Amerigroup

TEXAS Medicare Medicaid PLAN
Your Health Plan ★ Your Choice

TEXAS Health and Human Services

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan)

2023 List of Covered Drugs (Formulary)

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

This formulary was updated on 10/3/2023. For more recent information or other questions, contact us at: **1-833-232-1711 TTY: 711**), **24 hours a day, 7 days a week** or visit **www.myamerigroup.com/TXmmp.**

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Pharmacy Member Services for more information.

Issued 11/1/2023

H8786_23_3002626_T_0011 CMS approved 09/16/2022

Formulary ID: TX_MMP_23104_v18_2311_1 Version: v18

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan)

2023 List of Covered Drugs (Formulary)

Introduction

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

Table of Contents

A. Disclaimers

This is a list of drugs that members can get in Amerigroup STAR+PLUS MMP.

- Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to enrollees.
- You can always check Amerigroup STAR+PLUS MMP's up-to-date List of Covered Drugs online at **www.myamerigroup.com/TXmmp** or by calling **1-833-232-1711** (TTY: **711**) **24 hours a day, 7 days a week**.
- For additional information you may also call STAR+PLUS MMP Help Line at **1-877-782-6440**, **Monday through Friday from 8 a.m. to 6 p.m. Central time**. TTY users should call **1-800-735-2989**.
- Limitations, copays, and restrictions may apply. For more information, call Amerigroup STAR+PLUS MMP Pharmacy Member Services or read the Amerigroup STAR+PLUS MMP *Member Handbook*.
- ATENCIÓN: Si habla español, le ofrecemos servicios de asistencia de idiomas sin cargo. Llame al **1-833-232-1711** (TTY: **711**), **las 24 horas del día, los 7 días de la semana**. La llamada es gratuita.
- You can get this document for free in other language and formats, such as large print, braille, or audio. Call **1-833-232-1711** (TTY: **711**) **24 hours a day, 7 days a week** The call is free.

  When calling, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year.

  You can also call us to change or cancel a standing order. You also can find your documents online at **www.myamerigroup.com/TXmmp**.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 13 are the drugs covered by Amerigroup STAR+PLUS MMP. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Amerigroup STAR+PLUS MMP will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at an Amerigroup STAR+PLUS MMP network pharmacy.
- Amerigroup STAR+PLUS MMP may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at **www.myamerigroup.com/TXmmp** or call Pharmacy Member Services at **1-833-232-1711** (TTY: **711**), **24 hours a day, 7 days a week**.

B2. Does the Drug List ever change?

Yes, and Amerigroup STAR+PLUS MMP must follow Medicare and Texas Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

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

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

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

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

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

- You can always check Amerigroup STAR+PLUS MMP's up to date Drug List online at **www.myamerigroup.com/TXmmp**.
- You can also call Pharmacy Member Services to check the current Drug List at **1-833-232-1711** (TTY: **711**) **24 hours a day, 7 days a week**.

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

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

- **A new generic drug becomes available**. Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
    - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.

- **A drug is taken off the market**. If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Please contact your prescribing doctor as soon as you get the letter.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
    - Replace a brand name drug currently on the Drug List **or**
    - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 31-day supply of the drug after you ask for a refill.

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

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions refer to question B10.

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 13-122. You can also get more information by visiting our website at **www.myamerigroup.com/TXmmp**. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

The *List of Covered Drugs* on page 13 has a column labeled "Necessary actions, restrictions or limits on use."

B6. What happens if Amerigroup STAR+PLUS MMP changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically,** refer to the Index of Covered Drugs section. You can find it by going to the list that begins on page 123, then look for the name of your drug on the list.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" that begins on page 13. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Pharmacy Member Services at **1-833-232-1711** (TTY **711**), **24 hours a day, 7 days a week** and ask about it. If you learn that Amerigroup STAR+PLUS MMP will not cover the drug, you can do one of these things:

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

B9. What if I am a new Amerigroup STAR+PLUS MMP member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of Amerigroup STAR+PLUS MMP. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of medications.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Amerigroup STAR+PLUS MMP, **or**
- you are taking a drug that is part of a step therapy restriction.

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

- We will cover one 34-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Amerigroup STAR+PLUS MMP member.
- This is in addition to the temporary supply during the first 90 days you are a member of Amerigroup STAR+PLUS MMP.

If you experience a change in the level of care you're getting that requires you to transition from one facility or treatment center to another, you may be eligible for a one-time temporary fill of the prescription you have now. For example, if you were discharged from the hospital and given a discharge list of medications based upon the hospital formulary, you may be able to get a one-time fill of the drug. You can get the temporary one-time fill exception, regardless of whether or not you're in your first 90 days of program enrollment. Have your prescriber call us for details.

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

Yes. You can ask Amerigroup STAR+PLUS MMP to make an exception to cover a drug that is not on the Drug List.

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

- For example, Amerigroup STAR+PLUS MMP may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call Pharmacy Member Services. Your Pharmacy Member Services representative will work with you and your provider to help you ask for an exception.

You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. The statement may be sent to:

Amerigroup STAR+PLUS MMP
Medicare Prior Authorization Review
P O Box 47686
San Antonio, TX 78265-8686
FAX: 1-844-494-8342

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand-name drugs. They usually cost less than the brand-name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Amerigroup STAR+PLUS MMP covers both brand-name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." Amerigroup STAR+PLUS MMP covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Amerigroup STAR+PLUS MMP Drug List to find out what OTC drugs are covered.

B15. Does Amerigroup STAR+PLUS MMP cover non-drug OTC products?

Amerigroup STAR+PLUS MMP covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include masks, and mouthpiece devices.

You can read the Amerigroup STAR+PLUS MMP Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

You can read the Amerigroup STAR+PLUS MMP Drug List to learn about the copay for each drug.

Amerigroup STAR+PLUS MMP members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

Copays are listed by tiers. Tiers are groups of drugs with the same copay.

- Tier 1 - Medicare Part D preferred generic and brand-name drugs.
  The copay is $0.
- Tier 2 - Medicare Part D preferred and non-preferred generic and brand-name drugs.
  The copay is from $0 to $10.35 depending on your income.
- Tier 3 - Texas Medicaid State approved prescription generic and brand-name drugs.
  The copay is $0.
- Tier 4 - Texas Medicaid State approved over-the-counter (OTC) drugs that require a prescription from your provider.
  The copay is $0.

C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by Amerigroup STAR+PLUS MMP. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 123. The index alphabetically lists all drugs covered by Amerigroup STAR+PLUS MMP.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., SPIRIVA RESPIMAT) and generic drugs are listed in lower case italics (e.g., atenolol).

The information in the "Necessary Actions, Restrictions or Limits on Use" column tells you if Amerigroup STAR+PLUS MMP has any rules for covering your drug.

Note: The asterisk (*) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Texas Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Pharmacy Member Services at 1-833-232-1711 (TTY: 711), 24 hours a day, 7 days a week. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

- **B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **LA:** Limited Access. This prescription may be available only at certain pharmacies. For more information, please call Pharmacy Member Services at **1-833-232-1711** (TTY: **711**), **24 hours a day, 7 days a week**.
- **MO:** Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail-order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).
- **NEDS:** Nonextended day supply drugs include specialty drugs. Specialty drugs fill to a 30-day supply.
- **PA:** Prior Authorization Required. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
- **ST**: Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ANALGESICS		
acetaminophen-codeine 120-12 mg/5ml solution	Tier 2	QL (900 per 30 days); NEDS
acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab	Tier 2	QL (180 per 30 days); NEDS
butorphanol tartrate 1 mg/ml solution	Tier 2	QL (240 per 30 days); NEDS
butorphanol tartrate 10 mg/ml solution	Tier 2	QL (5 per 30 days); NEDS
butorphanol tartrate 2 mg/ml solution	Tier 2	QL (120 per 30 days); NEDS
celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap	Tier 2	MO
diclofenac potassium 50 mg tab	Tier 2	MO
diclofenac sodium 1 % gel	Tier 2	QL (1000 per 30 days)
diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	Tier 2	MO
diclofenac sodium er	Tier 2	MO
diflunisal 500 mg tab	Tier 2	MO
duramorph	Tier 2	QL (180 per 30 days); NEDS
ec-naproxen	Tier 2	MO
endocet	Tier 2	QL (180 per 30 days); NEDS
etodolac	Tier 2	MO
fenoprofen calcium 600 mg tab	Tier 2	MO
fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr	Tier 2	PA; QL (15 per 30 days); NEDS
fentanyl citrate 200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle	Tier 2	PA; QL (120 per 30 days); NEDS
flurbiprofen 100 mg tab	Tier 2	MO
hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution	Tier 2	QL (2700 per 30 days); NEDS

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
hydrocodone-acetaminophen 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab	Tier 2	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen 5-200 mg tab, 7.5-200 mg tab	Tier 2	QL (50 per 10 days); NEDS
hydromorphone hcl 2 mg tab, 4 mg tab, 8 mg tab	Tier 2	QL (180 per 30 days); NEDS
ibu	Tier 2	MO
ibuprofen 100 mg/5ml suspension	Tier 2	
ibuprofen 400 mg tab, 600 mg tab, 800 mg tab	Tier 2	MO
indomethacin 25 mg cap, 50 mg cap	Tier 2	PA; MO
indomethacin er	Tier 2	PA; MO
levorphanol tartrate 2 mg tab	Tier 2	QL (180 per 30 days); NEDS
meclofenamate sodium 50 mg cap, 100 mg cap	Tier 2	MO
meloxicam 7.5 mg tab, 15 mg tab	Tier 2	MO
methadone hcl 10 mg/ml conc	Tier 2	QL (180 per 30 days); NEDS
methadone hcl 10 mg/ml solution	Tier 2	QL (20 per 30 days); NEDS
methadone hcl 5 mg tab, 10 mg tab	Tier 2	PA; QL (180 per 30 days); NEDS
methadone hcl 5 mg/5ml solution, 10 mg/5ml solution	Tier 2	QL (900 per 30 days); NEDS
methadone hcl intensol	Tier 2	QL (180 per 30 days); NEDS
morphine sulfate (concentrate) 20 mg/ml solution, 100 mg/5ml solution	Tier 2	QL (180 per 30 days); NEDS
MORPHINE SULFATE (PF) 0.5 MG/ML SOLUTION, 1 MG/ML SOLUTION, 4 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION	Tier 2	QL (180 per 30 days); NEDS
MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV	Tier 2	QL (180 per 30 days); NEDS
morphine sulfate 1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 8 mg/ml solution, 15 mg tab, 30 mg tab	Tier 2	QL (180 per 30 days); NEDS
morphine sulfate 20 mg/5ml solution	Tier 2	QL (900 per 30 days); NEDS
morphine sulfate 50 mg/ml solution	Tier 2	QL (60 per 30 days); NEDS
morphine sulfate er 100 mg tab er, 200 mg tab er	Tier 2	PA; QL (60 per 30 days); NEDS

