

2024

Aetna[®] Assure Premier Plus (HMO D-SNP) List of Covered Drugs (Formulary)

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

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This formulary was updated on 05/01/2024. For more recent information or other questions, please contact Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)



2024 Aetna[®] Assure Premier Plus (HMO D-SNP) *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs and items are covered by Aetna Assure Premier Plus (HMO D-SNP). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Aetna Assure Premier Plus (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers Part D vaccines at no cost to you.

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If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)**

A. Disclaimers

This is a list of drugs that members can get in Aetna® Assure Premier Plus (HMO D-SNP).

- ❖ Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- ❖ Aetna Assure Premier Plus (HMO D-SNP) es un plan totalmente integrado de necesidades especiales de doble elegibilidad con un contrato de Medicare y un contrato con el programa de Medicaid de Nueva Jersey. La inscripción en Aetna Assure Premier Plus depende de la renovación del contrato.
- ❖ Enrollees must use in-network providers. Enrollees must use in-network DME suppliers. Enrollees must use an in-network pharmacy. Enrollees will be enrolled into Part D coverage under the plan and will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which they are currently enrolled. The enrollee will also be enrolled into Medicaid coverage under the plan and will be disenrolled from any other Medicaid plan in which they are currently enrolled. Provider referrals are not required under this plan for in-network providers.
- ❖ You can always check Aetna Assure Premier Plus (HMO D-SNP)'s up-to-date List of Covered Drugs online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/betterhealth.com/New-Jersey-hmosnp/drug-formulary) or call Member Services at the number listed at the bottom of this page.
- ❖ ATTENTION: If you speak a language other than English, free language assistance services are available. Visit our website [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/betterhealth.com/New-Jersey-hmosnp) or call **1-844-362-0934 (TTY: 711)**, 8:00 a.m. and 8:00 p.m., 7 days a week.
- ❖ ATENCIÓN: Si habla un idioma que no sea el inglés, los servicios gratuitos de asistencia en idiomas están disponibles. Visite nuestro sitio web en [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/betterhealth.com/New-Jersey-hmosnp) o llame al **1-844-362-0934 (TTY: 711)**, de 8 a.m. a 8 p.m., los 7 días de la semana.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at **1-844-362-0934 (TTY: 711)**, 8:00 a.m. to 8:00 p.m., 7 days a week. The call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free.
- ❖ If you wish to make or change a standing request to receive materials in a language other than English or in an alternate format, you can call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.



B. Frequently Asked Questions (FAQ)

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

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 11 are the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). 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.”

- Aetna Assure Premier Plus (HMO D-SNP) 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 Aetna Assure Premier Plus (HMO D-SNP) network pharmacy.
- Aetna Better Health Premier Plan may have additional steps to access certain drugs. Refer to question B4 for more information.

You can also find an up-to-date list of drugs we cover on our website at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/memberservices/new-jersey-hmosnp/drug-formulary) or call Member Services at 1-844-362-0934 (TTY: 711).

B2. Does the Drug List ever change?

Yes, and Aetna Assure Premier Plus (HMO D-SNP) must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

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

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

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

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

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

- You can always check Aetna® Assure Premier Plus (HMO D-SNP)'s current Drug List online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/membership/new-jersey-hmosnp/drug-formulary).
- You can also call Member Services at **1-844-362-0934 (TTY: 711)** to check the current Drug List.

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

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

- **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. 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. Refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we may take it off the Drug List. If you are taking the drug, we will let you know.
- Please contact your doctor if a drug you are taking is removed from the drug list.

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

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

When these changes happen, we will:

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

This 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 questions B10-B12 for more information.

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, your doctor, or other prescriber must do something before you can get the drug. For example:

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

You can find out if your drug has any additional requirements or limits by looking in the tables on page 11 - 105. You can also get more information by visiting our website at AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The *table of Drugs* on page 11 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Aetna Assure Premier Plus (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

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

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 drug type.

To search **alphabetically**, use the Index of Covered Drugs section. You can find it on page 106. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by drug type**, find the section labeled "List of Drugs by Drug Type" on page 11. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for an infection, you should look in the "Anti-infectives" category. That is where you will find drugs that treat infections.

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

If you don't find your drug on the Drug List, call Member Services at **1-844-362-0934 (TTY: 711)** and ask about it. If you learn that Aetna® Assure Premier Plus (HMO D-SNP) will not cover the drug, you can do one of these things:

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

B9. What if I am a new Aetna Assure Premier Plus (HMO D-SNP) member and can't find my drug on the Drug List or have a problem getting my drug?

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

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

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

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Aetna Assure Premier Plus (HMO D-SNP), **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Aetna Assure Premier Plus (HMO D-SNP) does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Aetna® Assure Premier Plus (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP).

Current members with a change in level of care

If you experience a change in your setting of care (such as being discharged or admitted to a nursing home or other long-term care facility), your provider or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

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

Yes. You can ask Aetna® Assure Premier Plus (HMO D-SNP) 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, Aetna Assure Premier Plus (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* 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.

To send your statement, you or your prescriber may call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week for assistance. You may fax us the statement to 844-814-2260.

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).

Aetna Assure Premier Plus (HMO D-SNP) covers both brand name drugs and generic drugs.

B14. What are over-the-counter (OTC) drugs?

OTC stands for "over-the-counter." Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan's coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this Drug List.

B15. Does Aetna Assure Premier Plus (HMO D-SNP) cover non-drug OTC products?

Yes. Aetna Assure Premier Plus (HMO D-SNP) covers some non-drug OTC products when they are prescribed for you by your provider. These non-drug OTC products are listed in this Drug List.

Examples of non-drug OTC products include condoms. There is no cost sharing or copays.

B16. Can I get my drugs through Mail-Order/Long-Term Supply?

Yes. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

- Mail-Order Program. We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home.
- Long-Term Supply. We offer a way to get a long-term supply of "maintenance" drugs on our plan's Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

For more information about getting drugs through mail-order or long-term supply, please call Member Services at **1-844-362-0934 (TTY: 711)**.

B17. What is my copay?

Aetna Assure Premier Plus (HMO D-SNP) members have no copay for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

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

OTCs have a \$0 copay.

If you have questions, call Member Services at **1-844-362-0934 (TTY: 711)**.

C. Overview of the *List of Covered Drugs*

The following List of Covered Drugs gives you information about the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 106. The index alphabetically lists all drugs covered by Aetna Assure Premier Plus (HMO D-SNP).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.
PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST: Step Therapy: In some cases, our 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.
LA: Limited Access: These prescriptions may be available only at certain pharmacies.
MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.
B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
EA: Each
ML: Milliliter
ACS: Available at CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.
HRM: High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.
OTC: Over-the-Counter. Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan's coverage at no cost to you. You need a prescription for OTC drugs to be covered.

C1. List of Drugs by Drug Type

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

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin*), brand name drugs are capitalized (e.g., SYNTHROID), and OTC drugs and products are listed in lower case (e.g., acetaminophen tablet). The information in the “Necessary actions, restrictions or limits on use” column tells you if Aetna® Assure Premier Plus (HMO D-SNP) has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
GOUT		
<i>allopurinol tablet</i>	\$0 (Tier 1)	MO
<i>colchicine tablet</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>febuxostat</i>	\$0 (Tier 1)	ST MO
MITIGARE	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>probenecid</i>	\$0 (Tier 1)	MO
<i>probenecid/colchicine</i>	\$0 (Tier 1)	MO
NSAIDS		
<i>celecoxib capsule 400mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>diflunisal</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO

PA: Prior Authorization **QL:** Quantity Limits **ST:** Step Therapy **B/D:** Covered under Medicare B or D
LA: Limited Access **MO:** available at Mail order **ACS:** Available at CVS Specialty Pharmacy
HRM: High Risk Medication **OTC:** Over-the-Counter

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FENOPROFEN CALCIUM CAPSULE 400MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>fenopropfen calcium tablet 600mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	\$0 (Tier 1)	MO
<i>ibuprofen oral suspension</i>	\$0 (Tier 1)	MO
<i>ketoprofen extended release capsule 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>	\$0 (Tier 1)	MO
<i>nabumetone</i>	\$0 (Tier 1)	MO
<i>naproxen sodium tablet 275mg, 550mg</i>	\$0 (Tier 1)	MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	\$0 (Tier 1)	MO
<i>naproxen oral suspension</i>	\$0 (Tier 1)	MO
<i>naproxen tablet delayed release 375mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>naproxen tablet delayed release 500mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sulindac</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	\$0 (Tier 1)	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
HYSINGLA ER	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	\$0 (Tier 1)	QL (90 ML per 30 days) PA MO
METHADONE HCL INJECTION	\$0 (Tier 1)	PA
<i>methadone hcl oral solution</i>	\$0 (Tier 1)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO

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<i>morphine sulfate er tablet extended release 100mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release 15mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	\$0 (Tier 1)	B/D
<i>tramadol hcl extended release tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>	\$0 (Tier 1)	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	\$0 (Tier 1)	
<i>butorphanol tartrate injection 2mg/ml</i>	\$0 (Tier 1)	MO
CODEINE SULFATE TABLET	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	\$0 (Tier 1)	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	\$0 (Tier 1)	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	\$0 (Tier 1)	B/D MO
<i>hydromorphone hcl injection 10mg/ml</i>	\$0 (Tier 1)	B/D
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML, 1MG/ML, 2MG/ML	\$0 (Tier 1)	B/D
HYDROMORPHONE HYDROCHLORIDE INJECTION 4MG/ML	\$0 (Tier 1)	B/D MO
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	\$0 (Tier 1)	B/D
<i>hydromorphone hydrochloride injection 2mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>morphine sulfate tablet 15mg, 30mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO

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MORPHINE SULFATE INJECTION 10MG/ML PF VIAL IV OR IM, 2MG/ML, 4MG/ML IV OR IM VIAL AND PREFILLED SYRINGE, 50MG/ML, 5MG/ML, 8MG/ML PF VIAL IV OR IM	\$0 (Tier 1)	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml iv only vial and carpject, 4mg/ml iv vial and prefilled syringe, 50mg/ml, 8mg/ml vial and pf carpject</i>	\$0 (Tier 1)	B/D
<i>morphine sulfate injection 1mg/ml</i>	\$0 (Tier 1)	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 20mg/ml</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/acetaminophen</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO; HRM
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl injection 0.5%, 1%, 1.5% pf, 2% pf, 4% pf</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride pf inj 1%, 2%</i>	\$0 (Tier 1)	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i>	\$0 (Tier 1)	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	\$0 (Tier 1)	MO
<i>atovaquone oral suspension</i>	\$0 (Tier 1)	PA MO
<i>aztreonam</i>	\$0 (Tier 1)	MO
CAYSTON	\$0 (Tier 1)	PA LA; ACS
<i>chloramphenicol sodium succinate</i>	\$0 (Tier 1)	
<i>clindamycin hcl capsule 300mg</i>	\$0 (Tier 1)	MO
<i>clindamycin hcl capsule 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>clindamycin palmitate hydrochloride</i>	\$0 (Tier 1)	MO

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<i>clindamycin phosphate/dextrose</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 300mg/2ml, 9000mg/60ml, 900mg/6ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection 600mg/4ml</i>	\$0 (Tier 1)	MO
CLINDAMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
<i>colistimethate sodium</i>	\$0 (Tier 1)	PA MO
<i>dapsone tablet 100mg, 25mg</i>	\$0 (Tier 1)	MO
DAPTOMYCIN/SODIUM CHLORIDE	\$0 (Tier 1)	
DAPTOMYCIN INJECTION 350MG	\$0 (Tier 1)	
<i>daptomycin injection 500mg</i>	\$0 (Tier 1)	
EMVERM	\$0 (Tier 1)	QL (12 EA per 365 days) MO
<i>ertapenem</i>	\$0 (Tier 1)	MO
<i>ertapenem sodium</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate pediatric</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 1)	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	\$0 (Tier 1)	MO
<i>gentamicin sulfate injection 40mg/ml</i>	\$0 (Tier 1)	MO
<i>imipenem/cilastatin</i>	\$0 (Tier 1)	MO
<i>gentamicin isotonic/0.9% sodium chloride injection 0.8mg/ml</i>	\$0 (Tier 1)	
<i>ivermectin tablet 3mg</i>	\$0 (Tier 1)	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	\$0 (Tier 1)	QL (56 EA per 28 days) PA MO
<i>linezolid oral suspension reconstituted 100mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	\$0 (Tier 1)	PA
<i>linezolid injection 600mg/300ml</i>	\$0 (Tier 1)	PA
<i>meropenem</i>	\$0 (Tier 1)	MO
<i>methenamine hippurate</i>	\$0 (Tier 1)	MO
<i>methenamine mandelate tablet</i>	\$0 (Tier 1)	MO
<i>metronidazole capsule 375mg</i>	\$0 (Tier 1)	MO
<i>metronidazole injection 500mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>neomycin sulfate</i>	\$0 (Tier 1)	MO
<i>nitazoxanide</i>	\$0 (Tier 1)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO

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<i>nitrofurantoin macrocrystals capsule 25mg</i>	\$0 (Tier 1)	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	\$0 (Tier 1)	MO
<i>paromomycin sulfate</i>	\$0 (Tier 1)	
<i>pentamidine isethionate inhalation solution reconstituted</i>	\$0 (Tier 1)	B/D MO
<i>pentamidine isethionate injection</i>	\$0 (Tier 1)	MO
<i>praziquantel</i>	\$0 (Tier 1)	MO
SIVEXTRO INJECTION	\$0 (Tier 1)	
SIVEXTRO TABLET	\$0 (Tier 1)	MO
<i>streptomycin sulfate</i>	\$0 (Tier 1)	MO
<i>sulfadiazine</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim ds</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim injection IV 400mg/5ml; 80mg/5ml</i>	\$0 (Tier 1)	MO
<i>tinidazole</i>	\$0 (Tier 1)	MO
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 1)	MO
<i>tobramycin sulfate injection 1.2gm</i>	\$0 (Tier 1)	
<i>tobramycin nebulization solution 300mg/5ml</i>	\$0 (Tier 1)	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim tablet 100mg</i>	\$0 (Tier 1)	MO
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	\$0 (Tier 1)	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	\$0 (Tier 1)	
<i>vancomycin hcl injection 100gm, 10gm</i>	\$0 (Tier 1)	
<i>vancomycin hydrochloride capsule 125mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	\$0 (Tier 1)	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1gm, 5gm, 750mg</i>	\$0 (Tier 1)	
<i>vancomycin hydrochloride injection 500mg</i>	\$0 (Tier 1)	MO

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ANTIFUNGALS		
ABELCET SUSPENSION INJECTION 5MG/ML	\$0 (Tier 1)	B/D
<i>amphotericin b</i>	\$0 (Tier 1)	B/D MO
<i>amphotericin b liposome</i>	\$0 (Tier 1)	B/D MO
<i>caspofungin acetate</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	\$0 (Tier 1)	
<i>fluconazole tablet, oral suspension</i>	\$0 (Tier 1)	MO
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	\$0 (Tier 1)	
<i>flucytosine capsule 250mg</i>	\$0 (Tier 1)	PA MO
<i>flucytosine capsule 500mg</i>	\$0 (Tier 1)	PA MO
<i>griseofulvin microsize</i>	\$0 (Tier 1)	MO
<i>griseofulvin ultramicrosize</i>	\$0 (Tier 1)	MO
<i>itraconazole capsule 200mg</i>	\$0 (Tier 1)	PA MO
<i>ketoconazole tablet 200mg</i>	\$0 (Tier 1)	PA MO
<i>micafungin</i>	\$0 (Tier 1)	
<i>mycamine</i>	\$0 (Tier 1)	MO
<i>nystatin tablet 500000unit</i>	\$0 (Tier 1)	MO
<i>posaconazole dr tablet delayed release 100mg</i>	\$0 (Tier 1)	QL (93 EA per 30 days) PA MO
<i>posaconazole oral suspension 40mg/ml</i>	\$0 (Tier 1)	QL (630 ML per 30 days) MO
<i>terbinafine hcl tablet 250mg</i>	\$0 (Tier 1)	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	\$0 (Tier 1)	PA
<i>voriconazole oral suspension reconstituted</i>	\$0 (Tier 1)	PA MO
<i>voriconazole tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	\$0 (Tier 1)	MO
<i>chloroquine phosphate</i>	\$0 (Tier 1)	MO
COARTEM	\$0 (Tier 1)	MO
<i>mefloquine hcl</i>	\$0 (Tier 1)	MO
<i>primaquine phosphate</i>	\$0 (Tier 1)	
<i>quinine sulfate capsule 324mg</i>	\$0 (Tier 1)	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	\$0 (Tier 1)	MO
APTIVUS	\$0 (Tier 1)	MO
<i>atazanavir sulfate</i>	\$0 (Tier 1)	MO

