0 (Tier 3)	QL (60 blisters / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRELEGY AER ELLIPTA 200-62.5-25 MCG	$0 (Tier 3)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	$0 (Tier 4)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	$0 (Tier 3)	QL (30 blisters / 30 days)
ipratropium bromide inhal soln 0.02%	$0 (Tier 2)	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	$0 (Tier 3)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	$0 (Tier 3)	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	$0 (Tier 2)	QL (300 mL / 30 days)
cyproheptadine hcl syrup 2 mg/5ml	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyproheptadine hcl tab 4 mg	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
desloratadine tab 5 mg	$0 (Tier 3)	QL (30 tabs / 30 days)
diphenhydramine hcl inj 50 mg/ml	$0 (Tier 3)	
hydroxyzine hcl im soln 25 mg/ml	$0 (Tier 4)	PA; PA applies if 70 years and older
hydroxyzine hcl im soln 50 mg/ml	$0 (Tier 4)	PA; PA applies if 70 years and older

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydroxyzine hcl syrup 10 mg/5ml	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 10 mg	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 25 mg	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 50 mg	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydroxyzine pamoate cap 25 mg	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 50 mg	$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	$0 (Tier 4)	QL (300 mL / 30 days)
levocetirizine dihydrochloride tab 5 mg	$0 (Tier 2)	QL (30 tabs / 30 days)
olopatadine hcl nasal soln 0.6%	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0 (Tier 3)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0 (Tier 3)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0 (Tier 3)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	$0 (Tier 3)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	$0 (Tier 3)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	$0 (Tier 2)	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	$0 (Tier 3)	B/D
albuterol sulfate syrup 2 mg/5ml	$0 (Tier 3)	
albuterol sulfate tab 2 mg	$0 (Tier 4)	
albuterol sulfate tab 4 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	$0 (Tier 4)	B/D
formoterol fumarate soln nebu 20 mcg/2ml	$0 (Tier 4)	B/D
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	$0 (Tier 4)	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	$0 (Tier 4)	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	$0 (Tier 4)	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	$0 (Tier 4)	B/D

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	$0 (Tier 3)	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	$0 (Tier 3)	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	$0 (Tier 4)	
terbutaline sulfate tab 5 mg	$0 (Tier 4)	
VENTOLIN HFA (INSTITUTIONAL PACK)	$0 (Tier 3)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	$0 (Tier 3)	QL (2 inhalers / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	$0 (Tier 2)	
montelukast sodium chew tab 5 mg (base equiv)	$0 (Tier 2)	
montelukast sodium oral granules packet 4 mg (base equiv)	$0 (Tier 4)	
montelukast sodium tab 10 mg (base equiv)	$0 (Tier 1)	
zafirlukast tab 10 mg	$0 (Tier 3)	
zafirlukast tab 20 mg	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
acetylcysteine inhal soln 10%	$0 (Tier 4)	B/D
acetylcysteine inhal soln 20%	$0 (Tier 4)	B/D
ALYFTREK TAB 4-20-50	$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	$0 (Tier 5)	NDS, PA
ARALAST NP INJ 1000MG	$0 (Tier 5)	NDS, PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRONCHITOL CAP 40MG	$0 (Tier 5)	NDS, QL (560 caps / 28 days), PA
cromolyn sodium soln nebu 20 mg/2ml	$0 (Tier 3)	B/D