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er	Tier 2	PA; QL (90 per 30 days); NEDS
morphine sulfate iv soln pf 10 mg/ml	Tier 2	QL (180 per 30 days); NEDS
nabumetone 500 mg tab, 750 mg tab	Tier 2	MO
naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	Tier 2	MO
naproxen dr	Tier 2	MO
naproxen sodium 275 mg tab, 550 mg tab	Tier 2	MO
oxaprozin	Tier 2	MO
oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc	Tier 2	QL (180 per 30 days); NEDS
oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab	Tier 2	QL (180 per 30 days); NEDS
piroxicam 10 mg cap, 20 mg cap	Tier 2	MO
relafen	Tier 2	MO
sulindac 150 mg tab, 200 mg tab	Tier 2	MO
tramadol hcl 50 mg tab	Tier 2	QL (240 per 30 days); NEDS
tramadol-acetaminophen	Tier 2	QL (40 per 5 days); NEDS
ANESTHETICS		
glydo	Tier 2	
lidocaine 5 % ointment	Tier 2	PA; QL (150 per 30 days)
lidocaine 5 % patch	Tier 2	PA; QL (90 per 30 days)
lidocaine hcl (pf) 2 % solution	Tier 2	
lidocaine hcl 4 % solution	Tier 2	PA; QL (300 per 30 days)
lidocaine hcl urethral/mucosal	Tier 2	
lidocaine viscous hcl	Tier 2	
lidocaine-prilocaine 2.5-2.5 % cream	Tier 2	QL (30 per 30 days)
NAYZILAM	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate calcium	Tier 2	MO
buprenorphine hcl 0.3 mg/ml solution	Tier 2	QL (90 per 30 days); NEDS
buprenorphine hcl 2 mg sl tab	Tier 2	QL (240 per 30 days); NEDS
buprenorphine hcl 8 mg sl tab	Tier 2	QL (60 per 30 days); NEDS
buprenorphine hcl-naloxone hcl 12-3 mg film	Tier 2	QL (60 per 30 days); NEDS
buprenorphine hcl-naloxone hcl 2-0.5 mg film	Tier 2	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab	Tier 1	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl 4-1 mg film	Tier 2	QL (240 per 30 days); NEDS
buprenorphine hcl-naloxone hcl 8-2 mg film	Tier 2	QL (120 per 30 days); NEDS
buprenorphine hcl-naloxone hcl 8-2 mg sl tab	Tier 1	QL (120 per 30 days); NEDS
bupropion hcl er (smoking det)	Tier 2	QL (60 per 30 days)
CHANTIX 0.5 MG TAB	Tier 2	PA; QL (60 per 30 days)
CHANTIX 1 MG TAB	Tier 2	PA; QL (56 per 28 days)
CHANTIX CONTINUING MONTH PAK	Tier 2	PA; QL (56 per 28 days)
CHANTIX STARTING MONTH PAK	Tier 2	PA
disulfiram 250 mg tab, 500 mg tab	Tier 2	MO
naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution	Tier 1	
naloxone hcl 4 mg/0.1ml liquid	Tier 2	
naltrexone hcl 50 mg tab	Tier 2	
NICOTROL NS	Tier 2	QL (120 per 30 days)
varenicline tartrate (starter)	Tier 2	PA
varenicline tartrate 0.5 mg tab	Tier 2	PA; QL (60 per 30 days)
varenicline tartrate 1 mg tab	Tier 2	PA; QL (56 per 28 days)
ANTIBACTERIALS		
acetic acid 2 % solution	Tier 2	
amikacin sulfate 1 gm/4ml solution, 500 mg/2ml solution	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
amoxicillin 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab	Tier 2	
amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab	Tier 2	
amoxicillin-pot clavulanate er	Tier 2	
ampicillin	Tier 2	
ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln	Tier 2	
ampicillin sodium 2 gm recon soln for inj	Tier 2	
ampicillin sodium 2 gm recon soln for iv	Tier 2	
ampicillin-sulbactam sodium	Tier 2	
azithromycin 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab	Tier 2	
aztreonam	Tier 2	
BICILLIN C-R	Tier 2	
cefaclor 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap	Tier 2	
CEFACLOR ER	Tier 2	
cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp	Tier 2	
cefazolin sodium 1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln	Tier 2	
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
cefdinir 125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap	Tier 2	
cefepime hcl 1 gm recon soln, 2 gm recon soln	Tier 2	
cefixime 400 mg cap	Tier 2	
cefoxitin sodium	Tier 2	
cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab	Tier 2	
cefprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab	Tier 2	
ceftazidime 1 gm recon soln, 2 gm recon soln, 6 gm recon soln	Tier 2	
CEFTRIAXONE SODIUM 1 GM RECON SOLN, 2 GM RECON SOLN, 10 GM RECON SOLN, 100 GM RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN	Tier 2	
ceftriaxone sodium in dextrose	Tier 2	
CEFTRIAXONE SODIUM-DEXTROSE	Tier 2	
cefuroxime axetil	Tier 2	
cefuroxime sodium	Tier 2	
cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap	Tier 2	
ciprofloxacin hcl 0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab	Tier 2	
ciprofloxacin in d5w 200 mg/100ml solution	Tier 2	
clarithromycin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab	Tier 2	
clarithromycin er	Tier 2	
clindacin etz 1 % swab	Tier 2	
clindacin-p	Tier 2	
clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap	Tier 2	
clindamycin phosphate 1 % swab, 2 % cream, 9 gm/ 60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 9000 mg/60ml solution	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
colistimethate sodium (cba)	Tier 2	
daptomycin	Tier 2	
demeclocycline hcl	Tier 2	
dicloxacillin sodium	Tier 2	
DIFICID 40 MG/ML RECON SUSP, 200 MG TAB	Tier 2	PA
doxy 100	Tier 2	
doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg recon soln, 100 mg tab	Tier 2	
doxycycline monohydrate 50 mg cap, 50 mg tab, 100 mg cap, 100 mg tab	Tier 2	
e.e.s. 400	Tier 2	
ertapenem sodium	Tier 2	
ery-tab	Tier 2	
erythrocin lactobionate	Tier 2	
erythrocin stearate	Tier 2	
erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	Tier 2	
erythromycin base 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	Tier 2	
erythromycin ethylsuccinate 400 mg tab	Tier 2	
erythromycin lactobionate	Tier 2	
erythromycin stearate	Tier 2	
fosfomycin tromethamine	Tier 2	
gentamicin sulfate 0.1 % cream, 0.1 % ointment	Tier 2	QL (30 per 30 days)
gentamicin sulfate 10 mg/ml solution, 40 mg/ml solution	Tier 2	
imipenem-cilastatin	Tier 2	
levofloxacin 25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab	Tier 2	
levofloxacin in d5w	Tier 2	
linezolid 100 mg/5ml recon susp	Tier 2	PA; QL (1800 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
linezolid 600 mg tab	Tier 2	PA; QL (56 per 28 days)
linezolid 600 mg/300ml solution	Tier 2	
LINEZOLID IN SODIUM CHLORIDE	Tier 2	
meropenem	Tier 2	
methenamine hippurate	Tier 2	
metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion, 250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution	Tier 2	
metronidazole 0.75 % gel (topical)	Tier 2	
metronidazole 0.75 % gel vaginal	Tier 2	
minocycline hcl 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab	Tier 2	
mondoxyne nl 100 mg cap	Tier 2	
moxifloxacin hcl 400 mg tab	Tier 2	
nafcillin sodium 1 gm recon soln for inj	Tier 2	
nafcillin sodium 10 gm recon soln	Tier 2	
nafcillin sodium 2 gm recon soln for inj	Tier 2	
neomycin sulfate 500 mg tab	Tier 2	
neomycin-polymyxin b gu	Tier 2	
nitrofurantoin macrocrystal 50 mg cap, 100 mg cap	Tier 2	
nitrofurantoin monohyd macro	Tier 2	
ofloxacin 300 mg tab, 400 mg tab	Tier 2	
oxacillin sodium	Tier 2	
paromomycin sulfate 250 mg cap	Tier 2	
PENICILLIN G POT IN DEXTROSE	Tier 2	
penicillin g potassium	Tier 2	
PENICILLIN G PROCAINE	Tier 2	
penicillin g sodium	Tier 2	
penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
pfizerpen	Tier 2	
piperacillin sod-tazobactam soln	Tier 2	
streptomycin sulfate 1 gm recon soln	Tier 2	
sulfacetamide sodium (acne)	Tier 2	
sulfadiazine 500 mg tab	Tier 2	
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg tab, 400-80 mg/5ml solution, 800-160 mg tab	Tier 2	
tazicef 1 gm recon soln, 2 gm recon soln, 6 gm recon soln	Tier 2	
TEFLARO	Tier 2	
tetracycline hcl 250 mg cap, 500 mg cap	Tier 2	
TIGECYCLINE	Tier 2	
tobramycin sulfate 1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution	Tier 2	
trimethoprim 100 mg tab	Tier 2	
VANCOMYCIN HCL 1 GM RECON SOLN, 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 5 GM RECON SOLN, 10 GM RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION	Tier 2	
vancomycin hcl 125 mg cap, 250 mg cap	Tier 2	PA; QL (240 per 30 days)
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION	Tier 2	
VANCOMYCIN HCL IN NACL 1-0.9 GM/200ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION	Tier 2	
VANDAZOLE	Tier 2	
XIFAXAN 550 MG TAB	Tier 2	PA; QL (84 per 28 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ANTICONVULSANTS		
APTIOM	Tier 2	ST; MO
BRIVIACT 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	Tier 2	QL (60 per 30 days); MO
BRIVIACT 10 MG/ML SOLUTION	Tier 2	QL (600 per 30 days); MO
BRIVIACT 50 MG/5ML SOLUTION	Tier 2	
carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab	Tier 2	MO
carbamazepine er	Tier 2	MO
CELONTIN	Tier 2	MO
clobazam 10 mg tab	Tier 2	PA; QL (120 per 30 days); MO
clobazam 2.5 mg/ml suspension	Tier 2	PA; QL (480 per 30 days); MO
clobazam 20 mg tab	Tier 2	PA; QL (60 per 30 days); MO
DIACOMIT 250 MG CAP, 250 MG PACKET	Tier 2	PA; LA; QL (360 per 30 days)
DIACOMIT 500 MG CAP, 500 MG PACKET	Tier 2	PA; LA; QL (180 per 30 days)
diazepam 2.5 mg gel, 10 mg gel, 20 mg gel	Tier 2	
DILANTIN 30 MG CAP, 100 MG CAP	Tier 2	MO
DILANTIN INFATABS	Tier 2	MO
divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr	Tier 2	MO
divalproex sodium er	Tier 2	MO
EPIDIOLEX	Tier 2	PA; LA
epitol	Tier 2	MO
EPRONTIA	Tier 2	MO
ethosuximide 250 mg cap, 250 mg/5ml solution	Tier 2	MO
felbamate 400 mg tab, 600 mg tab, 600 mg/5ml suspension	Tier 2	MO
FINTEPLA	Tier 2	PA; LA
FYCOMPA 0.5 MG/ML SUSPENSION	Tier 2	QL (720 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
FYCOMPA 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	Tier 2	QL (30 per 30 days); MO
gabapentin 100 mg cap	Tier 1	QL (1080 per 30 days); MO
gabapentin 250 mg/5ml solution, 300 mg/6ml solution	Tier 2	QL (2160 per 30 days); MO
gabapentin 300 mg cap	Tier 1	QL (360 per 30 days); MO
gabapentin 400 mg cap	Tier 1	QL (270 per 30 days); MO
gabapentin 600 mg tab	Tier 1	QL (180 per 30 days); MO
gabapentin 800 mg tab	Tier 1	QL (120 per 30 days); MO
lacosamide 10 mg/ml solution	Tier 2	QL (1200 per 30 days); MO
lacosamide 200 mg/20ml solution	Tier 2	QL (1200 per 30 days)
lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	Tier 2	QL (60 per 30 days); MO
lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	Tier 2	MO
levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab	Tier 2	MO
levetiracetam 500 mg/5ml solution	Tier 2	
levetiracetam er 500 mg tab er 24h	Tier 2	QL (180 per 30 days); MO
levetiracetam er 750 mg tab er 24h	Tier 2	QL (120 per 30 days); MO
levetiracetam in nacl 500 mg/100ml solution, 1000 mg/100ml solution, 1500 mg/100ml solution	Tier 2	
methsuximide	Tier 2	MO
oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/ 5ml suspension, 600 mg tab	Tier 2	MO
phenobarbital 100 mg tab	Tier 2	PA; QL (120 per 30 days); MO
phenobarbital 15 mg tab	Tier 2	PA; QL (800 per 30 days); MO
phenobarbital 16.2 mg tab	Tier 2	PA; QL (741 per 30 days); MO
phenobarbital 20 mg/5ml elixir	Tier 2	PA; QL (3000 per 30 days); MO
phenobarbital 30 mg tab	Tier 2	PA; QL (400 per 30 days); MO
phenobarbital 32.4 mg tab	Tier 2	PA; QL (370 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
phenobarbital 60 mg tab	Tier 2	PA; QL (200 per 30 days); MO
phenobarbital 64.8 mg tab	Tier 2	PA; QL (185 per 30 days); MO
phenobarbital 97.2 mg tab	Tier 2	PA; QL (123 per 30 days); MO
PHENYTEK	Tier 2	MO
phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension	Tier 2	MO
phenytoin infatabs	Tier 2	MO
phenytoin sodium extended	Tier 2	MO
primidone 50 mg tab, 125 mg tab, 250 mg tab	Tier 2	MO
roweepra	Tier 2	MO
rufinamide 200 mg tab	Tier 2	PA; QL (480 per 30 days); MO
rufinamide 40 mg/ml suspension	Tier 2	PA; QL (2400 per 30 days); MO
rufinamide 400 mg tab	Tier 2	PA; QL (240 per 30 days); MO
SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	Tier 2	QL (60 per 30 days); MO
SPRITAM 750 MG TAB	Tier 2	QL (120 per 30 days); MO
subvenite	Tier 2	MO
SYMPAZAN 10 MG FILM, 20 MG FILM	Tier 2	PA; QL (60 per 30 days); MO
SYMPAZAN 5 MG FILM	Tier 2	PA; QL (30 per 30 days); MO
tiagabine hcl	Tier 2	MO
topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab	Tier 2	MO
valproate sodium 100 mg/ml solution, 500 mg/5ml solution	Tier 2	
valproic acid 250 mg cap, 250 mg/5ml solution	Tier 2	MO
VALTOCO 10 MG DOSE	Tier 2	
VALTOCO 15 MG DOSE	Tier 2	
VALTOCO 20 MG DOSE	Tier 2	
VALTOCO 5 MG DOSE	Tier 2	
vigabatrin	Tier 2	PA; LA; QL (180 per 30 days)
vigadrone	Tier 2	PA; LA; QL (180 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
VIMPAT 10 MG/ML SOLUTION	Tier 2	QL (1200 per 30 days); MO
VIMPAT 200 MG/20ML SOLUTION	Tier 2	QL (1200 per 30 days)
VIMPAT 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	Tier 2	QL (60 per 30 days); MO
XCOPRI (250 MG DAILY DOSE)	Tier 2	QL (56 per 28 days); MO
XCOPRI (350 MG DAILY DOSE)	Tier 2	QL (56 per 28 days); MO
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK	Tier 2	QL (56 per 365 over time)
XCOPRI 150 MG TAB, 200 MG TAB	Tier 2	QL (60 per 30 days); MO
XCOPRI 50 MG TAB, 100 MG TAB	Tier 2	QL (30 per 30 days); MO
ZONISADE	Tier 2	MO
zonisamide 25 mg cap, 50 mg cap, 100 mg cap	Tier 2	MO
ZTALMY	Tier 2	QL (1100 per 30 days)
ANTIDEMENTIA AGENTS		
donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp	Tier 2	QL (30 per 30 days); MO
ergoloid mesylates 1 mg tab	Tier 2	PA; MO
memantine hcl 10 mg tab	Tier 2	PA; QL (60 per 30 days); MO
memantine hcl 2 mg/ml solution	Tier 2	PA; QL (300 per 30 days); MO
memantine hcl 5 mg tab	Tier 2	PA; QL (90 per 30 days); MO
memantine hcl er	Tier 2	PA; QL (30 per 30 days); MO
NAMZARIC 7 & 14 & 21 &28 -10 MG CP24 THPK	Tier 2	
NAMZARIC 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H	Tier 2	MO
rivastigmine	Tier 2	QL (30 per 30 days); MO
rivastigmine tartrate	Tier 2	QL (60 per 30 days); MO
ANTIDEPRESSANTS		
amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
amoxapine	Tier 2	PA; MO
AUVELITY	Tier 2	PA; QL (60 per 30 days); MO
bupropion hcl 100 mg tab	Tier 2	QL (135 per 30 days); MO
bupropion hcl 75 mg tab	Tier 2	QL (180 per 30 days); MO
bupropion hcl er (sr) 100 mg tab er 12h	Tier 2	QL (120 per 30 days); MO
bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h	Tier 2	QL (60 per 30 days); MO
bupropion hcl er (xl) 150 mg tab er 24h	Tier 2	QL (90 per 30 days); MO
bupropion hcl er (xl) 300 mg tab er 24h	Tier 2	QL (30 per 30 days); MO
chlordiazepoxide-amitriptyline	Tier 2	PA; MO
citalopram hydrobromide 10 mg tab	Tier 2	QL (120 per 30 days); MO
citalopram hydrobromide 10 mg/5ml solution	Tier 2	QL (600 per 30 days); MO
citalopram hydrobromide 20 mg tab	Tier 2	QL (60 per 30 days); MO
citalopram hydrobromide 40 mg tab	Tier 2	QL (30 per 30 days); MO
clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap	Tier 2	PA; MO
desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab	Tier 2	PA; MO
DESVENLAFAXINE ER	Tier 2	QL (30 per 30 days); MO
desvenlafaxine succinate er	Tier 2	MO
doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap	Tier 2	PA; MO
EMSAM	Tier 2	PA; QL (30 per 30 days); MO
escitalopram oxalate 10 mg tab	Tier 2	QL (60 per 30 days); MO
escitalopram oxalate 20 mg tab	Tier 2	QL (30 per 30 days); MO
escitalopram oxalate 5 mg tab	Tier 2	QL (120 per 30 days); MO
escitalopram oxalate 5 mg/5ml solution	Tier 2	QL (600 per 30 days); MO
FETZIMA	Tier 2	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	Tier 2	PA
fluoxetine hcl 10 mg cap	Tier 2	MO
fluoxetine hcl 20 mg cap	Tier 2	QL (120 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
fluoxetine hcl 20 mg/5ml solution	Tier 2	QL (600 per 30 days); MO
fluoxetine hcl 40 mg cap	Tier 2	QL (60 per 30 days); MO
fluvoxamine maleate 100 mg tab	Tier 2	QL (90 per 30 days); MO
fluvoxamine maleate 25 mg tab, 50 mg tab	Tier 2	MO
imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab	Tier 2	PA; MO
LYBALVI	Tier 2	QL (30 per 30 days); MO
MARPLAN	Tier 2	MO
mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp	Tier 2	QL (30 per 30 days); MO
mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab	Tier 2	MO
nefazodone hcl 200 mg tab	Tier 2	QL (90 per 30 days); MO
nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab	Tier 2	QL (60 per 30 days); MO
nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap	Tier 2	MO
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap	Tier 2	QL (90 per 30 days); MO
olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap	Tier 2	QL (30 per 30 days); MO
paroxetine hcl 10 mg tab, 20 mg tab	Tier 2	MO
paroxetine hcl 10 mg/5ml suspension	Tier 2	QL (900 per 30 days); MO
paroxetine hcl 30 mg tab	Tier 2	QL (60 per 30 days); MO
paroxetine hcl 40 mg tab	Tier 2	QL (45 per 30 days); MO
phenelzine sulfate 15 mg tab	Tier 2	MO
protriptyline hcl	Tier 2	PA; MO
sertraline hcl 100 mg tab	Tier 2	QL (60 per 30 days); MO
sertraline hcl 20 mg/ml conc	Tier 2	QL (300 per 30 days); MO
sertraline hcl 25 mg tab	Tier 2	QL (240 per 30 days); MO
sertraline hcl 50 mg tab	Tier 2	QL (120 per 30 days); MO
SPRAVATO (56 MG DOSE)	Tier 2	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	Tier 2	PA; QL (24 per 28 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
tranylcypromine sulfate	Tier 2	MO
trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab	Tier 2	MO
trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cap	Tier 2	MO
TRINTELLIX	Tier 2	QL (30 per 30 days); MO
VENLAFAXINE BESYLATE ER	Tier 2	MO
venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 100 mg tab	Tier 2	QL (90 per 30 days); MO
venlafaxine hcl 75 mg tab	Tier 2	MO
venlafaxine hcl er 37.5 mg cap er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h	Tier 2	MO
venlafaxine hcl er 37.5 mg tab er 24h	Tier 2	QL (30 per 30 days); MO
VIIBRYD	Tier 2	ST; QL (30 per 30 days); MO
vilazodone hcl	Tier 2	ST; QL (30 per 30 days); MO
ANTIEMETICS		
aprepitant 125 mg cap	Tier 2	QL (5 per 30 days); B/D PA
aprepitant 40 mg cap	Tier 2	QL (1 per 28 days); B/D PA
aprepitant 80 mg cap	Tier 2	QL (10 per 30 days); B/D PA
compro	Tier 2	
dronabinol	Tier 2	QL (120 per 30 days); B/D PA
meclizine hcl 12.5 mg tab, 25 mg tab	Tier 2	
metoclopramide hcl 5 mg tab, 5 mg/5ml solution, 5 mg/ml solution, 10 mg tab, 10 mg/10ml solution	Tier 2	
ondansetron	Tier 2	QL (90 per 30 days); B/D PA
ondansetron hcl 24 mg tab	Tier 2	QL (30 per 30 days); B/D PA
ondansetron hcl 4 mg tab, 8 mg tab	Tier 2	QL (90 per 30 days); B/D PA
ondansetron hcl 4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab	Tier 1	MO
prochlorperazine	Tier 2	
prochlorperazine edisylate 10 mg/2ml solution	Tier 2	
prochlorperazine maleate 5 mg tab, 10 mg tab	Tier 2	MO
promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab	Tier 2	
scopolamine	Tier 2	QL (10 per 28 days)
ANTIFUNGALS		
ABELCET	Tier 2	B/D PA
AMBISOME	Tier 2	B/D PA
amphotericin b 50 mg recon soln	Tier 2	B/D PA
amphotericin b liposome	Tier 2	B/D PA
ciclopirox olamine 0.77 % cream	Tier 2	QL (90 per 30 days)
ciclopirox olamine 0.77 % suspension	Tier 2	
clotrimazole 1 % cream, 1 % solution	Tier 2	
clotrimazole 10 mg troche	Tier 2	QL (150 per 30 days)
ERAXIS 100 MG RECON SOLN	Tier 2	PA
fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	Tier 2	
fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution	Tier 2	
flucytosine 250 mg cap, 500 mg cap	Tier 2	
griseofulvin microsize 125 mg/5ml suspension	Tier 2	
griseofulvin ultramicrosize	Tier 2	
itraconazole 100 mg cap	Tier 2	PA
ketoconazole 2 % cream, 2 % shampoo	Tier 2	QL (120 per 30 days)
ketoconazole 200 mg tab	Tier 2	
micafungin sodium	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
miconazole 3	Tier 2	
NOXAFIL 40 MG/ML SUSPENSION	Tier 2	PA; MO
nyamyc	Tier 2	
nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab	Tier 2	
nystop	Tier 2	
posaconazole 40 mg/ml suspension, 100 mg tab dr	Tier 2	PA; MO
terbinafine hcl 250 mg tab	Tier 2	
terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos	Tier 2	
voriconazole 200 mg tab	Tier 2	PA; QL (60 per 30 days)
voriconazole 40 mg/ml recon susp	Tier 2	PA; QL (300 per 30 days)
voriconazole 50 mg tab, 200 mg recon soln	Tier 2	PA
ANTIGOUT AGENTS		
allopurinol 100 mg tab, 300 mg tab	Tier 2	MO
colchicine 0.6 mg cap, 0.6 mg tab	Tier 1	
colchicine-probenecid	Tier 2	MO
febuxostat	Tier 2	ST; MO
probenecid	Tier 2	MO
ANTIMIGRAINE AGENTS		
AIMOVIG 140 MG/ML SOLN A-INJ	Tier 2	PA; QL (1 per 28 days); MO
AIMOVIG 70 MG/ML SOLN A-INJ	Tier 2	PA; QL (2 per 28 days); MO
dihydroergotamine mesylate 4 mg/ml solution	Tier 2	QL (8 per 28 days)
EMGALITY	Tier 2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	Tier 2	PA; QL (3 per 28 days); MO
ERGOMAR	Tier 2	
ergotamine-caffeine	Tier 2	
rizatriptan benzoate	Tier 2	QL (12 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
sumatriptan 5 mg/act solution, 20 mg/act solution	Tier 2	
sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab	Tier 2	QL (9 per 30 days)
sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/ 0.5ml soln a-inj	Tier 2	QL (6 per 30 days)
UBRELVY 100 MG TAB	Tier 2	PA; QL (16 per 30 days)
UBRELVY 50 MG TAB	Tier 2	PA; QL (20 per 30 days)
zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp	Tier 2	QL (9 per 30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 30 mg tab, 60 mg tab, 60 mg/5ml solution	Tier 2	
ANTIMYCOBACTERIALS		
dapsone 25 mg tab, 100 mg tab	Tier 2	MO
ethambutol hcl 100 mg tab, 400 mg tab	Tier 2	
isoniazid 50 mg/5ml syrup, 100 mg tab, 300 mg tab	Tier 2	MO
PRIFTIN	Tier 2	
pyrazinamide 500 mg tab	Tier 2	
rifabutin	Tier 2	
rifampin 150 mg cap, 300 mg cap, 600 mg recon soln	Tier 2	
SIRTURO	Tier 2	PA; LA
TRECATOR	Tier 2	
ANTINEOPLASTICS		
abiraterone acetate 250 mg tab	Tier 2	PA; QL (120 per 30 days)
abiraterone acetate 500 mg tab	Tier 2	PA; QL (60 per 30 days)
ABRAXANE	Tier 2	PA
adriamycin 2 mg/ml solution, 10 mg recon soln, 50 mg recon soln	Tier 2	B/D PA
ALECENSA	Tier 2	PA; LA; QL (240 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ALIMTA	Tier 2	PA
ALUNBRIG 180 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
ALUNBRIG 30 MG TAB	Tier 2	PA; LA; QL (180 per 30 days)
ALUNBRIG 90 & 180 MG TAB THPK	Tier 2	PA; LA; QL (30 per 180 over time)
ALUNBRIG 90 MG TAB	Tier 2	PA; LA; QL (60 per 30 days)
anastrozole 1 mg tab	Tier 2	QL (30 per 30 days); MO
AVASTIN	Tier 2	PA; LA
AYVAKIT	Tier 2	PA; LA; QL (30 per 30 days)
azacitidine	Tier 2	PA; LA
BALVERSA 3 MG TAB	Tier 2	PA; LA; QL (90 per 30 days)