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<i>darunavir tablet 800mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDURANT	\$0 (Tier 1)	MO
<i>efavirenz</i>	\$0 (Tier 1)	MO
<i>emtricitabine</i>	\$0 (Tier 1)	MO
EMTRIVA ORAL SOLUTION	\$0 (Tier 1)	MO
<i>etravirine</i>	\$0 (Tier 1)	MO
<i>fosamprenavir calcium</i>	\$0 (Tier 1)	MO
FUZEON	\$0 (Tier 1)	LA MO
INTELENCE TABLET 25MG	\$0 (Tier 1)	
ISENTRESS HD	\$0 (Tier 1)	MO
ISENTRESS PACKET, TABLET	\$0 (Tier 1)	MO
ISENTRESS TABLET CHEWABLE 25MG	\$0 (Tier 1)	MO
ISENTRESS TABLET CHEWABLE 100MG	\$0 (Tier 1)	MO
<i>lamivudine solution 10mg/ml</i>	\$0 (Tier 1)	MO
<i>lamivudine tablet 150mg, 300mg</i>	\$0 (Tier 1)	MO
LEXIVA ORAL SUSPENSION	\$0 (Tier 1)	MO
<i>maraviroc</i>	\$0 (Tier 1)	MO
<i>nevirapine er tablet extended release 24 hour 100mg</i>	\$0 (Tier 1)	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	\$0 (Tier 1)	MO
<i>nevirapine immediate release tablet 200mg</i>	\$0 (Tier 1)	MO
<i>nevirapine oral suspension 50mg/5ml</i>	\$0 (Tier 1)	MO
NORVIR ORAL POWDER PACKET, ORAL SOLUTION	\$0 (Tier 1)	MO
PIFELTRO	\$0 (Tier 1)	MO
PREZISTA ORAL SUSPENSION	\$0 (Tier 1)	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	\$0 (Tier 1)	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	\$0 (Tier 1)	QL (240 EA per 30 days) MO
REYATAZ ORAL POWDER PACKET	\$0 (Tier 1)	MO
<i>ritonavir</i>	\$0 (Tier 1)	MO
RUKOBIA	\$0 (Tier 1)	MO
SELZENTRY ORAL SOLUTION	\$0 (Tier 1)	MO
SELZENTRY TABLET 25MG	\$0 (Tier 1)	
SELZENTRY TABLET 75MG	\$0 (Tier 1)	

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<i>stavudine capsule</i>	\$0 (Tier 1)	MO
SUNLENCA INJECTION	\$0 (Tier 1)	QL (3 ML per 180 days) LA MO
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	\$0 (Tier 1)	QL (10 EA per 365 days) LA MO
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	\$0 (Tier 1)	QL (8 EA per 365 days) LA MO
<i>tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
TIVICAY PD	\$0 (Tier 1)	MO
TIVICAY TABLET 10MG	\$0 (Tier 1)	MO
TIVICAY TABLET 25MG, 50MG	\$0 (Tier 1)	MO
TROGARZO	\$0 (Tier 1)	LA MO
TYBOST	\$0 (Tier 1)	MO
VIRACEPT	\$0 (Tier 1)	MO
VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG	\$0 (Tier 1)	MO
<i>zidovudine capsule, syrup</i>	\$0 (Tier 1)	MO
<i>zidovudine tablet</i>	\$0 (Tier 1)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	\$0 (Tier 1)	MO
BIKTARVY	\$0 (Tier 1)	MO
CIMDUO	\$0 (Tier 1)	MO
COMPLERA	\$0 (Tier 1)	MO
DELSTRIGO	\$0 (Tier 1)	MO
DESCOVY	\$0 (Tier 1)	MO
DOVATO	\$0 (Tier 1)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	\$0 (Tier 1)	MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EVOTAZ	\$0 (Tier 1)	MO
GENVOYA	\$0 (Tier 1)	MO
JULUCA	\$0 (Tier 1)	MO

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<i>lamivudine/zidovudine</i>	\$0 (Tier 1)	MO
<i>lopinavir/ritonavir</i>	\$0 (Tier 1)	MO
ODEFSEY	\$0 (Tier 1)	MO
PREZCOBIX	\$0 (Tier 1)	MO
STRIBILD	\$0 (Tier 1)	MO
SYMTUZA	\$0 (Tier 1)	MO
TRIUMEQ	\$0 (Tier 1)	MO
TRIUMEQ PD	\$0 (Tier 1)	MO
TRIZIVIR	\$0 (Tier 1)	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	\$0 (Tier 1)	MO
<i>ethambutol hydrochloride</i>	\$0 (Tier 1)	MO
<i>isoniazid tablet</i>	\$0 (Tier 1)	MO
<i>isoniazid injection</i>	\$0 (Tier 1)	
<i>isoniazid syrup</i>	\$0 (Tier 1)	MO
PRETOMANID	\$0 (Tier 1)	QL (30 EA per 30 days) PA
PRIFTIN	\$0 (Tier 1)	MO
<i>pyrazinamide</i>	\$0 (Tier 1)	MO
<i>rifabutin</i>	\$0 (Tier 1)	MO
<i>rifampin capsule</i>	\$0 (Tier 1)	MO
<i>rifampin injection</i>	\$0 (Tier 1)	
SIRTURO	\$0 (Tier 1)	PA LA; ACS
TRECTOR	\$0 (Tier 1)	MO
ANTIVIRALS		
<i>acyclovir</i>	\$0 (Tier 1)	MO
<i>acyclovir sodium injection</i>	\$0 (Tier 1)	B/D
<i>adefovir dipivoxil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	\$0 (Tier 1)	QL (630 ML per 30 days) MO
<i>entecavir</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EPCLUSA	\$0 (Tier 1)	PA; ACS
EPIVIR HBV ORAL SOLUTION	\$0 (Tier 1)	MO
<i>famciclovir tablet 500mg</i>	\$0 (Tier 1)	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	\$0 (Tier 1)	B/D
HARVONI	\$0 (Tier 1)	PA; ACS
<i>lamivudine tablet 100mg</i>	\$0 (Tier 1)	MO

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MAVYRET	\$0 (Tier 1)	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	\$0 (Tier 1)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	\$0 (Tier 1)	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral suspension reconstituted</i>	\$0 (Tier 1)	QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	\$0 (Tier 1)	QL (40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	\$0 (Tier 1)	QL (60 EA per 30 days)
PEGASYS	\$0 (Tier 1)	PA; ACS
PREVYMIS TABLET	\$0 (Tier 1)	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	\$0 (Tier 1)	QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>	\$0 (Tier 1)	ACS
<i>ribavirin tablet</i>	\$0 (Tier 1)	ACS
<i>rimantadine hydrochloride</i>	\$0 (Tier 1)	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	\$0 (Tier 1)	MO
<i>valganciclovir hydrochloride oral solution</i>	\$0 (Tier 1)	MO
<i>valganciclovir tablet 450mg</i>	\$0 (Tier 1)	MO
VOSEVI	\$0 (Tier 1)	PA; ACS
CEPHALOSPORINS		
CEFACTOR ER	\$0 (Tier 1)	MO
<i>cefactor suspension reconstituted</i>	\$0 (Tier 1)	
<i>cefactor capsule</i>	\$0 (Tier 1)	MO
<i>cefadroxil</i>	\$0 (Tier 1)	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	\$0 (Tier 1)	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	\$0 (Tier 1)	
<i>cefazolin sodium injection 1gm iv</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	\$0 (Tier 1)	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%	\$0 (Tier 1)	
CEFAZOLIN INJECTION 2GM, 3GM	\$0 (Tier 1)	
<i>cefazolin injection 3gm</i>	\$0 (Tier 1)	
<i>cefazolin injection 2gm</i>	\$0 (Tier 1)	MO
<i>cefdinir</i>	\$0 (Tier 1)	MO
<i>cefepime injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>cefixime capsule</i>	\$0 (Tier 1)	MO

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<i>cefixime oral suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	\$0 (Tier 1)	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil</i>	\$0 (Tier 1)	MO
<i>cefprozil</i>	\$0 (Tier 1)	MO
CEFTAZIDIME/DEXTROSE	\$0 (Tier 1)	
<i>ceftazidime injection 6gm</i>	\$0 (Tier 1)	
<i>ceftazidime injection 1gm, 2gm</i>	\$0 (Tier 1)	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	\$0 (Tier 1)	
CEFTRIAXONE SODIUM INJECTION 100GM	\$0 (Tier 1)	
<i>ceftriaxone iv injection 1gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>cefuroxime axetil tablet</i>	\$0 (Tier 1)	MO
<i>cefuroxime sodium injection 1.5gm</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>cephalexin capsule 750mg</i>	\$0 (Tier 1)	MO
<i>cephalexin oral suspension reconstituted, tablet tazicef</i>	\$0 (Tier 1)	MO
TEFLARO	\$0 (Tier 1)	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	\$0 (Tier 1)	MO
<i>azithromycin tablet</i>	\$0 (Tier 1)	MO
<i>azithromycin oral suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>azithromycin injection</i>	\$0 (Tier 1)	MO
<i>clarithromycin er tablet</i>	\$0 (Tier 1)	MO
<i>clarithromycin immediate release tablet</i>	\$0 (Tier 1)	MO
<i>clarithromycin oral suspension reconstituted</i>	\$0 (Tier 1)	MO
DIFICID ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 1)	
DIFICID TABLET	\$0 (Tier 1)	MO
<i>erythrocin stearate tablet 250mg</i>	\$0 (Tier 1)	MO
<i>erythromycin base</i>	\$0 (Tier 1)	MO
<i>erythromycin dr tablet</i>	\$0 (Tier 1)	MO
<i>erythromycin ethylsuccinate tablet</i>	\$0 (Tier 1)	MO

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<i>erythromycin lactobionate injection</i>	\$0 (Tier 1)	
<i>erythromycin capsule delayed release particles 250mg</i>	\$0 (Tier 1)	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	\$0 (Tier 1)	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	\$0 (Tier 1)	MO
<i>levofloxacin in d5w</i>	\$0 (Tier 1)	
<i>levofloxacin injection 25mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 25mg/ml</i>	\$0 (Tier 1)	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	\$0 (Tier 1)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hydrochloride tablet 400mg</i>	\$0 (Tier 1)	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium extended release tablet 1000mg; 62.5mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium oral suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium oral suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	\$0 (Tier 1)	MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	\$0 (Tier 1)	MO
<i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	\$0 (Tier 1)	MO
<i>amoxicillin oral suspension reconstituted 400mg/5ml</i>	\$0 (Tier 1)	MO
<i>ampicillin capsule 500mg</i>	\$0 (Tier 1)	MO

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<i>ampicillin sodium injection 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	\$0 (Tier 1)	MO
<i>ampicillin-sulbactam</i>	\$0 (Tier 1)	
<i>ampicillin/sulbactam</i>	\$0 (Tier 1)	
BICILLIN L-A	\$0 (Tier 1)	MO
<i>dicloxacillin sodium</i>	\$0 (Tier 1)	MO
<i>nafcillin sodium injection 1gm</i>	\$0 (Tier 1)	
<i>nafcillin sodium injection 2gm</i>	\$0 (Tier 1)	MO
<i>nafcillin sodium injection 10gm, 2gm</i>	\$0 (Tier 1)	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	\$0 (Tier 1)	
<i>penicillin g potassium</i>	\$0 (Tier 1)	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	\$0 (Tier 1)	
PENICILLIN G PROCAINE	\$0 (Tier 1)	MO
<i>penicillin g sodium</i>	\$0 (Tier 1)	
<i>penicillin v potassium tablet</i>	\$0 (Tier 1)	MO
<i>penicillin v potassium solution reconstituted</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium</i>	\$0 (Tier 1)	
TETRACYCLINES		
<i>doxy 100 injection</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>	\$0 (Tier 1)	MO
<i>doxycycline hyclate injection i.v. solution reconstituted 100mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 50mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO
<i>doxycycline monohydrate tablet 150mg</i>	\$0 (Tier 1)	MO
<i>doxycycline oral suspension reconstituted 25mg/5ml</i>	\$0 (Tier 1)	MO
<i>minocycline hcl capsule 75mg</i>	\$0 (Tier 1)	MO
<i>minocycline hcl tablet 50mg, 75mg</i>	\$0 (Tier 1)	ST MO
<i>minocycline hcl capsule 100mg, 50mg</i>	\$0 (Tier 1)	MO
<i>mondoxylene nl</i>	\$0 (Tier 1)	
NUZYRA	\$0 (Tier 1)	LA; ACS

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<i>tetracycline hydrochloride</i>	\$0 (Tier 1)	MO
<i>tigecycline</i>	\$0 (Tier 1)	
ANTINEOPLASTIC AGENTS		
<i>ALKYLATING AGENTS</i>		
CYCLOPHOSPHAMIDE TABLET	\$0 (Tier 1)	PA
<i>cyclophosphamide capsule</i>	\$0 (Tier 1)	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	\$0 (Tier 1)	ACS
GLEOSTINE CAPSULE 100MG	\$0 (Tier 1)	ACS
LEUKERAN	\$0 (Tier 1)	MO
<i>ANTIMETABOLITES</i>		
INQOVI	\$0 (Tier 1)	QL (5 EA per 28 days) PA LA; ACS
LONSURF	\$0 (Tier 1)	PA LA; ACS
<i>mercaptopurine</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 1)	MO
<i>methotrexate sodium injection 1gm</i>	\$0 (Tier 1)	
ONUREG	\$0 (Tier 1)	QL (14 EA per 28 days) PA LA; ACS
PURIXAN	\$0 (Tier 1)	LA; ACS
TABLOID	\$0 (Tier 1)	MO
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i>	\$0 (Tier 1)	PA; ACS
AKEEGA	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
<i>anastrozole</i>	\$0 (Tier 1)	MO
<i>bicalutamide</i>	\$0 (Tier 1)	MO
ELIGARD	\$0 (Tier 1)	PA; ACS
ERLEADA	\$0 (Tier 1)	PA LA; ACS
<i>exemestane</i>	\$0 (Tier 1)	MO
FIRMAGON INJECTION 80MG	\$0 (Tier 1)	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	\$0 (Tier 1)	PA; ACS
<i>letrozole</i>	\$0 (Tier 1)	MO
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (1-MONTH) 3.75MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT (3-MONTH) 11.25MG	\$0 (Tier 1)	PA; ACS
LYSODREN	\$0 (Tier 1)	LA
<i>megestrol acetate tablet 20mg, 40mg</i>	\$0 (Tier 1)	MO

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<i>nilutamide</i>	\$0 (Tier 1)	MO
NUBEQA	\$0 (Tier 1)	PA LA; ACS
ORGOVYX	\$0 (Tier 1)	PA LA
ORSERDU TABLET 345MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
ORSERDU TABLET 86MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
SOLTAMOX ORAL SOLUTION 10MG/5ML	\$0 (Tier 1)	MO
<i>tamoxifen citrate</i>	\$0 (Tier 1)	MO
<i>toremifene citrate</i>	\$0 (Tier 1)	PA MO
XTANDI	\$0 (Tier 1)	PA LA; ACS
ZYTIGA TABLET 500MG	\$0 (Tier 1)	PA LA; ACS
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA; ACS
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (28 EA per 28 days) PA LA; ACS
POMALYST	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 100MG, 50MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA; ACS
MISCELLANEOUS		
ASPARLAS	\$0 (Tier 1)	PA LA; ACS
BESREMI	\$0 (Tier 1)	QL (2 ML per 28 days) PA LA
<i>bexarotene capsule 75mg</i>	\$0 (Tier 1)	PA; ACS
<i>hydroxyurea capsule 500mg</i>	\$0 (Tier 1)	MO
IWILFIN	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA
KISQALI FEMARA 200 DOSE	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 400 DOSE	\$0 (Tier 1)	PA; ACS
KISQALI FEMARA 600 DOSE	\$0 (Tier 1)	PA; ACS
MATULANE	\$0 (Tier 1)	LA
ONCASPAR	\$0 (Tier 1)	PA LA
<i>tretinoin capsule 10mg</i>	\$0 (Tier 1)	MO
WELIREG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
MOLECULAR TARGET AGENTS		
ALECENSA	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA; ACS
ALUNBRIG TABLET THERAPY PACK	\$0 (Tier 1)	PA LA
ALUNBRIG TABLET 30MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
ALUNBRIG TABLET 180MG, 90MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA

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AUGTYRO	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA; ACS
AYVAKIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
BALVERSA TABLET 5MG	\$0 (Tier 1)	QL (28 EA per 28 days) PA LA; ACS
BALVERSA TABLET 4MG	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA; ACS
BALVERSA TABLET 3MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA; ACS
BOSULIF CAPSULE 100MG	\$0 (Tier 1)	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
BRUKINSA	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
CABOMETYX	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
CALQUENCE	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
CAPRELSA TABLET 300MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
CAPRELSA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
COMETRIQ KIT 140MG/DAY	\$0 (Tier 1)	QL (112 EA per 28 days) PA LA; ACS
COMETRIQ KIT 100MG/DAY	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA; ACS
COMETRIQ KIT 60MG/DAY	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA; ACS
COPIKTRA	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA; ACS
COTELLIC	\$0 (Tier 1)	QL (63 EA per 28 days) PA LA; ACS
DAURISMO TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
DAURISMO TABLET 25MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
ERIVEDGE	\$0 (Tier 1)	PA LA; ACS
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
EXKIVITY	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
FOTIVDA	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA
FRUZAQLA CAPSULE 5MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA
FRUZAQLA CAPSULE 1MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA

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GAVRETO	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
<i>gefitinib</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
GILOTRIF	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
IBRANCE	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA; ACS
ICLUSIG TABLET 10MG, 30MG	\$0 (Tier 1)	PA LA
ICLUSIG TABLET 15MG, 45MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
IDHIFA	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
<i>imatinib mesylate tablet 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
IMBRUVICA ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 1)	QL (216 ML per 27 days) PA LA
IMBRUVICA TABLET	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 70MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 140MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
INLYTA TABLET 5MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
INLYTA TABLET 1MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
INREBIC	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
JAKAFI	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
KISQALI	\$0 (Tier 1)	PA; ACS
KOSELUGO	\$0 (Tier 1)	PA LA
KRAZATI	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
<i>lapatinib ditosylate</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
LENVIMA 10 MG DAILY DOSE	\$0 (Tier 1)	PA LA; ACS
LENVIMA 12MG DAILY DOSE	\$0 (Tier 1)	PA LA; ACS
LENVIMA 14 MG DAILY DOSE	\$0 (Tier 1)	PA LA; ACS
LENVIMA 18 MG DAILY DOSE	\$0 (Tier 1)	PA LA; ACS
LENVIMA 20 MG DAILY DOSE	\$0 (Tier 1)	PA LA; ACS
LENVIMA 24 MG DAILY DOSE	\$0 (Tier 1)	PA LA; ACS
LENVIMA 4 MG DAILY DOSE	\$0 (Tier 1)	PA LA; ACS
LENVIMA 8 MG DAILY DOSE	\$0 (Tier 1)	PA LA; ACS