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0 (Tier 3)	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0 (Tier 3)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	$0 (Tier 3)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	$0 (Tier 3)	(generic of Adrenaclick)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FASENRA INJ 10MG/0.5	$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	$0 (Tier 5)	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	$0 (Tier 5)	NDS, QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	$0 (Tier 5)	NDS, QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	$0 (Tier 5)	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	$0 (Tier 5)	NDS, QL (56 packets / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KALYDECO PAK 50MG	$0 (Tier 5)	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	$0 (Tier 5)	NDS, QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	$0 (Tier 5)	NDS, QL (60 tabs / 30 days), PA
OFEV CAP 100MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
OFEV CAP 150MG	$0 (Tier 5)	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	$0 (Tier 5)	NDS, QL (56 packets / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ORKAMBI GRA 100-125	$0 (Tier 5)	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	$0 (Tier 5)	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	$0 (Tier 5)	NDS, QL (112 tabs / 28 days), PA
pirfenidone cap 267 mg	$0 (Tier 5)	NDS, QL (270 caps / 30 days), PA
pirfenidone tab 267 mg	$0 (Tier 5)	NDS, QL (270 tabs / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pirfenidone tab 534 mg	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
pirfenidone tab 801 mg	$0 (Tier 5)	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	$0 (Tier 5)	NDS, PA
PULMOZYME SOL 1MG/ML	$0 (Tier 5)	NDS, PA
roflumilast tab 250 mcg	$0 (Tier 4)	QL (56 tabs / year)
roflumilast tab 500 mcg	$0 (Tier 4)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMDEKO TAB 50-75MG	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	$0 (Tier 5)	NDS, QL (56 tabs / 28 days), PA
THEO-24 CAP 100MG CR	$0 (Tier 4)	
THEO-24 CAP 200MG CR	$0 (Tier 4)	
THEO-24 CAP 300MG CR	$0 (Tier 4)	
THEO-24 CAP 400MG ER	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
theophylline elixir 80 mg/15ml	$0 (Tier 4)	
theophylline soln 80 mg/15ml	$0 (Tier 4)	
theophylline tab er 12hr 100 mg	$0 (Tier 4)	
theophylline tab er 12hr 200 mg	$0 (Tier 4)	
theophylline tab er 12hr 300 mg	$0 (Tier 4)	
theophylline tab er 12hr 450 mg	$0 (Tier 4)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
theophylline tab er 24hr 400 mg	$0 (Tier 3)	
theophylline tab er 24hr 600 mg	$0 (Tier 3)	
TRIKAFTA PAK 59.5MG	$0 (Tier 5)	NDS, QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	$0 (Tier 5)	NDS, QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	$0 (Tier 5)	NDS, QL (84 tabs / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XOLAIR INJ 75/0.5	$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	$0 (Tier 5)	NDS, QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	$0 (Tier 5)	NDS, QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	$0 (Tier 5)	NDS, QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	$0 (Tier 5)	NDS, QL (4 syringes / 28 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XOLAIR SOL 150MG	$0 (Tier 5)	NDS, QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	$0 (Tier 5)	NDS, PA
ZEMAIRA INJ 4000MG	$0 (Tier 5)	NDS, PA
ZEMAIRA INJ 5000MG	$0 (Tier 5)	NDS, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide nasal soln 25 mcg/act (0.025%)	$0 (Tier 3)	QL (3 bottles / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluticasone propionate nasal susp 50 mcg/act	$0 (Tier 2)	QL (1 bottle / 30 days)
mometasone furoate nasal susp 50 mcg/act	$0 (Tier 4)	QL (2 inhalers / 30 days)