BALVERSA 4 MG TAB	Tier 2	PA; LA; QL (60 per 30 days)
BALVERSA 5 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
BAVENCIO	Tier 2	PA; LA
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	Tier 2	B/D PA
BENDEKA	Tier 2	B/D PA
BESREMI	Tier 2	PA; LA
bexarotene 1 % gel	Tier 2	PA; QL (60 per 30 days)
bexarotene 75 mg cap	Tier 2	PA; QL (300 per 30 days)
bicalutamide	Tier 2	QL (30 per 30 days)
bleomycin sulfate	Tier 2	B/D PA
BORTEZOMIB 1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN	Tier 2	PA
BOSULIF 100 MG TAB	Tier 2	PA; QL (120 per 30 days)
BOSULIF 400 MG TAB, 500 MG TAB	Tier 2	PA; QL (30 per 30 days)
BRAFTOVI	Tier 2	PA; LA; QL (180 per 30 days)
BRUKINSA	Tier 2	PA; LA; QL (120 per 30 days)
CABOMETYX	Tier 2	PA; LA; QL (30 per 30 days)
CALQUENCE	Tier 2	PA; LA
CAPRELSA 100 MG TAB	Tier 2	PA; LA; QL (90 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
CAPRELSA 300 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
carboplatin	Tier 2	B/D PA
cisplatin 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution	Tier 2	B/D PA
COMETRIQ (100 MG DAILY DOSE)	Tier 2	PA; LA; QL (56 per 28 days)
COMETRIQ (140 MG DAILY DOSE)	Tier 2	PA; LA; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE)	Tier 2	PA; LA; QL (84 per 28 days)
COPIKTRA	Tier 2	PA; LA; QL (60 per 30 days)
COTELLIC	Tier 2	PA; LA; QL (90 per 30 days)
CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 2 GM/ 10ML SOLUTION, 500 MG/2.5ML SOLUTION, 500 MG/ML SOLUTION	Tier 2	
cyclophosphamide 25 mg cap, 50 mg cap	Tier 2	B/D PA
CYRAMZA	Tier 2	PA; LA
DARZALEX	Tier 2	PA; LA
DARZALEX FASPRO	Tier 2	PA
DAURISMO 100 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
DAURISMO 25 MG TAB	Tier 2	PA; LA; QL (60 per 30 days)
decitabine	Tier 2	
docetaxel 20 mg/2ml solution, 160 mg/16ml solution	Tier 2	
docetaxel 20 mg/ml conc, 80 mg/4ml conc, 80 mg/ 8ml solution, 160 mg/8ml conc	Tier 2	B/D PA
doxorubicin hcl 2 mg/ml solution, 10 mg recon soln, 50 mg recon soln	Tier 2	B/D PA
doxorubicin hcl liposomal	Tier 2	PA
DROXIA	Tier 2	MO
ELITEK	Tier 2	PA
EMCYT	Tier 2	
EMPLICITI	Tier 2	PA; LA
ENHERTU	Tier 2	PA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ERBITUX	Tier 2	PA
ERIVEDGE	Tier 2	PA; LA; QL (30 per 30 days)
ERLEADA	Tier 2	PA; LA
erlotinib hcl 100 mg tab, 150 mg tab	Tier 2	PA; QL (30 per 30 days)
erlotinib hcl 25 mg tab	Tier 2	PA; QL (90 per 30 days)
etoposide 1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution	Tier 2	B/D PA
everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab	Tier 2	PA
exemestane	Tier 2	QL (60 per 30 days); MO
EXKIVITY	Tier 2	PA; LA; QL (120 per 30 days)
fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution	Tier 2	B/D PA
FOTIVDA	Tier 2	PA; QL (21 per 28 days)
fulvestrant	Tier 2	PA
GAVRETO	Tier 2	PA; LA; QL (120 per 30 days)
GAZYVA	Tier 2	PA; LA
gefitinib	Tier 2	PA; QL (30 per 30 days)
gemcitabine hcl 1 gm recon soln, 1 gm/10ml solution, 2 gm recon soln, 2 gm/20ml solution, 200 mg recon soln, 200 mg/2ml solution	Tier 2	B/D PA
gemcitabine hcl 1 gm/26.3ml solution, 2 gm/52.6ml solution, 200 mg/5.26ml solution	Tier 2	
GILOTRIF	Tier 2	PA; LA; QL (30 per 30 days)
GLEOSTINE	Tier 2	PA
HERCEPTIN	Tier 2	B/D PA
HERCEPTIN HYLECTA	Tier 2	B/D PA
hydroxyurea 500 mg cap	Tier 2	
IBRANCE	Tier 2	PA; LA; QL (21 per 28 days)
ICLUSIG	Tier 2	PA; LA; QL (30 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
IDHIFA 100 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
IDHIFA 50 MG TAB	Tier 2	PA; LA; QL (60 per 30 days)
imatinib mesylate	Tier 2	PA; QL (60 per 30 days)
IMBRUVICA 140 MG CAP, 140 MG TAB	Tier 2	PA; LA; QL (90 per 30 days)
IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
IMBRUVICA 70 MG/ML SUSPENSION	Tier 2	PA; LA; QL (216 per 27 days)
IMFINZI	Tier 2	PA; LA
INLYTA 1 MG TAB	Tier 2	PA; LA; QL (180 per 30 days)
INLYTA 5 MG TAB	Tier 2	PA; LA; QL (120 per 30 days)
INQOVI	Tier 2	PA; LA; QL (5 per 28 days)
INREBIC	Tier 2	PA; LA; QL (120 per 30 days)
IRESSA	Tier 2	PA; LA; QL (30 per 30 days)
irinotecan hcl 40 mg/2ml solution, 100 mg/5ml solution, 300 mg/15ml solution	Tier 2	
irinotecan hcl 500 mg/25ml solution	Tier 2	B/D PA
JAKAFI	Tier 2	PA; LA; QL (60 per 30 days)
JAYPIRCA 100 MG TAB	Tier 2	PA; QL (60 per 30 days)
JAYPIRCA 50 MG TAB	Tier 2	PA; QL (30 per 30 days)
JEVTANA	Tier 2	PA
KADCYLA	Tier 2	PA
KEYTRUDA	Tier 2	PA
KISQALI (200 MG DOSE)	Tier 2	PA; QL (21 per 21 days)
KISQALI (400 MG DOSE)	Tier 2	PA; QL (42 per 21 days)
KISQALI (600 MG DOSE)	Tier 2	PA; QL (63 per 21 days)
KISQALI FEMARA (200 MG DOSE)	Tier 2	PA; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE)	Tier 2	PA; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE)	Tier 2	PA; QL (91 per 28 days)
KRAZATI	Tier 2	PA; QL (180 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
KYPROLIS	Tier 2	PA; LA
lapatinib ditosylate	Tier 2	PA; QL (180 per 30 days)
lenalidomide 10 mg cap	Tier 2	PA; LA; QL (60 per 30 days)
lenalidomide 2.5 mg cap, 15 mg cap, 20 mg cap, 25 mg cap	Tier 2	PA; LA; QL (30 per 30 days)
lenalidomide 5 mg cap	Tier 2	PA; LA; QL (150 per 30 days)
LENVIMA (10 MG DAILY DOSE)	Tier 2	PA; LA; QL (30 per 30 days)
LENVIMA (12 MG DAILY DOSE)	Tier 2	PA; LA; QL (90 per 30 days)
LENVIMA (14 MG DAILY DOSE)	Tier 2	PA; LA; QL (60 per 30 days)
LENVIMA (18 MG DAILY DOSE)	Tier 2	PA; LA; QL (90 per 30 days)
LENVIMA (20 MG DAILY DOSE)	Tier 2	PA; LA; QL (60 per 30 days)
LENVIMA (24 MG DAILY DOSE)	Tier 2	PA; LA; QL (90 per 30 days)
LENVIMA (4 MG DAILY DOSE)	Tier 2	PA; LA; QL (30 per 30 days)
LENVIMA (8 MG DAILY DOSE)	Tier 2	PA; LA; QL (60 per 30 days)
letrozole 2.5 mg tab	Tier 2	QL (30 per 30 days); MO
leucovorin calcium 100 mg/10ml solution	Tier 2	
leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab	Tier 2	
leucovorin calcium 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln	Tier 2	B/D PA
LEUKERAN	Tier 2	
levoleucovorin calcium	Tier 2	PA
LONSURF	Tier 2	PA
LORBRENA 100 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
LORBRENA 25 MG TAB	Tier 2	PA; LA; QL (90 per 30 days)
LUMAKRAS 120 MG TAB	Tier 2	PA; LA; QL (240 per 30 days)
LUMAKRAS 320 MG TAB	Tier 2	PA; LA; QL (90 per 30 days)
LYNPARZA	Tier 2	PA; LA; QL (120 per 30 days)
LYTGOBI (12 MG DAILY DOSE)	Tier 2	PA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
LYTGOBI (16 MG DAILY DOSE)	Tier 2	PA
LYTGOBI (20 MG DAILY DOSE)	Tier 2	PA
MATULANE	Tier 2	LA
MEKINIST 0.05 MG/ML RECON SOLN	Tier 2	PA; QL (1200 per 30 days)
MEKINIST 0.5 MG TAB	Tier 2	PA; LA; QL (90 per 30 days)
MEKINIST 2 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
MEKTOVI	Tier 2	PA; LA; QL (180 per 30 days)
mercaptopurine 50 mg tab	Tier 2	
mesna	Tier 2	
MESNEX 400 MG TAB	Tier 2	
mitomycin 5 mg recon soln, 20 mg recon soln, 40 mg recon soln	Tier 2	B/D PA
mutamycin	Tier 2	B/D PA
NERLYNX	Tier 2	PA; LA; QL (180 per 30 days)
NEXAVAR	Tier 2	PA; LA; QL (120 per 30 days)
nilutamide	Tier 2	QL (30 per 30 days)
NINLARO	Tier 2	PA; QL (3 per 28 days)
NUBEQA	Tier 2	PA; LA; QL (120 per 30 days)
ODOMZO	Tier 2	PA; LA; QL (30 per 30 days)
ONUREG	Tier 2	PA; LA; QL (14 per 28 days)
OPDIVO	Tier 2	PA; LA
ORSERDU 345 MG TAB	Tier 2	PA; QL (30 per 30 days)
ORSERDU 86 MG TAB	Tier 2	PA; QL (90 per 30 days)
oxaliplatin 50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution, 200 mg/ 40ml solution	Tier 2	B/D PA
paclitaxel	Tier 2	B/D PA
paclitaxel protein-bound part	Tier 2	PA
PANRETIN	Tier 2	
paraplatin 1000 mg/100ml solution	Tier 2	B/D PA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
PEMAZYRE	Tier 2	PA; LA; QL (14 per 21 days)
pemetrexed disodium 100 mg recon soln, 500 mg recon soln	Tier 2	PA
pemetrexed disodium 750 mg recon soln, 1000 mg recon soln	Tier 2	
PERJETA	Tier 2	PA
PHESGO	Tier 2	PA
PIQRAY (200 MG DAILY DOSE)	Tier 2	PA; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE)	Tier 2	PA; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE)	Tier 2	PA; QL (56 per 28 days)
POMALYST	Tier 2	PA; LA; QL (21 per 28 days)
POTELIGEO	Tier 2	LA; B/D PA
PURIXAN	Tier 2	PA
QINLOCK	Tier 2	PA; QL (90 per 30 days)
RETEVMO 40 MG CAP	Tier 2	PA; QL (180 per 30 days)
RETEVMO 80 MG CAP	Tier 2	PA; QL (120 per 30 days)
REVLIMID 10 MG CAP	Tier 2	PA; LA; QL (60 per 30 days)
REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	Tier 2	PA; LA; QL (30 per 30 days)
REVLIMID 5 MG CAP	Tier 2	PA; LA; QL (150 per 30 days)
REZLIDHIA	Tier 2	PA; LA; QL (60 per 30 days)
RIABNI	Tier 2	B/D PA
RITUXAN	Tier 2	LA; B/D PA
RITUXAN HYCELA	Tier 2	LA; B/D PA
romidepsin 10 mg recon soln	Tier 2	
ROZLYTREK 100 MG CAP	Tier 2	PA; LA; QL (150 per 30 days)
ROZLYTREK 200 MG CAP	Tier 2	PA; LA; QL (90 per 30 days)
RUBRACA	Tier 2	PA; LA; QL (120 per 30 days)
RYBREVANT	Tier 2	PA
RYDAPT	Tier 2	PA; QL (240 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
RYLAZE	Tier 2	PA
SARCLISA	Tier 2	PA
SCEMBLIX 20 MG TAB	Tier 2	PA; QL (60 per 30 days)
SCEMBLIX 40 MG TAB	Tier 2	PA; QL (300 per 30 days)
SOLTAMOX	Tier 2	MO
sorafenib tosylate	Tier 2	PA; QL (120 per 30 days)
SPRYCEL	Tier 2	PA; QL (30 per 30 days)
STIVARGA	Tier 2	PA; LA; QL (84 per 28 days)
sunitinib malate	Tier 2	PA; QL (30 per 30 days)
SYNRIBO	Tier 2	PA
TABLOID	Tier 2	
TABRECTA	Tier 2	PA; QL (120 per 30 days)
TAFINLAR 10 MG TAB SOL	Tier 2	PA; QL (900 per 30 days)
TAFINLAR 50 MG CAP, 75 MG CAP	Tier 2	PA; LA; QL (120 per 30 days)
TAGRISSO	Tier 2	PA; LA; QL (30 per 30 days)
TALZENNA 0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	Tier 2	PA; LA; QL (30 per 30 days)
TALZENNA 0.25 MG CAP	Tier 2	PA; LA; QL (90 per 30 days)
tamoxifen citrate 10 mg tab, 20 mg tab	Tier 2	MO
TARGRETIN 1 % GEL	Tier 2	PA; QL (60 per 30 days)
TASIGNA	Tier 2	PA; QL (112 per 28 days)
TAZVERIK	Tier 2	PA; LA; QL (240 per 30 days)
TECENTRIQ 1200 MG/20ML SOLUTION	Tier 2	PA; LA; QL (20 per 21 days)
TECENTRIQ 840 MG/14ML SOLUTION	Tier 2	PA; LA; QL (28 per 28 days)
TECVAYLI	Tier 2	PA
TEPMETKO	Tier 2	PA; LA; QL (60 per 30 days)
THALOMID 150 MG CAP, 200 MG CAP	Tier 2	PA; QL (60 per 30 days)
THALOMID 50 MG CAP, 100 MG CAP	Tier 2	PA; QL (30 per 30 days)
TIBSOVO	Tier 2	PA; LA; QL (60 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
TICE BCG	Tier 2	B/D PA
toremifene citrate	Tier 2	QL (30 per 30 days)
TREANDA	Tier 2	B/D PA
tretinoin 10 mg cap	Tier 2	
TRUSELTIQ (100MG DAILY DOSE)	Tier 2	PA; LA; QL (21 per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	Tier 2	PA; LA; QL (42 per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	Tier 2	PA; LA; QL (42 per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	Tier 2	PA; LA; QL (63 per 28 days)
TUKYSA	Tier 2	PA; LA; QL (120 per 30 days)
TURALIO	Tier 2	PA; LA; QL (120 per 30 days)
VALCHLOR	Tier 2	PA; LA
VECTIBIX	Tier 2	PA
VELCADE	Tier 2	PA
VENCLEXTA 10 MG TAB	Tier 2	PA; LA; QL (60 per 30 days)
VENCLEXTA 100 MG TAB	Tier 2	PA; LA; QL (180 per 30 days)
VENCLEXTA 50 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	Tier 2	PA; LA
VERZENIO	Tier 2	PA; LA; QL (60 per 30 days)
vinblastine sulfate	Tier 2	B/D PA
vincristine sulfate	Tier 2	B/D PA
vinorelbine tartrate	Tier 2	B/D PA
VITRAKVI 100 MG CAP	Tier 2	PA; LA; QL (60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION	Tier 2	PA; LA; QL (300 per 30 days)
VITRAKVI 25 MG CAP	Tier 2	PA; LA; QL (180 per 30 days)
VIZIMPRO	Tier 2	PA; LA; QL (30 per 30 days)
VONJO	Tier 2	PA; LA; QL (120 per 30 days)
VOTRIENT	Tier 2	PA; LA; QL (120 per 30 days)
WELIREG	Tier 2	PA; LA; QL (90 per 30 days)
XALKORI	Tier 2	PA; LA; QL (120 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
XOSPATA	Tier 2	PA; LA; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY)	Tier 2	PA; LA; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	Tier 2	PA; LA; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY)	Tier 2	PA; LA; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY)	Tier 2	PA; LA; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	Tier 2	PA; LA; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY)	Tier 2	PA; LA; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	Tier 2	PA; LA; QL (32 per 28 days)
XTANDI 40 MG CAP	Tier 2	PA; LA; QL (120 per 30 days)
XTANDI 40 MG TAB	Tier 2	PA; QL (120 per 30 days)
XTANDI 80 MG TAB	Tier 2	PA; QL (60 per 30 days)
YERVOY	Tier 2	PA
YONSA	Tier 2	PA; QL (120 per 30 days)
ZEJULA 100 MG CAP, 100 MG TAB	Tier 2	PA; LA; QL (90 per 30 days)
ZEJULA 200 MG TAB, 300 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
ZELBORAF	Tier 2	PA; LA; QL (240 per 30 days)
ZEPZELCA	Tier 2	PA
ZOLINZA	Tier 2	PA; QL (120 per 30 days)
ZYDELIG	Tier 2	PA; LA; QL (60 per 30 days)
ZYKADIA	Tier 2	PA; LA; QL (90 per 30 days)
ANTIPARASITICS		
albendazole 200 mg tab	Tier 2	
atovaquone	Tier 2	PA
atovaquone-proguanil hcl 250-100 mg tab	Tier 2	
chloroquine phosphate 250 mg tab, 500 mg tab	Tier 1	MO
COARTEM	Tier 2	
hydroxychloroquine sulfate 200 mg tab	Tier 1	MO
ivermectin 3 mg tab	Tier 2	PA
mefloquine hcl	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
nitazoxanide 500 mg tab	Tier 2	QL (6 per 30 days)
pentamidine isethionate	Tier 2	
pentamidine isethionate 300 mg recon soln for nebulization	Tier 2	B/D PA
praziquantel 600 mg tab	Tier 2	
primaquine phosphate	Tier 2	
pyrimethamine 25 mg tab	Tier 2	
quinine sulfate 324 mg cap	Tier 2	PA
ANTIPARKINSON AGENTS		
amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab	Tier 2	MO
apomorphine hcl 30 mg/3ml soln cart	Tier 2	PA; QL (60 per 30 days)
benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab	Tier 2	PA; MO
bromocriptine mesylate 2.5 mg tab, 5 mg cap	Tier 2	MO
carbidopa 25 mg tab	Tier 2	MO
carbidopa-levodopa	Tier 2	MO
carbidopa-levodopa er	Tier 2	MO
carbidopa-levodopa-entacapone	Tier 2	MO
entacapone	Tier 2	MO
NEUPRO	Tier 2	QL (30 per 30 days); MO
pramipexole dihydrochloride	Tier 2	MO
rasagiline mesylate 0.5 mg tab, 1 mg tab	Tier 2	MO
ropinirole hcl	Tier 2	MO
RYTARY	Tier 2	ST; MO
selegiline hcl 5 mg cap, 5 mg tab	Tier 2	MO
tolcapone	Tier 2	PA; QL (180 per 30 days); MO
trihexyphenidyl hcl 0.4 mg/ml solution	Tier 2	PA; MO
trihexyphenidyl hcl 2 mg tab, 5 mg tab	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	Tier 2	QL (2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	Tier 2	QL (3.2 per 56 days)
ABILIFY MAINTENA	Tier 2	QL (1 per 28 days); MO
aripiprazole 1 mg/ml solution	Tier 1	QL (900 per 30 days); MO
aripiprazole 10 mg tab disp	Tier 1	QL (90 per 30 days); MO
aripiprazole 15 mg tab disp	Tier 1	QL (60 per 30 days); MO
aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab	Tier 1	MO
aripiprazole 20 mg tab, 30 mg tab	Tier 1	QL (30 per 30 days); MO
asenapine maleate 10 mg sl tab	Tier 2	QL (60 per 30 days); MO
asenapine maleate 2.5 mg sl tab	Tier 2	QL (240 per 30 days); MO
asenapine maleate 5 mg sl tab	Tier 2	QL (120 per 30 days); MO
CAPLYTA	Tier 2	QL (30 per 30 days); MO
chlorpromazine hcl 10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab	Tier 2	MO
chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml solution	Tier 2	
clozapine 100 mg tab, 100 mg tab disp	Tier 1	QL (270 per 30 days)
clozapine 12.5 mg tab disp	Tier 1	QL (2160 per 30 days)
clozapine 150 mg tab disp	Tier 1	QL (180 per 30 days)
clozapine 200 mg tab, 200 mg tab disp	Tier 1	QL (120 per 30 days)
clozapine 25 mg tab, 25 mg tab disp	Tier 1	QL (1080 per 30 days)
clozapine 50 mg tab	Tier 1	QL (540 per 30 days)
FANAPT 1 MG TAB	Tier 2	QL (720 per 30 days)
FANAPT 10 MG TAB, 12 MG TAB	Tier 2	QL (60 per 30 days)
FANAPT 2 MG TAB	Tier 2	QL (360 per 30 days)
FANAPT 4 MG TAB	Tier 2	QL (180 per 30 days)
FANAPT 6 MG TAB	Tier 2	QL (120 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
FANAPT 8 MG TAB	Tier 2	QL (90 per 30 days)
FANAPT TITRATION PACK	Tier 2	
fluphenazine decanoate 25 mg/ml solution	Tier 1	
fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab	Tier 1	MO
fluphenazine hcl 2.5 mg/ml solution	Tier 1	
haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab	Tier 1	MO
haloperidol decanoate 50 mg/ml solution, 100 mg/ml solution	Tier 1	
haloperidol lactate 2 mg/ml conc	Tier 1	MO
haloperidol lactate 5 mg/ml solution	Tier 1	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Tier 2	QL (3.5 per 180 over time)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Tier 2	QL (5 per 180 over time)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	Tier 2	QL (0.75 per 28 days)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	Tier 2	QL (1 per 28 days)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	Tier 2	QL (1.5 per 28 days)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	Tier 2	QL (0.25 per 28 days)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	Tier 2	QL (0.5 per 28 days)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	Tier 2	QL (0.88 per 84 days)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	Tier 2	QL (1.32 per 84 days)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	Tier 2	QL (1.75 per 84 days)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	Tier 2	QL (2.63 per 84 days)
loxapine succinate	Tier 2	MO
molindone hcl	Tier 2	MO
NUPLAZID	Tier 2	PA; LA; QL (30 per 30 days)
olanzapine 10 mg recon soln	Tier 1	QL (90 per 30 days)
olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp	Tier 1	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
olanzapine 20 mg tab, 20 mg tab disp	Tier 1	QL (30 per 30 days); MO
paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h, 9 mg tab er 24h	Tier 1	QL (30 per 30 days); MO
paliperidone er 6 mg tab er 24h	Tier 1	QL (60 per 30 days); MO
PERSERIS	Tier 2	QL (1 per 28 days); MO
pimozide	Tier 2	MO
quetiapine fumarate 100 mg tab	Tier 1	QL (240 per 30 days); MO
quetiapine fumarate 150 mg tab	Tier 1	QL (150 per 30 days); MO
quetiapine fumarate 200 mg tab	Tier 1	QL (120 per 30 days); MO
quetiapine fumarate 25 mg tab	Tier 1	QL (960 per 30 days); MO
quetiapine fumarate 300 mg tab	Tier 1	QL (80 per 30 days); MO
quetiapine fumarate 400 mg tab	Tier 1	QL (60 per 30 days); MO
quetiapine fumarate 50 mg tab	Tier 1	QL (480 per 30 days); MO
quetiapine fumarate er 150 mg tab er 24h, 200 mg tab er 24h	Tier 2	QL (30 per 30 days); MO
quetiapine fumarate er 50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h	Tier 2	QL (60 per 30 days); MO
REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	Tier 2	QL (60 per 30 days); MO
REXULTI 3 MG TAB, 4 MG TAB	Tier 2	QL (30 per 30 days); MO
RISPERDAL CONSTA	Tier 2	QL (2 per 28 days)
risperidone 0.25 mg tab, 0.25 mg tab disp	Tier 1	QL (1920 per 30 days); MO
risperidone 0.5 mg tab, 0.5 mg tab disp	Tier 1	QL (960 per 30 days); MO
risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution	Tier 1	QL (480 per 30 days); MO
risperidone 2 mg tab, 2 mg tab disp	Tier 1	QL (240 per 30 days); MO
risperidone 3 mg tab disp	Tier 1	QL (150 per 30 days); MO
risperidone 3 mg tab, 4 mg tab, 4 mg tab disp	Tier 1	QL (120 per 30 days); MO
SECUADO	Tier 2	QL (30 per 30 days); MO
thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	Tier 1	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
thiothixene	Tier 1	MO
trifluoperazine hcl	Tier 1	MO
UZEDY 100 MG/0.28ML SUSP PRSYR	Tier 2	QL (0.28 per 30 days)
UZEDY 125 MG/0.35ML SUSP PRSYR	Tier 2	QL (0.35 per 30 days)
UZEDY 150 MG/0.42ML SUSP PRSYR	Tier 2	QL (0.42 per 60 days)
UZEDY 200 MG/0.56ML SUSP PRSYR	Tier 2	QL (0.56 per 60 days)
UZEDY 250 MG/0.7ML SUSP PRSYR	Tier 2	QL (0.7 per 60 days)
UZEDY 50 MG/0.14ML SUSP PRSYR	Tier 2	QL (0.14 per 30 days)
UZEDY 75 MG/0.21ML SUSP PRSYR	Tier 2	QL (0.21 per 30 days)
VERSACLOZ	Tier 2	QL (600 per 30 days)
VRAYLAR 1.5 & 3 MG CAP THPK	Tier 2	
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	Tier 2	QL (30 per 30 days); MO
ziprasidone hcl 20 mg cap	Tier 1	QL (240 per 30 days); MO
ziprasidone hcl 40 mg cap	Tier 1	QL (120 per 30 days); MO
ziprasidone hcl 60 mg cap, 80 mg cap	Tier 1	QL (60 per 30 days); MO
ziprasidone mesylate	Tier 2	QL (6 per 3 days)
ZYPREXA RELPREVV	Tier 2	QL (2 per 28 days)
ANTISPASTICITY AGENTS		
baclofen 20 mg tab	Tier 2	QL (120 per 30 days)
baclofen 5 mg tab, 10 mg tab	Tier 2	QL (90 per 30 days)
dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap	Tier 2	
tizanidine hcl 2 mg tab, 4 mg tab	Tier 2	
ANTIVIRALS		
abacavir sulfate 20 mg/ml solution	Tier 2	QL (960 per 30 days)
abacavir sulfate 300 mg tab	Tier 2	QL (60 per 30 days)
abacavir sulfate-lamivudine	Tier 2	QL (30 per 30 days)
abacavir-lamivudine-zidovudine	Tier 2	QL (60 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
acyclovir 200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab	Tier 2	
acyclovir sodium	Tier 2	B/D PA
adefovir dipivoxil	Tier 2	PA
APTIVUS	Tier 2	QL (120 per 30 days)
atazanavir sulfate 150 mg cap, 200 mg cap	Tier 2	QL (60 per 30 days)
atazanavir sulfate 300 mg cap	Tier 2	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 2	PA
BIKTARVY 30-120-15 MG TAB	Tier 2	QL (30 per 30 days); MO
BIKTARVY 50-200-25 MG TAB	Tier 2	QL (30 per 30 days)
CABENUVA 400 & 600 MG/2ML SUSP	Tier 2	QL (4 per 28 days)
CABENUVA 600 & 900 MG/3ML SUSP	Tier 2	QL (6 per 28 days)
CIMDUO	Tier 2	QL (30 per 30 days)
COMPLERA	Tier 2	QL (30 per 30 days)
darunavir	Tier 2	QL (60 per 30 days)
DELSTRIGO	Tier 2	QL (30 per 30 days)
DESCOVY	Tier 2	QL (30 per 30 days)
DOVATO	Tier 2	QL (30 per 30 days)
EDURANT	Tier 2	QL (30 per 30 days)
efavirenz 200 mg cap	Tier 2	QL (120 per 30 days)
efavirenz 50 mg cap	Tier 2	QL (360 per 30 days)
efavirenz 600 mg tab	Tier 2	QL (30 per 30 days)
efavirenz-emtricitab-tenofo df	Tier 2	QL (30 per 30 days)
efavirenz-lamivudine-tenofovir	Tier 2	QL (30 per 30 days)
emtricitabine	Tier 2	QL (30 per 30 days)
emtricitabine-tenofovir df	Tier 2	QL (30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION	Tier 2	QL (850 per 30 days)
entecavir	Tier 2	PA
EPCLUSA 150-37.5 MG PACKET, 400-100 MG TAB	Tier 2	PA; QL (30 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
EPCLUSA 200-50 MG PACKET, 200-50 MG TAB	Tier 2	PA; QL (60 per 30 days)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 2	
etravirine 100 mg tab	Tier 2	QL (120 per 30 days)
etravirine 200 mg tab	Tier 2	QL (60 per 30 days)
EVOTAZ	Tier 2	QL (30 per 30 days)
famciclovir 125 mg tab, 250 mg tab	Tier 2	QL (60 per 30 days)
famciclovir 500 mg tab	Tier 2	QL (21 per 7 days)