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LORBRENA TABLET 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
LORBRENA TABLET 25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 120MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 320MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA; ACS
LYNPARZA TABLET 100MG, 150MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
LYTGOBI TABLET THERAPY PACK 16MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK 20MG	\$0 (Tier 1)	QL (140 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK 12MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
MEKINIST ORAL SOLUTION RECONSTITUTED	\$0 (Tier 1)	QL (1260 ML per 30 days) PA LA; ACS
MEKINIST TABLET 2MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
MEKINIST TABLET 0.5MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA; ACS
MEKTOVI	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
NERLYNX	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
NEXAVAR	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
NINLARO	\$0 (Tier 1)	PA; ACS
ODOMZO	\$0 (Tier 1)	PA LA; ACS
OGSIVEO	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
OJJAARA	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
<i>pazopanib hydrochloride</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	\$0 (Tier 1)	QL (28 EA per 28 days) PA LA
PIQRAY 200MG DAILY DOSE	\$0 (Tier 1)	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	\$0 (Tier 1)	QL (56 EA per 28 days) PA; ACS
QINLOCK	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA
RETEVMO CAPSULE 80MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
RETEVMO CAPSULE 40MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
REZLIDHIA	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
<i>romidepsin injection 10mg</i>	\$0 (Tier 1)	ACS

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ROZLYTREK PACKET	\$0 (Tier 1)	QL (336 EA per 28 days) PA LA; ACS
ROZLYTREK CAPSULE 100MG	\$0 (Tier 1)	QL (150 EA per 30 days) PA LA; ACS
ROZLYTREK CAPSULE 200MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA; ACS
RUBRACA	\$0 (Tier 1)	PA LA; ACS
RYDAPT	\$0 (Tier 1)	QL (224 EA per 28 days) PA; ACS
SCSEMBLIX TABLET 40MG	\$0 (Tier 1)	QL (300 EA per 30 days) PA; ACS
SCSEMBLIX TABLET 20MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
STIVARGA	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA; ACS
<i>sunitinib malate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
TABRECTA	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
TAFINLAR TABLET SOLUBLE	\$0 (Tier 1)	QL (900 EA per 30 days) PA LA; ACS
TAGRISSE	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.25MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA; ACS
TASIGNA CAPSULE 150MG, 200MG	\$0 (Tier 1)	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
TAZVERIK	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA
TECVAYLI	\$0 (Tier 1)	PA LA
TEPMETKO	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
TIBSOVO	\$0 (Tier 1)	PA LA
TRUQAP	\$0 (Tier 1)	QL (64 EA per 28 days) PA LA
TRUSELTIQ CAPSULE THERAPY PACK 100MG	\$0 (Tier 1)	QL (21 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	\$0 (Tier 1)	QL (42 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 25MG	\$0 (Tier 1)	QL (63 EA per 28 days) PA LA; ACS
TRUXIMA	\$0 (Tier 1)	PA; ACS
TUKYSA TABLET 150MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA

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TUKYSA TABLET 50MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA
TURALIO	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
VANFLYTA	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
VENCLEXTA STARTING PACK	\$0 (Tier 1)	QL (42 EA per 28 days) PA LA
VENCLEXTA TABLET 10MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
VENCLEXTA TABLET 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
VENCLEXTA TABLET 100MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
VERZENIO	\$0 (Tier 1)	PA LA; ACS
VITRAKVI SOLUTION	\$0 (Tier 1)	QL (300 ML per 30 days) PA LA; ACS
VITRAKVI CAPSULE 25MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
VITRAKVI CAPSULE 100MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
VIZIMPRO	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
VONJO	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA
VOTRIENT	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
XALKORI CAPSULE	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
XALKORI CAPSULE SPRINKLE 50MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
XALKORI CAPSULE SPRINKLE 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
XALKORI CAPSULE SPRINKLE 20MG	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA; ACS
XOSPATA	\$0 (Tier 1)	PA LA; ACS
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	\$0 (Tier 1)	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	\$0 (Tier 1)	QL (32 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY, 60MG ONCE WEEKLY	\$0 (Tier 1)	QL (4 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 40MG TWICE WEEKLY, 80MG ONCE WEEKLY	\$0 (Tier 1)	QL (8 EA per 28 days) PA LA
ZEJULA CAPSULE 100MG	\$0 (Tier 1)	PA LA; ACS
ZEJULA TABLET	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
ZELBORAF	\$0 (Tier 1)	QL (240 EA per 30 days) PA LA; ACS
ZIRABEV	\$0 (Tier 1)	PA LA; ACS

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ZOLINZA	\$0 (Tier 1)	PA; ACS
ZYDELIG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
ZYKADIA TABLET 150MG	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA; ACS
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	\$0 (Tier 1)	MO
MESNEX TABLET 400MG	\$0 (Tier 1)	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	\$0 (Tier 1)	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	\$0 (Tier 1)	MO
<i>trandolapril/verapamil hcl er</i>	\$0 (Tier 1)	MO
ACE INHIBITORS		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>benazepril hydrochloride tablet 20mg</i>	\$0 (Tier 1)	MO
<i>captopril</i>	\$0 (Tier 1)	MO
<i>enalapril maleate tablet</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium</i>	\$0 (Tier 1)	MO
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>moexipril hcl</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride</i>	\$0 (Tier 1)	MO
<i>ramipril</i>	\$0 (Tier 1)	MO
<i>trandolapril</i>	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	\$0 (Tier 1)	MO
KERENDIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>spironolactone</i>	\$0 (Tier 1)	MO

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ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	\$0 (Tier 1)	MO
<i>prazosin hydrochloride</i>	\$0 (Tier 1)	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride capsule 2mg</i>	\$0 (Tier 1)	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOR	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ENTRESTO	\$0 (Tier 1)	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>irbesartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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<i>olmesartan medoxomil tablet 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>telmisartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>	\$0 (Tier 1)	
<i>amiodarone hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>amiodarone hydrochloride injection</i>	\$0 (Tier 1)	
<i>disopyramide phosphate</i>	\$0 (Tier 1)	PA MO
<i>dofetilide</i>	\$0 (Tier 1)	ACS
<i>flecainide acetate</i>	\$0 (Tier 1)	MO
LIDOCAINE HCL IN D5W	\$0 (Tier 1)	
LIDOCAINE HCL INJECTION 100MG/5ML	\$0 (Tier 1)	
<i>lidocaine hcl injection 100mg/5ml prefilled syringe, 50mg/5ml prefilled syringe with needle</i>	\$0 (Tier 1)	
MULTAQ	\$0 (Tier 1)	MO
NORPACE CR	\$0 (Tier 1)	MO
<i>pacerone</i>	\$0 (Tier 1)	
<i>propafenone hcl</i>	\$0 (Tier 1)	MO
<i>propafenone hydrochloride er capsule</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate</i>	\$0 (Tier 1)	MO
<i>sorine tablet 160mg, 240mg, 80mg</i>	\$0 (Tier 1)	
<i>sorine tablet 120mg</i>	\$0 (Tier 1)	MO
<i>sotalol hcl tablet</i>	\$0 (Tier 1)	MO
<i>sotalol hydrochloride (af)</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 130mg, 200mg, 43mg, 67mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate non-micronized capsule 50mg, 150mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate tablet 120mg</i>	\$0 (Tier 1)	MO
<i>fenofibric acid dr</i>	\$0 (Tier 1)	MO
<i>gemfibrozil</i>	\$0 (Tier 1)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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<i>fluvastatin capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
<i>pravastatin sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	\$0 (Tier 1)	MO
<i>cholestyramine light</i>	\$0 (Tier 1)	MO
<i>colesevelam hydrochloride oral packet, tablet</i>	\$0 (Tier 1)	MO
<i>colestipol hcl</i>	\$0 (Tier 1)	MO
<i>ezetimibe</i>	\$0 (Tier 1)	MO
<i>ezetimibe/simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>niacin immediate release tablet 500mg</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	\$0 (Tier 1)	MO
<i>niacin er tablet extended release 500mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>niacor</i>	\$0 (Tier 1)	MO
<i>omega-3-acid ethyl esters</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>prevalite powder</i>	\$0 (Tier 1)	
REPATHA	\$0 (Tier 1)	PA
REPATHA PUSHTRONEX SYSTEM	\$0 (Tier 1)	PA
REPATHA SURECLICK	\$0 (Tier 1)	PA
VASCEPA	\$0 (Tier 1)	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>metoprolol/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	\$0 (Tier 1)	MO
<i>atenolol</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate</i>	\$0 (Tier 1)	MO
<i>carvedilol tablet</i>	\$0 (Tier 1)	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>labetalol hydrochloride tablet</i>	\$0 (Tier 1)	MO

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<i>labetalol hydrochloride injection 5mg/ml</i>	\$0 (Tier 1)	MO
<i>metoprolol succinate er</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate tablet</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate injection</i>	\$0 (Tier 1)	
<i>nadolol</i>	\$0 (Tier 1)	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pindolol</i>	\$0 (Tier 1)	MO
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	\$0 (Tier 1)	MO
<i>propranolol hcl oral solution</i>	\$0 (Tier 1)	MO
<i>propranolol hcl injection</i>	\$0 (Tier 1)	
<i>propranolol hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	\$0 (Tier 1)	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	\$0 (Tier 1)	MO
<i>cartia xt</i>	\$0 (Tier 1)	
<i>dilt-xr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl cd capsule 360mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl er</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl immediate release tablet</i>	\$0 (Tier 1)	MO
DILTIAZEM HCL INJECTION 100MG	\$0 (Tier 1)	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	\$0 (Tier 1)	
<i>diltiazem hydrochloride er</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>diltiazem hydrochloride injection solution 25mg/5ml</i>	\$0 (Tier 1)	
<i>felodipine er</i>	\$0 (Tier 1)	MO
<i>isradipine</i>	\$0 (Tier 1)	MO
<i>matzim la</i>	\$0 (Tier 1)	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	\$0 (Tier 1)	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	\$0 (Tier 1)	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>	\$0 (Tier 1)	MO

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<i>nisoldipine er</i>	\$0 (Tier 1)	MO
<i>taztia xt</i>	\$0 (Tier 1)	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 1)	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl immediate release tablet 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er tablet extended release</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er capsule extended release 24 hour</i>	\$0 (Tier 1)	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	\$0 (Tier 1)	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl sr tablet extended release 240mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er tablet extended release</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl immediate release tablet 120mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride injection</i>	\$0 (Tier 1)	MO
DIURETICS		
<i>acetazolamide er capsule</i>	\$0 (Tier 1)	MO
<i>acetazolamide tablet</i>	\$0 (Tier 1)	MO
<i>amiloride hcl</i>	\$0 (Tier 1)	MO
<i>amiloride/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>bumetanide tablet</i>	\$0 (Tier 1)	MO
<i>bumetanide injection</i>	\$0 (Tier 1)	MO
<i>chlorthalidone</i>	\$0 (Tier 1)	MO
<i>furosemide oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>furosemide injection</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>indapamide</i>	\$0 (Tier 1)	MO
<i>methazolamide</i>	\$0 (Tier 1)	MO
<i>metolazone</i>	\$0 (Tier 1)	MO
<i>spironolactone/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>toremide</i>	\$0 (Tier 1)	MO
<i>triamterene/hydrochlorothiazide</i>	\$0 (Tier 1)	MO

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MISCELLANEOUS		
<i>aliskiren</i>	\$0 (Tier 1)	MO
<i>amlodipine besylate/atorvastatin calcium</i>	\$0 (Tier 1)	MO
<i>clonidine hydrochloride immediate release tablet</i>	\$0 (Tier 1)	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr; 0.3mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
CORLANOR SOLUTION	\$0 (Tier 1)	
CORLANOR TABLET	\$0 (Tier 1)	MO
<i>digox tablet 250mcg, 125mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	\$0 (Tier 1)	MO
<i>digoxin injection</i>	\$0 (Tier 1)	MO
<i>digoxin tablet 125mcg, 250mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hcl immediate release tablet 1mg, 2mg</i>	\$0 (Tier 1)	PA MO
<i>hydralazine hcl tablet 10mg</i>	\$0 (Tier 1)	MO
<i>hydralazine hcl injection</i>	\$0 (Tier 1)	MO
<i>hydralazine hydrochloride tablet 25mg, 50mg, 100mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	\$0 (Tier 1)	MO
<i>metyrosine</i>	\$0 (Tier 1)	PA MO
<i>midodrine hcl tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>midodrine hcl tablet 10mg</i>	\$0 (Tier 1)	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	\$0 (Tier 1)	MO
<i>ranolazine er</i>	\$0 (Tier 1)	MO
VERQUVO	\$0 (Tier 1)	PA MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate tablet 40mg</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate er</i>	\$0 (Tier 1)	MO
NITRO-BID	\$0 (Tier 1)	MO
<i>nitroglycerin transdermal patch</i>	\$0 (Tier 1)	MO
NITROGLYCERIN INJECTION	\$0 (Tier 1)	
<i>nitroglycerin tablet sublingual</i>	\$0 (Tier 1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitroglycerin translingual spray</i>	\$0 (Tier 1)	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA; ACS
<i>alyq</i>	\$0 (Tier 1)	PA; ACS
<i>ambrisentan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
<i>bosentan tablet 62.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
<i>bosentan tablet 125mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
<i>epoprostenol sodium</i>	\$0 (Tier 1)	B/D LA; ACS
OPSUMIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
<i>sildenafil injection</i>	\$0 (Tier 1)	QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	\$0 (Tier 1)	PA; ACS
TRACLEER TABLET FOR ORAL SUSPENSION 32MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
VENTAVIS	\$0 (Tier 1)	PA LA; ACS
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	\$0 (Tier 1)	QL (600 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM
<i>alprazolam immediate release tablet 0.25mg, 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>alprazolam immediate release tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO; HRM
<i>buspirone hcl tablet 15mg, 30mg</i>	\$0 (Tier 1)	MO
<i>buspirone hydrochloride tablet 5mg, 7.5mg, 10mg</i>	\$0 (Tier 1)	MO
<i>chlordiazepoxide hcl capsule 5mg, 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate tablet</i>	\$0 (Tier 1)	MO; HRM
<i>fluvoxamine maleate er capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	\$0 (Tier 1)	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO; HRM
<i>oxazepam</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM

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ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	\$0 (Tier 1)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	\$0 (Tier 1)	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er capsule</i>	\$0 (Tier 1)	PA MO
<i>memantine hydrochloride solution</i>	\$0 (Tier 1)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
NAMZARIC	\$0 (Tier 1)	MO
<i>rivastigmine tartrate capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>amoxapine</i>	\$0 (Tier 1)	MO; HRM
AUVELITY	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>bupropion hcl</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule</i>	\$0 (Tier 1)	PA MO; HRM
<i>desipramine hydrochloride tablet 10mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg</i>	\$0 (Tier 1)	PA MO; HRM
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days); HRM

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<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>doxepin hcl capsule 75mg, oral concentrate 10mg/ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
<i>duloxetine hcl capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride capsule 20mg, 30mg, 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
EMSAM	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	\$0 (Tier 1)	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride tablet (generic Prozac) 10mg, 20mg, 60mg</i>	\$0 (Tier 1)	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	\$0 (Tier 1)	PA MO; HRM
MARPLAN	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	\$0 (Tier 1)	MO
<i>nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml</i>	\$0 (Tier 1)	MO; HRM

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<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	\$0 (Tier 1)	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 10mg, 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	\$0 (Tier 1)	PA MO; HRM
<i>phenelzine sulfate</i>	\$0 (Tier 1)	MO
<i>protriptyline hcl</i>	\$0 (Tier 1)	PA MO; HRM
<i>sertraline hcl tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>sertraline hcl concentrate</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>tranlycypromine sulfate</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	MO
<i>trazodone hydrochloride tablet 300mg</i>	\$0 (Tier 1)	MO
<i>trimipramine maleate capsule 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	\$0 (Tier 1)	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	\$0 (Tier 1)	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
VIIBRYD STARTER PACK	\$0 (Tier 1)	MO
<i>vilazodone hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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ZURZUVAE CAPSULE 30MG	\$0 (Tier 1)	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	\$0 (Tier 1)	QL (28 EA per 14 days) PA; ACS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>	\$0 (Tier 1)	MO
<i>amantadine hcl capsule</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	\$0 (Tier 1)	MO
<i>benztropine mesylate tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>bromocriptine mesylate capsule, tablet</i>	\$0 (Tier 1)	MO
<i>carbidopa tablet</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa er</i>	\$0 (Tier 1)	MO
<i>carbidopa/levodopa odt</i>	\$0 (Tier 1)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	\$0 (Tier 1)	MO
<i>entacapone</i>	\$0 (Tier 1)	MO
INBRIJA	\$0 (Tier 1)	QL (300 EA per 30 days) PA LA
NEUPRO	\$0 (Tier 1)	MO
<i>pramipexole dihydrochloride immediate release tablet</i>	\$0 (Tier 1)	MO
<i>rasagiline mesylate</i>	\$0 (Tier 1)	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tablet 0.25mg, 3mg</i>	\$0 (Tier 1)	MO
<i>ropinirole hcl immediate release tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	\$0 (Tier 1)	MO
<i>selegiline hcl capsule, tablet</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl hcl oral solution</i>	\$0 (Tier 1)	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	\$0 (Tier 1)	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY MAINTENA	\$0 (Tier 1)	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	\$0 (Tier 1)	HRM