XHANCE MIS 93MCG	$0 (Tier 4)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AER 80MCG	$0 (Tier 4)	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	$0 (Tier 4)	QL (2 inhalers / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARNUITY ELPT INH 50MCG	$0 (Tier 3)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	$0 (Tier 3)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	$0 (Tier 3)	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	$0 (Tier 4)	B/D
budesonide inhalation susp 0.25 mg/2ml	$0 (Tier 4)	B/D
fluticasone propionate aer pow ba 50 mcg/act	$0 (Tier 3)	QL (180 inhalations / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluticasone propionate aer pow ba 100 mcg/act	$0 (Tier 3)	QL (240 inhalations / 30 days)
fluticasone propionate aer pow ba 250 mcg/act	$0 (Tier 3)	QL (240 inhalations / 30 days)
fluticasone propionate hfa inhal aer 110 mcg/act	$0 (Tier 3)	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aer 220 mcg/act	$0 (Tier 3)	QL (2 inhalers / 30 days)
fluticasone propionate hfa inhal aero 44 mcg/act	$0 (Tier 3)	QL (2 inhalers / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21	$0 (Tier 3)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0 (Tier 3)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0 (Tier 3)	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	$0 (Tier 3)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	$0 (Tier 3)	QL (60 blisters / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BREO ELLIPTA INH 100-25	$0 (Tier 3)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0 (Tier 3)	QL (60 blisters / 30 days)
breyna aer 80/4.5	$0 (Tier 3)	QL (3 inhalers / 30 days)
breyna aer 160/4.5	$0 (Tier 3)	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	$0 (Tier 3)	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	$0 (Tier 3)	QL (3 inhalers / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DULERA AER 50-5MCG	$0 (Tier 4)	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	$0 (Tier 4)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	$0 (Tier 4)	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 55-14 mcg/act	$0 (Tier 1)	QL (1 inhaler / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	$0 (Tier 3)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 113-14 mcg/act	$0 (Tier 1)	QL (1 inhaler / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluticasone-salmeterol aer powder ba 232-14 mcg/act	$0 (Tier 1)	QL (1 inhaler / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	$0 (Tier 3)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	$0 (Tier 3)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
SYMBICORT AER 80-4.5	$0 (Tier 4)	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	$0 (Tier 4)	QL (3 inhalers / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
wixela inhub	$0 (Tier 3)	QL (60 inhalations / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane	$0 (Tier 4)	PA
amnesteem	$0 (Tier 4)	PA
amnesteem cap 30mg	$0 (Tier 4)	PA
benzoyl peroxide-erythromycin gel 5-3%	$0 (Tier 4)	QL (46.6 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
claravis	$0 (Tier 4)	PA
clindamycin phosphate gel 1% (once-daily)	$0 (Tier 3)	QL (75 mL / 30 days)
clindamycin phosphate lotion 1%	$0 (Tier 3)	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	$0 (Tier 3)	QL (60 mL / 30 days)
ery	$0 (Tier 3)	QL (60 pledgets / 30 days)
erythromycin gel 2%	$0 (Tier 3)	QL (60 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erythromycin soln 2%	$0 (Tier 3)	QL (60 mL / 30 days)
isotretinoin cap 10 mg	$0 (Tier 4)	PA
isotretinoin cap 20 mg	$0 (Tier 4)	PA
isotretinoin cap 30 mg	$0 (Tier 4)	PA
isotretinoin cap 40 mg	$0 (Tier 4)	PA