fosamprenavir calcium	Tier 2	QL (120 per 30 days)
FUZEON	Tier 2	QL (60 per 30 days)
ganciclovir sodium 500 mg recon soln	Tier 2	B/D PA
GENVOYA	Tier 2	QL (30 per 30 days)
HARVONI	Tier 2	PA; QL (28 per 28 days)
INTELENCE 100 MG TAB	Tier 2	QL (120 per 30 days)
INTELENCE 200 MG TAB	Tier 2	QL (60 per 30 days)
INTELENCE 25 MG TAB	Tier 2	QL (480 per 30 days)
INVIRASE 500 MG TAB	Tier 2	QL (120 per 30 days)
ISENTRESS 100 MG CHEW TAB, 100 MG PACKET	Tier 2	QL (180 per 30 days)
ISENTRESS 25 MG CHEW TAB	Tier 2	QL (720 per 30 days)
ISENTRESS 400 MG TAB	Tier 2	QL (120 per 30 days)
ISENTRESS HD	Tier 2	QL (60 per 30 days)
JULUCA	Tier 2	QL (30 per 30 days)
KALETRA 100-25 MG TAB	Tier 2	QL (300 per 30 days)
KALETRA 200-50 MG TAB	Tier 2	QL (120 per 30 days)
lamivudine 10 mg/ml solution	Tier 2	QL (960 per 30 days)
lamivudine 100 mg tab	Tier 2	
lamivudine 150 mg tab	Tier 2	QL (60 per 30 days)
lamivudine 300 mg tab	Tier 2	QL (30 per 30 days)
lamivudine-zidovudine	Tier 2	QL (60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION	Tier 2	QL (1800 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
lopinavir-ritonavir 100-25 mg tab	Tier 2	QL (300 per 30 days)
lopinavir-ritonavir 200-50 mg tab	Tier 2	QL (120 per 30 days)
lopinavir-ritonavir 400-100 mg/5ml solution	Tier 2	QL (480 per 30 days)
maraviroc	Tier 2	QL (120 per 30 days)
nevirapine 200 mg tab	Tier 2	QL (60 per 30 days)
nevirapine 50 mg/5ml suspension	Tier 2	QL (1200 per 30 days)
nevirapine er 100 mg tab er 24h	Tier 2	QL (90 per 30 days)
nevirapine er 400 mg tab er 24h	Tier 2	QL (30 per 30 days)
NORVIR 100 MG PACKET	Tier 2	QL (360 per 30 days)
ODEFSEY	Tier 2	QL (30 per 30 days)
oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap	Tier 2	
PIFELTRO	Tier 2	QL (30 per 30 days)
PREVYMIS 240 MG TAB, 480 MG TAB	Tier 2	
PREZCOBIX	Tier 2	QL (30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION	Tier 2	QL (400 per 30 days)
PREZISTA 150 MG TAB	Tier 2	QL (180 per 30 days)
PREZISTA 600 MG TAB, 800 MG TAB	Tier 2	QL (60 per 30 days)
PREZISTA 75 MG TAB	Tier 2	QL (300 per 30 days)
RELENZA DISKHALER	Tier 2	QL (60 per 180 over time)
RETROVIR 10 MG/ML SOLUTION	Tier 2	
REYATAZ 50 MG PACKET	Tier 2	QL (240 per 30 days)
ribavirin 200 mg cap, 200 mg tab	Tier 2	
rimantadine hcl	Tier 2	
ritonavir	Tier 2	QL (360 per 30 days)
RUKOBIA	Tier 2	QL (60 per 30 days); MO
SELZENTRY 150 MG TAB, 300 MG TAB	Tier 2	QL (120 per 30 days)
SELZENTRY 20 MG/ML SOLUTION	Tier 2	QL (1840 per 30 days)
SELZENTRY 25 MG TAB	Tier 2	QL (240 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
SELZENTRY 75 MG TAB	Tier 2	QL (60 per 30 days)
SOFOSBUVIR-VELPATASVIR	Tier 2	PA; QL (30 per 30 days)
stavudine 15 mg cap, 20 mg cap	Tier 2	QL (120 per 30 days)
stavudine 30 mg cap, 40 mg cap	Tier 2	QL (60 per 30 days)
STRIBILD	Tier 2	QL (30 per 30 days)
SUNLENCA 4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK	Tier 2	LA
SUNLENCA 463.5 MG/1.5ML SOLUTION	Tier 2	QL (3 per 168 over time)
SYMTUZA	Tier 2	QL (30 per 30 days)
TEMIXYS	Tier 2	QL (30 per 30 days)
tenofovir disoproxil fumarate	Tier 2	QL (30 per 30 days)
TIVICAY 10 MG TAB	Tier 2	QL (120 per 30 days)
TIVICAY 25 MG TAB, 50 MG TAB	Tier 2	QL (60 per 30 days)
TIVICAY PD	Tier 2	QL (360 per 30 days)
trifluridine	Tier 2	
TRIUMEQ	Tier 2	QL (30 per 30 days)
TRIUMEQ PD	Tier 2	QL (180 per 30 days)
TRIZIVIR	Tier 2	QL (60 per 30 days)
TROGARZO	Tier 2	PA; LA; QL (23.94 per 28 days)
TYBOST	Tier 2	QL (30 per 30 days)
valacyclovir hcl 1 gm tab	Tier 2	QL (90 per 30 days)
valacyclovir hcl 500 mg tab	Tier 2	QL (60 per 30 days)
valganciclovir hcl 450 mg tab	Tier 2	
VEMLIDY	Tier 2	PA; QL (30 per 30 days)
VIRACEPT 250 MG TAB	Tier 2	QL (300 per 30 days)
VIRACEPT 625 MG TAB	Tier 2	QL (120 per 30 days)
VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB	Tier 2	QL (30 per 30 days)
VIREAD 40 MG/GM POWDER	Tier 2	QL (240 per 30 days)
VOSEVI	Tier 2	PA; QL (30 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	Tier 2	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Tier 2	
zidovudine 100 mg cap	Tier 2	QL (180 per 30 days)
zidovudine 300 mg tab	Tier 2	QL (60 per 30 days)
zidovudine 50 mg/5ml syrup	Tier 2	QL (1920 per 30 days)
ZIRGAN	Tier 2	
ANXIOLYTICS		
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab	Tier 2	QL (120 per 30 days)
buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab	Tier 2	
clonazepam 0.125 mg tab disp	Tier 2	QL (4800 per 30 days)
clonazepam 0.25 mg tab disp	Tier 2	QL (2400 per 30 days)
clonazepam 0.5 mg tab, 0.5 mg tab disp	Tier 2	QL (1200 per 30 days)
clonazepam 1 mg tab, 1 mg tab disp	Tier 2	QL (600 per 30 days)
clonazepam 2 mg tab, 2 mg tab disp	Tier 2	QL (300 per 30 days)
clorazepate dipotassium	Tier 2	
diazepam 10 mg tab	Tier 2	QL (120 per 30 days)
diazepam 2 mg tab	Tier 2	QL (600 per 30 days)
diazepam 5 mg tab, 5 mg/ml conc	Tier 2	QL (240 per 30 days)
diazepam 5 mg/5ml solution	Tier 2	QL (1200 per 30 days)
diazepam 5 mg/ml solution, 10 mg/2ml solution	Tier 2	
diazepam intensol	Tier 2	QL (240 per 30 days)
hydroxyzine pamoate 25 mg cap, 50 mg cap	Tier 2	
lorazepam 0.5 mg tab, 1 mg tab	Tier 2	QL (90 per 30 days)
lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc	Tier 2	QL (150 per 30 days)
lorazepam intensol	Tier 2	QL (150 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
BIPOLAR AGENTS		
LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	Tier 2	QL (30 per 30 days); MO
LATUDA 80 MG TAB	Tier 2	QL (60 per 30 days); MO
LITHIUM	Tier 2	
lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap	Tier 1	MO
lithium carbonate er	Tier 1	MO
lurasidone hcl 20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab	Tier 2	QL (30 per 30 days); MO
lurasidone hcl 80 mg tab	Tier 2	QL (60 per 30 days); MO
BLOOD GLUCOSE REGULATORS		
acarbose 25 mg tab, 50 mg tab, 100 mg tab	Tier 1	QL (90 per 30 days); MO
BYDUREON BCISE	Tier 2	QL (4 per 28 days); MO
BYETTA 10 MCG PEN	Tier 2	QL (2.4 per 30 days); MO
BYETTA 5 MCG PEN	Tier 2	QL (1.2 per 30 days); MO
CYCLOSET	Tier 2	ST; QL (180 per 30 days); MO
diazoxide 50 mg/ml suspension	Tier 2	MO
FARXIGA	Tier 2	QL (30 per 30 days); MO
glimepiride 1 mg tab	Tier 1	QL (240 per 30 days); MO
glimepiride 2 mg tab	Tier 1	QL (120 per 30 days); MO
glimepiride 4 mg tab	Tier 1	QL (60 per 30 days); MO
glipizide 10 mg tab	Tier 1	QL (120 per 30 days); MO
glipizide 5 mg tab	Tier 1	QL (240 per 30 days); MO
glipizide er 10 mg tab er 24h	Tier 1	QL (60 per 30 days); MO
glipizide er 2.5 mg tab er 24h	Tier 1	QL (240 per 30 days); MO
glipizide er 5 mg tab er 24h	Tier 1	QL (120 per 30 days); MO
glipizide xl 10 mg tab er 24h	Tier 1	QL (60 per 30 days); MO
glipizide xl 2.5 mg tab er 24h	Tier 1	QL (240 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
glipizide xl 5 mg tab er 24h	Tier 1	QL (120 per 30 days); MO
glipizide-metformin hcl 2.5-250 mg tab	Tier 1	QL (240 per 30 days); MO
glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab	Tier 1	QL (120 per 30 days); MO
GLUCAGEN HYPOKIT	Tier 1	
GLUCAGON EMERGENCY 1 MG KIT	Tier 1	
glyburide 1.25 mg tab	Tier 2	QL (480 per 30 days); MO
glyburide 2.5 mg tab	Tier 2	QL (240 per 30 days); MO
glyburide 5 mg tab	Tier 2	QL (120 per 30 days); MO
GLYXAMBI	Tier 2	QL (30 per 30 days); MO
HUMALOG	Tier 1	MO
HUMALOG JUNIOR KWIKPEN	Tier 1	MO
HUMALOG KWIKPEN	Tier 1	MO
HUMALOG MIX 50/50	Tier 1	MO
HUMALOG MIX 50/50 KWIKPEN	Tier 1	MO
HUMALOG MIX 75/25	Tier 1	MO
HUMALOG MIX 75/25 KWIKPEN	Tier 1	MO
HUMULIN 70/30	Tier 1	MO
HUMULIN 70/30 KWIKPEN	Tier 1	MO
HUMULIN N	Tier 1	MO
HUMULIN N KWIKPEN	Tier 1	MO
HUMULIN R	Tier 1	MO
HUMULIN R U-500 (CONCENTRATED)	Tier 1	PA; MO
HUMULIN R U-500 KWIKPEN	Tier 1	PA; MO
INSULIN LISPRO	Tier 1	MO
INSULIN LISPRO (1 UNIT DIAL)	Tier 1	MO
INSULIN LISPRO JUNIOR KWIKPEN	Tier 1	MO
INSULIN LISPRO PROT & LISPRO	Tier 1	MO
JANUMET	Tier 2	QL (60 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
JANUMET XR 100-1000 MG TAB ER 24H	Tier 2	QL (30 per 30 days); MO
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	Tier 2	QL (60 per 30 days); MO
JANUVIA 100 MG TAB	Tier 2	QL (30 per 30 days); MO
JANUVIA 25 MG TAB	Tier 2	QL (120 per 30 days); MO
JANUVIA 50 MG TAB	Tier 2	QL (60 per 30 days); MO
JARDIANCE	Tier 2	QL (30 per 30 days); MO
JENTADUETO	Tier 2	QL (60 per 30 days); MO
JENTADUETO XR 2.5-1000 MG TAB ER 24H	Tier 2	QL (60 per 30 days); MO
JENTADUETO XR 5-1000 MG TAB ER 24H	Tier 2	QL (30 per 30 days); MO
KERENDIA	Tier 1	MO
LANTUS	Tier 1	MO
LANTUS SOLOSTAR	Tier 1	MO
LEVEMIR	Tier 1	MO
LEVEMIR FLEXPEN	Tier 1	MO
LEVEMIR FLEXTOUCH	Tier 1	MO
LYUMJEV	Tier 1	MO
LYUMJEV KWIKPEN	Tier 1	MO
metformin hcl 1000 mg tab	Tier 1	QL (60 per 30 days); MO
metformin hcl 500 mg tab	Tier 1	QL (150 per 30 days); MO
metformin hcl 850 mg tab	Tier 1	QL (90 per 30 days); MO
metformin hcl er 500 mg tab er 24h	Tier 1	QL (120 per 30 days); MO
metformin hcl er 750 mg tab er 24h	Tier 1	QL (60 per 30 days); MO
nateglinide 120 mg tab	Tier 1	QL (90 per 30 days); MO
nateglinide 60 mg tab	Tier 1	QL (180 per 30 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE)	Tier 2	MO
OZEMPIC (1 MG/DOSE)	Tier 2	MO
OZEMPIC (2 MG/DOSE)	Tier 2	MO
pioglitazone hcl 15 mg tab	Tier 1	QL (90 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
pioglitazone hcl 30 mg tab	Tier 1	QL (45 per 30 days); MO
pioglitazone hcl 45 mg tab	Tier 1	QL (30 per 30 days); MO
repaglinide 0.5 mg tab	Tier 1	QL (960 per 30 days); MO
repaglinide 1 mg tab	Tier 1	QL (480 per 30 days); MO
repaglinide 2 mg tab	Tier 1	QL (240 per 30 days); MO
RYBELSUS 3 MG TAB	Tier 2	QL (60 per 365 over time); MO
RYBELSUS 7 MG TAB, 14 MG TAB	Tier 2	QL (30 per 30 days); MO
SYMLINPEN 120	Tier 2	PA; QL (11 per 30 days); MO
SYMLINPEN 60	Tier 2	PA; QL (6 per 30 days); MO
SYNJARDY	Tier 2	QL (60 per 30 days); MO
SYNJARDY XR 25-1000 MG TAB ER 24H	Tier 2	QL (30 per 30 days); MO
SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	Tier 2	QL (60 per 30 days); MO
TOUJEO MAX SOLOSTAR	Tier 2	MO
TOUJEO SOLOSTAR	Tier 2	MO
TRADJENTA	Tier 2	QL (30 per 30 days); MO
TRULICITY	Tier 2	QL (2 per 28 days); MO
VICTOZA	Tier 2	QL (9 per 30 days); MO
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	Tier 2	QL (60 per 30 days); MO
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	Tier 2	QL (30 per 30 days); MO
BLOOD PRODUCTS AND MODIFIERS		
anagrelide hcl	Tier 2	MO
aspirin-dipyridamole er	Tier 2	ST; QL (60 per 30 days); MO
BRILINTA	Tier 2	QL (60 per 30 days); MO
cilostazol	Tier 2	MO
clopidogrel bisulfate 300 mg tab	Tier 1	QL (1 per 30 days)
clopidogrel bisulfate 75 mg tab	Tier 1	QL (30 per 30 days); MO
dabigatran etexilate mesylate	Tier 2	QL (60 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ELIQUIS	Tier 2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK	Tier 2	QL (74 per 180 over time)
enoxaparin sodium 100 mg/ml soln prsyr, 150 mg/ml soln prsyr	Tier 2	QL (56 per 28 days)
enoxaparin sodium 30 mg/0.3ml soln prsyr	Tier 2	QL (16.8 per 28 days)
enoxaparin sodium 300 mg/3ml solution	Tier 2	QL (168 per 28 days)
enoxaparin sodium 40 mg/0.4ml soln prsyr	Tier 2	QL (22.4 per 28 days)
enoxaparin sodium 60 mg/0.6ml soln prsyr	Tier 2	QL (33.6 per 28 days)
enoxaparin sodium 80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr	Tier 2	QL (44.8 per 28 days)
fondaparinux sodium 10 mg/0.8ml solution	Tier 2	QL (24 per 30 days)
fondaparinux sodium 2.5 mg/0.5ml solution	Tier 2	QL (15 per 30 days)
fondaparinux sodium 5 mg/0.4ml solution	Tier 2	QL (12 per 30 days)
fondaparinux sodium 7.5 mg/0.6ml solution	Tier 2	QL (18 per 30 days)
FULPHILA	Tier 2	PA; QL (1.2 per 28 days)
HEPARIN (PORCINE) IN NACL 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION	Tier 2	B/D PA
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION	Tier 2	
HEPARIN SOD (PORCINE) IN D5W	Tier 2	
heparin sodium (porcine) 1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution	Tier 2	B/D PA
jantoven	Tier 1	MO
MEPHYTON 5 MG TAB	Tier 3	[*]
MOZOBIL	Tier 2	PA
NEULASTA	Tier 2	PA; QL (1.2 per 28 days)
NEULASTA ONPRO	Tier 2	PA; QL (1.2 per 28 days)
phytonadione 5 mg tab, 10 mg/ml solution	Tier 3	[*]
plerixafor	Tier 2	PA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
PRADAXA 75 MG CAP, 110 MG CAP, 150 MG CAP	Tier 2	QL (60 per 30 days); MO
prasugrel hcl	Tier 2	QL (30 per 30 days); MO
PROCRIT	Tier 2	PA
PROMACTA 12.5 MG PACKET	Tier 2	PA; LA; QL (360 per 30 days)
PROMACTA 12.5 MG TAB, 25 MG TAB	Tier 2	PA; LA; QL (30 per 30 days)
PROMACTA 25 MG PACKET	Tier 2	PA; LA; QL (180 per 30 days)
PROMACTA 50 MG TAB	Tier 2	PA; LA; QL (90 per 30 days)
PROMACTA 75 MG TAB	Tier 2	PA; LA; QL (60 per 30 days)
tranexamic acid 650 mg tab, 1000 mg/10ml solution	Tier 2	
vitamin k1 10 mg/ml solution	Tier 3	[*]
warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab	Tier 1	MO
XARELTO 1 MG/ML RECON SUSP	Tier 2	QL (600 per 30 days); MO
XARELTO 10 MG TAB, 20 MG TAB	Tier 2	QL (30 per 30 days); MO
XARELTO 2.5 MG TAB, 15 MG TAB	Tier 2	QL (60 per 30 days); MO
XARELTO STARTER PACK	Tier 2	
ZARXIO	Tier 2	PA
CARDIOVASCULAR AGENTS		
acebutolol hcl 200 mg cap, 400 mg cap	Tier 1	MO
acetazolamide 125 mg tab, 250 mg tab	Tier 2	MO
aliskiren fumarate	Tier 2	MO
amiloride hcl 5 mg tab	Tier 2	MO
amiloride-hydrochlorothiazide	Tier 2	MO
amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab	Tier 2	MO
amiodarone hcl 150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution	Tier 2	B/D PA
amlodipine besy-benazepril hcl	Tier 1	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab	Tier 1	MO
amlodipine besylate-valsartan	Tier 2	MO
amlodipine-olmesartan	Tier 2	MO
amlodipine-valsartan-hctz	Tier 2	MO
atenolol 25 mg tab, 50 mg tab, 100 mg tab	Tier 1	MO
atenolol-chlorthalidone	Tier 1	MO
atorvastatin calcium 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	Tier 1	MO
benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab	Tier 1	MO
benazepril-hydrochlorothiazide	Tier 1	MO
betaxolol hcl 10 mg tab, 20 mg tab	Tier 1	MO
bisoprolol fumarate 5 mg tab, 10 mg tab	Tier 1	MO
bisoprolol-hydrochlorothiazide	Tier 1	MO
bumetanide 0.25 mg/ml solution	Tier 2	
bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab	Tier 2	MO
candesartan cilexetil	Tier 1	MO
candesartan cilexetil-hctz	Tier 1	MO
cartia xt	Tier 1	MO
carvedilol	Tier 1	MO
chlorthalidone	Tier 2	MO
cholestyramine 4 gm packet, 4 gm/dose powder	Tier 2	MO
cholestyramine light 4 gm packet, 4 gm/dose powder	Tier 2	MO
clonidine	Tier 2	QL (4 per 28 days); MO
clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab	Tier 2	MO
colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet	Tier 2	MO
CORLANOR 5 MG TAB, 7.5 MG TAB	Tier 2	PA; QL (60 per 30 days); MO
CORLANOR 5 MG/5ML SOLUTION	Tier 2	PA; QL (560 per 28 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
digox 125 mcg tab	Tier 2	MO
digox 250 mcg tab	Tier 2	PA; MO
digoxin 0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab	Tier 2	MO
digoxin 250 mcg tab	Tier 2	PA; MO
dilt-xr	Tier 1	MO
diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab	Tier 1	MO
diltiazem hcl er 60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h	Tier 1	MO
diltiazem hcl er beads 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h	Tier 1	MO
diltiazem hcl er coated beads 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h	Tier 1	MO
diltiazem hcl er coated beads 360 mg cap er 24h	Tier 2	MO
dofetilide	Tier 2	
doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab	Tier 1	MO
droxidopa 100 mg cap	Tier 2	PA; QL (90 per 30 days)
droxidopa 200 mg cap, 300 mg cap	Tier 2	PA; QL (180 per 30 days)
enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab	Tier 1	MO
enalapril-hydrochlorothiazide	Tier 1	MO
endur-acin 250 mg tab er, 500 mg tab er	Tier 4	[*]
ENTRESTO	Tier 2	MO
eplerenone	Tier 2	MO
ezetimibe	Tier 2	MO
felodipine er	Tier 1	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap	Tier 2	MO
fenofibrate micronized 43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap	Tier 2	MO
fenofibric acid 45 mg cap dr, 135 mg cap dr	Tier 2	MO
flecainide acetate	Tier 2	MO
fosinopril sodium	Tier 1	MO
fosinopril sodium-hctz	Tier 1	MO
furosemide 10 mg/ml solution inj	Tier 2	
furosemide 10 mg/ml solution oral	Tier 2	MO
furosemide 20 mg tab, 40 mg tab, 80 mg tab	Tier 1	MO
furosemide 8 mg/ml solution	Tier 2	MO
gemfibrozil 600 mg tab	Tier 2	MO
hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab	Tier 2	MO
hydralazine hcl 20 mg/ml solution	Tier 2	
hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab	Tier 1	MO
indapamide	Tier 2	MO
irbesartan	Tier 1	MO
irbesartan-hydrochlorothiazide	Tier 1	MO
isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab	Tier 2	MO
isosorbide mononitrate	Tier 2	MO
isosorbide mononitrate er	Tier 2	MO
JUXTAPID 30 MG CAP	Tier 2	PA; LA; QL (30 per 30 days)
JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP	Tier 2	PA; LA
kp niacin 500 mg tab	Tier 4	[*]
labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab	Tier 1	MO
labetalol hcl 5 mg/ml solution	Tier 1	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab	Tier 1	MO
lisinopril-hydrochlorothiazide	Tier 1	MO
losartan potassium 25 mg tab, 50 mg tab, 100 mg tab	Tier 1	MO
losartan potassium-hctz	Tier 1	MO
lovastatin 10 mg tab, 20 mg tab, 40 mg tab	Tier 1	MO
metolazone	Tier 2	MO
metoprolol succinate er	Tier 1	MO
metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab	Tier 1	MO
metoprolol tartrate 5 mg/5ml solution	Tier 1	
metoprolol-hydrochlorothiazide	Tier 1	MO
metyrosine	Tier 2	
mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap	Tier 2	MO
midodrine hcl	Tier 2	
minoxidil 2.5 mg tab, 10 mg tab	Tier 2	MO
MULTAQ	Tier 2	QL (60 per 30 days); MO
nadolol 20 mg tab, 40 mg tab, 80 mg tab	Tier 1	MO
niacin (antihyperlipidemic)	Tier 2	
niacin 50 mg tab, 100 mg tab, 500 mg tab	Tier 4	[*]
niacin er (antihyperlipidemic)	Tier 2	MO
niacin er 250 mg cap er, 250 mg tab er, 500 mg tab er	Tier 4	[*]
niacor	Tier 2	
nicardipine hcl 20 mg cap, 30 mg cap	Tier 1	MO
nifedipine er	Tier 1	MO
nifedipine er osmotic release	Tier 1	MO
nimodipine 30 mg cap	Tier 1	
NITRO-BID	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr	Tier 2	MO
NITROGLYCERIN 5 MG/ML SOLUTION	Tier 2	B/D PA
olmesartan-amlodipine-hctz	Tier 2	MO
omega-3-acid ethyl esters	Tier 2	MO
pacerone	Tier 2	MO
pentoxifylline er	Tier 2	MO
pindolol	Tier 1	MO
plain niacin 500 mg tab	Tier 4	[*]
PRALUENT	Tier 2	PA; QL (2 per 28 days); MO
pravastatin sodium	Tier 1	MO
prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap	Tier 1	MO
prevalite 4 gm packet, 4 gm/dose powder	Tier 2	MO
propafenone hcl	Tier 2	MO
propranolol hcl 1 mg/ml solution	Tier 1	
propranolol hcl 10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab	Tier 1	MO
propranolol hcl er	Tier 1	MO
quinapril hcl	Tier 1	MO
quinapril-hydrochlorothiazide	Tier 1	MO
quinidine sulfate	Tier 2	MO
ra niacin 100 mg tab, 500 mg tab	Tier 4	[*]
ramipril	Tier 1	MO
ranolazine er	Tier 2	PA; MO
RECTIV	Tier 2	QL (30 per 30 days)
REPATHA	Tier 2	PA; QL (3 per 28 days); MO
REPATHA PUSHTRONEX SYSTEM	Tier 2	PA; QL (3.5 per 28 days); MO
REPATHA SURECLICK	Tier 2	PA; QL (3 per 28 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
rosuvastatin calcium	Tier 2	MO
simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	Tier 1	MO
SLO-NIACIN 250 MG TAB ER, 500 MG TAB ER	Tier 4	[*]
sm niacin cr 250 mg tab er	Tier 4	[*]
SOAANZ	Tier 2	MO
sorine	Tier 1	MO
sotalol hcl (af)	Tier 1	MO
sotalol hcl 80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab	Tier 1	MO
spironolactone 25 mg tab, 50 mg tab, 100 mg tab	Tier 2	MO
spironolactone-hctz	Tier 2	MO
taztia xt	Tier 1	MO
telmisartan	Tier 2	MO
telmisartan-amlodipine 80-5 mg tab	Tier 2	MO
telmisartan-hctz	Tier 2	MO
terazosin hcl	Tier 1	MO
tiadylt er 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h	Tier 1	MO
timolol maleate 5 mg tab, 10 mg tab, 20 mg tab	Tier 1	MO
torsemide	Tier 2	MO
trandolapril	Tier 1	MO
triamterene-hctz	Tier 2	MO
valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab	Tier 2	MO
valsartan-hydrochlorothiazide	Tier 1	MO
VASCEPA	Tier 2	MO
VECAMYL	Tier 2	MO
verapamil hcl 2.5 mg/ml solution	Tier 1	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab	Tier 1	MO
verapamil hcl er 100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h	Tier 1	MO
verapamil hcl er 360 mg cap er 24h	Tier 2	MO
CENTRAL NERVOUS SYSTEM AGENTS		
amphetamine-dextroamphetamine 30 mg tab	Tier 2	PA; QL (60 per 30 days); MO
amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab	Tier 2	PA; QL (90 per 30 days); MO
atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap	Tier 2	QL (60 per 30 days); MO
atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap	Tier 2	QL (30 per 30 days); MO
AUBAGIO	Tier 2	PA; LA; QL (30 per 30 days)
AUSTEDO	Tier 2	PA; QL (120 per 30 days)
AVONEX PEN	Tier 2	PA; QL (4 per 28 days)
AVONEX PREFILLED	Tier 2	PA; QL (4 per 28 days)
BETASERON	Tier 2	PA; QL (15 per 30 days)
COPAXONE 20 MG/ML SOLN PRSYR	Tier 2	PA; QL (30 per 30 days)
COPAXONE 40 MG/ML SOLN PRSYR	Tier 2	PA; QL (12 per 28 days)
dalfampridine er	Tier 2	PA; QL (60 per 30 days)
dextroamphetamine sulfate 10 mg tab	Tier 2	QL (180 per 30 days); MO
dextroamphetamine sulfate 5 mg tab	Tier 2	QL (90 per 30 days); MO
dextroamphetamine sulfate er 15 mg cap er 24h	Tier 2	QL (120 per 30 days); MO
dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h	Tier 2	QL (60 per 30 days); MO
DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR	Tier 2	QL (60 per 30 days); MO
DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR	Tier 2	QL (30 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
duloxetine hcl 20 mg cp dr part	Tier 2	QL (180 per 30 days); MO
duloxetine hcl 30 mg cp dr part	Tier 2	QL (120 per 30 days); MO
duloxetine hcl 40 mg cp dr part	Tier 2	QL (90 per 30 days); MO
duloxetine hcl 60 mg cp dr part	Tier 2	QL (60 per 30 days); MO
EXTAVIA	Tier 2	PA; QL (15 per 30 days)
fingolimod hcl	Tier 2	PA; QL (30 per 30 days)
GILENYA	Tier 2	PA; QL (30 per 30 days)
guanfacine hcl er	Tier 2	PA; QL (30 per 30 days); MO
INGREZZA 40 & 80 MG CAP THPK	Tier 2	PA; QL (56 per 365 over time)
INGREZZA 40 MG CAP	Tier 2	PA; QL (60 per 30 days)
INGREZZA 60 MG CAP, 80 MG CAP	Tier 2	PA; QL (30 per 30 days)
methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab	Tier 2	PA; QL (90 per 30 days); MO
NUEDEXTA	Tier 2	PA; QL (60 per 30 days); MO
pregabalin 20 mg/ml solution	Tier 2	QL (900 per 30 days); MO
pregabalin 200 mg cap	Tier 2	QL (90 per 30 days); MO
pregabalin 225 mg cap, 300 mg cap	Tier 2	QL (60 per 30 days); MO
pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap	Tier 2	MO
riluzole	Tier 2	
SAVELLA	Tier 2	QL (60 per 30 days); MO
SAVELLA TITRATION PACK	Tier 2	
TECFIDERA 120 & 240 MG CPDR THPK	Tier 2	PA; LA
TECFIDERA 120 MG CAP DR	Tier 2	PA; LA; QL (14 per 7 days)
TECFIDERA 240 MG CAP DR	Tier 2	PA; LA; QL (60 per 30 days)
tetrabenazine 12.5 mg tab	Tier 2	PA; QL (240 per 30 days)
tetrabenazine 25 mg tab	Tier 2	PA; QL (120 per 30 days)
TYSABRI	Tier 2	PA; LA
zenzedi 10 mg tab	Tier 2	QL (180 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
zenzedi 5 mg tab	Tier 2	QL (90 per 30 days); MO
DENTAL AND ORAL AGENTS		
chlorhexidine gluconate 0.12 % solution	Tier 2	
oralone	Tier 2	
periogard	Tier 2	
pilocarpine hcl 5 mg tab, 7.5 mg tab	Tier 2	MO
triamcinolone acetonide 0.1 % paste	Tier 2	
DERMATOLOGICAL AGENTS		
accutane	Tier 2	
acitretin	Tier 2	
acyclovir 5 % ointment	Tier 2	QL (30 per 30 days)
adapalene 0.3 % gel	Tier 2	
ala-cort	Tier 2	
alclometasone dipropionate 0.05 % ointment	Tier 2	
amcinonide 0.1 % cream, 0.1 % lotion, 0.1 % ointment	Tier 2	
ammonium lactate 12 % cream, 12 % lotion	Tier 2	
amnesteem	Tier 2	
avita	Tier 2	PA; QL (45 per 30 days)
benzoyl peroxide-erythromycin	Tier 2	
betamethasone dipropionate 0.05 % cream, 0.05 % lotion	Tier 2	
betamethasone dipropionate aug 0.05 % ointment	Tier 2	
betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment	Tier 2	
calcipotriene 0.005 % cream, 0.005 % ointment	Tier 2	QL (120 per 30 days)
calcipotriene 0.005 % solution	Tier 2	QL (60 per 30 days)
calcitrene	Tier 2	QL (120 per 30 days)
CAPEX	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ciclodan 8 % solution	Tier 2	
ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution	Tier 2	
claravis	Tier 2	
clindacin	Tier 2	QL (100 per 30 days)
clindamycin phosphate 1 % foam	Tier 2	QL (100 per 30 days)
clindamycin phosphate 1 % gel	Tier 2	
clindamycin phosphate 1 % lotion, 1 % solution	Tier 2	QL (120 per 30 days)
clobetasol propionate 0.05 % cream	Tier 2	QL (120 per 30 days)
clobetasol propionate 0.05 % solution	Tier 2	QL (50 per 30 days)
clotrimazole-betamethasone 1-0.05 % cream	Tier 2	QL (120 per 30 days)
DENAVIR	Tier 2	QL (5 per 30 days)
desoximetasone 0.05 % cream, 0.25 % cream	Tier 2	QL (100 per 30 days)
desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment	Tier 2	
ery	Tier 2	
erythromycin 2 % gel, 2 % solution	Tier 2	
fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment	Tier 2	QL (120 per 30 days)
fluocinolone acetonide body	Tier 2	QL (120 per 30 days)
fluocinolone acetonide scalp	Tier 2	QL (120 per 30 days)
fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution	Tier 2	QL (240 per 30 days)
fluocinonide emulsified base	Tier 2	QL (240 per 30 days)
fluorouracil 2 % solution, 5 % cream, 5 % solution	Tier 2	
fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion	Tier 2	
halobetasol propionate 0.05 % cream, 0.05 % ointment	Tier 2	
hydrocortisone (perianal)	Tier 2	
hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
hydrocortisone valerate 0.2 % cream	Tier 2	
imiquimod 5 % cream	Tier 2	
isotretinoin 10 mg cap, 20 mg cap, 25 mg cap, 30 mg cap, 35 mg cap, 40 mg cap	Tier 2	
lindane	Tier 2	
mafenide acetate 5 % packet	Tier 2	
methoxsalen rapid	Tier 2	
mometasone furoate 0.1 % solution	Tier 2	
mupirocin 2 % ointment	Tier 2	QL (120 per 30 days)
mupirocin calcium	Tier 2	QL (30 per 30 days)
myorisan	Tier 2	
nystatin-triamcinolone 100000-0.1 unit/gm-% cream	Tier 2	
OTEZLA 30 MG TAB	Tier 2	PA; QL (60 per 30 days)
penciclovir	Tier 2	QL (5 per 30 days)
permethrin 5 % cream	Tier 2	
pimecrolimus	Tier 2	PA; QL (100 per 30 days)
podofilox 0.5 % solution	Tier 2	
procto-med hc	Tier 2	
procto-pak	Tier 2	
proctosol hc	Tier 2	
proctozone-hc	Tier 2	
SANTYL	Tier 2	QL (30 per 30 days)
selenium sulfide 2.5 % lotion	Tier 2	
silver sulfadiazine 1 % cream	Tier 2	
SKYRIZI 180 MG/1.2ML SOLN CART	Tier 2	PA; QL (1.2 per 56 days)
SKYRIZI 360 MG/2.4ML SOLN CART	Tier 2	PA; QL (2.4 per 56 days)
SKYRIZI 600 MG/10ML SOLUTION	Tier 2	PA; QL (10 per 28 days)
ssd	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
STELARA 130 MG/26ML SOLUTION	Tier 2	PA; LA
SULFAMYLON 85 MG/GM CREAM	Tier 2	
tacrolimus 0.03 % ointment, 0.1 % ointment	Tier 2	PA; QL (100 per 30 days)
tazarotene 0.05 % gel, 0.1 % cream, 0.1 % gel	Tier 2	PA
TAZORAC 0.05 % CREAM, 0.05 % GEL, 0.1 % GEL	Tier 2	PA
tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream	Tier 2	PA; QL (45 per 30 days)
triamcinolone acetonide 0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment	Tier 2	
triderm	Tier 2	
zenatane	Tier 2	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
a thru z advanced tab	Tier 4	[*]
a thru z select tab	Tier 4	[*]
a thru z select 50+ advanced tab	Tier 4	[*]
a thru z select advanced tab	Tier 4	[*]
a thru z select ultimate women tab	Tier 4	[*]
a thru z ultimate mens tab	Tier 4	[*]
a-10000 3 mg (10000 ut) cap	Tier 4	[*]
abaneu-sl 600-600 mcg sl tab	Tier 4	[*]
ACCRUFER 30 MG CAP	Tier 3	[*]
actical cap	Tier 4	[*]
advantage care electrolyte ped solution	Tier 4	[*]
AMINOSYN-PF 7 % SOLUTION	Tier 2	B/D PA
animal chews chew tab	Tier 4	[*]
ANIMAL SHAPES/IRON 18 MG CHEW TAB	Tier 4	[*]
APETEX ELIXIR	Tier 4	[*]
APETIGEN ELIXIR	Tier 4	[*]
APETIGEN-PLUS SOLUTION, TAB	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
aqueous vitamin e 15 mg/0.67ml solution	Tier 4	[*]
ascorbic acid 500 mg tab, powder	Tier 4	[*]
AURYXIA	Tier 2	PA; MO
b complex cap	Tier 4	[*]
b complex (folic acid) tab	Tier 4	[*]
b complex formula 1 (lipotrop) tab	Tier 4	[*]
b complex vitamins cap	Tier 4	[*]
b complex vitamins (w/ fa) cap	Tier 4	[*]
b complex-c tab	Tier 4	[*]
B COMPLEX-FOLIC ACID 500-5-200 MCG-MG-MCG TAB	Tier 4	[*]
b-1 100 mg tab, 250 mg tab	Tier 4	[*]
b-12 50 mcg tab, 100 mcg tab, 500 mcg tab, 1000 mcg tab, 1000 mcg tab er, 2500 mcg sl tab	Tier 4	[*]
B-12 DOTS 500 MCG TAB DISP	Tier 4	[*]
b-12 tr 1000 mcg tab er, 2000 mcg tab er	Tier 4	[*]
b-2 50 mg tab, 100 mg tab	Tier 4	[*]
b-6 50 mg tab, 100 mg tab	Tier 4	[*]
b-complex (folic acid) tab	Tier 4	[*]
b-complex-c tab	Tier 4	[*]
b-complex/b-12 tab	Tier 4	[*]
b6 natural 100 mg tab	Tier 4	[*]
BACMIN TAB	Tier 3	[*]
balance b-100 tab	Tier 4	[*]
balance b-50 tab	Tier 4	[*]
beta carotene 25000 unit cap	Tier 4	[*]
beta carotene provitamin a 25000 unit cap	Tier 4	[*]
BIOCAL CAP	Tier 4	[*]
biopetit elixir	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
biotin 5 mg cap, 1000 mcg tab, 5000 mcg cap	Tier 4	[*]
biotin maximum strength 5000 mcg cap	Tier 4	[*]
bprotected multi-vite liquid	Tier 4	[*]
bprotected pedia iron 75 (15 fe) mg/ml solution	Tier 4	[*]
BPROTECTED PEDIA TRI-VITE 35-412.5-10 SOLUTION	Tier 4	[*]
c 1000 1000 mg tab	Tier 4	[*]
C 1000-BIOFLAVONOIDS-ROSE HIPS 1000-25 MG CAP	Tier 4	[*]
c 500 500 mg tab	Tier 4	[*]
c complex tab er	Tier 4	[*]
c-1000 1000 mg tab, 1000 mg tab er	Tier 4	[*]
c-1000/rose hips 1000 mg tab	Tier 4	[*]
c-250 250 mg tab	Tier 4	[*]
c-500 500 mg chew tab, 500 mg tab, 500 mg tab er	Tier 4	[*]
c-500/rose hips 500 mg tab	Tier 4	[*]
c-chewable 500 mg chew tab	Tier 4	[*]
CAL-MAG-ZINC-D TAB	Tier 4	[*]
calcium + vitamin d3 600-10 tab, 600-5 tab	Tier 4	[*]
calcium 500 + d3 500-15 mg-mcg tab	Tier 4	[*]
calcium 500+d 500-10 tab, 500-5 tab	Tier 4	[*]
calcium 500+d high potency 500-10 mg-mcg tab	Tier 4	[*]
calcium 500+d3 500-10 tab, 500-5 tab	Tier 4	[*]
calcium 500/d 500-5 mg-mcg tab	Tier 4	[*]
calcium 600 + d 600-5 mg-mcg tab	Tier 4	[*]
CALCIUM 600 +D HIGH POTENCY 600-10 MG-MCG TAB	Tier 4	[*]
calcium 600 1500 (600 ca) mg tab	Tier 4	[*]
calcium 600 high potency 600 mg tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
calcium 600+d 600-10 tab, 600-20 tab, 600-5 tab	Tier 4	[*]
calcium 600+d high potency 600-10 mg-mcg tab	Tier 4	[*]
calcium 600+d plus minerals 600-400 chew tab, 600-400 tab	Tier 4	[*]
calcium 600+d3 600-10 tab, 600-20 tab, 600-5 tab	Tier 4	[*]
calcium 600+d3 plus minerals 600-800 mg-unit chew tab	Tier 4	[*]
calcium 600/vitamin d 600-10 chew tab, 600-10 tab	Tier 4	[*]
calcium 600/vitamin d3 600-20 mg-mcg tab	Tier 4	[*]
calcium acetate (phos binder) 667 mg cap	Tier 2	MO
calcium carb-cholecalciferol 500-10 chew tab, 500-10 tab, 500-5 tab, 600-10 tab, 600-20 tab, 600-5 tab	Tier 4	[*]
calcium carbonate 600 mg tab, 1250 (500 ca) mg chew tab, 1250 (500 ca) mg tab, 1500 (600 ca) mg tab	Tier 4	[*]
calcium carbonate antacid 1250 mg/5ml suspension	Tier 4	[*]
calcium carbonate-vitamin d 600-5 mg-mcg tab	Tier 4	[*]
calcium citrate + d 315-5 mg-mcg tab	Tier 4	[*]
calcium citrate + d3 315-5 mg-mcg tab	Tier 4	[*]
calcium citrate + d3 maximum 315-250 mg-unit tab	Tier 4	[*]
calcium citrate 950 (200 ca) mg tab	Tier 4	[*]
CALCIUM CITRATE MALATE-VIT D 250-2.5 MG-MCG TAB	Tier 4	[*]
calcium citrate plus/magnesium tab	Tier 4	[*]
calcium citrate+d3 315-250 mg-unit tab	Tier 4	[*]
calcium citrate-vitamin d 200-3.125 tab, 315-5 tab, 315-6.25 tab	Tier 4	[*]
calcium citrate-vitamin d3 315-6.25 mg-mcg tab	Tier 4	[*]
calcium for women 500-100-40 chew tab	Tier 4	[*]
calcium high potency 1500 (600 ca) mg tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
calcium high potency/vitamin d 600-5 mg-mcg tab	Tier 4	[*]
calcium plus vitamin d 500-5 mg-mcg tab	Tier 4	[*]
calcium plus vitamin d3 600-20 mg-mcg tab	Tier 4	[*]
calcium+d3 500-10 tab, 500-15 tab, 600-20 tab	Tier 4	[*]
CALCIUM-MAGNESIUM 250-155 MG TAB	Tier 4	[*]
calcium-magnesium-zinc 333-133-5 mg tab	Tier 4	[*]
CALCIUM-VITAMIN D3 250-3.125 TAB, 600-10 CAP	Tier 4	[*]
CALCIUM/C/D 500-10-250 MG-MG-UNIT CHEW TAB	Tier 4	[*]
CALTRATE 600+D PLUS MINERALS 600-800 MG-UNIT TAB	Tier 4	[*]
CALTRATE 600+D3 600-20 MG-MCG TAB	Tier 4	[*]
CALTRATE 600+D3 SOFT 600-20 MG-MCG CHEW TAB	Tier 4	[*]
carglumic acid	Tier 2	PA; LA
CENTRATEX 106-1 MG CAP	Tier 3	[*]
CENTRAVITES 50 PLUS TAB	Tier 4	[*]
CENTRUM LIQUID	Tier 4	[*]
CENTRUM ADULTS TAB	Tier 4	[*]
CENTRUM MEN TAB	Tier 4	[*]
CENTRUM SILVER TAB	Tier 4	[*]
CENTRUM SILVER 50+WOMEN TAB	Tier 4	[*]
CENTRUM SILVER ADULT 50+ TAB	Tier 4	[*]
CENTRUM SILVER ULTRA WOMENS TAB	Tier 4	[*]
CENTRUM SPECIALIST HEART TAB	Tier 4	[*]
CENTRUM ULTRA WOMENS TAB	Tier 4	[*]
CENTRUM WOMEN TAB	Tier 4	[*]
CEREFOLIN 6-1-50-5 MG TAB	Tier 3	[*]
certa plus tab	Tier 4	[*]
CERTAVITE SENIOR TAB	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
CERTAVITE SENIOR/ANTIOXIDANT TAB	Tier 4	[*]
certavite/antioxidants tab	Tier 4	[*]
chewable calcium 500-200-40 mg-unt-mcg chew tab	Tier 4	[*]
childrens chewable multi vits chew tab	Tier 4	[*]
CITRACAL MAXIMUM 315-6.25 MG-MCG TAB	Tier 4	[*]
CITRACAL MAXIMUM PLUS TAB	Tier 4	[*]
CLINIMIX E/DEXTROSE (2.75/5)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (8/10)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (8/14)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (5/15)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (5/20)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (6/5)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (8/10)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (8/14)	Tier 2	B/D PA
CLINOLIPID	Tier 2	B/D PA
companion tab	Tier 4	[*]
COMPLEX B-100-INOSITOL TAB ER	Tier 4	[*]
CORAL CALCIUM 185-50-100 MG-MG-UNIT CAP	Tier 4	[*]
corvita tab	Tier 3	[*]
CORVITE 150 TAB	Tier 4	[*]
CORVITE FE TAB	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
CRANBERRY URINARY COMFORT 100-3 MG-UNIT CAP	Tier 4	[*]
cvs b complex plus c tab	Tier 4	[*]
cvs b-1 100 mg tab	Tier 4	[*]
cvs b-12 500 mcg tab	Tier 4	[*]
cvs b6 100 mg tab	Tier 4	[*]
CVS BETA CAROTENE 15 MG CAP	Tier 4	[*]
cvs biotin high potency 1000 mcg tab	Tier 4	[*]
cvs calcium + d3 600-20 mg-mcg tab	Tier 4	[*]
cvs calcium 600 & vitamin d3 600-20 mg-mcg tab	Tier 4	[*]
cvs calcium 600 + d/minerals 600-800 mg-unit chew tab	Tier 4	[*]
cvs calcium 600 mg tab	Tier 4	[*]
cvs calcium 600+d 600-20 mg-mcg tab	Tier 4	[*]
cvs calcium citrate+d3 315-250 mg-unit tab	Tier 4	[*]
cvs chewable c with rose hips 500 mg chew tab	Tier 4	[*]
CVS HAIR/SKIN/NAILS TAB	Tier 4	[*]
cvs iron 240 (27 fe) mg tab, 325 (65 fe) mg tab	Tier 4	[*]
cvs magnesium 500 mg tab	Tier 4	[*]
cvs ped electrolyte freeze pop solution	Tier 4	[*]
cvs pediatric electrolyte solution	Tier 4	[*]
cvs selenium 200 mcg tab	Tier 4	[*]
cvs slow release iron 45 mg tab er, 143 (45 fe) mg tab er	Tier 4	[*]
CVS SPECTRAVITE ADULT 50+ TAB	Tier 4	[*]
CVS SPECTRAVITE ADULTS TAB	Tier 4	[*]
cvs spectravite advanced tab	Tier 4	[*]
cvs spectravite men tab	Tier 4	[*]
cvs spectravite women tab	Tier 4	[*]
cvs spectravite women 50+ tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
cvs vitamin a 2400 mcg (8000 ut) cap	Tier 4	[*]
cvs vitamin b-12 1000 mcg tab, 2000 mcg tab er	Tier 4	[*]
cvs vitamin b-2 100 mg tab	Tier 4	[*]
cvs vitamin b12 1000 mcg tab, 1000 mcg tab er	Tier 4	[*]
cvs vitamin c 250 mg tab, 500 mg tab, 1000 mg tab	Tier 4	[*]
cvs vitamin c-rose hips 500 mg tab, 1000 mg tab	Tier 4	[*]
cvs vitamin e 180 mg (400 unit) cap	Tier 4	[*]
cvs zinc gluconate 50 mg tab	Tier 4	[*]
daily value multivitamin tab	Tier 4	[*]
daily vitamin tab	Tier 4	[*]
daily vitamin formula+iron tab	Tier 4	[*]
daily vitamin formula+minerals tab	Tier 4	[*]
daily vite tab	Tier 4	[*]
daily vite multivitamin/iron tab	Tier 4	[*]
daily vites tab	Tier 4	[*]
daily vites/iron tab	Tier 4	[*]
deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	Tier 2	PA
DEKAS ESSENTIAL CAP	Tier 4	[*]
DEKAS PLUS CAP, LIQUID	Tier 4	[*]
dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution, 250 mg/ml solution	Tier 2	
dextrose in lactated ringers	Tier 2	
dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution	Tier 2	
dextrose-sodium chloride 5-0.225 % solution, 5-0.3 % solution, 5-0.45 % solution, 5-0.9 % solution	Tier 2	
dialyvite tab	Tier 3	[*]
DIALYVITE 3000 3 MG TAB	Tier 3	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
DIALYVITE 5000 5 MG TAB	Tier 3	[*]
dialyvite 800 0.8 mg tab	Tier 4	[*]
DIALYVITE 800/IRON 29-0.8 MG TAB	Tier 4	[*]
DIALYVITE SUPREME D TAB	Tier 3	[*]
DIALYVITE/ZINC TAB	Tier 3	[*]
e-400 180 mg (400 unit) cap	Tier 4	[*]
e-oil 100 unt/0.25ml oil	Tier 4	[*]
e400 180 mg (400 unit) cap	Tier 4	[*]
ELFOLATE PLUS 3-35-2 MG TAB	Tier 4	[*]
endur-c 500 mg tab er, 1000 mg tab er	Tier 4	[*]
ENFAMIL ENFALYTE SOLUTION	Tier 4	[*]
ENLYTE CAP	Tier 4	[*]
eq calcium 500+d 500-5 mg-mcg tab	Tier 4	[*]
eq calcium 600+d 600-20 mg-mcg tab	Tier 4	[*]
eq calcium citrate+d 315-250 mg-unit tab	Tier 4	[*]
eq complete multivit adult 50+ tab	Tier 4	[*]
EQ COMPLETE MULTIVITAMIN-ADULT TAB	Tier 4	[*]
eq one daily womens health tab	Tier 4	[*]
eq slow-release iron 45 mg tab er	Tier 4	[*]
eql b complex 50 tab	Tier 4	[*]
eql b-6 100 mg tab	Tier 4	[*]
eql calcium citrate/vitamin d 315-250 mg-unit tab	Tier 4	[*]
eql calcium citrate/vitamin d3 315-250 mg-unit tab	Tier 4	[*]
eql calcium/vitamin d 600-10 mg-mcg tab	Tier 4	[*]
eql calcium/vitamin d3 600-20 mg-mcg tab	Tier 4	[*]
eql one daily mens health tab	Tier 4	[*]
eql one daily womens tab	Tier 4	[*]
eql vitamin b-12 500 mcg tab	Tier 4	[*]
eql vitamin b-12 tr 1000 mcg tab er	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
eql vitamin c 500 mg tab, 1000 mg tab	Tier 4	[*]
eql vitamin c/rose hips 500 mg tab, 1000 mg tab	Tier 4	[*]
eql vitamin e 400 unit cap	Tier 4	[*]
essentia tab	Tier 4	[*]
EZFE 200 434.8 (200 FE) MG CAP	Tier 4	[*]
fabb 2.2-25-1 mg tab	Tier 3	[*]
fe c tab 100-250 mg tab	Tier 4	[*]
FEOSOL 200 (65 FE) MG TAB	Tier 4	[*]
FEOSOL BIFERA 28 MG TAB	Tier 4	[*]
FER-IN-SOL 75 (15 FE) MG/ML SOLUTION	Tier 4	[*]
ferate 240 (27 fe) mg tab	Tier 4	[*]
FERIVA 21/7 75-1 MG TAB	Tier 4	[*]
FERIVAFA 110-1 MG CAP	Tier 4	[*]
ferosul 325 (65 fe) mg tab	Tier 4	[*]
FERRETTS 325 (106 FE) MG TAB	Tier 4	[*]
FERRETTS IPS 40 MG/15ML SOLUTION	Tier 4	[*]
ferrex 150 150 mg cap	Tier 4	[*]
ferric x-150 150 mg cap	Tier 4	[*]
FERRIMIN 150 150 MG TAB	Tier 4	[*]
ferrous fumarate 324 (106 fe) mg tab	Tier 4	[*]
FERROUS GLUCONATE 240 (27 FE) MG TAB, 324 (37.5 FE) MG TAB, 324 (38 FE) MG TAB	Tier 4	[*]
ferrous sulfate 325 (65 fe) mg tab	Tier 4	[*]
ferrous sulfate 75 (15 fe) mg/ml solution, 220 (44 fe) mg/5ml solution, 300 (60 fe) mg/5ml solution, 300 mg/6.8ml solution, 324 (65 fe) mg tab dr, 324 mg tab dr, 325 (65 fe) mg tab dr	Tier 4	[*]
FERROUS SULFATE ER 140 (45 FE) MG TAB ER	Tier 4	[*]
flintstones complete 10 mg chew tab, 18 mg chew tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
flintstones plus extra c chew tab	Tier 4	[*]
flintstones/my first chew tab	Tier 4	[*]
FLORIVA 0.25 MG CHEW TAB, 0.25-400 MG-UNIT/ ML LIQUID, 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 3	[*]
FLORIVA PLUS 0.25 MG/ML SOLUTION	Tier 3	[*]
folbee 2.5-25-1 mg tab	Tier 4	[*]
folbee plus tab	Tier 4	[*]
folbee plus cz 5 mg tab	Tier 4	[*]
FOLBIC 2.5-25-2 MG TAB	Tier 4	[*]
folic acid 1 mg tab, 5 mg/ml solution	Tier 3	[*]
FOLITAB 500 105-500-0.8 MG TAB ER	Tier 4	[*]
folplex 2.2 2.2-25-0.5 mg tab	Tier 4	[*]
FOLTABS 800 800-10-115 MCG-MG-MCG TAB	Tier 4	[*]
FOLTANX 3-35-2 MG TAB	Tier 4	[*]
FOLTRATE 500-1 MCG-MG TAB	Tier 4	[*]
FOSFREE TAB	Tier 4	[*]
FREAMINE III	Tier 2	B/D PA
fruit c 500 500 mg chew tab	Tier 4	[*]
fruity c 250 mg chew tab	Tier 4	[*]
full spectrum b/vitamin c 0.8 mg tab	Tier 4	[*]
FUSION 65-65-25-30 MG CAP	Tier 4	[*]
FUSION PLUS CAP	Tier 4	[*]
gnp b-12 2500 mcg sl tab	Tier 4	[*]
gnp biotin 5000 mcg cap	Tier 4	[*]
gnp calcium 1500 (600 ca) mg tab	Tier 4	[*]
gnp calcium 600 +d3 600-20 mg-mcg tab	Tier 4	[*]
gnp calcium 600 +d3/minerals 600-800 mg-unit chew tab	Tier 4	[*]
gnp calcium citrate +d3 315-250 mg-unit tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
gnp childrens chewables/ex c chew tab	Tier 4	[*]
gnp electrolyte solution solution	Tier 4	[*]
gnp essential one daily tab	Tier 4	[*]
gnp iron 142 (45 fe) mg tab er, 200 (65 fe) mg tab	Tier 4	[*]
gnp little ones childrens chew tab	Tier 4	[*]
gnp mega multi for men tab	Tier 4	[*]
gnp mega multi for women tab	Tier 4	[*]
gnp one daily mens health 50+ tab	Tier 4	[*]
gnp one daily womens 50+ tab	Tier 4	[*]
gnp therapeutic-m tab	Tier 4	[*]
gnp vitamin a 3 mg (10000 ut) cap	Tier 4	[*]
gnp vitamin b-1 100 mg tab	Tier 4	[*]
gnp vitamin b-12 500 mcg tab, 1000 mcg tab er	Tier 4	[*]
gnp vitamin b-6 100 mg tab	Tier 4	[*]
gnp vitamin c 250 mg tab, 500 mg chew tab, 500 mg tab, 500 mg tab er, 1000 mg tab	Tier 4	[*]
gnp vitamin c drops 60 mg lozenge	Tier 4	[*]
gnp vitamin c w/rose hips 500-37 mg tab	Tier 4	[*]
gnp vitamin c/rose hips 1000 mg tab	Tier 4	[*]
gnp vitamin e 180 mg (400 unit) cap, 400 unit cap	Tier 4	[*]
gummi bear multivitamin/min chew tab	Tier 4	[*]
h-e-b oral electrolyte solution	Tier 4	[*]
HARD NAILS 2.5 MG CAP	Tier 4	[*]
HEALTHY KIDS GUMMIES CHEW TAB	Tier 4	[*]
HEMOCYTE PLUS 106-1 MG CAP	Tier 4	[*]
hemocyte-f 324-1 mg tab	Tier 4	[*]
HIGH POT MULTIVITAMIN/BETA-CAR TAB	Tier 4	[*]
HIGH POTENCY MULTIVIT/FA TAB	Tier 4	[*]
hm biotin 5000 mcg cap	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
hm e vitamin 180 mg (400 unit) cap	Tier 4	[*]
hm pediatric electrolyte solution	Tier 4	[*]
hm vitamin b-12 500 mcg tab	Tier 4	[*]
hm vitamin c 500 mg chew tab	Tier 4	[*]
ICAPS AREDS FORMULA TAB	Tier 4	[*]
ICAPS LUTEIN & ZEAXANTHIN TAB DR	Tier 4	[*]
icaps mv tab	Tier 4	[*]
ICAR 15 MG/1.25ML SUSPENSION	Tier 4	[*]
ICAR-C 100-250 MG TAB	Tier 4	[*]
iferex 150 150 mg cap	Tier 4	[*]
iferex 150 forte 150-25-1 mg-mcg-mg cap	Tier 3	[*]
INFED 50 MG/ML SOLUTION	Tier 3	[*]
INTEGRA 62.5-62.5-40-3 MG CAP	Tier 4	[*]
INTEGRA F 125-1 MG CAP	Tier 4	[*]
INTEGRA PLUS CAP	Tier 4	[*]
INTRALIPID	Tier 2	B/D PA
iron 100/c 100-250 mg tab	Tier 4	[*]
iron 240 (27 fe) mg tab, 325 (65 fe) mg tab	Tier 4	[*]
iron 27 240 (27 fe) mg tab	Tier 4	[*]
iron high-potency 325 mg tab	Tier 4	[*]
iron slow release 140 (45 fe) mg tab er, 143 (45 fe) mg tab er	Tier 4	[*]
iron supplement 220 (44 fe) mg/5ml solution	Tier 4	[*]
iron supplement childrens 75 (15 fe) mg/ml solution	Tier 4	[*]
iron-vitamin c 100-250 mg tab	Tier 4	[*]
IROSPAN 24/6 MISC	Tier 4	[*]
kcl (0.149%) in nacl 20-0.45 meq/l-% solution	Tier 2	
kcl in dextrose-nacl , 40-5-0.9 meq/l-%-% solution	Tier 2	
KCL-LACTATED RINGERS-D5W	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
klor-con 10	Tier 2	MO
klor-con 8 meq tab er	Tier 1	MO
klor-con m10	Tier 1	MO
klor-con m15	Tier 2	MO
klor-con m20	Tier 1	MO
kobee tab	Tier 4	[*]
kp adults 50+ daily formula tab	Tier 4	[*]
kp b complex-c tab	Tier 4	[*]
kp calcium citrate+d 315-250 mg-unit tab	Tier 4	[*]
kp ferrous gluconate 324 (37.5 fe) mg tab	Tier 4	[*]
kp ferrous sulfate 325 (65 fe) mg tab	Tier 4	[*]
kp vitamin b-12 1000 mcg tab	Tier 4	[*]
kp vitamin b-6 100 mg tab	Tier 4	[*]
kp vitamin e 45 mg (100 unit) cap	Tier 4	[*]
L-METHYL-MC 6-1-50-5 MG TAB	Tier 4	[*]
L-METHYLFOLATE-B6-B12 3-35-2 MG TAB	Tier 3	[*]
lactated ringers	Tier 2	
lactated ringers solution (irrigation)	Tier 2	
levocarnitine 1 gm/10ml solution, 330 mg tab	Tier 2	B/D PA; MO
levocarnitine sf	Tier 2	B/D PA; MO
LOKELMA	Tier 2	MO
lysiplex plus liquid	Tier 4	[*]
MAG-TAB SR 84 MG (7MEQ) TAB ER	Tier 4	[*]
MAGNESIUM 30 MG TAB, 300 MG CAP	Tier 4	[*]
magnesium lactate 84 mg (7meq) tab er	Tier 4	[*]
magnesium oxide 420 (252 mg) mg tab, 500 mg tab	Tier 4	[*]
magnesium oxide 420 mg tab, 500 mg cap	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
magnesium sulfate 2 gm/50ml solution, 4 gm/ 100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution, 50 % solution	Tier 2	
MEGA MULTI MEN TAB	Tier 4	[*]
mega multiple/chelated mineral tab	Tier 4	[*]
meijer c 500 mg tab	Tier 4	[*]
meribin 5 mg cap	Tier 4	[*]
METAFOLBIC 6-1-50-5 MG TAB	Tier 4	[*]
MG PLUS PROTEIN 133 MG TAB	Tier 4	[*]
MONOCAL 625-22.75 MG TAB	Tier 4	[*]
MTX SUPPORT TAB	Tier 4	[*]
multi complete/iron tab	Tier 4	[*]
MULTI VITAMIN TAB	Tier 4	[*]
multi vitamin daily tab	Tier 4	[*]
multi-vit/iron/fluoride 0.25-10 mg/ml solution	Tier 4	[*]