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ARISTADA INJECTION 441MG/1.6ML	\$0 (Tier 1)	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	\$0 (Tier 1)	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	\$0 (Tier 1)	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
CAPLYTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	\$0 (Tier 1)	MO; HRM
<i>chlorpromazine hydrochloride oral concentrate</i>	\$0 (Tier 1)	HRM
<i>chlorpromazine hydrochloride tablet</i>	\$0 (Tier 1)	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	\$0 (Tier 1)	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	\$0 (Tier 1)	HRM
<i>clozapine tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days); HRM
FANAPT	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	\$0 (Tier 1)	PA MO; HRM
<i>fluphenazine decanoate injection</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hcl concentrate, tablet</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hcl injection</i>	\$0 (Tier 1)	MO; HRM
<i>fluphenazine hydrochloride oral elixir</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol decanoate</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol lactate injection</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol tablet</i>	\$0 (Tier 1)	MO; HRM
<i>haloperidol concentrate</i>	\$0 (Tier 1)	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	\$0 (Tier 1)	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	\$0 (Tier 1)	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	\$0 (Tier 1)	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	\$0 (Tier 1)	QL (0.5 ML per 28 days) MO; HRM

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INVEGA SUSTENNA INJECTION 117MG/0.75ML	\$0 (Tier 1)	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	\$0 (Tier 1)	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	\$0 (Tier 1)	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	\$0 (Tier 1)	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	\$0 (Tier 1)	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	\$0 (Tier 1)	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	\$0 (Tier 1)	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	HRM
<i>molindone hydrochloride tablet 25mg</i>	\$0 (Tier 1)	HRM
NUPLAZID	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS HRM
<i>olanzapine odt</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	\$0 (Tier 1)	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	\$0 (Tier 1)	MO; HRM
PERSERIS	\$0 (Tier 1)	QL (1 EA per 30 days); HRM
<i>pimozide</i>	\$0 (Tier 1)	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM

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RISPERDAL CONSTA INJECTION 12.5MG, 25MG	\$0 (Tier 1)	QL (2 EA per 28 days) MO; HRM
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	\$0 (Tier 1)	QL (2 EA per 28 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	\$0 (Tier 1)	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO; HRM
SECUADO	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>thiothixene</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	\$0 (Tier 1)	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	\$0 (Tier 1)	MO; HRM
VERSACLOZ	\$0 (Tier 1)	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	\$0 (Tier 1)	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	\$0 (Tier 1)	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	\$0 (Tier 1)	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRIVIACT TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	\$0 (Tier 1)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	\$0 (Tier 1)	QL (600 ML per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour</i>	\$0 (Tier 1)	MO; HRM

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<i>carbamazepine er tablet extended release 12 hour 100mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine tablet chewable, tablet</i>	\$0 (Tier 1)	MO; HRM
<i>carbamazepine suspension</i>	\$0 (Tier 1)	MO; HRM
<i>clobazam suspension</i>	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
DIACOMIT CAPSULE 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA LA
DIACOMIT PACKET 500MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
DIACOMIT PACKET 250MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	\$0 (Tier 1)	MO; HRM
<i>diazepam concentrate</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam tablet</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	\$0 (Tier 1)	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	\$0 (Tier 1)	MO
DILANTIN INFATABS	\$0 (Tier 1)	MO
DILANTIN-125	\$0 (Tier 1)	MO
<i>divalproex sodium sprinkle capsule</i>	\$0 (Tier 1)	MO

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<i>divalproex sodium dr tablet delayed release</i>	\$0 (Tier 1)	MO
<i>divalproex sodium er tablet extended release 24 hour</i>	\$0 (Tier 1)	MO
EPIDIOLEX	\$0 (Tier 1)	QL (600 ML per 30 days) PA LA; ACS
<i>epitol</i>	\$0 (Tier 1)	HRM
EPRONTIA	\$0 (Tier 1)	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	\$0 (Tier 1)	MO
<i>ethosuximide solution</i>	\$0 (Tier 1)	MO
<i>felbamate</i>	\$0 (Tier 1)	MO
FINTEPLA	\$0 (Tier 1)	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	\$0 (Tier 1)	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	\$0 (Tier 1)	MO
FYCOMPA SUSPENSION	\$0 (Tier 1)	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>gabapentin capsule 100mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin capsule 400mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) MO
<i>gabapentin capsule 300mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>gabapentin solution</i>	\$0 (Tier 1)	QL (2160 ML per 30 days) MO
<i>gabapentin tablet 600mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>gabapentin tablet 800mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>lacosamide injection</i>	\$0 (Tier 1)	
<i>lacosamide oral solution</i>	\$0 (Tier 1)	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	\$0 (Tier 1)	MO
<i>lamotrigine immediate release tablet, chewable tablet</i>	\$0 (Tier 1)	MO
<i>lamotrigine odt tablet 25mg, 50mg, 100mg, 200mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/blue</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/green</i>	\$0 (Tier 1)	MO
<i>lamotrigine starter kit/orange</i>	\$0 (Tier 1)	MO
<i>levetiracetam er</i>	\$0 (Tier 1)	MO
<i>levetiracetam/sodium chloride injection</i>	\$0 (Tier 1)	

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<i>levetiracetam oral solution, tablet</i>	\$0 (Tier 1)	MO
<i>methsuximide</i>	\$0 (Tier 1)	MO
NAYZILAM	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	\$0 (Tier 1)	MO; HRM
<i>oxcarbazepine suspension</i>	\$0 (Tier 1)	MO; HRM
<i>phenobarbital sodium injection</i>	\$0 (Tier 1)	PA; HRM
<i>phenobarbital tablet</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	\$0 (Tier 1)	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	\$0 (Tier 1)	
<i>phenytoin oral suspension, tablet chewable</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium injection</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended release capsule</i>	\$0 (Tier 1)	MO
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>primidone</i>	\$0 (Tier 1)	MO
<i>roweepra</i>	\$0 (Tier 1)	
<i>rufinamide suspension</i>	\$0 (Tier 1)	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	\$0 (Tier 1)	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) PA MO
SPRITAM	\$0 (Tier 1)	MO
<i>subvenite tablet</i>	\$0 (Tier 1)	
<i>subvenite starter kit/blue</i>	\$0 (Tier 1)	
<i>subvenite starter kit/green</i>	\$0 (Tier 1)	
<i>subvenite starter kit/orange</i>	\$0 (Tier 1)	
SYMPAZAN	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	\$0 (Tier 1)	MO
<i>topiramate er</i>	\$0 (Tier 1)	MO
<i>topiramate capsule sprinkle</i>	\$0 (Tier 1)	MO
<i>topiramate tablet 100mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO

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<i>valproate sodium injection</i>	\$0 (Tier 1)	
<i>valproic acid capsule, oral solution</i>	\$0 (Tier 1)	MO
VALTOCO 10 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
<i>vigadrone</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
<i>vigpoder</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA
XCOPRI TITRATION PACK 12.5MG; 25MG	\$0 (Tier 1)	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	\$0 (Tier 1)	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG; 100MG, 200MG; 150MG	\$0 (Tier 1)	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 50MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ZONISADE	\$0 (Tier 1)	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	\$0 (Tier 1)	MO
<i>zonisamide capsule 50mg</i>	\$0 (Tier 1)	MO; HRM
ZTALMY	\$0 (Tier 1)	QL (1100 ML per 30 days) PA LA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 5mg, 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 2mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd extended release capsule 10mg, 20mg, 30mg, 50mg, 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride extended release capsule 24 hour (generic Ritalin LA) 60mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er capsule extended release 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 45MG, 63MG, 72MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride immediate release tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	\$0 (Tier 1)	QL (180 EA per 30 days) MO

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<i>methylphenidate hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days) MO
VYVANSE	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
HETLIOZ LQ ORAL SUSPENSION	\$0 (Tier 1)	QL (158 ML per 30 days) PA LA
<i>tasimelteon</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate immediate release tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	\$0 (Tier 1)	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection</i>	\$0 (Tier 1)	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	\$0 (Tier 1)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	\$0 (Tier 1)	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
NURTEC	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO
QULIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	\$0 (Tier 1)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	\$0 (Tier 1)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	\$0 (Tier 1)	QL (9 EA per 30 days) MO
UBRELVY	\$0 (Tier 1)	QL (16 EA per 30 days) PA MO

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MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT	\$0 (Tier 1)	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
AUSTEDO TABLET 6MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
LITHIUM	\$0 (Tier 1)	MO
<i>lithium carbonate capsule, tablet</i>	\$0 (Tier 1)	MO
<i>lithium carbonate er tablet</i>	\$0 (Tier 1)	MO
NUEDEXTA	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide immediate release tablet 60mg</i>	\$0 (Tier 1)	MO
<i>pyridostigmine bromide er tablet</i>	\$0 (Tier 1)	MO
<i>riluzole</i>	\$0 (Tier 1)	MO
<i>tetrabenazine tablet 25mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
<i>tetrabenazine tablet 12.5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA LA; ACS
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
AVONEX	\$0 (Tier 1)	QL (1 EA per 28 days) PA; ACS
AVONEX PEN	\$0 (Tier 1)	QL (1 EA per 28 days) PA; ACS
BETASERON	\$0 (Tier 1)	QL (14 EA per 28 days) PA; ACS
COPAXONE INJECTION 40MG/ML	\$0 (Tier 1)	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	\$0 (Tier 1)	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er</i>	\$0 (Tier 1)	PA; ACS
<i>fingolimod hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
KESIMPTA	\$0 (Tier 1)	QL (6.4 ML per 365 days) PA LA; ACS

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TECFIDERA STARTER PACK	\$0 (Tier 1)	QL (120 EA per 365 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 120MG	\$0 (Tier 1)	QL (14 EA per 7 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 240MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
VUMERITY	\$0 (Tier 1)	QL (120 EA per 30 days) PA LA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet</i>	\$0 (Tier 1)	MO
<i>chlorzoxazone tablet 500mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	\$0 (Tier 1)	MO
<i>tizanidine hcl tablet 2mg, 4mg</i>	\$0 (Tier 1)	MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	\$0 (Tier 1)	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	\$0 (Tier 1)	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	\$0 (Tier 1)	MO
<i>buprenorphine hcl sublingual tablet 2mg, 8mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>disulfiram</i>	\$0 (Tier 1)	MO
<i>naloxone hcl injection 2mg/2ml</i>	\$0 (Tier 1)	
<i>naloxone hcl injection 4mg/10ml</i>	\$0 (Tier 1)	MO
<i>naloxone hydrochloride nasal spray</i>	\$0 (Tier 1)	MO

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<i>naloxone hydrochloride cartridge injection 0.4mg/ml</i>	\$0 (Tier 1)	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	\$0 (Tier 1)	MO
<i>naltrexone hcl tablet</i>	\$0 (Tier 1)	MO
NICOTROL INHALER	\$0 (Tier 1)	MO
NICOTROL NASAL SPRAY	\$0 (Tier 1)	QL (360 ML per 365 days) MO
OPVEE	\$0 (Tier 1)	
VARENICLINE STARTING MONTH BOX	\$0 (Tier 1)	PA MO
VARENICLINE TARTRATE TABLET 1MG, 0.5MG	\$0 (Tier 1)	PA MO
VIVITROL	\$0 (Tier 1)	ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>methyltestosterone capsule</i>	\$0 (Tier 1)	PA MO
<i>oxandrolone tablet 2.5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO
<i>oxandrolone tablet 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate injection</i>	\$0 (Tier 1)	MO
<i>testosterone enanthate injection</i>	\$0 (Tier 1)	PA MO
<i>testosterone pump gel 1%</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	\$0 (Tier 1)	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	\$0 (Tier 1)	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	\$0 (Tier 1)	MO
ADMELOG SOLOSTAR	\$0 (Tier 1)	MO
BD ALCOHOL SWABS	\$0 (Tier 1)	MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	MO
BASAGLAR KWIKPEN	\$0 (Tier 1)	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (Tier 1)	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	\$0 (Tier 1)	MO

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BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	\$0 (Tier 1)	MO
CURITY GAUZE PADS 2"X2" 12 PLY	\$0 (Tier 1)	MO
FIASP	\$0 (Tier 1)	MO
FIASP FLEXTOUCH	\$0 (Tier 1)	MO
FIASP PENFILL	\$0 (Tier 1)	MO
FIASP PUMPCART	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 1)	B/D MO
HUMULIN R U-500 KWIKPEN	\$0 (Tier 1)	MO
LANTUS	\$0 (Tier 1)	MO
LANTUS SOLOSTAR	\$0 (Tier 1)	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 1)	MO
NOVOLOG PENFILL	\$0 (Tier 1)	MO
SOLIQUA 100/33	\$0 (Tier 1)	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	\$0 (Tier 1)	MO
TOUJEO SOLOSTAR	\$0 (Tier 1)	MO
TRESIBA	\$0 (Tier 1)	MO
TRESIBA FLEXTOUCH	\$0 (Tier 1)	MO
XULTOPHY 100/3.6	\$0 (Tier 1)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO

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BYDUREON BCISE	\$0 (Tier 1)	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	\$0 (Tier 1)	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	\$0 (Tier 1)	QL (2.4 ML per 30 days) PA MO
FARXIGA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JANUVIA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JARDIANCE	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO	\$0 (Tier 1)	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Fortamet and Glumetza) 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) PA MO

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<i>metformin hydrochloride tablet 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>migliitol</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	\$0 (Tier 1)	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	\$0 (Tier 1)	QL (4 ML per 365 days) PA MO
<i>nateglinide</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/1.5ML	\$0 (Tier 1)	QL (1.5 ML per 28 days) PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	\$0 (Tier 1)	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl tablet 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
RYBELSUS	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	\$0 (Tier 1)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	\$0 (Tier 1)	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	\$0 (Tier 1)	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRADJENTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TRULICITY	\$0 (Tier 1)	QL (2 ML per 28 days) PA MO

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XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium oral solution</i>	\$0 (Tier 1)	MO
<i>alendronate sodium tablet 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	\$0 (Tier 1)	MO
<i>ibandronate sodium tablet</i>	\$0 (Tier 1)	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	\$0 (Tier 1)	QL (3 ML per 90 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	\$0 (Tier 1)	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	\$0 (Tier 1)	
PROLIA	\$0 (Tier 1)	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
TERIPARATIDE INJ 620 MCG/2.48 ML (BRAND BY ALVOGEN)	\$0 (Tier 1)	PA; ACS
XGEVA	\$0 (Tier 1)	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	\$0 (Tier 1)	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	\$0 (Tier 1)	ACS
CHELATING AGENTS		
CHEMET	\$0 (Tier 1)	MO
<i>deferasirox packet</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 90mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 180mg</i>	\$0 (Tier 1)	PA; ACS
<i>deferasirox tablet 360mg</i>	\$0 (Tier 1)	PA; ACS
<i>penicillamine tablet</i>	\$0 (Tier 1)	ACS
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	MO
<i>sps oral suspension 15gm/60ml</i>	\$0 (Tier 1)	MO

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<i>trientine hydrochloride capsule 500mg</i>	\$0 (Tier 1)	PA
<i>trientine hydrochloride capsule 250mg</i>	\$0 (Tier 1)	PA; ACS
VELTASSA PACKET 16.8GM, 25.2GM	\$0 (Tier 1)	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	\$0 (Tier 1)	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
<i>afirmelle</i>	\$0 (Tier 1)	
<i>altavera</i>	\$0 (Tier 1)	
<i>alyacen 1/35</i>	\$0 (Tier 1)	MO
<i>alyacen 7/7/7</i>	\$0 (Tier 1)	
<i>amethia</i>	\$0 (Tier 1)	
<i>amethyst</i>	\$0 (Tier 1)	
<i>apri</i>	\$0 (Tier 1)	
<i>aranelle</i>	\$0 (Tier 1)	MO
<i>ashlyna</i>	\$0 (Tier 1)	
<i>aubra eq</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela 1/20</i>	\$0 (Tier 1)	
<i>aurovela 24 fe</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20</i>	\$0 (Tier 1)	MO
<i>aviane</i>	\$0 (Tier 1)	
<i>ayuna</i>	\$0 (Tier 1)	
<i>azurette</i>	\$0 (Tier 1)	
<i>balziva</i>	\$0 (Tier 1)	
<i>blisovi 24 fe</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1.5/30</i>	\$0 (Tier 1)	MO
<i>blisovi fe 1/20</i>	\$0 (Tier 1)	
<i>briellyn</i>	\$0 (Tier 1)	
<i>camila</i>	\$0 (Tier 1)	MO
CAMRESE	\$0 (Tier 1)	
CAMRESE LO	\$0 (Tier 1)	
<i>charlotte 24 fe</i>	\$0 (Tier 1)	
<i>chateal eq</i>	\$0 (Tier 1)	
<i>cryselle-28</i>	\$0 (Tier 1)	MO
<i>cyred</i>	\$0 (Tier 1)	
<i>cyred eq</i>	\$0 (Tier 1)	