sulfacetamide sodium lotion 10% (acne)	$0 (Tier 4)	QL (118 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tretinoin cream 0.1%	$0 (Tier 4)	QL (45 gm / 30 days), PA
tretinoin cream 0.05%	$0 (Tier 4)	QL (45 gm / 30 days), PA
tretinoin cream 0.025%	$0 (Tier 4)	QL (45 gm / 30 days), PA
tretinoin gel 0.01%	$0 (Tier 4)	QL (45 gm / 30 days), PA
tretinoin gel 0.025%	$0 (Tier 4)	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical)	$0 (Tier 3)	QL (75 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zenatane	$0 (Tier 4)	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate cream 0.1%	$0 (Tier 3)	QL (30 gm / 30 days)
gentamicin sulfate oint 0.1%	$0 (Tier 3)	QL (30 gm / 30 days)
mupirocin oint 2%	$0 (Tier 2)	QL (220 gm / 30 days)
silver sulfadiazine cream 1%	$0 (Tier 2)	
ssd	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SULFAMYLON CRE 85MG/GM	$0 (Tier 4)	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel 0.77%	$0 (Tier 3)	QL (100 gm / 30 days)
ciclopirox olamine cream 0.77% (base equiv)	$0 (Tier 3)	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	$0 (Tier 3)	QL (60 mL / 30 days)
ciclopirox shampoo 1%	$0 (Tier 3)	QL (120 mL / 30 days)
clotrimazole cream 1%	$0 (Tier 2)	QL (45 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clotrimazole soln 1%	$0 (Tier 3)	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	$0 (Tier 3)	QL (45 gm / 30 days)
econazole nitrate cream 1%	$0 (Tier 3)	QL (85 gm / 30 days)
ketoconazole cream 2%	$0 (Tier 3)	QL (60 gm / 30 days)
ketoconazole shampoo 2%	$0 (Tier 2)	QL (120 mL / 30 days)
klayesta	$0 (Tier 3)	QL (60 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nyamyc	$0 (Tier 3)	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	$0 (Tier 2)	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	$0 (Tier 2)	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	$0 (Tier 3)	QL (60 gm / 30 days)
nystop	$0 (Tier 3)	QL (60 gm / 30 days)
selenium sulfide lotion 2.5%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	$0 (Tier 4)	PA
acitretin cap 17.5 mg	$0 (Tier 4)	PA
acitretin cap 25 mg	$0 (Tier 4)	PA
calcipotriene cream 0.005%	$0 (Tier 4)	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	$0 (Tier 4)	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	$0 (Tier 3)	QL (120 mL / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcitrene	$0 (Tier 4)	QL (120 gm / 30 days), PA
ENSTILAR AER	$0 (Tier 5)	NDS, QL (120 gm / 30 days), PA
methoxsalen rapid cap 10 mg	$0 (Tier 5)	NDS
tazarotene cream 0.1%	$0 (Tier 3)	QL (60 gm / 30 days), PA
tazarotene cream 0.05%	$0 (Tier 3)	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	$0 (Tier 4)	QL (60 gm / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort	$0 (Tier 1)	
alclometasone dipropionate cream 0.05%	$0 (Tier 3)	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05%	$0 (Tier 3)	QL (60 gm / 30 days)
betamethasone dipropionate augmented cream 0.05%	$0 (Tier 2)	QL (120 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	$0 (Tier 4)	QL (120 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	$0 (Tier 4)	QL (120 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
betamethasone dipropionate augmented oint 0.05%	$0 (Tier 4)	QL (120 gm / 30 days)
betamethasone dipropionate cream 0.05%	$0 (Tier 3)	QL (120 gm / 30 days)
betamethasone dipropionate lotion 0.05%	$0 (Tier 3)	QL (120 mL / 30 days)
betamethasone dipropionate oint 0.05%	$0 (Tier 4)	QL (120 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	$0 (Tier 3)	QL (120 gm / 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	$0 (Tier 3)	QL (120 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
betamethasone valerate oint 0.1% (base equivalent)	$0 (Tier 3)	QL (120 gm / 30 days)
clobetasol propionate cream 0.05%	$0 (Tier 4)	QL (60 gm / 30 days)