multi-vitamin tab	Tier 4	[*]
multi-vitamin daily tab	Tier 4	[*]
multi-vitamin hp/minerals cap	Tier 4	[*]
multi-vitamin/fluoride multi-vitamin/fluoride 0.25 mg/ml solution, multi-vitamin/fluoride 0.5 mg/ml solution	Tier 3	[*]
multi-vitamin/fluoride/iron 0.25-10 mg/ml solution	Tier 3	[*]
MULTI-VITE LIQUID	Tier 4	[*]
multiple electro type 1 ph 5.5	Tier 2	
multiple vit/minerals/no iron tab	Tier 4	[*]
multiple vitamins tab	Tier 4	[*]
multiple vitamins-iron 15 mg chew tab	Tier 4	[*]
multiple vitamins/iron tab	Tier 4	[*]
MULTIVITAMIN TAB	Tier 4	[*]
multivitamin & mineral liquid	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
multivitamin adults 50+ tab	Tier 4	[*]
multivitamin women 50+ tab	Tier 4	[*]
multivitamin/fluoride 0.25 mg/ml solution	Tier 4	[*]
multivitamin/fluoride multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 0.5 mg/ml solution, multivitamin/fluoride 1 mg chew tab	Tier 3	[*]
MVW COMPLETE FORMULATION CAP, CHEW TAB, SOLUTION	Tier 4	[*]
mvw complete formulation d3000 cap, chew tab	Tier 4	[*]
mvw complete formulation d5000 cap, chew tab	Tier 4	[*]
MVW COMPLETE FORMULATION MINIS CAP	Tier 4	[*]
mynephron 1 mg cap	Tier 4	[*]
natural c/rose hips 1000 mg tab	Tier 4	[*]
natural vitamin e 670 mg (1000 ut) cap	Tier 4	[*]
NEPHPLEX RX TAB	Tier 4	[*]
nephro-vite 0.8 mg tab	Tier 4	[*]
NEPHRON FA TAB	Tier 4	[*]
NEURIN-SL 600-600 MCG SL TAB	Tier 4	[*]
NIVA-FOL 2.5-25-2 MG TAB	Tier 4	[*]
NO IRON MULT VITAMIN-MINERALS TAB	Tier 4	[*]
nu-iron 150 mg cap	Tier 4	[*]
NU-MAG 71.5-119 MG TAB DR	Tier 4	[*]
NUTRILIPID	Tier 2	B/D PA
NUTRIVIT LIQUID	Tier 4	[*]
oceanic selenium 50 mcg tab, 200 mcg tab	Tier 4	[*]
ocutabs tab	Tier 4	[*]
ocutabs-lutein tab	Tier 4	[*]
OMNICAP TAB	Tier 4	[*]
ONCOVITE TAB	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
one daily calcium/iron tab	Tier 4	[*]
one daily complete tab	Tier 4	[*]
one daily for men 50+ advanced tab	Tier 4	[*]
one daily for women tab	Tier 4	[*]
one daily for women 50+ adv tab	Tier 4	[*]
one daily maximum tab	Tier 4	[*]
one daily multivitamin/iron tab	Tier 4	[*]
one daily womens 50 plus tab	Tier 4	[*]
one daily womens 50+ tab	Tier 4	[*]
one daily/minerals tab	Tier 4	[*]
ONE-A-DAY ESSENTIAL TAB	Tier 4	[*]
ONE-A-DAY MENS 50+ ADVANTAGE TAB	Tier 4	[*]
one-a-day teen advantage/her tab	Tier 4	[*]
ONE-A-DAY TEEN ADVANTAGE/HIM TAB	Tier 4	[*]
ONE-A-DAY WOMENS FORMULA TAB	Tier 4	[*]
one-daily multi-vitamin tab	Tier 4	[*]
oralyte freezer pops solution	Tier 4	[*]
orazinc 110 mg tab, 220 (50 zn) mg cap	Tier 4	[*]
os-cal calcium + d3 500-5 mg-mcg tab	Tier 4	[*]
os-cal extra d3 500-15 mg-mcg tab	Tier 4	[*]
oysco 500+d 500-200 mg-unit tab	Tier 4	[*]
oyster calcium 500 mg tab	Tier 4	[*]
oyster shell calcium + d 500-5 mg-mcg tab	Tier 4	[*]
oyster shell calcium + d3 500-10 mg-mcg tab	Tier 4	[*]
oyster shell calcium 250+d 250-3.125 mg-mcg tab	Tier 4	[*]
oyster shell calcium 500 mg tab	Tier 4	[*]
oyster shell calcium 500+d 500-10 mg-mcg chew tab	Tier 4	[*]
oyster shell calcium plus d 500-5 mg-mcg tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
oyster shell calcium w/d 500-5 mg-mcg tab	Tier 4	[*]
OYSTER SHELL CALCIUM/D 500-10 TAB, 500-5 TAB	Tier 4	[*]
oyster shell calcium/d3 500-10 tab, 500-5 tab	Tier 4	[*]
oyster shell calcium/vit d3 250-3.125 mg-mcg tab	Tier 4	[*]
oyster shell calcium/vitamin d 250-3.125 tab, 500-5 tab	Tier 4	[*]
pc pediatric iron drops 15 mg/ml solution	Tier 4	[*]
pc pediatric tri-vitamin drops 750-400-35 unit-mg/ml solution	Tier 4	[*]
ped electrolyte freeze pops solution	Tier 4	[*]
ped electrolyte freezer pops solution	Tier 4	[*]
PEDIALYTE SOLUTION	Tier 4	[*]
PEDIALYTE ADVANCED CARE SOLUTION	Tier 4	[*]
PEDIALYTE FREEZER POPS SOLUTION	Tier 4	[*]
PEDIALYTE SINGLES SOLUTION	Tier 4	[*]
pediatric electrolyte solution	Tier 4	[*]
pediatric electrolyte-zinc solution	Tier 4	[*]
PERIDIN-C 200-50-150 MG TAB	Tier 4	[*]
PHILLIPS 500 MG TAB	Tier 4	[*]
PLASMA-LYTE 148	Tier 2	
poly-iron 150 150 mg cap	Tier 4	[*]
poly-iron 150 forte 150-25-1 mg-mcg-mg cap	Tier 4	[*]
POLY-VI-FLOR 0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 3	[*]
POLY-VI-FLOR/IRON POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB	Tier 3	[*]
POLY-VI-SOL SOLUTION	Tier 4	[*]
POLY-VI-SOL/IRON 11 MG/ML SOLUTION	Tier 4	[*]
polysaccharide iron complex 150 mg cap	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
polysaccharide-iron complex 150 mg cap	Tier 4	[*]
potassium chloride 10 % solution, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution	Tier 1	MO
potassium chloride 10 meq cap er	Tier 1	MO
potassium chloride 10 meq tab er	Tier 1	MO
POTASSIUM CHLORIDE 2 MEQ/ML SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ/100ML SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION	Tier 2	
potassium chloride 20 meq tab er	Tier 1	MO
potassium chloride 8 meq cap er	Tier 1	MO
potassium chloride 8 meq tab er	Tier 1	MO
potassium chloride crys 10 meq tab er	Tier 1	MO
potassium chloride crys 20 meq tab er	Tier 1	MO
potassium chloride crys er 15 meq tab er	Tier 2	MO
potassium chloride in dextrose	Tier 2	
POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION	Tier 2	
potassium citrate 10 meq (1080 mg) tab er	Tier 2	
potassium citrate 15 meq (1620 mg) tab er	Tier 2	
potassium citrate 5 meq (540 mg) tab er	Tier 2	
PREMASOL	Tier 2	B/D PA
prenatal vit w/ iron carbonyl-folic acid	Tier 2	
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	Tier 2	
prevent cap	Tier 4	[*]
PROFE 391.3 (180 FE) MG CAP	Tier 4	[*]
PROFERRIN ES 12 MG TAB	Tier 4	[*]
PROFERRIN-FORTE 12-1 MG TAB	Tier 4	[*]
PROTECTIRON 60-1 MG TAB	Tier 4	[*]
pure calcium carbonate 1500 (600 ca) mg tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
pureway-c 500 mg tab	Tier 4	[*]
pyridoxine hcl 50 mg tab	Tier 4	[*]
qc calcium/minerals/vitamin d 600-400 mg-unit tab	Tier 4	[*]
qc daily multivit/multimineral tab	Tier 4	[*]
QUFLORA FE 0.25 MG CHEW TAB	Tier 3	[*]
QUFLORA FE PEDIATRIC 0.25-9.5 MG/ML LIQUID	Tier 3	[*]
QUFLORA GUMMIES 0.125 MG CHEW TAB	Tier 3	[*]
QUFLORA PEDIATRIC 0.25 MG CHEW TAB, 0.25 MG/ML SOLUTION, 0.5 MG CHEW TAB, 0.5 MG/ML SOLUTION, 1 MG CHEW TAB	Tier 3	[*]
QUINTABS-M TAB	Tier 4	[*]
ra b-complex tab	Tier 4	[*]
ra b-complex with b-12 tab	Tier 4	[*]
RA B-COMPLEX/VITAMIN C CR TAB ER	Tier 4	[*]
ra balanced b-100 tab	Tier 4	[*]
ra balanced b-50 tab	Tier 4	[*]
ra biotin 2500 mcg cap	Tier 4	[*]
ra calcium 600 1500 (600 ca) mg tab	Tier 4	[*]
ra calcium 600/vit d/minerals 600-200 mg-unit tab	Tier 4	[*]
ra calcium 600/vitamin d-3 600-10 mg-mcg tab	Tier 4	[*]
ra calcium cit plus vit d-3 315-250 mg-unit tab	Tier 4	[*]
RA CALCIUM-BORON 500-1.5 MG TAB	Tier 4	[*]
ra central-vite womens mature tab	Tier 4	[*]
ra hi cal 500-5 mg-mcg tab	Tier 4	[*]
ra high potency iron 27 mg tab	Tier 4	[*]
ra iron 325 (65 fe) mg tab	Tier 4	[*]
ra magnesium 500 mg cap	Tier 4	[*]
ra natural magnesium 250 mg tab	Tier 4	[*]
ra one daily maximum tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ra pediatric electrolyte solution	Tier 4	[*]
ra selenium natural 200 mcg tab	Tier 4	[*]
ra slow release iron 45 mg tab er	Tier 4	[*]
ra vitamin a 3 mg (10000 ut) cap	Tier 4	[*]
ra vitamin b-1 100 mg tab	Tier 4	[*]
ra vitamin b-12 100 mcg tab	Tier 4	[*]
ra vitamin b-12 tr 1000 mcg tab er	Tier 4	[*]
ra vitamin b-6 50 mg tab, 100 mg tab	Tier 4	[*]
ra vitamin b12 2000 mcg tab er	Tier 4	[*]
ra vitamin c 250 mg tab, 500 mg chew tab, 500 mg tab	Tier 4	[*]
ra vitamin c cr 500 mg tab er, tab er	Tier 4	[*]
ra vitamin c/rose hips 500 mg tab, 1000 mg tab	Tier 4	[*]
ra vitamin e 268 mg (400 unit) cap	Tier 4	[*]
ra zinc 50 mg tab	Tier 4	[*]
rena-vite tab	Tier 4	[*]
rena-vite rx 1 mg tab	Tier 4	[*]
renal 1 mg cap	Tier 4	[*]
renal vitamin 0.8 mg tab	Tier 4	[*]
renal-vite 0.8 mg tab	Tier 4	[*]
reno caps 1 mg cap	Tier 3	[*]
ringers	Tier 2	
ringers irrigation	Tier 2	
SCOOBY-DOO ONE A DAY CHEW TAB	Tier 4	[*]
se-tan plus 162-115.2-1 mg cap	Tier 3	[*]
selenium 200 mcg tab	Tier 4	[*]
senior tabs tab	Tier 4	[*]
sentry tab	Tier 4	[*]
sentry senior tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
sevelamer carbonate 0.8 gm packet, 800 mg tab	Tier 2	QL (540 per 30 days); MO
sevelamer carbonate 2.4 gm packet	Tier 2	QL (180 per 30 days); MO
SIDEROL TAB	Tier 3	[*]
SLOW FE 142 (45 FE) MG TAB ER	Tier 4	[*]
SLOW RELEASE IRON 45 MG TAB ER, 47.5 MG TAB ER	Tier 4	[*]
SLOW-MAG 71.5-119 MG TAB DR	Tier 4	[*]
sm b-complex tab	Tier 4	[*]
SM B-COMPLEX/VITAMIN C TAB	Tier 4	[*]
sm b100 complex tab	Tier 4	[*]
sm biotin 5000 mcg cap	Tier 4	[*]
sm calcium 600+d3 600-20 mg-mcg tab	Tier 4	[*]
sm calcium 600/vitamin d 600-10 mg-mcg tab	Tier 4	[*]
sm calcium citrate+/vit d3 315-250 mg-unit tab	Tier 4	[*]
sm calcium citrate+vit d3 max 315-250 mg-unit tab	Tier 4	[*]
sm calcium-vitamin d 500-5 mg-mcg tab	Tier 4	[*]
sm calcium/vitamin d 500-5 tab, 600-20 tab	Tier 4	[*]
sm chewable vitamin c 500 mg chew tab	Tier 4	[*]
sm complete tab	Tier 4	[*]
sm complete 50+ tab	Tier 4	[*]
sm complete 50+ ultimate women tab	Tier 4	[*]
sm hair/skin/nails tab	Tier 4	[*]
sm iron 325 (65 fe) mg tab	Tier 4	[*]
sm magnesium oxide 250 mg tab	Tier 4	[*]
sm multiple vitamins/iron tab	Tier 4	[*]
SM ONE DAILY WOMENS TAB	Tier 4	[*]
sm pediatric electrolyte solution	Tier 4	[*]
sm slow release iron 142 (45 fe) mg tab er	Tier 4	[*]
sm vitamin b complex/vitamin c tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
sm vitamin b-12 500 mcg tab	Tier 4	[*]
sm vitamin b1 100 mg tab	Tier 4	[*]
sm vitamin b12 tr 1000 mcg tab er, 2000 mcg tab er	Tier 4	[*]
sm vitamin b6 100 mg tab	Tier 4	[*]
sm vitamin c 500 mg chew tab, 500 mg tab	Tier 4	[*]
sm vitamin c cr 500 mg tab er	Tier 4	[*]
sm zinc 50 mg tab	Tier 4	[*]
sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution	Tier 2	
sodium chloride 0.9 % solution irrigation	Tier 2	
sodium chloride 0.9 % solution iv	Tier 2	
sodium chloride irrigation soln 0.9%	Tier 2	
sodium fluoride 0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab	Tier 3	[*]
sodium fluoride 1.1 (0.5 f) mg/ml solution	Tier 3	[*]
sodium fluoride 2.2 (1 f) mg chew tab	Tier 2	MO
sodium polystyrene sulfonate	Tier 2	
soluvita e 15.8 mg/0.7ml solution	Tier 4	[*]
SPECTRAVITE TAB	Tier 4	[*]
sps	Tier 2	
stress b/zinc tab	Tier 4	[*]
stress formula tab	Tier 4	[*]
stress formula/iron tab	Tier 4	[*]
stress formula/zinc (b-compl) tab	Tier 4	[*]
STROVITE FORTE TAB	Tier 3	[*]
STROVITE ONE TAB	Tier 3	[*]
super b/c cap	Tier 4	[*]
super biotin 5000 mcg cap	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
super calcium 1500 (600 ca) mg tab	Tier 4	[*]
super calcium 600 + d 400 600-10 mg-mcg tab	Tier 4	[*]
super calcium 600 + d3 600-10 mg-mcg tab	Tier 4	[*]
super quints b-50 tab	Tier 4	[*]
super thera vite m tab	Tier 4	[*]
SUPERVITE LIQUID	Tier 3	[*]
SUPPORT LIQUID	Tier 3	[*]
SUPPORT-500 CAP	Tier 3	[*]
sv vitamin b-12 er 1000 mcg tab er	Tier 4	[*]
TAB-A-VITE/IRON/BETA CAROTENE TAB	Tier 4	[*]
TARON FORTE CAP	Tier 4	[*]
THERA M PLUS TAB	Tier 4	[*]
thera-m tab	Tier 4	[*]
thera-tabs tab	Tier 4	[*]
therapeutic-m/lutein tab	Tier 4	[*]
theratrum complete 50 plus tab	Tier 4	[*]
theratrum complete tab, tabs	Tier 4	[*]
THEREMS-M TAB	Tier 4	[*]
thiamine hcl 100 mg tab	Tier 4	[*]
tis-u-sol	Tier 2	
TRAVASOL	Tier 2	B/D PA
TRI-VI-FLOR 0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION	Tier 3	[*]
TRI-VI-SOL A/C/D 250-10-50 MCG-MG/ML SOLUTION	Tier 4	[*]
tri-vite/fluoride tri-vite/fluoride 0.25 mg/ml solution, tri-vite/fluoride 0.5 mg/ml solution	Tier 3	[*]
trientine hcl	Tier 2	
triphrocaps 1 mg cap	Tier 3	[*]
TROPHAMINE	Tier 2	B/D PA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
v-c forte cap	Tier 4	[*]
VELPHORO	Tier 2	QL (180 per 30 days); MO
VELTASSA	Tier 2	MO
vic-forte cap	Tier 4	[*]
virt-caps 1 mg cap	Tier 4	[*]
virt-gard 2.2-25-1 mg tab	Tier 3	[*]
vita c/bioflavonoids/rose hips 1000-30-18 mg tab	Tier 4	[*]
VITAL-D RX 1 MG TAB	Tier 4	[*]
vitalee tab	Tier 4	[*]
VITALETS CHILDRENS CHEW TAB	Tier 4	[*]
vitamin a 2400 mcg (8000 ut) cap	Tier 4	[*]
vitamin b + c complex tab	Tier 4	[*]
vitamin b 12 500 mcg tab	Tier 4	[*]
vitamin b complex tab	Tier 4	[*]
vitamin b-1 50 mg tab, 250 mg tab	Tier 4	[*]
vitamin b-12 100 mcg tab, 250 mcg tab, 500 mcg tab, 1000 mcg tab, 1000 mcg/15ml liquid, 2500 mcg sl tab	Tier 4	[*]
vitamin b-12 er 1000 mcg tab er, 2000 mcg tab er	Tier 4	[*]
VITAMIN B-2 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 4	[*]
vitamin b-6 25 mg tab, 50 mg tab, 100 mg tab	Tier 4	[*]
vitamin b-complex tab	Tier 4	[*]
vitamin b12 100 mcg tab	Tier 4	[*]
vitamin b12 tr 2000 mcg tab er	Tier 4	[*]
vitamin b6 50 mg tab, 100 mg tab	Tier 4	[*]
vitamin c 250 mg chew tab, 250 mg tab, 500 mg chew tab, 500 mg tab, 500 mg/5ml liquid, 1000 mg tab, chew tab, powder	Tier 4	[*]
vitamin c drops 60 mg lozenge	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
vitamin c er 500 mg cap er, 500 mg tab er, 1500 mg tab er	Tier 4	[*]
vitamin c-rose hips 500 mg tab, 1000 mg tab	Tier 4	[*]
vitamin c-rose hips er 500 mg tab er, 1000 mg tab er	Tier 4	[*]
vitamin c-rose hips tr 500 mg tab er	Tier 4	[*]
vitamin c/rose hips 500 mg tab	Tier 4	[*]
vitamin c/rose hips tr 1000 mg tab er	Tier 4	[*]
vitamin e 15 mg/0.67ml solution, 45 mg (100 unit) cap, 67 mg/0.25ml oil, 90 mg (200 unit) cap, 134 mg (200 unit) cap, 180 mg (400 unit) cap, 268 mg (400 unit) cap, 400 unit cap, 450 mg (1000 ut) cap, 670 mg (1000 ut) cap, 1000 unit cap	Tier 4	[*]
vitamin e blend 400 unit cap	Tier 4	[*]
vitamin e high potency 180 mg (400 unit) cap	Tier 4	[*]
vitamin e water soluble 180 mg (400 unit) cap, 450 mg (1000 ut) cap	Tier 4	[*]
vitamin e/d-alpha 134 mg (200 unit) cap	Tier 4	[*]
vitamin e/d-alpha natural 268 mg (400 unit) cap	Tier 4	[*]
vitamin supplement e-400 180 mg (400 unit) cap	Tier 4	[*]
vitamins acd-fluoride 0.25 mg/ml solution	Tier 3	[*]
VITATRUM TAB	Tier 4	[*]
VITRUM 50+ SENIOR MULTI TAB	Tier 4	[*]
vp-vite rx 1 mg tab	Tier 4	[*]
wee care 15 mg/1.25ml suspension	Tier 4	[*]
wescaps 1 mg cap	Tier 3	[*]
westab max 2.5-25-2 mg tab	Tier 3	[*]
westab mini 2.2-25-1 mg tab	Tier 3	[*]
westab one 2.5-25-1 mg tab	Tier 3	[*]
womens daily form/fa/ca/fe tab	Tier 4	[*]
womens daily formula tab	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
YELETS TEENAGE FORMULA TAB	Tier 4	[*]
zinc 10 mg lozenge, 30 mg tab, 50 mg tab, 220 (50 zn) mg cap, lozenge	Tier 4	[*]
ZINC 15 66 MG TAB	Tier 4	[*]
zinc gluconate 30 mg tab, 50 mg tab, 100 mg tab	Tier 4	[*]
zinc sulfate 220 (50 zn) mg cap, 220 (50 zn) mg tab	Tier 4	[*]
GASTROINTESTINAL AGENTS		
alosetron hcl	Tier 2	PA; QL (60 per 30 days); MO
atropine sulfate 0.25 mg/5ml soln prsyr, 0.5 mg/ 5ml soln prsyr, 1 mg/10ml soln prsyr	Tier 2	
cimetidine 300 mg tab, 400 mg tab, 800 mg tab	Tier 2	MO
constulose	Tier 2	MO
dicyclomine hcl 10 mg cap, 10 mg/5ml solution, 20 mg tab	Tier 2	
diphenoxylate-atropine 2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid	Tier 2	
enulose	Tier 2	MO
famotidine (pf)	Tier 2	
famotidine 20 mg tab, 40 mg tab	Tier 2	MO
famotidine 40 mg/4ml solution, 200 mg/20ml solution	Tier 2	
famotidine premixed	Tier 2	
GATTEX	Tier 2	PA; LA
gavilyte-c	Tier 2	
gavilyte-g	Tier 2	
gavilyte-n with flavor pack	Tier 2	
generlac	Tier 2	MO
glycopyrrolate 0.2 mg/ml solution, 1 mg tab, 2 mg tab	Tier 2	
hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
lactulose 10 gm/15ml solution, 20 gm/30ml solution	Tier 2	MO
lactulose encephalopathy	Tier 2	MO
lansoprazole 15 mg cap dr	Tier 2	MO
lansoprazole 30 mg cap dr	Tier 2	QL (30 per 30 days); MO
LINZESS	Tier 2	QL (30 per 30 days); MO
loperamide hcl 2 mg cap	Tier 2	
loperamide hcl 2 mg cap	Tier 2	
lubiprostone	Tier 2	QL (60 per 30 days); MO
MOVANTIK	Tier 2	QL (30 per 30 days)
omeprazole 10 mg cap dr, 20 mg cap dr, 40 mg cap dr	Tier 1	MO
omeprazole magnesium 20.6 (20 base) mg cap dr	Tier 1	MO
pantoprazole sodium 20 mg tab dr, 40 mg tab dr	Tier 1	MO
pantoprazole sodium 40 mg recon soln	Tier 2	
peg 3350-kcl-na bicarb-nacl	Tier 2	
peg-3350/electrolytes	Tier 2	
peg-3350/electrolytes/ascorbat	Tier 2	
peg-kcl-nacl-nasulf-na asc-c	Tier 2	
RELISTOR 12 MG/0.6ML SOLUTION	Tier 2	PA; QL (18 per 30 days)
RELISTOR 8 MG/0.4ML SOLUTION	Tier 2	PA; QL (12 per 30 days)
sucralfate 1 gm tab	Tier 2	MO
ursodiol 250 mg tab, 300 mg cap, 500 mg tab	Tier 2	MO
XERMELO	Tier 2	PA; LA; QL (90 per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP	Tier 2	PA; LA
betaine	Tier 2	LA
CERDELGA	Tier 2	PA
CREON	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
cromolyn sodium 100 mg/5ml conc	Tier 2	MO
CYSTADANE	Tier 2	LA
CYSTAGON	Tier 2	LA
CYSTARAN	Tier 2	LA
FABRAZYME	Tier 2	PA; LA
javygtor 100 mg tab	Tier 2	PA
LUMIZYME	Tier 2	PA; LA
miglustat	Tier 2	PA; LA
NAGLAZYME	Tier 2	PA; LA
nitisinone	Tier 2	PA
ORFADIN 4 MG/ML SUSPENSION, 20 MG CAP	Tier 2	PA; LA
PROLASTIN-C	Tier 2	PA; LA
RAVICTI	Tier 2	PA; LA; QL (525 per 30 days)
sapropterin dihydrochloride 100 mg tab	Tier 2	PA
sodium phenylbutyrate 500 mg tab	Tier 2	PA
VPRIV	Tier 2	PA
ZENPEP	Tier 2	MO
GENITOURINARY AGENTS		
alfuzosin hcl er	Tier 2	MO
bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab	Tier 2	
dutasteride 0.5 mg cap	Tier 2	QL (30 per 30 days); MO
dutasteride-tamsulosin hcl	Tier 2	QL (30 per 30 days); MO
fesoterodine fumarate er	Tier 2	QL (30 per 30 days); MO
finasteride 5 mg tab	Tier 2	MO
GEMTESA	Tier 2	MO
K-PHOS-NEUTRAL 155-852-130 MG TAB	Tier 4	[*]
MYRBETRIQ 25 MG TAB ER 24H, 50 MG TAB ER 24H	Tier 2	QL (30 per 30 days); MO
MYRBETRIQ 8 MG/ML SRER	Tier 2	QL (300 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
oxybutynin chloride 2.5 mg tab	Tier 2	QL (90 per 30 days); MO
oxybutynin chloride 5 mg tab	Tier 2	QL (120 per 30 days); MO
oxybutynin chloride 5 mg/5ml solution	Tier 2	QL (600 per 30 days); MO
oxybutynin chloride er 10 mg tab er 24h, 15 mg tab er 24h	Tier 2	QL (60 per 30 days); MO
oxybutynin chloride er 5 mg tab er 24h	Tier 2	QL (30 per 30 days); MO
penicillamine 250 mg tab	Tier 2	
phospha 250 neutral 155-852-130 mg tab	Tier 4	[*]
phospho-trin 250 neutral 155-852-130 mg tab	Tier 3	[*]
phosphorous 155-852-130 mg tab	Tier 3	[*]
potassium citrate-citric acid 1100-334 mg/5ml solution	Tier 3	[*]
sod citrate-citric acid 500-334 mg/5ml solution	Tier 4	[*]
solifenacin succinate	Tier 2	QL (30 per 30 days); MO
tamsulosin hcl	Tier 2	MO
tolterodine tartrate	Tier 2	QL (60 per 30 days); MO
tolterodine tartrate er	Tier 2	QL (30 per 30 days); MO
TOVIAZ	Tier 2	QL (30 per 30 days); MO
tricitrates 550-500-334 mg/5ml solution	Tier 4	[*]
virt-phos 250 neutral 155-852-130 mg tab	Tier 3	[*]
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
alclometasone dipropionate 0.05 % cream	Tier 2	
betamethasone dipropionate 0.05 % ointment	Tier 2	
betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion	Tier 2	
clobetasol prop emollient base	Tier 2	QL (120 per 30 days)
clobetasol propionate e	Tier 2	QL (120 per 30 days)
dexamethasone 0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
dexamethasone sod phosphate pf 10 mg/ml solution	Tier 2	
dexamethasone sodium phosphate 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution	Tier 2	
fludrocortisone acetate 0.1 mg tab	Tier 2	MO
HEMADY	Tier 2	
hydrocortisone valerate 0.2 % ointment	Tier 2	
KORLYM	Tier 2	PA; LA
methylprednisolone 4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab	Tier 2	
methylprednisolone acetate 40 mg/ml suspension, 80 mg/ml suspension	Tier 2	
methylprednisolone sodium succ 40 mg recon soln, 125 mg recon soln, 1000 mg recon soln	Tier 2	
mometasone furoate 0.1 % cream, 0.1 % ointment	Tier 2	
prednisolone 15 mg/5ml solution	Tier 2	
prednisolone sodium phosphate 6.7 (5 base) mg/ 5ml solution, 15 mg/5ml solution	Tier 2	
prednisone 1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab	Tier 2	
PREDNISONE INTENSOL	Tier 2	
triamcinolone acetonide 40 mg/ml suspension	Tier 2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig	Tier 2	MO
desmopressin acetate 0.1 mg tab, 0.2 mg tab	Tier 2	MO
desmopressin acetate 4 mcg/ml solution	Tier 2	
desmopressin acetate pf	Tier 2	
desmopressin acetate spray	Tier 2	MO
INCRELEX	Tier 2	PA; LA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
NORDITROPIN FLEXPRO	Tier 2	PA
OMNITROPE 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART	Tier 2	PA; LA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
misoprostol 100 mcg tab, 200 mcg tab	Tier 2	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/ MODIFIERS)		
afirmelle	Tier 2	MO
altavera	Tier 2	MO
alyacen 1/35	Tier 2	MO
alyacen 7/7/7	Tier 2	MO
amabelz	Tier 2	PA; MO
apri	Tier 2	MO
aranelle	Tier 2	MO
aubra eq	Tier 2	MO
aurovela 1.5/30	Tier 2	MO
aurovela 1/20	Tier 2	MO
aurovela fe 1.5/30	Tier 2	MO
aurovela fe 1/20	Tier 2	MO
aviane	Tier 2	MO
ayuna	Tier 2	MO
azurette	Tier 2	MO
balziva	Tier 2	MO
blisovi fe 1.5/30	Tier 2	MO
blisovi fe 1/20	Tier 2	MO
briellyn	Tier 2	MO
camila	Tier 2	MO
chateal eq	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
cryselle-28	Tier 2	MO
cyclafem 1/35	Tier 2	MO
cyclafem 7/7/7	Tier 2	MO
cyred eq	Tier 2	MO
danazol 50 mg cap, 100 mg cap, 200 mg cap	Tier 2	
dasetta 1/35	Tier 2	MO
dasetta 7/7/7	Tier 2	MO
deblitane	Tier 2	MO
delyla	Tier 2	MO
depo-testosterone	Tier 2	PA; MO
desogestrel-ethinyl estradiol	Tier 2	MO
drospirenone-ethinyl estradiol 3-0.03 mg tab	Tier 2	MO
DUAVEE	Tier 2	PA; QL (30 per 30 days); MO
elinest	Tier 2	MO
eluryng	Tier 2	MO
emoquette	Tier 2	MO
enilloring	Tier 2	MO
enpresse-28	Tier 2	MO
enskyce	Tier 2	MO
errin	Tier 2	MO
estarylla	Tier 2	MO
estradiol 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk	Tier 2	PA; QL (4 per 28 days); MO
estradiol 0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab	Tier 2	MO
ethynodiol diac-eth estradiol	Tier 2	MO
etonogestrel-ethinyl estradiol	Tier 2	MO
falmina	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
femynor	Tier 2	MO
hailey 1.5/30	Tier 2	MO
hailey fe 1.5/30	Tier 2	MO
hailey fe 1/20	Tier 2	MO
haloette	Tier 2	MO
heather	Tier 2	MO
iclevia	Tier 2	MO
incassia	Tier 2	MO
introvale	Tier 2	MO
isibloom	Tier 2	MO
jencycla	Tier 2	MO
jolessa	Tier 2	MO
juleber	Tier 2	MO
junel 1.5/30	Tier 2	MO
junel 1/20	Tier 2	MO
junel fe 1.5/30	Tier 2	MO