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<i>dasetta 1/35</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7</i>	\$0 (Tier 1)	
<i>daysee</i>	\$0 (Tier 1)	
<i>deblitane</i>	\$0 (Tier 1)	
<i>delyla</i>	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104	\$0 (Tier 1)	MO
<i>desogestrel/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>dolishale</i>	\$0 (Tier 1)	
<i>drosiprone/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>drosiprone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 1)	MO
<i>elinest</i>	\$0 (Tier 1)	
<i>eluryng</i>	\$0 (Tier 1)	
<i>enilloring</i>	\$0 (Tier 1)	
<i>enpresse-28</i>	\$0 (Tier 1)	
<i>enskyce</i>	\$0 (Tier 1)	MO
<i>errin</i>	\$0 (Tier 1)	MO
<i>estarylla</i>	\$0 (Tier 1)	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>falmina</i>	\$0 (Tier 1)	
<i>fayosim</i>	\$0 (Tier 1)	
<i>femynor</i>	\$0 (Tier 1)	
<i>finzala</i>	\$0 (Tier 1)	
<i>hailey 1.5/30</i>	\$0 (Tier 1)	MO
<i>hailey 24 fe</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30</i>	\$0 (Tier 1)	
<i>hailey fe 1/20</i>	\$0 (Tier 1)	
<i>haloette</i>	\$0 (Tier 1)	
<i>heather</i>	\$0 (Tier 1)	MO
<i>iclevia</i>	\$0 (Tier 1)	
<i>incassia</i>	\$0 (Tier 1)	
<i>introvale</i>	\$0 (Tier 1)	
<i>isibloom</i>	\$0 (Tier 1)	
<i>jaimiess</i>	\$0 (Tier 1)	
<i>jasmiel</i>	\$0 (Tier 1)	
<i>jencycla</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JOLESSA	\$0 (Tier 1)	
<i>juleber</i>	\$0 (Tier 1)	
<i>junel 1.5/30</i>	\$0 (Tier 1)	
<i>junel 1/20</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30</i>	\$0 (Tier 1)	MO
<i>junel fe 1/20</i>	\$0 (Tier 1)	MO
<i>junel fe 24</i>	\$0 (Tier 1)	
<i>kaitlib fe</i>	\$0 (Tier 1)	MO
<i>kalliga</i>	\$0 (Tier 1)	
<i>kariva</i>	\$0 (Tier 1)	
<i>kelnor 1/35</i>	\$0 (Tier 1)	MO
<i>kelnor 1/50</i>	\$0 (Tier 1)	MO
<i>kurvelo</i>	\$0 (Tier 1)	
<i>larin 1.5/30</i>	\$0 (Tier 1)	
<i>larin 1/20</i>	\$0 (Tier 1)	
<i>larin 24 fe</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30</i>	\$0 (Tier 1)	
<i>larin fe 1/20</i>	\$0 (Tier 1)	
LEENA	\$0 (Tier 1)	
<i>lessina</i>	\$0 (Tier 1)	
<i>levonest</i>	\$0 (Tier 1)	
<i>levonorgestrel and ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>levonorgestrel/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>levora 0.15/30-28</i>	\$0 (Tier 1)	
<i>lo-zumandimine</i>	\$0 (Tier 1)	MO
<i>loestrin 1.5/30-21</i>	\$0 (Tier 1)	
<i>loestrin 1/20-21</i>	\$0 (Tier 1)	
<i>loestrin fe 1.5/30</i>	\$0 (Tier 1)	
<i>loestrin fe 1/20</i>	\$0 (Tier 1)	
<i>lojaimiess</i>	\$0 (Tier 1)	MO
<i>loryna</i>	\$0 (Tier 1)	
<i>low-ogestrel</i>	\$0 (Tier 1)	
<i>lutra</i>	\$0 (Tier 1)	MO
<i>lyleq</i>	\$0 (Tier 1)	
<i>lyza</i>	\$0 (Tier 1)	
<i>marlissa</i>	\$0 (Tier 1)	MO

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<i>medroxyprogesterone acetate injection 150mg/ml</i>	\$0 (Tier 1)	MO
<i>mibelas 24 fe</i>	\$0 (Tier 1)	
MICROGESTIN 1.5/30	\$0 (Tier 1)	
MICROGESTIN 1/20	\$0 (Tier 1)	
<i>microgestin 24 fe</i>	\$0 (Tier 1)	
MICROGESTIN FE 1.5/30	\$0 (Tier 1)	
MICROGESTIN FE 1/20	\$0 (Tier 1)	
<i>mili</i>	\$0 (Tier 1)	
<i>mono-linyah</i>	\$0 (Tier 1)	
<i>necon 0.5/35-28</i>	\$0 (Tier 1)	
<i>nikki</i>	\$0 (Tier 1)	
NORA-BE	\$0 (Tier 1)	
<i>norethindrone tablet 0.35mg</i>	\$0 (Tier 1)	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate chewable tablet 25mcg; 75mg; 0.8mg</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable, tablet</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 1)	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate chewable tablet 35mcg; 75mg; 0.4mg</i>	\$0 (Tier 1)	MO
<i>norgestimate/ethinyl estradiol</i>	\$0 (Tier 1)	MO
<i>norlyda</i>	\$0 (Tier 1)	
<i>norlyroc</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 1)	MO
<i>nortrel 1/35 28-day regimen</i>	\$0 (Tier 1)	
<i>nortrel 1/35 21-day regimen</i>	\$0 (Tier 1)	MO
<i>nortrel 7/7/7</i>	\$0 (Tier 1)	
<i>nylia 1/35</i>	\$0 (Tier 1)	
<i>nylia 7/7/7</i>	\$0 (Tier 1)	MO
<i>nymyo</i>	\$0 (Tier 1)	
OCELLA	\$0 (Tier 1)	
<i>orsythia</i>	\$0 (Tier 1)	
<i>philith</i>	\$0 (Tier 1)	
<i>pimtrea</i>	\$0 (Tier 1)	
<i>pirmella 1/35</i>	\$0 (Tier 1)	MO

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<i>pirmella 7/7/7</i>	\$0 (Tier 1)	MO
<i>portia-28</i>	\$0 (Tier 1)	
<i>reclipsen</i>	\$0 (Tier 1)	
RIVELSA	\$0 (Tier 1)	
<i>setlakin</i>	\$0 (Tier 1)	
<i>sharobel</i>	\$0 (Tier 1)	
<i>simliya</i>	\$0 (Tier 1)	
<i>simpesse</i>	\$0 (Tier 1)	MO
<i>sprintec 28</i>	\$0 (Tier 1)	
<i>sronyx</i>	\$0 (Tier 1)	MO
<i>syeda</i>	\$0 (Tier 1)	
<i>tarina 24 fe</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq</i>	\$0 (Tier 1)	
TILIA FE	\$0 (Tier 1)	
<i>tri femynor</i>	\$0 (Tier 1)	
<i>tri-estarylla</i>	\$0 (Tier 1)	MO
<i>tri-legest fe</i>	\$0 (Tier 1)	MO
<i>tri-linyah</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla</i>	\$0 (Tier 1)	
<i>tri-lo-marzia</i>	\$0 (Tier 1)	
<i>tri-lo-mili</i>	\$0 (Tier 1)	MO
<i>tri-lo-sprintec</i>	\$0 (Tier 1)	MO
<i>tri-mili</i>	\$0 (Tier 1)	
<i>tri-nymyo</i>	\$0 (Tier 1)	
<i>tri-sprintec</i>	\$0 (Tier 1)	
<i>tri-vylibra</i>	\$0 (Tier 1)	
<i>tri-vylibra lo</i>	\$0 (Tier 1)	
<i>trivora-28</i>	\$0 (Tier 1)	MO
<i>turqoz</i>	\$0 (Tier 1)	
<i>tydemy</i>	\$0 (Tier 1)	
<i>velivet</i>	\$0 (Tier 1)	MO
<i>vestura</i>	\$0 (Tier 1)	
<i>vienva</i>	\$0 (Tier 1)	
<i>viorele</i>	\$0 (Tier 1)	MO
<i>volnea</i>	\$0 (Tier 1)	MO
<i>vyfemla</i>	\$0 (Tier 1)	MO

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<i>vylibra</i>	\$0 (Tier 1)	
<i>wera</i>	\$0 (Tier 1)	
<i>wymzya fe</i>	\$0 (Tier 1)	
<i>zovia 1/35</i>	\$0 (Tier 1)	
<i>zumandimine</i>	\$0 (Tier 1)	
ENDOMETRIOSIS		
<i>danazol capsule</i>	\$0 (Tier 1)	MO
SYNAREL	\$0 (Tier 1)	MO
ESTROGENS		
<i>amabelz</i>	\$0 (Tier 1)	MO
<i>dotti patch twice weekly 0.025mg/24hr; 0.1mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
<i>dotti patch twice weekly 0.0375mg/24hr; 0.05mg/24hr; 0.075mg/24hr</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
DUAVEE	\$0 (Tier 1)	MO
<i>estradiol valerate injection</i>	\$0 (Tier 1)	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	\$0 (Tier 1)	MO
<i>estradiol oral tablet</i>	\$0 (Tier 1)	MO
<i>estradiol vaginal cream, vaginal tablet</i>	\$0 (Tier 1)	MO
<i>estradiol patch weekly</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	\$0 (Tier 1)	QL (8 EA per 28 days) MO
ESTRING	\$0 (Tier 1)	QL (1 EA per 90 days) MO
<i>fyavolv</i>	\$0 (Tier 1)	MO
<i>jinteli</i>	\$0 (Tier 1)	
<i>lyllana</i>	\$0 (Tier 1)	QL (8 EA per 28 days)
<i>mimvey</i>	\$0 (Tier 1)	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 1)	MO
PREMARIN	\$0 (Tier 1)	MO
PREMPRO	\$0 (Tier 1)	MO
<i>yuvafem</i>	\$0 (Tier 1)	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 (Tier 1)	MO
<i>dexamethasone tablet, oral solution, oral elixir</i>	\$0 (Tier 1)	MO

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<i>fludrocortisone acetate tablet</i>	\$0 (Tier 1)	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
<i>methylprednisolone acetate injection</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone dose pack</i>	\$0 (Tier 1)	MO
<i>methylprednisolone sodium succinate injection 1000mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone sodium succinate injection 125mg, 40mg</i>	\$0 (Tier 1)	B/D MO
<i>methylprednisolone tablet</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone oral solution 15mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	\$0 (Tier 1)	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 1)	B/D MO
PREDNISON	\$0 (Tier 1)	B/D MO
<i>prednisone tablet</i>	\$0 (Tier 1)	B/D MO
<i>prednisone tablet therapy pack</i>	\$0 (Tier 1)	MO
<i>prednisone solution</i>	\$0 (Tier 1)	B/D MO
SOLU-CORTEF	\$0 (Tier 1)	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	\$0 (Tier 1)	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral suspension</i>	\$0 (Tier 1)	MO
GVOKE HYPOPEN 1-PACK	\$0 (Tier 1)	MO
GVOKE HYPOPEN 2-PACK	\$0 (Tier 1)	MO
GVOKE KIT	\$0 (Tier 1)	MO
GVOKE PFS	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	\$0 (Tier 1)	
<i>betaine anhydrous</i>	\$0 (Tier 1)	LA
<i>cabergoline</i>	\$0 (Tier 1)	MO
<i>carglumic acid</i>	\$0 (Tier 1)	PA LA
CERDELGA	\$0 (Tier 1)	PA LA; ACS
<i>cinacalcet hydrochloride tablet 30mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days); ACS
CYSTAGON	\$0 (Tier 1)	PA LA; ACS

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<i>desmopressin acetate tablet</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate nasal solution</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	\$0 (Tier 1)	MO
<i>desmopressin acetate injection 4mcg/ml</i>	\$0 (Tier 1)	MO
<i>fomepizole</i>	\$0 (Tier 1)	
GENOTROPIN CARTRIDGE 12MG, 5MG	\$0 (Tier 1)	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	\$0 (Tier 1)	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 1)	PA; ACS
INCRELEX	\$0 (Tier 1)	PA LA; ACS
<i>javygtor</i>	\$0 (Tier 1)	PA LA
KORLYM	\$0 (Tier 1)	PA LA
LEVOCARNITINE TABLET	\$0 (Tier 1)	MO
<i>levocarnitine injection</i>	\$0 (Tier 1)	
<i>levocarnitine oral solution</i>	\$0 (Tier 1)	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	\$0 (Tier 1)	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	\$0 (Tier 1)	PA; ACS
<i>methergine</i>	\$0 (Tier 1)	
<i>methylergonovine maleate tablet</i>	\$0 (Tier 1)	MO
<i>mifepristone</i>	\$0 (Tier 1)	PA; ACS
<i>nitisinone</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	\$0 (Tier 1)	PA; ACS
<i>raloxifene hydrochloride</i>	\$0 (Tier 1)	MO
SANDOSTATIN LAR DEPOT KIT	\$0 (Tier 1)	PA; ACS
<i>sapropterin dihydrochloride</i>	\$0 (Tier 1)	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 1)	PA LA
<i>sodium phenylbutyrate tablet, oral powder</i>	\$0 (Tier 1)	PA; ACS
SOMATULINE DEPOT	\$0 (Tier 1)	PA LA; ACS
SOMAVERT INJECTION	\$0 (Tier 1)	PA LA; ACS

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PHOSPHATE BINDER AGENTS		
<i>calcium acetate capsule, tablet 667mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	\$0 (Tier 1)	MO
PROGESTINS		
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 40mg/ml</i>	\$0 (Tier 1)	MO
<i>megestrol acetate suspension 625mg/5ml</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate tablet 5mg</i>	\$0 (Tier 1)	MO
<i>progesterone capsule</i>	\$0 (Tier 1)	MO
<i>progesterone injection</i>	\$0 (Tier 1)	MO
THYROID AGENTS		
<i>euthyrox</i>	\$0 (Tier 1)	MO
<i>levo-t</i>	\$0 (Tier 1)	
<i>levothyroxine sodium tablet</i>	\$0 (Tier 1)	MO
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/ML, 200MCG/5ML, 500MCG/5ML	\$0 (Tier 1)	
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/5ML	\$0 (Tier 1)	
<i>levoxyl</i>	\$0 (Tier 1)	MO
<i>liothyronine sodium tablet</i>	\$0 (Tier 1)	MO
<i>liothyronine sodium injection</i>	\$0 (Tier 1)	
<i>methimazole tablet</i>	\$0 (Tier 1)	MO
<i>propylthiouracil tablet</i>	\$0 (Tier 1)	MO
SYNTHROID	\$0 (Tier 1)	MO
<i>unithroid</i>	\$0 (Tier 1)	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	\$0 (Tier 1)	MO
<i>calcitriol injection 1mcg/ml</i>	\$0 (Tier 1)	
<i>calcitriol oral solution 1mcg/ml</i>	\$0 (Tier 1)	MO
<i>doxercalciferol injection</i>	\$0 (Tier 1)	
<i>paricalcitol</i>	\$0 (Tier 1)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	\$0 (Tier 1)	B/D MO

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<i>aprepitant capsule 125mg</i>	\$0 (Tier 1)	B/D MO
<i>compro</i>	\$0 (Tier 1)	MO; HRM
DIMENHYDRINATE INJECTION	\$0 (Tier 1)	
<i>dronabinol</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSPENSION	\$0 (Tier 1)	B/D
<i>granisetron hydrochloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	\$0 (Tier 1)	MO; HRM
<i>meclizine hydrochloride</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl tablet 5mg</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl oral solution</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride tablet 10mg</i>	\$0 (Tier 1)	MO
<i>metoclopramide hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>metoclopramide odt</i>	\$0 (Tier 1)	MO
<i>ondansetron hcl tablet 24mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl oral solution</i>	\$0 (Tier 1)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	\$0 (Tier 1)	B/D MO
<i>ondansetron hydrochloride injection</i>	\$0 (Tier 1)	MO
<i>ondansetron odt</i>	\$0 (Tier 1)	B/D MO
<i>prochlorperazine edisylate injection</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine maleate tablet</i>	\$0 (Tier 1)	MO; HRM
<i>prochlorperazine rectal suppository</i>	\$0 (Tier 1)	MO; HRM
<i>promethazine hcl tablet 12.5mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hcl injection, suppository</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride plain</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 12.5mg, 50mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>promethegan suppository 25mg</i>	\$0 (Tier 1)	PA; HRM
SANCUSO	\$0 (Tier 1)	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	\$0 (Tier 1)	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule</i>	\$0 (Tier 1)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>dicyclomine hydrochloride injection</i>	\$0 (Tier 1)	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	\$0 (Tier 1)	MO

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<i>glycopyrrolate oral solution</i>	\$0 (Tier 1)	MO
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate injection 0.2mg/ml (vial), 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 1)	MO
<i>methscopolamine bromide tablet</i>	\$0 (Tier 1)	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	\$0 (Tier 1)	MO
<i>famotidine premixed injection 20mg/50ml</i>	\$0 (Tier 1)	
<i>famotidine tablet</i>	\$0 (Tier 1)	MO
<i>famotidine injection</i>	\$0 (Tier 1)	
<i>famotidine oral suspension reconstituted</i>	\$0 (Tier 1)	MO
<i>nizatidine</i>	\$0 (Tier 1)	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	\$0 (Tier 1)	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	\$0 (Tier 1)	MO
<i>budesonide capsule delayed release particles 3mg</i>	\$0 (Tier 1)	MO
<i>hydrocortisone enema 100mg/60ml</i>	\$0 (Tier 1)	MO
<i>mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg</i>	\$0 (Tier 1)	MO
<i>mesalamine suppository</i>	\$0 (Tier 1)	MO
<i>mesalamine enema, kit</i>	\$0 (Tier 1)	MO
<i>sulfasalazine tablet, delayed release tablet</i>	\$0 (Tier 1)	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	\$0 (Tier 1)	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	\$0 (Tier 1)	MO
<i>constulose</i>	\$0 (Tier 1)	MO
<i>enulose</i>	\$0 (Tier 1)	MO
<i>gavilyte-c</i>	\$0 (Tier 1)	MO
<i>gavilyte-g</i>	\$0 (Tier 1)	MO
<i>generlac</i>	\$0 (Tier 1)	
GOLYTELY	\$0 (Tier 1)	MO
KRISTALOSE	\$0 (Tier 1)	PA MO
<i>lactulose oral solution (constipation)</i>	\$0 (Tier 1)	MO
<i>peg-3350/electrolytes</i>	\$0 (Tier 1)	MO