clobetasol propionate e	$0 (Tier 4)	QL (60 gm / 30 days)
clobetasol propionate gel 0.05%	$0 (Tier 4)	QL (60 gm / 30 days)
clobetasol propionate oint 0.05%	$0 (Tier 4)	QL (60 gm / 30 days)
clobetasol propionate soln 0.05%	$0 (Tier 4)	QL (50 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluocinolone acetonide cream 0.01%	$0 (Tier 4)	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	$0 (Tier 4)	QL (120 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	$0 (Tier 3)	QL (118.28 mL / 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	$0 (Tier 3)	QL (118.28 mL / 30 days)
fluocinolone acetonide oint 0.025%	$0 (Tier 3)	QL (120 gm / 30 days)
fluocinolone acetonide soln 0.01%	$0 (Tier 4)	QL (60 mL / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluocinonide cream 0.05%	$0 (Tier 3)	QL (120 gm / 30 days)
fluocinonide emulsified base cream 0.05%	$0 (Tier 3)	QL (120 gm / 30 days)
fluocinonide gel 0.05%	$0 (Tier 4)	QL (60 gm / 30 days)
fluocinonide oint 0.05%	$0 (Tier 4)	QL (60 gm / 30 days)
fluocinonide soln 0.05%	$0 (Tier 3)	QL (60 mL / 30 days)
fluticasone propionate cream 0.05%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluticasone propionate oint 0.005%	$0 (Tier 3)	
halobetasol propionate cream 0.05%	$0 (Tier 4)	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	$0 (Tier 4)	QL (50 gm / 30 days)
hydrocortisone cream 1%	$0 (Tier 1)	
hydrocortisone cream 2.5%	$0 (Tier 2)	
hydrocortisone lotion 2.5%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone oint 1%	$0 (Tier 2)	QL (30 gm / 30 days)
hydrocortisone oint 2.5%	$0 (Tier 2)	
hydrocortisone valerate cream 0.2%	$0 (Tier 3)	QL (60 gm / 30 days)
mometasone furoate cream 0.1%	$0 (Tier 3)	
mometasone furoate oint 0.1%	$0 (Tier 3)	
mometasone furoate solution 0.1% (lotion)	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
triamcinolone acetonide cream 0.1%	$0 (Tier 2)	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	$0 (Tier 2)	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.025%	$0 (Tier 2)	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	$0 (Tier 3)	
triamcinolone acetonide lotion 0.025%	$0 (Tier 3)	
triamcinolone acetonide oint 0.1%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
triamcinolone acetonide oint 0.5%	$0 (Tier 2)	
triamcinolone acetonide oint 0.025%	$0 (Tier 2)	
triderm	$0 (Tier 2)	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo	$0 (Tier 3)	QL (60 mL / 30 days), PA
lidocaine hcl soln 4%	$0 (Tier 3)	QL (50 mL / 30 days), PA
lidocaine oint 5%	$0 (Tier 4)	QL (50 gm / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lidocaine patch 5%	$0 (Tier 4)	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	$0 (Tier 2)	B/D, QL (30 gm / 30 days)
lidocan	$0 (Tier 4)	QL (3 patches / 1 day), PA
tridacaine dis 5% patch	$0 (Tier 4)	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid gel 15%	$0 (Tier 4)	QL (50 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bexarotene gel 1%	$0 (Tier 5)	NDS, QL (60 gm / 30 days), PA
diclofenac sodium soln 1.5%	$0 (Tier 3)	QL (300 mL / 28 days)
fluorouracil cream 5%	$0 (Tier 4)	QL (40 gm / 30 days)
fluorouracil soln 2%	$0 (Tier 3)	QL (10 mL / 30 days)
fluorouracil soln 5%	$0 (Tier 3)	QL (10 mL / 30 days)
hydrocortisone perianal cream 1%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone perianal cream 2.5%	$0 (Tier 3)	
imiquimod cream 5%	$0 (Tier 3)	QL (24 packets / 30 days)
lactic acid (ammonium lactate) cream 12%	$0 (Tier 2)	
lactic acid (ammonium lactate) lotion 12%	$0 (Tier 2)	
metronidazole cream 0.75%	$0 (Tier 3)	QL (45 gm / 30 days)
metronidazole gel 0.75%	$0 (Tier 3)	QL (45 gm / 30 days)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metronidazole lotion 0.75%	$0 (Tier 4)	QL (59 mL / 30 days)