junel fe 1/20	Tier 2	MO
kalliga	Tier 2	MO
kariva	Tier 2	MO
kelnor 1/35	Tier 2	MO
kelnor 1/50	Tier 2	MO
kurvelo	Tier 2	MO
larin 1.5/30	Tier 2	MO
larin 1/20	Tier 2	MO
larin fe 1.5/30	Tier 2	MO
larin fe 1/20	Tier 2	MO
larissia	Tier 2	MO
leena	Tier 2	MO
lessina	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
levonest	Tier 2	MO
levonorg-eth estrad triphasic	Tier 2	MO
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	Tier 2	MO
levonorgestrel-ethinyl estrad 0.1-20 tab, 0.15-30 tab	Tier 2	MO
levora 0.15/30 (28)	Tier 2	MO
lillow	Tier 2	MO
loestrin 1.5/30 (21)	Tier 2	MO
loestrin 1/20 (21)	Tier 2	MO
loestrin fe 1.5/30	Tier 2	MO
loestrin fe 1/20	Tier 2	MO
low-ogestrel	Tier 2	MO
lutera	Tier 2	MO
lyleq	Tier 2	MO
lyza	Tier 2	MO
marlissa	Tier 2	MO
medroxyprogesterone acetate 150 mg/ml susp prsyr, 150 mg/ml suspension	Tier 2	
medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab	Tier 2	MO
megestrol acetate 20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension	Tier 2	PA
MENEST	Tier 2	PA; MO
microgestin 1.5/30	Tier 2	MO
microgestin 1/20	Tier 2	MO
microgestin 24 fe	Tier 2	MO
microgestin fe 1.5/30	Tier 2	MO
microgestin fe 1/20	Tier 2	MO
mili	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
mono-linyah	Tier 2	MO
necon 0.5/35 (28)	Tier 2	MO
nora-be	Tier 2	MO
norethin ace-eth estrad-fe 1-20 tab, 1.5-30 tab	Tier 2	MO
norethindrone 0.35 mg tab	Tier 2	MO
norethindrone acet-ethinyl est	Tier 2	MO
norethindrone acetate 5 mg tab	Tier 2	MO
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	Tier 2	MO
norgestimate-eth estradiol	Tier 2	MO
norlyda	Tier 2	MO
norlyroc	Tier 2	MO
nortrel 0.5/35 (28)	Tier 2	MO
nortrel 1/35 (21)	Tier 2	MO
nortrel 1/35 (28)	Tier 2	MO
nortrel 7/7/7	Tier 2	MO
nylia 1/35	Tier 2	MO
nylia 7/7/7	Tier 2	MO
ocella	Tier 2	MO
orsythia	Tier 2	MO
oxandrolone 10 mg tab	Tier 2	PA; QL (60 per 30 days)
oxandrolone 2.5 mg tab	Tier 2	PA; QL (240 per 30 days)
philith	Tier 2	MO
pimtrea	Tier 2	MO
pirmella 1/35	Tier 2	MO
pirmella 7/7/7	Tier 2	MO
portia-28	Tier 2	MO
PREMARIN 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	Tier 2	PA; MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
PREMARIN 0.625 MG/GM CREAM	Tier 2	MO
PREMPRO 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	Tier 2	PA; MO
progesterone 100 mg cap, 200 mg cap	Tier 2	MO
raloxifene hcl	Tier 2	QL (30 per 30 days); MO
reclipsen	Tier 2	MO
setlakin	Tier 2	MO
sharobel	Tier 2	MO
simliya	Tier 2	MO
sprintec 28	Tier 2	MO
sronyx	Tier 2	MO
syeda	Tier 2	MO
tarina fe 1/20 eq	Tier 2	MO
testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel	Tier 2	PA; QL (150 per 30 days); MO
testosterone 20.25 mg/1.25gm (1.62%) gel	Tier 2	PA; QL (112.5 per 30 days); MO
testosterone 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel	Tier 2	PA; QL (300 per 30 days); MO
testosterone cypionate 100 mg/ml solution, 200 mg/ml solution	Tier 2	PA; MO
testosterone enanthate 200 mg/ml solution	Tier 2	PA; MO
tri femynor	Tier 2	MO
tri-estarylla	Tier 2	MO
tri-linyah	Tier 2	MO
tri-mili	Tier 2	MO
tri-nymyo	Tier 2	MO
tri-sprintec	Tier 2	MO
tri-vylibra	Tier 2	MO
trivora (28)	Tier 2	MO
velivet	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
vienva	Tier 2	MO
viorele	Tier 2	MO
volnea	Tier 2	MO
vyfemla	Tier 2	MO
vylibra	Tier 2	MO
wera	Tier 2	MO
zovia 1/35 (28)	Tier 2	MO
zovia 1/35e (28)	Tier 2	MO
zumandimine	Tier 2	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
euthyrox	Tier 1	MO
levo-t	Tier 1	MO
levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab	Tier 1	MO
levoxyl	Tier 1	MO
liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab	Tier 2	MO
SYNTHROID	Tier 2	MO
unithroid	Tier 1	MO
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	Tier 2	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline	Tier 2	
FIRMAGON	Tier 2	PA
FIRMAGON (240 MG DOSE)	Tier 2	PA
LANREOTIDE ACETATE	Tier 2	PA
LEUPROLIDE ACETATE (3 MONTH)	Tier 2	PA
leuprolide acetate 1 mg/0.2ml kit	Tier 2	PA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
LUPRON DEPOT (1-MONTH)	Tier 2	PA; QL (1 per 28 days)
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	Tier 2	PA; QL (1 per 28 days)
octreotide acetate	Tier 2	PA
ORGOVYX	Tier 2	PA; LA; QL (32 per 30 days)
SIGNIFOR	Tier 2	PA; LA
SOMATULINE DEPOT	Tier 2	PA
SOMAVERT	Tier 2	PA; LA
SYNAREL	Tier 2	PA
TRELSTAR MIXJECT	Tier 2	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 5 mg tab, 10 mg tab	Tier 2	MO
propylthiouracil 50 mg tab	Tier 2	MO
IMMUNOLOGICAL AGENTS		
ABRYSVO	Tier 2	
ACTHIB	Tier 1	
ACTIMMUNE	Tier 2	PA; LA
ADACEL	Tier 1	
ARCALYST	Tier 2	PA
AREXVY	Tier 2	
azathioprine 50 mg tab	Tier 2	B/D PA
BCG VACCINE	Tier 2	
BENLYSTA 120 MG RECON SOLN, 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR, 400 MG RECON SOLN	Tier 2	PA
BEXSERO	Tier 2	
BOOSTRIX	Tier 1	
CINRYZE	Tier 2	PA; LA
COSENTYX (300 MG DOSE)	Tier 2	PA; LA; QL (8 per 28 days)
COSENTYX 150 MG/ML SOLN PRSYR	Tier 2	PA; LA; QL (8 per 28 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
COSENTYX 75 MG/0.5ML SOLN PRSYR	Tier 2	PA; QL (2 per 28 days)
COSENTYX SENSOREADY (300 MG)	Tier 2	PA; LA; QL (8 per 28 days)
COSENTYX SENSOREADY PEN	Tier 2	PA; LA; QL (8 per 28 days)
cyclosporine 25 mg cap, 50 mg/ml solution, 100 mg cap	Tier 2	B/D PA
cyclosporine modified 25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution	Tier 2	B/D PA
DAPTACEL	Tier 1	
DIPHTHERIA-TETANUS TOXOIDS DT	Tier 2	
DUPIXENT 100 MG/0.67ML SOLN PRSYR	Tier 2	PA; QL (1.34 per 28 days)
DUPIXENT 200 MG/1.14ML SOLN PEN, 200 MG/ 1.14ML SOLN PRSYR	Tier 2	PA; QL (4.56 per 28 days)
DUPIXENT 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR	Tier 2	PA; QL (8 per 28 days)
ENBREL 25 MG RECON SOLN, 50 MG/ML SOLN PRSYR	Tier 2	PA; QL (8 per 28 days)
ENBREL 25 MG/0.5ML SOLN PRSYR	Tier 2	PA; QL (4.08 per 28 days)
ENBREL 25 MG/0.5ML SOLUTION	Tier 2	PA; QL (4 per 28 days)
ENBREL MINI	Tier 2	PA; QL (8 per 28 days)
ENBREL SURECLICK	Tier 2	PA; QL (8 per 28 days)
ENGERIX-B	Tier 1	B/D PA
everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab	Tier 2	B/D PA
GAMUNEX-C	Tier 2	PA
GARDASIL 9	Tier 2	
gengraf 25 mg cap, 100 mg cap, 100 mg/ml solution	Tier 2	B/D PA
HAVRIX	Tier 1	
HEPLISAV-B	Tier 2	B/D PA
HIBERIX	Tier 1	
HUMIRA 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	Tier 2	PA; QL (2 per 28 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
HUMIRA 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	Tier 2	PA; QL (4 per 28 days)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	Tier 2	PA; QL (4 per 365 over time)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	Tier 2	PA; QL (6 per 365 over time)
HUMIRA PEN 40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT	Tier 2	PA; QL (4 per 28 days)
HUMIRA PEN 80 MG/0.8ML PEN KIT	Tier 2	PA; QL (2 per 28 days)
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	Tier 2	PA; QL (12 per 365 over time)
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	Tier 2	PA; QL (6 per 365 over time)
HUMIRA PEN-PEDIATRIC UC START	Tier 2	PA; QL (8 per 365 over time)
HUMIRA PEN-PS/UV/ADOL HS START	Tier 2	PA; QL (8 per 365 over time)
HUMIRA PEN-PSOR/UVEIT STARTER	Tier 2	PA; QL (6 per 365 over time)
HYPERRAB	Tier 2	
icatibant acetate	Tier 2	PA
ILARIS	Tier 2	PA; LA
IMOGAM RABIES-HT	Tier 2	
IMOVAX RABIES	Tier 2	
INFANRIX	Tier 2	
INFLIXIMAB	Tier 2	PA
INTRON A 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN	Tier 2	B/D PA
IPOL	Tier 1	
IXIARO	Tier 2	
JYNNEOS	Tier 2	B/D PA
KEDRAB	Tier 2	
KINRIX 0.5 ML SUSP PRSYR	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
leflunomide 10 mg tab, 20 mg tab	Tier 2	MO
M-M-R II	Tier 1	
MENACTRA	Tier 2	
MENQUADFI	Tier 2	
MENVEO RECON SOLN, SOLUTION	Tier 2	
methotrexate sodium (pf)	Tier 2	
methotrexate sodium 1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution	Tier 2	
mycophenolate mofetil 200 mg/ml recon susp, 250 mg cap, 500 mg tab	Tier 2	B/D PA
mycophenolate sodium	Tier 2	B/D PA
NULOJIX	Tier 2	PA
OCTAGAM 1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 25 GM/500ML SOLUTION, 30 GM/ 300ML SOLUTION	Tier 2	PA
OTEZLA 10 & 20 & 30 MG TAB THPK	Tier 2	PA
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 1	
PEGASYS	Tier 2	
PENTACEL	Tier 2	
PREHEVBRIO	Tier 2	B/D PA
PRIORIX	Tier 2	
PROGRAF 0.2 MG PACKET, 1 MG PACKET, 5 MG/ ML SOLUTION	Tier 2	B/D PA
PROQUAD	Tier 2	
QUADRACEL	Tier 2	
RABAVERT	Tier 2	
RECOMBIVAX HB	Tier 1	B/D PA
REMICADE	Tier 2	PA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
RIDAURA	Tier 2	MO
RINVOQ	Tier 2	PA; QL (30 per 30 days)
ROTARIX	Tier 2	
ROTATEQ	Tier 1	
sajazir	Tier 2	PA
SHINGRIX	Tier 2	
sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab	Tier 2	B/D PA
SKYRIZI 150 MG/ML SOLN PRSYR	Tier 2	PA; QL (6 per 365 over time)
SKYRIZI PEN	Tier 2	PA; QL (6 per 365 over time)
STELARA 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	Tier 2	PA; QL (1 per 28 days)
STELARA 45 MG/0.5ML SOLUTION	Tier 2	PA; LA; QL (1 per 28 days)
SYNAGIS	Tier 2	PA
tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap	Tier 2	B/D PA
TDVAX	Tier 1	
TENIVAC	Tier 2	
TICOVAC	Tier 2	
TREXALL	Tier 2	
TRUMENBA	Tier 2	
TWINRIX	Tier 1	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
VARIZIG	Tier 2	
XATMEP	Tier 2	
XOLAIR 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR	Tier 2	PA; LA; QL (8 per 28 days)
XOLAIR 75 MG/0.5ML SOLN PRSYR	Tier 2	PA; LA; QL (4 per 28 days)
YF-VAX	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide disodium	Tier 2	
budesonide 3 mg cp dr part	Tier 2	
budesonide er	Tier 2	PA
hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema	Tier 2	
mesalamine 1.2 gm tab dr	Tier 2	MO
mesalamine 4 gm enema, 1000 mg suppos	Tier 2	
mesalamine er	Tier 2	MO
mesalamine-cleanser	Tier 2	
PENTASA	Tier 2	MO
sulfasalazine 500 mg tab, 500 mg tab dr	Tier 2	MO
METABOLIC BONE DISEASE AGENTS		
alendronate sodium 10 mg tab	Tier 2	QL (30 per 30 days); MO
alendronate sodium 35 mg tab, 70 mg tab	Tier 2	QL (4 per 28 days); MO
alendronate sodium 70 mg/75ml solution	Tier 2	QL (300 per 28 days); MO
aqueous vitamin d 10 mcg/ml liquid	Tier 4	[*]
bprotected pedia d-vite 10 mcg/ml liquid	Tier 4	[*]
calcidol 200 mcg/ml solution	Tier 4	[*]
calcitonin (salmon) 200 unit/act solution	Tier 2	QL (4 per 30 days); MO
calcitonin (salmon) 200 unit/ml solution	Tier 2	B/D PA
calcitriol 0.25 mcg cap, 0.5 mcg cap	Tier 2	B/D PA; MO
calcitriol inj 1 mcg/ml	Tier 2	B/D PA
cinacalcet hcl 30 mg tab, 60 mg tab	Tier 2	QL (60 per 30 days); B/D PA
cinacalcet hcl 90 mg tab	Tier 2	QL (120 per 30 days); B/D PA
D-VI-SOL 10 MCG/ML LIQUID	Tier 4	[*]
doxercalciferol 0.5 mcg cap	Tier 2	B/D PA; MO
ergocalciferol 1.25 mg (50000 ut) cap	Tier 3	[*]
ergocalciferol 200 mcg/ml solution	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
FORTEO	Tier 2	PA; QL (3 per 28 days)
ibandronate sodium 150 mg tab	Tier 2	QL (1 per 28 days); MO
NATPARA	Tier 2	PA; QL (2 per 28 days)
pamidronate disodium 30 mg/10ml solution, 90 mg/10ml solution	Tier 2	
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	Tier 2	B/D PA
paricalcitol 1 mcg cap, 2 mcg cap, 4 mcg cap	Tier 2	B/D PA; MO
pharmacist choice d-vitamin 400 unit/ml liquid	Tier 4	[*]
PROLIA	Tier 2	PA; QL (1 per 180 over time)
TERIPARATIDE (RECOMBINANT)	Tier 2	PA; QL (3 per 28 days)
TYMLOS	Tier 2	PA; QL (1.56 per 28 days)
vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap	Tier 3	[*]
vitamin d 10 mcg/ml liquid	Tier 4	[*]
vitamin d infant 10 mcg/ml liquid	Tier 4	[*]
vitamin d3 10 mcg/ml liquid	Tier 4	[*]
XGEVA	Tier 2	PA; QL (5.1 per 28 days)
ZOLEDRONIC ACID 4 MG/100ML SOLUTION, 4 MG/ 5ML CONC	Tier 2	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine 200 mg/ml solution	Tier 2	
ALCOHOL SWABS	Tier 1	MO
COLEMAN BOTANICALS INSECT REP LIQUID	Tier 4	[*]
COLEMAN INSECT REPEL HIGH&DRY 25 % AEROSOL	Tier 4	[*]
COLEMAN SKINSMART INSECT REPEL AEROSOL, LIQUID	Tier 4	[*]
CUTTER BACKWOODS AEROSOL, LIQUID	Tier 4	[*]
CUTTER BACKWOODS DRY AEROSOL	Tier 4	[*]
CUTTER LEMON EUCALYPTUS LIQUID	Tier 4	[*]
GAUZE STERILE PADS 2	Tier 1	MO
INSULIN PEN NEEDLE	Tier 1	QL (200 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
INSULIN SYRINGE (DISP) U-100 0.3 ML	Tier 1	QL (200 per 30 days); MO
INSULIN SYRINGE (DISP) U-100 1 ML	Tier 1	QL (200 per 30 days); MO
INSULIN SYRINGE (DISP) U-100 1/2 ML	Tier 1	QL (200 per 30 days); MO
NATRAPEL 12-HOUR TICK/INSECT 20 % AEROSOL	Tier 4	[*]
NEEDLES, INSULIN DISP., SAFETY	Tier 1	QL (200 per 30 days); MO
OFF DEEP WOODS AEROSOL, LIQUID	Tier 4	[*]
OFF DEEP WOODS DRY AEROSOL	Tier 4	[*]
OFF DEEP WOODS SPORTSMEN 30 % AEROSOL, LIQUID	Tier 4	[*]
REPEL HUNTERS FORMULA AEROSOL	Tier 4	[*]
REPEL LEMON EUCALYPTUS AEROSOL	Tier 4	[*]
REPEL SPORTSMEN AEROSOL	Tier 4	[*]
REPEL SPORTSMEN DRY AEROSOL	Tier 4	[*]
REPEL SPORTSMEN MAX 40 % AEROSOL	Tier 4	[*]
SAWYER INSECT REPELLENT 20 % LIQUID	Tier 4	[*]
sterile water for irrigation	Tier 2	
SUSPENDOL-S LIQUID	Tier 4	[*]
TRODELVY	Tier 2	PA
ULTRATHON INSECT REPELLENT 8 25 % AEROSOL	Tier 4	[*]
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 3	[*]
OPHTHALMIC AGENTS		
acetazolamide er	Tier 2	MO
ak-poly-bac	Tier 2	
ALPHAGAN P 0.1 % SOLUTION	Tier 2	MO
apraclonidine hcl	Tier 2	
atropine sulfate 1 % ointment, 1 % solution	Tier 2	MO
azelastine hcl 0.05 % solution	Tier 2	
AZOPT	Tier 2	MO
bacitra-neomycin-polymyxin-hc	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
bacitracin 500 unit/gm ointment	Tier 2	
bacitracin-polymyxin b	Tier 2	
betaxolol hcl 0.5 % solution	Tier 2	MO
BETIMOL	Tier 2	MO
bimatoprost 0.03 % solution	Tier 2	MO
brimonidine tartrate 0.15 % solution, 0.2 % solution	Tier 2	MO
brinzolamide	Tier 2	MO
BROMSITE	Tier 2	
carteolol hcl	Tier 2	MO
COMBIGAN	Tier 2	MO
cromolyn sodium 4 % solution	Tier 2	
cyclopentolate hcl 1 % solution	Tier 2	MO
dexamethasone sodium phosphate 0.1 % solution	Tier 2	
diclofenac sodium 0.1 % solution	Tier 2	
dorzolamide hcl 2 % solution	Tier 2	MO
dorzolamide hcl-timolol mal	Tier 2	MO
erythromycin 5 mg/gm ointment	Tier 2	QL (3.5 per 30 days)
fluorometholone	Tier 2	
flurbiprofen sodium	Tier 2	
gentak	Tier 2	
gentamicin sulfate 0.3 % solution	Tier 2	
ILEVRO	Tier 2	
ISOPTO ATROPINE	Tier 2	MO
ketorolac tromethamine 0.4 % solution, 0.5 % solution	Tier 2	
latanoprost 0.005 % solution	Tier 2	MO
levobunolol hcl	Tier 2	MO
LUMIGAN	Tier 2	MO
methazolamide 25 mg tab, 50 mg tab	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
moxifloxacin hcl 0.5 % solution	Tier 2	
NATACYN	Tier 2	
neo-polycin	Tier 2	
neo-polycin hc	Tier 2	
neomycin-bacitracin zn-polymyx	Tier 2	
neomycin-polymyxin-dexameth 0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension	Tier 2	
neomycin-polymyxin-gramicidin	Tier 2	
neomycin-polymyxin-hc 3.5-10000-1 suspension	Tier 2	
neomycin-polymyxin-hc 3.5-10000-1 ophth susp	Tier 2	
ofloxacin ophth soln 0.3%	Tier 2	
olopatadine hcl 0.1 % solution, 0.2 % solution	Tier 2	
pilocarpine hcl 1 % solution, 2 % solution, 4 % solution	Tier 2	MO
polycin	Tier 2	
polymyxin b-trimethoprim	Tier 2	
prednisolone acetate 1 % suspension	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	Tier 2	
PROLENSA	Tier 2	
RESTASIS	Tier 2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE	Tier 2	QL (5.5 per 28 days); MO
RHOPRESSA	Tier 2	MO
ROCKLATAN	Tier 2	MO
SIMBRINZA	Tier 2	MO
sulfacetamide sodium 10 % solution	Tier 2	
sulfacetamide-prednisolone 10-0.23 % solution	Tier 2	
timolol maleate 0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution	Tier 2	MO
tobramycin 0.3 % solution	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
tobramycin-dexamethasone	Tier 2	
travoprost (bak free)	Tier 2	MO
VYZULTA	Tier 2	MO
XIIDRA	Tier 2	QL (60 per 30 days); MO
OTIC AGENTS		
ciprofloxacin-dexamethasone	Tier 2	
CORTISPORIN-TC	Tier 2	
flac	Tier 2	
fluocinolone acetonide 0.01 % oil	Tier 2	
hydrocortisone-acetic acid	Tier 2	
neomycin-polymyxin-hc 1 % solution, 3.5-10000-1 solution	Tier 2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2	
ofloxacin otic soln 0.3%	Tier 2	
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 10 % solution, 20 % solution	Tier 1	B/D PA
ADEMPAS	Tier 2	PA; LA
ADVAIR HFA	Tier 2	QL (12 per 30 days); MO
albuterol sulfate 0.63 mg/3ml nebu soln, 1.25 mg/ 3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln	Tier 1	QL (360 per 30 days); B/D PA; MO
albuterol sulfate 2 mg tab, 2 mg/5ml syrup, 4 mg tab	Tier 1	MO
albuterol sulfate 2.5 mg/0.5ml nebu soln, (5 mg/ ml) 0.5% nebu soln	Tier 1	QL (60 per 30 days); B/D PA; MO
albuterol sulfate hfa	Tier 1	MO
ambrisentan	Tier 2	PA; LA; QL (30 per 30 days)
ANORO ELLIPTA	Tier 2	QL (60 per 30 days); MO
ARNUITY ELLIPTA	Tier 2	QL (30 per 30 days); MO
ATROVENT HFA	Tier 2	QL (26 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
azelastine hcl 0.1 % solution, 0.15 % solution, 137 mcg/spray solution	Tier 2	QL (30 per 25 days)
benzonatate 100 mg cap, 150 mg cap, 200 mg cap	Tier 3	[*]
bosentan	Tier 2	PA; LA; QL (60 per 30 days)
BREO ELLIPTA 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA	Tier 2	QL (60 per 30 days); MO
budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension	Tier 2	QL (120 per 30 days); B/D PA; MO
budesonide 1 mg/2ml suspension	Tier 2	QL (60 per 30 days); B/D PA; MO
carbinoxamine maleate 4 mg/5ml solution	Tier 2	PA
CAYSTON	Tier 2	PA; LA
clemastine fumarate 2.68 mg tab	Tier 2	PA
COMBIVENT RESPIMAT	Tier 2	QL (8 per 30 days); MO
cromolyn sodium 20 mg/2ml nebu soln	Tier 1	QL (240 per 30 days); B/D PA; MO
cyproheptadine hcl 4 mg tab	Tier 2	
DALIRESP	Tier 2	PA; QL (30 per 30 days); MO
diphenhydramine hcl 50 mg/ml solution	Tier 2	
epinephrine (anaphylaxis) 30 mg/30ml solution	Tier 2	
epinephrine 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj	Tier 1	QL (2 per 28 days)
ESBRIET 267 MG CAP, 267 MG TAB	Tier 2	PA; QL (270 per 30 days)
ESBRIET 801 MG TAB	Tier 2	PA; QL (90 per 30 days)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	Tier 2	QL (240 per 30 days); MO
FLOVENT DISKUS 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA	Tier 2	QL (60 per 30 days); MO
FLOVENT HFA 110 MCG/ACT AEROSOL	Tier 2	QL (12 per 30 days); MO
FLOVENT HFA 220 MCG/ACT AEROSOL	Tier 2	QL (24 per 30 days); MO
FLOVENT HFA 44 MCG/ACT AEROSOL	Tier 2	QL (11 per 30 days); MO
flunisolide 25 mcg/act (0.025%) solution	Tier 2	QL (75 per 30 days)
fluticasone propionate 50 mcg/act suspension	Tier 2	QL (16 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
fluticasone propionate hfa 110 mcg/act aerosol	Tier 2	QL (12 per 30 days); MO
fluticasone propionate hfa 220 mcg/act aerosol	Tier 2	QL (24 per 30 days); MO
fluticasone propionate hfa 44 mcg/act aerosol	Tier 2	QL (11 per 30 days); MO
fluticasone-salmeterol 100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba	Tier 2	QL (60 per 30 days); MO
guaifenesin-codeine 100-10 mg/5ml solution	Tier 3	[*]
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp	Tier 3	[*]
hydrocodone bit-homatrop mbr 5-1.5 mg tab, 5-1.5 mg/5ml solution	Tier 3	[*]
hydromet 5-1.5 mg/5ml solution	Tier 3	[*]
hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab	Tier 2	
ipratropium bromide 0.02 % solution	Tier 1	B/D PA; MO
ipratropium bromide 0.03 % solution, 0.06 % solution	Tier 2	QL (30 per 30 days); MO
ipratropium-albuterol	Tier 2	QL (540 per 30 days); B/D PA; MO
KALYDECO 150 MG TAB	Tier 2	PA; QL (60 per 30 days)
levalbuterol hcl 0.31 mg/3ml nebu soln, 1.25 mg/ 0.5ml nebu soln, 1.25 mg/3ml nebu soln	Tier 1	QL (270 per 30 days); B/D PA; MO
levalbuterol hcl 0.63 mg/3ml nebu soln	Tier 1	QL (540 per 30 days); B/D PA; MO
levalbuterol tartrate	Tier 1	QL (45 per 30 days); MO
levocetirizine dihydrochloride 5 mg tab	Tier 2	
montelukast sodium 4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab	Tier 1	MO
NUCALA 40 MG/0.4ML SOLN PRSYR, 100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	Tier 2	PA; LA
OFEV	Tier 2	PA; QL (60 per 30 days)
OPSUMIT	Tier 2	PA; LA; QL (30 per 30 days)
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	Tier 2	PA; QL (120 per 30 days)
pirfenidone 267 mg tab	Tier 2	PA; QL (270 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
pirfenidone 534 mg tab, 801 mg tab	Tier 2	PA; QL (90 per 30 days)
PROAIR HFA	Tier 1	MO
PROAIR RESPICLICK	Tier 1	MO
promethazine-codeine 6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup	Tier 3	[*]
promethazine-dm 6.25-15 mg/5ml syrup	Tier 3	[*]
pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup	Tier 3	[*]
PULMOZYME	Tier 2	B/D PA
QVAR REDIHALER 40 MCG/ACT AERO BA	Tier 2	QL (11 per 30 days); MO
QVAR REDIHALER 80 MCG/ACT AERO BA	Tier 2	QL (22 per 30 days); MO
roflumilast	Tier 2	PA; QL (30 per 30 days); MO
SEREVENT DISKUS	Tier 2	QL (60 per 30 days); MO
sildenafil citrate 20 mg tab	Tier 2	PA; QL (360 per 30 days)
SPIRIVA HANDIHALER	Tier 2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	Tier 2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	Tier 2	QL (4 per 30 days); MO
SYMBICORT	Tier 2	QL (30.6 per 30 days); MO
terbutaline sulfate 1 mg/ml solution	Tier 1	
terbutaline sulfate 2.5 mg tab, 5 mg tab	Tier 1	MO
theophylline er	Tier 2	MO
tobramycin 300 mg/5ml nebu soln	Tier 2	QL (280 per 28 days); B/D PA
TRACLEER 32 MG TAB SOL	Tier 2	PA; LA; QL (120 per 30 days)
TRELEGY ELLIPTA	Tier 2	QL (60 per 30 days); MO
UPTRAVI 200 & 800 MCG TAB THPK	Tier 2	PA; LA
UPTRAVI 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	Tier 2	PA; LA; QL (60 per 30 days)
VENTAVIS	Tier 2	PA; QL (270 per 30 days)
VENTOLIN HFA	Tier 1	MO
wixela inhub	Tier 2	QL (60 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
zafirlukast	Tier 1	MO
SKELETAL MUSCLE RELAXANTS		
carisoprodol 350 mg tab	Tier 2	
cyclobenzaprine hcl 5 mg tab, 7.5 mg tab, 10 mg tab	Tier 2	PA
methocarbamol 500 mg tab, 750 mg tab	Tier 2	
SLEEP DISORDER AGENTS		
BELSOMRA	Tier 2	QL (30 per 30 days)
HETLIOZ	Tier 2	PA; LA; QL (30 per 30 days)
modafinil 100 mg tab	Tier 2	PA; MO
modafinil 200 mg tab	Tier 2	PA; QL (60 per 30 days); MO
ramelteon	Tier 2	QL (30 per 30 days)
temazepam 15 mg cap, 30 mg cap	Tier 2	QL (30 per 30 days)
XYREM	Tier 2	PA; LA; QL (540 per 30 days)
zaleplon 10 mg cap	Tier 2	QL (60 per 30 days)
zaleplon 5 mg cap	Tier 2	QL (30 per 30 days)
zolpidem tartrate 5 mg tab, 10 mg tab	Tier 2	QL (30 per 30 days)