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<i>peg-3350/nacl/na bicarbonate/kcl</i>	\$0 (Tier 1)	MO
PLENVU	\$0 (Tier 1)	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	\$0 (Tier 1)	MO
SUPREP BOWEL PREP KIT	\$0 (Tier 1)	MO
SUTAB	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>alosetron hydrochloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	\$0 (Tier 1)	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	\$0 (Tier 1)	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	\$0 (Tier 1)	MO; HRM
GATTEX	\$0 (Tier 1)	PA LA; ACS
LINZESS	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>loperamide hcl capsule</i>	\$0 (Tier 1)	MO
<i>misoprostol tablet</i>	\$0 (Tier 1)	MO
MOVANTIK TABLET 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	\$0 (Tier 1)	MO
<i>sucralfate tablet</i>	\$0 (Tier 1)	MO
<i>ursodiol capsule 300mg</i>	\$0 (Tier 1)	MO
<i>ursodiol tablet</i>	\$0 (Tier 1)	MO
XERMELO	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
XIFAXAN TABLET 550MG	\$0 (Tier 1)	PA MO
PANCREATIC ENZYMES		
CREON	\$0 (Tier 1)	MO
ZENPEP	\$0 (Tier 1)	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	\$0 (Tier 1)	
<i>lansoprazole capsule delayed release 15mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	\$0 (Tier 1)	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 20mg, 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	\$0 (Tier 1)	
<i>pantoprazole sodium tablet delayed release 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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<i> pantoprazole sodium tablet delayed release 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i> rabeprazole sodium delayed release tablet 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
GENITOURINARY		
<i>BENIGN PROSTATIC HYPERPLASIA</i>		
<i> alfuzosin hcl er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i> dutasteride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i> dutasteride/tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i> finasteride tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i> silodosin capsule 8mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i> silodosin capsule 4mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i> tamsulosin hydrochloride</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>MISCELLANEOUS</i>		
<i> acetic acid 0.25% irrigation solution</i>	\$0 (Tier 1)	MO
<i> bethanechol chloride tablet</i>	\$0 (Tier 1)	MO
ELMIRON	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i> potassium citrate er tablet extended release 540mg</i>	\$0 (Tier 1)	MO
<i> potassium citrate er tablet extended release 1080mg, 15meq</i>	\$0 (Tier 1)	MO
<i>URINARY ANTISPASMODICS</i>		
<i> fesoterodine fumarate er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
GEMTESA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	\$0 (Tier 1)	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	\$0 (Tier 1)	QL (300 ML per 28 days) MO
<i> oxybutynin chloride er tablet extended release 24 hour 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i> oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i> oxybutynin chloride tablet 5mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO; HRM
<i> oxybutynin chloride solution</i>	\$0 (Tier 1)	QL (600 ML per 30 days) MO; HRM
<i> solifenacin succinate</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i> tolterodine tartrate tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i> tolterodine tartrate er capsule</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM
<i> trospium chloride tablet</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO; HRM
<i> trospium chloride er capsule</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO; HRM

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VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (Tier 1)	MO
<i>metronidazole vaginal gel 0.75%</i>	\$0 (Tier 1)	MO
<i>miconazole 3 vaginal suppository</i>	\$0 (Tier 1)	MO
<i>terconazole cream</i>	\$0 (Tier 1)	MO
<i>terconazole suppository</i>	\$0 (Tier 1)	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	\$0 (Tier 1)	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	\$0 (Tier 1)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	\$0 (Tier 1)	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/4ML	\$0 (Tier 1)	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 (Tier 1)	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 (Tier 1)	MO
HEPARIN SODIUM/D5W INJECTION 20000UNIT/500ML, 25000UNIT/500ML	\$0 (Tier 1)	
HEPARIN SODIUM/DEXTROSE INJECTION 25000UNIT/250ML (100UNIT/ML)	\$0 (Tier 1)	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	\$0 (Tier 1)	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	\$0 (Tier 1)	MO
<i>jantoven</i>	\$0 (Tier 1)	MO
<i>warfarin sodium</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK	\$0 (Tier 1)	QL (51 EA per 30 days) MO

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XARELTO ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 1)	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	\$0 (Tier 1)	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	\$0 (Tier 1)	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 1)	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	\$0 (Tier 1)	PA; ACS
ZARXIO	\$0 (Tier 1)	PA; ACS
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	\$0 (Tier 1)	MO
BERINERT	\$0 (Tier 1)	QL (24 EA per 30 days) PA LA; ACS
<i>cilostazol</i>	\$0 (Tier 1)	MO
DOPTELET	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
DROXIA	\$0 (Tier 1)	MO
ENDARI PACKET FOR ORAL SOLUTION	\$0 (Tier 1)	PA LA; ACS
HAEGARDA INJECTION 3000UNIT	\$0 (Tier 1)	QL (20 EA per 30 days) PA LA; ACS
HAEGARDA INJECTION 2000UNIT	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
<i>icatibant acetate</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA; ACS
<i>pentoxifylline er</i>	\$0 (Tier 1)	MO
PROMACTA PACKET 25MG	\$0 (Tier 1)	QL (180 EA per 30 days) PA LA; ACS
PROMACTA PACKET 12.5MG	\$0 (Tier 1)	QL (360 EA per 30 days) PA LA; ACS
PROMACTA TABLET 12.5MG, 25MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA; ACS
PROMACTA TABLET 50MG, 75MG	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
<i>sajazir</i>	\$0 (Tier 1)	QL (27 ML per 30 days) PA LA
<i>tranexamic acid/sodium chloride</i>	\$0 (Tier 1)	
<i>tranexamic acid tablet</i>	\$0 (Tier 1)	MO
<i>tranexamic acid injection</i>	\$0 (Tier 1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (Tier 1)	MO
<i>clopidogrel tablet 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	\$0 (Tier 1)	QL (2 EA per 365 days) MO
<i>dipyridamole tablet</i>	\$0 (Tier 1)	PA MO

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<i>prasugrel</i>	\$0 (Tier 1)	MO
IMMUNOLOGIC AGENTS		
<i>AUTOIMMUNE AGENTS</i>		
ADALIMUMAB-AACF (2 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
DUPIXENT INJECTION 100MG/0.67ML	\$0 (Tier 1)	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	\$0 (Tier 1)	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	\$0 (Tier 1)	QL (8 ML per 28 days) PA; ACS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	\$0 (Tier 1)	PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	\$0 (Tier 1)	PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	\$0 (Tier 1)	PA; ACS
HUMIRA PEN-PS/UV STARTER	\$0 (Tier 1)	PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	\$0 (Tier 1)	PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	\$0 (Tier 1)	QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	\$0 (Tier 1)	QL (2 EA per 28 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	\$0 (Tier 1)	QL (6 EA per 28 days) PA; ACS
IDACIO (2 PEN)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	\$0 (Tier 1)	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	\$0 (Tier 1)	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	\$0 (Tier 1)	PA; ACS
KEVZARA	\$0 (Tier 1)	QL (2.28 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	\$0 (Tier 1)	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
RINVOQ	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	\$0 (Tier 1)	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	\$0 (Tier 1)	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	\$0 (Tier 1)	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	\$0 (Tier 1)	QL (60 ML per 365 days) PA; ACS

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STELARA INJECTION 45MG/0.5ML VIAL	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA LA; ACS
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	\$0 (Tier 1)	QL (0.5 ML per 28 days) PA; ACS
STELARA SC INJECTION 90MG/ML PREFILLED SYRINGE	\$0 (Tier 1)	QL (1 ML per 28 days) PA; ACS
STELARA IV INJECTION 130MG/26ML	\$0 (Tier 1)	QL (208 ML per 365 days) PA LA; ACS
TALTZ	\$0 (Tier 1)	QL (3 ML per 28 days) PA LA; ACS
XELJANZ XR	\$0 (Tier 1)	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	\$0 (Tier 1)	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA; ACS
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate tablet 200mg</i>	\$0 (Tier 1)	MO
<i>leflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	\$0 (Tier 1)	MO
XATMEP	\$0 (Tier 1)	MO
<i>IMMUNOGLOBULINS</i>		
GAMASTAN	\$0 (Tier 1)	B/D LA; ACS
GAMMAKED	\$0 (Tier 1)	PA; ACS
GAMUNEX-C	\$0 (Tier 1)	PA; ACS
OCTAGAM	\$0 (Tier 1)	PA; ACS
PRIVIGEN	\$0 (Tier 1)	PA; ACS
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE	\$0 (Tier 1)	PA LA; ACS
ARCALYST	\$0 (Tier 1)	PA LA; ACS
<i>IMMUNOSUPPRESSANTS</i>		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	\$0 (Tier 1)	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	\$0 (Tier 1)	B/D MO
AZATHIOPRINE INJECTION	\$0 (Tier 1)	B/D
<i>azathioprine tablet 50mg</i>	\$0 (Tier 1)	B/D MO
BENLYSTA	\$0 (Tier 1)	PA LA; ACS
<i>cyclosporine capsule, iv solution</i>	\$0 (Tier 1)	B/D MO
<i>cyclosporine modified capsule, modified oral solution</i>	\$0 (Tier 1)	B/D MO

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<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	\$0 (Tier 1)	B/D MO
<i>engraf capsule</i>	\$0 (Tier 1)	B/D
<i>engraf solution</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil injection</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$0 (Tier 1)	B/D MO
<i>mycophenolic acid delayed release tablet</i>	\$0 (Tier 1)	B/D MO
NULOJIX	\$0 (Tier 1)	B/D
PROGRAF GRANULES	\$0 (Tier 1)	B/D MO
REZUROCK	\$0 (Tier 1)	QL (30 EA per 30 days) PA LA
SANDIMMUNE ORAL SOLUTION	\$0 (Tier 1)	B/D MO
<i>sirolimus tablet</i>	\$0 (Tier 1)	B/D MO
<i>sirolimus solution</i>	\$0 (Tier 1)	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	\$0 (Tier 1)	B/D MO
VACCINES		
ABRYSVO	\$0 (Tier 1)	
ACTHIB	\$0 (Tier 1)	
ADACEL	\$0 (Tier 1)	
AREXVY	\$0 (Tier 1)	
BCG VACCINE	\$0 (Tier 1)	
BEXSERO	\$0 (Tier 1)	
BOOSTRIX	\$0 (Tier 1)	
DAPTACEL	\$0 (Tier 1)	
DENGVAXIA	\$0 (Tier 1)	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	\$0 (Tier 1)	
ENGERIX-B	\$0 (Tier 1)	B/D
GARDASIL 9	\$0 (Tier 1)	
HAVRIX	\$0 (Tier 1)	
HEPLISAV-B	\$0 (Tier 1)	B/D
HIBERIX	\$0 (Tier 1)	
IMOVAX RABIES (H.D.C.V.)	\$0 (Tier 1)	B/D
INFANRIX	\$0 (Tier 1)	
IPOL INACTIVATED IPV	\$0 (Tier 1)	
IXCHIQ	\$0 (Tier 1)	
IXIARO	\$0 (Tier 1)	

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JYNNEOS	\$0 (Tier 1)	B/D
KINRIX	\$0 (Tier 1)	
M-M-R II	\$0 (Tier 1)	
MENACTRA	\$0 (Tier 1)	
MENQUADFI	\$0 (Tier 1)	
MENVEO	\$0 (Tier 1)	
PEDIARIX	\$0 (Tier 1)	
PEDVAX HIB	\$0 (Tier 1)	
PENBRAYA	\$0 (Tier 1)	
PENTACEL	\$0 (Tier 1)	
PREHEVBRIO	\$0 (Tier 1)	B/D
PRIORIX	\$0 (Tier 1)	
PROQUAD	\$0 (Tier 1)	
QUADRACEL	\$0 (Tier 1)	
RABAVERT	\$0 (Tier 1)	B/D
RECOMBIVAX HB	\$0 (Tier 1)	B/D
ROTARIX	\$0 (Tier 1)	
ROTATEQ	\$0 (Tier 1)	
SHINGRIX	\$0 (Tier 1)	QL (2 EA per 999 days)
TDVAX	\$0 (Tier 1)	
TENIVAC	\$0 (Tier 1)	
TICOVAC	\$0 (Tier 1)	
TRUMENBA	\$0 (Tier 1)	
TWINRIX	\$0 (Tier 1)	
TYPHIM VI	\$0 (Tier 1)	
VAQTA	\$0 (Tier 1)	
VARIVAX	\$0 (Tier 1)	
YF-VAX	\$0 (Tier 1)	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	\$0 (Tier 1)	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/LACTATED RINGERS	\$0 (Tier 1)	
DEXTROSE 5%/NAACL 0.33%	\$0 (Tier 1)	

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DEXTROSE 5%/SODIUM CHLORIDE 0.2%	\$0 (Tier 1)	
<i>dextrose 5%/sodium chloride 0.3%</i>	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	\$0 (Tier 1)	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	\$0 (Tier 1)	MO
DEXTROSE 5%/NACL 0.225%	\$0 (Tier 1)	
ISOLYTE-P/DEXTROSE 5%	\$0 (Tier 1)	
ISOLYTE-S	\$0 (Tier 1)	B/D
ISOLYTE-S PH 7.4	\$0 (Tier 1)	B/D
KCL 0.075%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.2%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.15%/D5W/NACL 0.9%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.45%	\$0 (Tier 1)	
KCL 0.3%/D5W/NACL 0.9%	\$0 (Tier 1)	
<i>lactated ringers</i>	\$0 (Tier 1)	
MAGNESIUM SULFATE INJECTION	\$0 (Tier 1)	
20GM/500ML, 40GM/1000ML, 4GM/50ML		
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	\$0 (Tier 1)	
<i>multiple electrolytes injection type 1</i>	\$0 (Tier 1)	
PLASMA-LYTE A	\$0 (Tier 1)	
PLASMA-LYTE-148	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE	\$0 (Tier 1)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	\$0 (Tier 1)	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	\$0 (Tier 1)	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	\$0 (Tier 1)	
POTASSIUM CHLORIDE INJECTION	\$0 (Tier 1)	
0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML		
<i>potassium chloride injection 2meq/ml</i>	\$0 (Tier 1)	MO
RINGERS INJECTION	\$0 (Tier 1)	
SODIUM BICARBONATE INJECTION 7.5%	\$0 (Tier 1)	
<i>sodium bicarbonate injection 4.2%</i>	\$0 (Tier 1)	
<i>sodium bicarbonate injection 8.4%</i>	\$0 (Tier 1)	MO

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<i>sodium chloride 0.45%</i>	\$0 (Tier 1)	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	\$0 (Tier 1)	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	\$0 (Tier 1)	MO
TPN ELECTROLYTES	\$0 (Tier 1)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>adc/fluoride drops</i>	\$0 (Tier 1)	MO
<i>effe-r-k tablet effervescent 25meq</i>	\$0 (Tier 1)	MO
<i>fluoride chewable tablet</i>	\$0 (Tier 1)	MO
<i>klor-con 10</i>	\$0 (Tier 1)	
<i>klor-con 8</i>	\$0 (Tier 1)	
<i>klor-con m10</i>	\$0 (Tier 1)	MO
<i>klor-con m15</i>	\$0 (Tier 1)	MO
<i>klor-con m20</i>	\$0 (Tier 1)	MO
<i>klor-con powder packet 20meq</i>	\$0 (Tier 1)	
<i>klor-con effervescent tablet</i>	\$0 (Tier 1)	MO
M-NATAL PLUS	\$0 (Tier 1)	MO
<i>multi-vitamin/fluoride drops</i>	\$0 (Tier 1)	MO
<i>multi-vitamin/fluoride/iron drops</i>	\$0 (Tier 1)	MO
<i>multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg</i>	\$0 (Tier 1)	MO
NEONATAL PLUS	\$0 (Tier 1)	MO
NIVA-PLUS	\$0 (Tier 1)	MO
PNV PRENATAL PLUS MULTIVITAMIN	\$0 (Tier 1)	MO
<i>potassium chloride er capsule extended release</i>	\$0 (Tier 1)	MO
<i>potassium chloride er tablet extended release 15meq</i>	\$0 (Tier 1)	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride packet 20meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral solution 10%, 20%</i>	\$0 (Tier 1)	MO
PRENATAL	\$0 (Tier 1)	MO
PRENATAL PLUS	\$0 (Tier 1)	MO
<i>sodium fluoride solution 0.5mg/ml</i>	\$0 (Tier 1)	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 1)	MO
<i>tri-vite/fluoride drops</i>	\$0 (Tier 1)	MO

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TRICARE PRENATAL TABLET	\$0 (Tier 1)	MO
WESTAB PLUS	\$0 (Tier 1)	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	\$0 (Tier 1)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0 (Tier 1)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0 (Tier 1)	B/D
CLINIMIX 6/5	\$0 (Tier 1)	B/D
CLINIMIX 8/10	\$0 (Tier 1)	B/D
CLINIMIX 8/14	\$0 (Tier 1)	B/D
<i>clinisol sf 15%</i>	\$0 (Tier 1)	B/D MO
CLINOLIPID	\$0 (Tier 1)	B/D
<i>dextrose 10%</i>	\$0 (Tier 1)	
<i>dextrose 5%</i>	\$0 (Tier 1)	MO
DEXTROSE 50%	\$0 (Tier 1)	B/D
DEXTROSE 70%	\$0 (Tier 1)	B/D
HEPATAMINE	\$0 (Tier 1)	B/D
NUTRILIPID	\$0 (Tier 1)	B/D
<i>plenamine</i>	\$0 (Tier 1)	B/D
PREMASOL	\$0 (Tier 1)	B/D
PROSOL	\$0 (Tier 1)	B/D
TRAVASOL	\$0 (Tier 1)	B/D
TROPHAMINE	\$0 (Tier 1)	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc ophthalmic ointment</i>	\$0 (Tier 1)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic ointment</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/dexamethasone ophthalmic suspension, ophthalmic ointment</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$0 (Tier 1)	MO
TOBRADEX OINTMENT	\$0 (Tier 1)	MO
TOBRADEX ST SUSPENSION	\$0 (Tier 1)	MO