nitroglycerin oint 0.4%	$0 (Tier 4)	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	$0 (Tier 5)	NDS, QL (60 gm / 30 days), PA
pimecrolimus cream 1%	$0 (Tier 4)	QL (100 gm / 30 days), PA
podofilox soln 0.5%	$0 (Tier 3)	QL (7 mL / 28 days)
procto-med hc	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
proctocort cre 1%	$0 (Tier 3)	
proctosol hc	$0 (Tier 3)	
proctozone-hc	$0 (Tier 3)	
tacrolimus oint 0.1%	$0 (Tier 4)	QL (100 gm / 30 days), PA
tacrolimus oint 0.03%	$0 (Tier 4)	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	$0 (Tier 5)	NDS, QL (60 gm / 30 days), PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion lotion 0.5%	$0 (Tier 4)	QL (59 mL / 30 days)
permethrin cream 5%	$0 (Tier 3)	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	$0 (Tier 5)	NDS, QL (30 gm / 30 days), PA
SANTYL OIN 250/GM	$0 (Tier 4)	QL (180 gm / 30 days)
sodium chloride irrigation soln 0.9%	$0 (Tier 3)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
water for irrigation, sterile irrigation soln	$0 (Tier 2)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	$0 (Tier 4)	
chlorhexidine gluconate soln 0.12%	$0 (Tier 1)	
clotrimazole troche 10 mg	$0 (Tier 3)	QL (150 lozenges / 30 days)
kourzeq	$0 (Tier 3)	
lidocaine hcl viscous soln 2%	$0 (Tier 2)	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nystatin susp 100000 unit/ml	$0 (Tier 2)	
periogard	$0 (Tier 1)	
pilocarpine hcl tab 5 mg	$0 (Tier 3)	
pilocarpine hcl tab 7.5 mg	$0 (Tier 3)	
triamcinolone acetonide dental paste 0.1%	$0 (Tier 3)	

D.Índice de medicamentos cubiertos

En esta sección, puede buscar un medicamento por su nombre en orden alfabético. De este modo, obtendrá el número de página en la que puede encontrar información adicional sobre la cobertura de su medicamento.

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YESINTEK INJ 90MG/ML 590
YF-VAX INJ 616
yuvafem 503

Z

zafemy 497
*zafirlukast tab 10 mg*660
*zafirlukast tab 20 mg*660
ZARXIO INJ 300/0.5.572
ZARXIO INJ 480/0.8.573
ZEGALOGUE INJ 0.6/0.6 512
ZEJULA TAB 100MG..204
ZEJULA TAB 200MG..204
ZEJULA TAB 300MG..204
ZELBORAF TAB 240MG 204
ZEMAIRA INJ 1000MG 671
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ZEMAIRA INJ 5000MG 671
zenatane 683
ZENPEP CAP 10000UNT 553
ZENPEP CAP 15000UNT 553
ZENPEP CAP 20000UNT 553
ZENPEP CAP 25000UNT 553
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ZENPEP CAP 40000UNT 554
ZENPEP CAP 5000UNIT 553
ZENPEP CAP 60000UNT 554
ZERVIATE DRO 0.24% 642
zidovudine cap 100 mg 85
zidovudine syrup 10 mg/ml 85
zidovudine tab 300 mg 85
ziprasidone hcl cap 20 mg 361
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ziprasidone hcl cap 60 mg 361
ziprasidone hcl cap 80 mg 362

ziprasidone mesylate for inj 20 mg (base equivalent).....362
ZIRABEV INJ 100/4ML 204
ZIRABEV INJ 400/16ML 204
ZIRGAN GEL 0.15% .638
zoledronic acid inj conc for iv infusion 4 mg/5ml 465
zoledronic acid iv soln 5 mg/100ml.....465
ZOLINZA CAP 100MG 205
zolpidem tartrate tab 10 mg.....407
zolpidem tartrate tab 5 mg.....406
zolpidem tartrate tab er 12.5 mg.....408
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ZONISADE SUS 100MG/5 395
zonisamide cap 100 mg 396
zonisamide cap 25 mg 396
zonisamide cap 50 mg 396
zovia 1/35 497
ZTALMY SUS 50MG/ML 396
zumandimine..... 498
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ZURZUVAE CAP 25MG 319
ZURZUVAE CAP 30MG 320
ZYDELIG TAB 100MG205
ZYDELIG TAB 150MG205
ZYKADIA TAB 150MG205
ZYLET SUS 0.5-0.3%634
ZYPITAMAG TAB 2MG 245
ZYPITAMAG TAB 4MG 245

Este formulario se actualizó el 07/01/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros de CCA Senior Care Options al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. O visite ccama.org.