D. Index of Covered Drugs

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. Amerigroup STAR+PLUS MMP provides free aids and services to people with disabilities to communicate effectively with us and provides free language services to people whose primary language is not English such as qualified interpreters and information written in other languages. These services can be obtained by calling the customer service number on the back of your member ID card. If you believe that Amerigroup STAR+PLUS MMP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Enrollee Advocate:

Amerigroup STAR+PLUS MMP - Complaints, Appeals, and Grievances
Mailstop: OH0205-A537
4361 Irwin Simpson Road
Mason, OH 45040
1-855-878-1784 (TTY: 711)
Fax: 1-888-458-1406

If you need help filing a grievance, the Enrollee Advocate is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services; 200 Independence Ave., SW; Room 509F, HHH Building; Washington, D.C. 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://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 **1-855-878-1784** (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 **1-855-878-1784** (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 **1-855-878-1784** (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 **1-855-878-1784** (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 **1-855-878-1784** (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 **1-855-878-1784** (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 **1-855-878-1784** (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 **1-855-878-1784** (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 **1-855-878-1784** (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 **1-855-878-1784** (TTY: **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 سيقوم شخص ما يتحدث العربية بمساعدتك ليس عليك سوى الاتصال بنا على (TTY: **711**) **1-855-878-1784**. 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 **1-855-878-1784** (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 **1-855-878-1784** (TTY : **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 **1-855-878-1784** (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 **1-855-878-1784** (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 **1-855-878-1784** (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、**1-855-878-1784** (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。

For more recent information or other questions, contact us at:
1-833-232-1711 (TTY: **711**)
24 hours a day, 7 days a week
or visit **www.myamerigroup.com/TXmmp.**

This formulary was updated on 10/3/2023.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

H8786_23_3002626_T_0011 CMS approved 09/16/2022
Formulary ID: TX_MMP_23104_v18_2311_1 Version: v18
Issued 11/1/2023