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<i>tobramycin/dexamethasone ophthalmic suspension</i>	\$0 (Tier 1)	MO
ZYLET	\$0 (Tier 1)	MO
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment 500units/gm</i>	\$0 (Tier 1)	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	\$0 (Tier 1)	MO
BESIVANCE	\$0 (Tier 1)	MO
CILOXAN OINTMENT	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	\$0 (Tier 1)	QL (42 GM per 30 days) MO
<i>gatifloxacin ophthalmic solution</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	\$0 (Tier 1)	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic soln 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic soln 0.5%</i>	\$0 (Tier 1)	QL (12 ML per 30 days) MO
NATACYN	\$0 (Tier 1)	MO
<i>neo-polycin ophthalmic ointment</i>	\$0 (Tier 1)	
<i>neomycin/bacitracin/polymyxin ophthalmic ointment</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/gramicidin ophthalmic solution</i>	\$0 (Tier 1)	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>polycin ophthalmic ointment</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate/trimethoprim sulfate solution</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium ointment 10%</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium ophthalmic solution 10%</i>	\$0 (Tier 1)	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>trifluridine</i>	\$0 (Tier 1)	MO
ZIRGAN	\$0 (Tier 1)	MO
ANTI-INFLAMMATORIES		
ALREX	\$0 (Tier 1)	MO
<i>bromfenac ophthalmic solution</i>	\$0 (Tier 1)	MO
BROMSITE	\$0 (Tier 1)	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	\$0 (Tier 1)	MO

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<i>diclofenac sodium ophthalmic solution 0.1%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>difluprednate</i>	\$0 (Tier 1)	MO
EYSUVIS	\$0 (Tier 1)	MO
FLAREX	\$0 (Tier 1)	MO
FLUOROMETHOLONE	\$0 (Tier 1)	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	\$0 (Tier 1)	MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	\$0 (Tier 1)	MO
LOTEMAX OINTMENT	\$0 (Tier 1)	MO
LOTEMAX SM GEL 0.38%	\$0 (Tier 1)	MO
<i>loteprednol etabonate</i>	\$0 (Tier 1)	MO
<i>prednisolone acetate ophthalmic suspension 1%</i>	\$0 (Tier 1)	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	\$0 (Tier 1)	MO
PROLENSA	\$0 (Tier 1)	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	\$0 (Tier 1)	MO
<i>cromolyn sodium ophthalmic solution 4%</i>	\$0 (Tier 1)	MO
<i>epinastine hcl</i>	\$0 (Tier 1)	MO
<i>olopatadine hcl ophthalmic solution 0.1%</i>	\$0 (Tier 1)	MO
<i>olopatadine hydrochloride ophthalmic solution 0.2%</i>	\$0 (Tier 1)	MO
ZERVIAE	\$0 (Tier 1)	MO
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	\$0 (Tier 1)	MO
BETOPTIC-S	\$0 (Tier 1)	MO
<i>brimonidine tartrate/timolol maleate</i>	\$0 (Tier 1)	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	\$0 (Tier 1)	MO
<i>brimonidine tartrate solution 0.2%</i>	\$0 (Tier 1)	MO
<i>brinzolamide</i>	\$0 (Tier 1)	MO
<i>carteolol hcl</i>	\$0 (Tier 1)	MO
COMBIGAN	\$0 (Tier 1)	MO
<i>dorzolamide hcl/timolol maleate</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i>	\$0 (Tier 1)	MO

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<i>latanoprost ophthalmic solution</i>	\$0 (Tier 1)	MO
<i>levobunolol hcl</i>	\$0 (Tier 1)	MO
LUMIGAN	\$0 (Tier 1)	MO
PHOSPHOLINE IODIDE	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic solution</i>	\$0 (Tier 1)	MO
RHOPRESSA	\$0 (Tier 1)	MO
ROCKLATAN	\$0 (Tier 1)	MO
SIMBRINZA	\$0 (Tier 1)	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	\$0 (Tier 1)	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 (Tier 1)	MO
<i>travoprost</i>	\$0 (Tier 1)	MO
VYZULTA	\$0 (Tier 1)	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	\$0 (Tier 1)	MO
CYSTARAN	\$0 (Tier 1)	PA LA
ISOPTO ATROPINE	\$0 (Tier 1)	MO
MIEBO	\$0 (Tier 1)	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	\$0 (Tier 1)	MO
RESTASIS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	\$0 (Tier 1)	QL (5.5 ML per 30 days) MO
TYRVAYA	\$0 (Tier 1)	QL (8.4 ML per 30 days) MO
XIIDRA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid otic solution 2%</i>	\$0 (Tier 1)	MO
CIPRO HC	\$0 (Tier 1)	MO
CIPROFLOXACIN OTIC SOLUTION 0.2%	\$0 (Tier 1)	MO
<i>ciprofloxacin/dexamethasone</i>	\$0 (Tier 1)	MO
<i>flac otic oil</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide otic oil 0.01%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone/acetic acid otic solution</i>	\$0 (Tier 1)	MO

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<i>neomycin/polymyxin/hc otic solution 1%</i>	\$0 (Tier 1)	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 1)	MO
<i>ofloxacin otic solution 0.3%</i>	\$0 (Tier 1)	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	\$0 (Tier 1)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	\$0 (Tier 1)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate nebulized solution</i>	\$0 (Tier 1)	B/D MO
TRELEGY ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	\$0 (Tier 1)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 1)	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	\$0 (Tier 1)	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	\$0 (Tier 1)	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.15%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal solution 0.1%</i>	\$0 (Tier 1)	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate solution</i>	\$0 (Tier 1)	PA MO
CARBINOXAMINE MALEATE TABLET 6MG	\$0 (Tier 1)	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	\$0 (Tier 1)	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	\$0 (Tier 1)	PA MO
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	\$0 (Tier 1)	PA MO; HRM
<i>desloratadine tablet 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>desloratadine oral dissolving tablet 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	\$0 (Tier 1)	MO; HRM
<i>hydroxyzine hcl tablet</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine hydrochloride injection, syrup 10mg/5ml</i>	\$0 (Tier 1)	PA MO; HRM
<i>hydroxyzine pamoate capsule</i>	\$0 (Tier 1)	PA MO; HRM

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<i>levocetirizine dihydrochloride tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>	\$0 (Tier 1)	MO
<i>olopatadine hcl nasal solution 0.6%</i>	\$0 (Tier 1)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	\$0 (Tier 1)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	\$0 (Tier 1)	B/D MO
<i>albuterol sulfate syrup, tablet</i>	\$0 (Tier 1)	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	\$0 (Tier 1)	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	\$0 (Tier 1)	B/D MO
LEVALBUTEROL TARTRATE HFA	\$0 (Tier 1)	QL (30 GM per 30 days) MO
SEREVENT DISKUS	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection, tablet</i>	\$0 (Tier 1)	MO
VENTOLIN HFA	\$0 (Tier 1)	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	\$0 (Tier 1)	B/D MO
<i>aminophylline</i>	\$0 (Tier 1)	
BRONCHITOL	\$0 (Tier 1)	QL (560 EA per 28 days) PA LA; ACS
BRONCHITOL TOLERANCE TEST	\$0 (Tier 1)	QL (560 EA per 28 days) PA LA; ACS
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	\$0 (Tier 1)	B/D MO
<i>epinephrine injection 0.15mg/0.3ml, 0.15mg/0.15ml, 0.3mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days) MO
FASENRA	\$0 (Tier 1)	QL (1 ML per 28 days) PA LA; ACS
FASENRA PEN	\$0 (Tier 1)	QL (1 ML per 28 days) PA LA; ACS
KALYDECO PACKET	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA

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KALYDECO TABLET	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA
OFEV	\$0 (Tier 1)	QL (60 EA per 30 days) PA LA; ACS
ORKAMBI TABLET	\$0 (Tier 1)	QL (112 EA per 28 days) PA LA
ORKAMBI PACKET	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
<i>pirfenidone capsule</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	\$0 (Tier 1)	PA LA
PULMOZYME	\$0 (Tier 1)	PA; ACS
<i>roflumilast</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	\$0 (Tier 1)	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	\$0 (Tier 1)	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	\$0 (Tier 1)	MO
<i>theophylline oral solution</i>	\$0 (Tier 1)	MO
TRIKAFTA THERAPY PACK	\$0 (Tier 1)	QL (56 EA per 28 days) PA LA
TRIKAFTA TABLET THERAPY PACK	\$0 (Tier 1)	QL (84 EA per 28 days) PA LA
XOLAIR	\$0 (Tier 1)	PA LA; ACS
NASAL STEROIDS		
<i>flunisolide nasal spray 0.025%</i>	\$0 (Tier 1)	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days) MO
XHANCE	\$0 (Tier 1)	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ARNUITY ELLIPTA	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (Tier 1)	B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	\$0 (Tier 1)	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	\$0 (Tier 1)	QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	\$0 (Tier 1)	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	\$0 (Tier 1)	QL (24 GM per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA	\$0 (Tier 1)	QL (12 GM per 30 days) MO
BREO ELLIPTA	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>breynd</i>	\$0 (Tier 1)	QL (10.3 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	\$0 (Tier 1)	QL (10.2 GM per 30 days) MO
DULERA	\$0 (Tier 1)	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>wixela inhub</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>acutane</i>	\$0 (Tier 1)	PA
<i>amnestem</i>	\$0 (Tier 1)	PA
<i>claravis</i>	\$0 (Tier 1)	PA
<i>clindacin foam</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	\$0 (Tier 1)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 1)	MO
<i>erythromycin/benzoyl peroxide</i>	\$0 (Tier 1)	MO
<i>erythromycin gel 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	\$0 (Tier 1)	PA
<i>sulfacetamide sodium lotion 10%</i>	\$0 (Tier 1)	MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	\$0 (Tier 1)	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP 0.04%, 0.1%	\$0 (Tier 1)	QL (50 GM per 30 days) PA MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	\$0 (Tier 1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mafenide acetate packet</i>	\$0 (Tier 1)	MO
<i>mupirocin ointment</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO

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<i>mupirocin cream</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>	\$0 (Tier 1)	MO
SSD	\$0 (Tier 1)	
SULFAMYLON CREAM 85MG/GM	\$0 (Tier 1)	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	\$0 (Tier 1)	QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>	\$0 (Tier 1)	QL (85 GM per 30 days) MO
ERTACZO	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>klayesta</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>naftifine hcl cream 1%</i>	\$0 (Tier 1)	QL (90 GM per 30 days) MO
<i>nyamyc powder</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>nystop powder</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	\$0 (Tier 1)	PA MO
<i>calcipotriene cream, ointment</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>	\$0 (Tier 1)	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	\$0 (Tier 1)	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule</i>	\$0 (Tier 1)	MO
<i>tazarotene gel</i>	\$0 (Tier 1)	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	\$0 (Tier 1)	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	\$0 (Tier 1)	MO

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<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	\$0 (Tier 1)	
<i>ala-cort cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented cream</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate augmented lotion</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	\$0 (Tier 1)	MO
<i>betamethasone dipropionate cream, ointment</i>	\$0 (Tier 1)	MO
<i>betamethasone valerate cream, lotion, ointment</i>	\$0 (Tier 1)	MO
<i>betamethasone valerate foam</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient cream 0.05%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liquid</i>	\$0 (Tier 1)	QL (125 ML per 30 days) MO
<i>clobetasol propionate solution</i>	\$0 (Tier 1)	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 (Tier 1)	QL (118 ML per 30 days)
<i>desonide lotion</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>desonide cream, gel, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>desoximetasone cream, ointment</i>	\$0 (Tier 1)	QL (100 GM per 30 days) MO
<i>desrx</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>diflorasone diacetate</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
ENSTILAR	\$0 (Tier 1)	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	\$0 (Tier 1)	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	\$0 (Tier 1)	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO

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<i>fluocinonide solution</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 1)	MO
<i>fluticasone propionate lotion 0.05%</i>	\$0 (Tier 1)	QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	\$0 (Tier 1)	MO
<i>halobetasol propionate cream</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate lotion</i>	\$0 (Tier 1)	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate ointment</i>	\$0 (Tier 1)	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	\$0 (Tier 1)	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 1)	MO
<i>mometasone furoate ointment 0.1%</i>	\$0 (Tier 1)	MO
<i>mometasone furoate solution 0.1%</i>	\$0 (Tier 1)	MO
<i>prednicarbate</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
<i>proctosol hc cream 2.5%</i>	\$0 (Tier 1)	
TEXACORT	\$0 (Tier 1)	MO
<i>tovet</i>	\$0 (Tier 1)	QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol spray 0.147mg/gm</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (Tier 1)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>	\$0 (Tier 1)	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	\$0 (Tier 1)	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotion</i>	\$0 (Tier 1)	MO
<i>azelaic acid gel</i>	\$0 (Tier 1)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) PA; ACS

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<i>diclofenac sodium gel 1%</i>	\$0 (Tier 1)	QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	\$0 (Tier 1)	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
FINACEA FOAM	\$0 (Tier 1)	QL (50 GM per 30 days) MO
FLUOROURACIL CREAM 0.5%	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	\$0 (Tier 1)	QL (40 GM per 30 days) PA MO
<i>fluorouracil topical solution 2%, 5%</i>	\$0 (Tier 1)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 1)	MO
IMIQUIMOD PUMP	\$0 (Tier 1)	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	\$0 (Tier 1)	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	\$0 (Tier 1)	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 0.75%</i>	\$0 (Tier 1)	MO
<i>metronidazole gel 1%</i>	\$0 (Tier 1)	MO
<i>metronidazole lotion 0.75%</i>	\$0 (Tier 1)	MO
NORITATE	\$0 (Tier 1)	QL (60 GM per 30 days) MO
ORACEA	\$0 (Tier 1)	QL (30 EA per 30 days) PA MO
PANRETIN	\$0 (Tier 1)	QL (60 GM per 30 days) PA
<i>podofilox</i>	\$0 (Tier 1)	MO
<i>procto-med hc</i>	\$0 (Tier 1)	
<i>proctozone-hc</i>	\$0 (Tier 1)	
RECTIV	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	\$0 (Tier 1)	QL (60 GM per 30 days) MO
VALCHLOR	\$0 (Tier 1)	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP CREAM 2.5%	\$0 (Tier 1)	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	\$0 (Tier 1)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 1)	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	\$0 (Tier 1)	QL (30 GM per 30 days) PA MO
SANTYL	\$0 (Tier 1)	MO
<i>sodium chloride 0.9% irrigation soln</i>	\$0 (Tier 1)	MO
<i>sterile water for irrigation</i>	\$0 (Tier 1)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	\$0 (Tier 1)	MO

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<i>chlorhexidine gluconate oral rinse 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000</i>	\$0 (Tier 1)	MO
<i>clotrimazole troche 10mg</i>	\$0 (Tier 1)	MO
<i>dentagel</i>	\$0 (Tier 1)	MO
<i>fluoridex daily defense</i>	\$0 (Tier 1)	
<i>fluoridex sensitivity relief/sls free</i>	\$0 (Tier 1)	
<i>fluorimax 5000</i>	\$0 (Tier 1)	
<i>fluorimax 5000 sensitive</i>	\$0 (Tier 1)	
<i>just right 5000</i>	\$0 (Tier 1)	
<i>kourzeq</i>	\$0 (Tier 1)	
<i>lidocaine hydrochloride viscous solution 2%</i>	\$0 (Tier 1)	MO
<i>nystatin suspension 100000unit/ml</i>	\$0 (Tier 1)	MO
<i>oralone dental paste</i>	\$0 (Tier 1)	
<i>periogard</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tablet</i>	\$0 (Tier 1)	MO
<i>sf gel 1.1%</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm dental paste</i>	\$0 (Tier 1)	MO
<i>sodium fluoride 5000 ppm dry mouth gel</i>	\$0 (Tier 1)	MO
<i>sodium fluoride gel 1.1%</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide dental paste</i>	\$0 (Tier 1)	MO
NON MEDICARE PART D		
Over the Counter		
<i>a&d</i>	\$0 (Tier 1)	OTC
<i>a+d prevent</i>	\$0 (Tier 1)	OTC
<i>acetaminophen</i>	\$0 (Tier 1)	OTC
<i>acetaminophen er 8 hour arthritis pain relief</i>	\$0 (Tier 1)	OTC
<i>acetaminophen extra strength</i>	\$0 (Tier 1)	OTC
<i>acetaminophen junior strength</i>	\$0 (Tier 1)	OTC
<i>acidophilus lactobacilli</i>	\$0 (Tier 1)	OTC
<i>acidophilus/l-sporogenes extra strength</i>	\$0 (Tier 1)	OTC
<i>acidophilus/pectin</i>	\$0 (Tier 1)	OTC
ACNE MEDICATION 10 LOTION	\$0 (Tier 1)	OTC
<i>acne medication 10 gel</i>	\$0 (Tier 1)	OTC
<i>acne medication 2.5</i>	\$0 (Tier 1)	OTC
ACNE MEDICATION 5 LOTION	\$0 (Tier 1)	OTC
<i>acne medication 5 gel</i>	\$0 (Tier 1)	OTC

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ACTIVNUTRIENTS	\$0 (Tier 1)	OTC
ALAHIST D	\$0 (Tier 1)	OTC
ALBUSTIX	\$0 (Tier 1)	OTC
<i>allergy childrens</i>	\$0 (Tier 1)	OTC
<i>aluminum/magnesium/simethicone</i>	\$0 (Tier 1)	OTC
<i>ammonium lactate</i>	\$0 (Tier 1)	OTC
<i>animal chews</i>	\$0 (Tier 1)	OTC
ANIMAL SHAPES/IRON	\$0 (Tier 1)	OTC
<i>antacid extra strength</i>	\$0 (Tier 1)	OTC
<i>antacid plus anti-gas relief</i>	\$0 (Tier 1)	OTC
<i>anti-dandruff shampoo</i>	\$0 (Tier 1)	OTC
<i>anti-itch</i>	\$0 (Tier 1)	OTC
<i>anti-itch maximum strength</i>	\$0 (Tier 1)	OTC
<i>antifungal</i>	\$0 (Tier 1)	OTC
<i>antifungal powder</i>	\$0 (Tier 1)	OTC
<i>aquanil hc</i>	\$0 (Tier 1)	OTC
<i>arthritis pain relieving</i>	\$0 (Tier 1)	OTC
<i>artificial tears</i>	\$0 (Tier 1)	OTC
<i>ascorbic acid</i>	\$0 (Tier 1)	OTC
<i>aspirin 81</i>	\$0 (Tier 1)	OTC
<i>aspirin 81 low dose</i>	\$0 (Tier 1)	OTC
<i>aspirin regular strength</i>	\$0 (Tier 1)	OTC
ASPIRIN SUPPOSITORY	\$0 (Tier 1)	OTC
<i>aspirin tablet</i>	\$0 (Tier 1)	OTC
<i>b-complex/c</i>	\$0 (Tier 1)	OTC
<i>bacitracin</i>	\$0 (Tier 1)	OTC
<i>banophen</i>	\$0 (Tier 1)	OTC
BD GLUCOSE	\$0 (Tier 1)	OTC
<i>benzoyl peroxide creamy wash</i>	\$0 (Tier 1)	OTC
<i>benzoyl peroxide wash</i>	\$0 (Tier 1)	OTC
BENZYL ALCOHOL	\$0 (Tier 1)	OTC
BENZYL BENZOATE	\$0 (Tier 1)	OTC
<i>bisacodyl</i>	\$0 (Tier 1)	OTC
<i>bisacodyl ec</i>	\$0 (Tier 1)	OTC
<i>bismuth subsalicylate</i>	\$0 (Tier 1)	OTC
BLOOD ORANGE OS	\$0 (Tier 1)	OTC

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BUFFERIN	\$0 (Tier 1)	OTC
<i>butenafine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>c-500</i>	\$0 (Tier 1)	OTC
CALAMINE	\$0 (Tier 1)	OTC
<i>calcidol</i>	\$0 (Tier 1)	OTC
<i>calcium 500 + d</i>	\$0 (Tier 1)	OTC
<i>calcium 500+d</i>	\$0 (Tier 1)	OTC
<i>calcium 500/vitamin d3</i>	\$0 (Tier 1)	OTC
<i>calcium 600</i>	\$0 (Tier 1)	OTC
<i>calcium 600 + minerals</i>	\$0 (Tier 1)	OTC
<i>calcium 600+d</i>	\$0 (Tier 1)	OTC
<i>calcium carbonate</i>	\$0 (Tier 1)	OTC
<i>calcium citrate</i>	\$0 (Tier 1)	OTC
<i>calcium polycarbophil</i>	\$0 (Tier 1)	OTC
<i>calcium+d3</i>	\$0 (Tier 1)	OTC
<i>calcium/vitamin d</i>	\$0 (Tier 1)	OTC
CALCIUM TABLET 500MG	\$0 (Tier 1)	OTC
<i>calcium tablet 1500mg, 600mg</i>	\$0 (Tier 1)	OTC
<i>capasil</i>	\$0 (Tier 1)	OTC
<i>capsaicin</i>	\$0 (Tier 1)	OTC
<i>carboxymethylcellulose sodium ophthalmic gel</i>	\$0 (Tier 1)	OTC
CASTOR OIL	\$0 (Tier 1)	OTC
<i>castor oil stimulant laxative</i>	\$0 (Tier 1)	OTC
<i>cerovite jr</i>	\$0 (Tier 1)	OTC
<i>cetirizine hcl</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride solution 5mg/5ml</i>	\$0 (Tier 1)	OTC
<i>cetirizine hydrochloride tablet</i>	\$0 (Tier 1)	OTC
CHEMSTRIP 2 LN STRIPS	\$0 (Tier 1)	OTC
CHEMSTRIP 9 STRIPS	\$0 (Tier 1)	OTC
CHEMSTRIP UGK	\$0 (Tier 1)	OTC
CHERRY SYRUP	\$0 (Tier 1)	OTC
<i>children's chewable acetaminophen</i>	\$0 (Tier 1)	OTC
<i>childrens animal shapes complete</i>	\$0 (Tier 1)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHLOPHEDIANOL/DEXCHLOPHENIRAMINE./ PSEUDOEPHEDRINE	\$0 (Tier 1)	OTC
<i>chlorpheniramine maleate</i>	\$0 (Tier 1)	OTC
<i>cimetidine 200</i>	\$0 (Tier 1)	OTC
<i>clotrimazole antifungal</i>	\$0 (Tier 1)	OTC
<i>clotrimazole cream 1%</i>	\$0 (Tier 1)	OTC
<i>clotrimazole cream 2%</i>	\$0 (Tier 1)	OTC
<i>clotrimazole solution</i>	\$0 (Tier 1)	OTC
<i>co-enzyme q 10</i>	\$0 (Tier 1)	OTC
<i>co-enzyme q-10</i>	\$0 (Tier 1)	OTC
<i>coenzyme q-10</i>	\$0 (Tier 1)	OTC
<i>coenzyme q-10/high poten cy</i>	\$0 (Tier 1)	OTC
<i>cold & cough childrens</i>	\$0 (Tier 1)	OTC
<i>corn and callus remover</i>	\$0 (Tier 1)	OTC
COTTONSEED OIL	\$0 (Tier 1)	OTC
<i>cromolyn sodium</i>	\$0 (Tier 1)	OTC
<i>cvs lubricating eye drops/dry eye</i>	\$0 (Tier 1)	OTC
<i>cvs natural tears pf</i>	\$0 (Tier 1)	OTC
<i>cvs olopatadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>cvs sleep-aid nighttime</i>	\$0 (Tier 1)	OTC
<i>d 1000</i>	\$0 (Tier 1)	OTC
D-VI-SOL	\$0 (Tier 1)	OTC
<i>d3</i>	\$0 (Tier 1)	OTC
<i>d3-50</i>	\$0 (Tier 1)	OTC
<i>daily vitamin formula</i>	\$0 (Tier 1)	OTC
<i>daily-vite</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan polistirex er</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan/guaiifenesin</i>	\$0 (Tier 1)	OTC
<i>dextromethorphan/guaiifenesin/phenylephrine</i>	\$0 (Tier 1)	OTC
DHS TAR	\$0 (Tier 1)	OTC
DIASTIX	\$0 (Tier 1)	OTC
<i>diphenhydramine hcl</i>	\$0 (Tier 1)	OTC
<i>diphenhydramine hcl/zinc acetate</i>	\$0 (Tier 1)	OTC
<i>diphenhydramine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>docusate calcium</i>	\$0 (Tier 1)	OTC
DOCUSATE SODIUM SYRUP	\$0 (Tier 1)	OTC

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<i>docusate sodium capsule, liquid, tablet</i>	\$0 (Tier 1)	OTC
<i>dry eye relief</i>	\$0 (Tier 1)	OTC
<i>dry eye relief drops</i>	\$0 (Tier 1)	OTC
<i>ear drops</i>	\$0 (Tier 1)	OTC
<i>easy-lax plus</i>	\$0 (Tier 1)	OTC
EMPTY CAPSULE SIZE 000 WHITE/OPAQUE LOCKING	\$0 (Tier 1)	OTC
ENCARE	\$0 (Tier 1)	OTC
<i>enema disposable</i>	\$0 (Tier 1)	OTC
ENVIVE	\$0 (Tier 1)	OTC
<i>eq laxative</i>	\$0 (Tier 1)	OTC
<i>eql acetaminophence.</i>	\$0 (Tier 1)	OTC
<i>esomeprazole magnesium</i>	\$0 (Tier 1)	OTC
ETHYL OLEATE	\$0 (Tier 1)	OTC
<i>eye allergy itch/redness relief</i>	\$0 (Tier 1)	OTC
<i>eye allergy relief</i>	\$0 (Tier 1)	OTC
<i>eye drops</i>	\$0 (Tier 1)	OTC
<i>famotidine tablet 10mg</i>	\$0 (Tier 1)	OTC
<i>famotidine tablet 20mg</i>	\$0 (Tier 1)	OTC
FC2 FEMALE CONDOM	\$0 (Tier 1)	OTC
FERRETT'S CHEWABLE IRON	\$0 (Tier 1)	OTC
<i>ferrocite</i>	\$0 (Tier 1)	OTC
<i>ferrous fumarate</i>	\$0 (Tier 1)	OTC
<i>ferrous fumarate 324</i>	\$0 (Tier 1)	OTC
FERROUS GLUCONATE TABLET 324MG	\$0 (Tier 1)	OTC
<i>ferrous gluconate tablet 240mg, 324mg</i>	\$0 (Tier 1)	OTC
FERROUS SULFATE TABLET DELAYED RELEASE 324MG	\$0 (Tier 1)	OTC
<i>ferrous sulfate tablet delayed release 325mg</i>	\$0 (Tier 1)	OTC
<i>ferrous sulfate solution, tablet</i>	\$0 (Tier 1)	OTC
<i>fexofenadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	\$0 (Tier 1)	OTC
<i>fiber</i>	\$0 (Tier 1)	OTC
FISH OIL TRIPLE STRENGTH	\$0 (Tier 1)	OTC
FLAVORX	\$0 (Tier 1)	OTC

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<i>floranex</i>	\$0 (Tier 1)	OTC
FLORANEX ONE	\$0 (Tier 1)	OTC
<i>fluticasone propionate</i>	\$0 (Tier 1)	OTC
<i>folic acid</i>	\$0 (Tier 1)	OTC
FORA GTEL BLOOD KETONE TEST STRIPS	\$0 (Tier 1)	OTC
GENTEAL SEVERE	\$0 (Tier 1)	OTC
GENTEAL SEVERE TEARS	\$0 (Tier 1)	OTC
GENTEAL TEARS MODERATE PF	\$0 (Tier 1)	OTC
<i>gentle laxative</i>	\$0 (Tier 1)	OTC
GLUCOSE	\$0 (Tier 1)	OTC
<i>glutose 15</i>	\$0 (Tier 1)	OTC
<i>glutose 45</i>	\$0 (Tier 1)	OTC
<i>glutose 5</i>	\$0 (Tier 1)	OTC
<i>glycerin adult</i>	\$0 (Tier 1)	OTC
GLYCERIN DOES NOT APPLY LIQUID	\$0 (Tier 1)	OTC
<i>glycerin external liquid</i>	\$0 (Tier 1)	OTC
<i>gnp anorectal instant relief</i>	\$0 (Tier 1)	OTC
<i>gnp anti-itch</i>	\$0 (Tier 1)	OTC
<i>gnp antibiotic + pain relief</i>	\$0 (Tier 1)	OTC
<i>gnp childrens chewables/extra c</i>	\$0 (Tier 1)	OTC
<i>gnp childrens chewables/iron</i>	\$0 (Tier 1)	OTC
<i>gnp essential one daily</i>	\$0 (Tier 1)	OTC
<i>gnp eye drops</i>	\$0 (Tier 1)	OTC
<i>gnp eye drops dry eye relief</i>	\$0 (Tier 1)	OTC
<i>gnp headache relief extra strength</i>	\$0 (Tier 1)	OTC
<i>gnp little ones childrens</i>	\$0 (Tier 1)	OTC
<i>gnp miconazole 1 combination pack</i>	\$0 (Tier 1)	OTC
<i>gnp migraine relief</i>	\$0 (Tier 1)	OTC
<i>gnp olopatadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>gnp vitamin a & d</i>	\$0 (Tier 1)	OTC
GOOD START SUPREME STERILE WATER	\$0 (Tier 1)	OTC
<i>goodsense miconazole 1</i>	\$0 (Tier 1)	OTC
<i>goodsense migraine formula</i>	\$0 (Tier 1)	OTC
<i>guaifenesin</i>	\$0 (Tier 1)	OTC
<i>guaifenesin er</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/codeine</i>	\$0 (Tier 1)	OTC

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<i>guaifenesin/dextromethorphan</i>	\$0 (Tier 1)	OTC
<i>guaifenesin/dextromethorphan hydrobromide</i>	\$0 (Tier 1)	OTC
GYNOL II	\$0 (Tier 1)	OTC
<i>headache formula</i>	\$0 (Tier 1)	OTC
<i>headache relief</i>	\$0 (Tier 1)	OTC
<i>headache relief/extra strength</i>	\$0 (Tier 1)	OTC
<i>hemorrhoidal relief cream</i>	\$0 (Tier 1)	OTC
<i>hm dry eye relief</i>	\$0 (Tier 1)	OTC
<i>hm eye allergy itch/redness relief</i>	\$0 (Tier 1)	OTC
<i>hm eye drops</i>	\$0 (Tier 1)	OTC
<i>hm migraine relief</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone/aloe</i>	\$0 (Tier 1)	OTC
HYDROCORTISONE CREAM 1%	\$0 (Tier 1)	OTC
<i>hydrocortisone cream 0.5%</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone ointment 0.5%, 1%</i>	\$0 (Tier 1)	OTC
<i>hydrocortisone lotion</i>	\$0 (Tier 1)	OTC
<i>hydrolatum</i>	\$0 (Tier 1)	OTC
<i>ibuprofen infants</i>	\$0 (Tier 1)	OTC
<i>ibuprofen junior strength</i>	\$0 (Tier 1)	OTC
<i>ibuprofen capsule, tablet chewable, tablet</i>	\$0 (Tier 1)	OTC
<i>ibuprofen suspension</i>	\$0 (Tier 1)	OTC
INSTA-GLUCOSE	\$0 (Tier 1)	OTC
IRON	\$0 (Tier 1)	OTC
<i>iron 100 plus</i>	\$0 (Tier 1)	OTC
IRON CHEWS PEDIATRIC	\$0 (Tier 1)	OTC
<i>itch relief extra strength</i>	\$0 (Tier 1)	OTC
<i>jock itch spray powder</i>	\$0 (Tier 1)	OTC
KERI NOURISHING SHEA BUTTER	\$0 (Tier 1)	OTC
KETOSTIX	\$0 (Tier 1)	OTC
<i>ketotifen fumarate</i>	\$0 (Tier 1)	OTC
<i>kp omega-3 fish oil</i>	\$0 (Tier 1)	OTC
LACTOSE MONOHYDRATE	\$0 (Tier 1)	OTC
LAMISIL AT	\$0 (Tier 1)	OTC
<i>lansoprazole</i>	\$0 (Tier 1)	OTC
<i>laxative</i>	\$0 (Tier 1)	OTC
<i>levonorgestrel</i>	\$0 (Tier 1)	OTC

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<i>lice killing maximum strength</i>	\$0 (Tier 1)	OTC
<i>lice treatment</i>	\$0 (Tier 1)	OTC
<i>lice treatment creme rinse</i>	\$0 (Tier 1)	OTC
<i>lidocaine</i>	\$0 (Tier 1)	OTC
<i>lidocaine 5%</i>	\$0 (Tier 1)	OTC
<i>lidocaine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>lidocaine pain relief patch</i>	\$0 (Tier 1)	OTC
LOPERAMIDE HYDROCHLORIDE SUSPENSION	\$0 (Tier 1)	OTC
<i>loperamide hydrochloride</i>	\$0 (Tier 1)	OTC
<i>loratadine</i>	\$0 (Tier 1)	OTC
<i>loratadine allergy relief</i>	\$0 (Tier 1)	OTC
<i>loratadine childrens</i>	\$0 (Tier 1)	OTC
<i>loratadine-d 12hr</i>	\$0 (Tier 1)	OTC
<i>loratadine-d 24hr</i>	\$0 (Tier 1)	OTC
<i>lubricant eye drops</i>	\$0 (Tier 1)	OTC
M-CLEAR WC	\$0 (Tier 1)	OTC
<i>magnesium</i>	\$0 (Tier 1)	OTC
<i>magnesium citrate</i>	\$0 (Tier 1)	OTC
<i>magnesium oxide</i>	\$0 (Tier 1)	OTC
<i>meclizine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>medi-first aspirin</i>	\$0 (Tier 1)	OTC
<i>medi-first ibuprofen</i>	\$0 (Tier 1)	OTC
<i>medi-paste</i>	\$0 (Tier 1)	OTC
<i>medique aspirin</i>	\$0 (Tier 1)	OTC
<i>melatonin</i>	\$0 (Tier 1)	OTC
<i>melatonin maximum strength</i>	\$0 (Tier 1)	OTC
<i>mencylate</i>	\$0 (Tier 1)	OTC
<i>miconazole 1</i>	\$0 (Tier 1)	OTC
<i>miconazole 3</i>	\$0 (Tier 1)	OTC
<i>miconazole 3 combination pack</i>	\$0 (Tier 1)	OTC
<i>miconazole 3 combo pack</i>	\$0 (Tier 1)	OTC
<i>miconazole nitrate</i>	\$0 (Tier 1)	OTC
<i>migraine relief</i>	\$0 (Tier 1)	OTC
<i>milk of magnesia</i>	\$0 (Tier 1)	OTC
<i>mucus d</i>	\$0 (Tier 1)	OTC

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<i>mucus relief dm</i>	\$0 (Tier 1)	OTC
<i>mucus relief dm maximum strength</i>	\$0 (Tier 1)	OTC
<i>mucus relief maximum strength</i>	\$0 (Tier 1)	OTC
<i>mucus relief severe congestion & cough</i>	\$0 (Tier 1)	OTC
<i>multi-vitamin/fluoride drops</i>	\$0 (Tier 1)	OTC
<i>multi-vitamin/fluoride/iron</i>	\$0 (Tier 1)	OTC
<i>multi vitamin/minerals full spectrum</i>	\$0 (Tier 1)	OTC
<i>multi-vitamins/iron</i>	\$0 (Tier 1)	OTC
MULTIVITAMIN W/IRON/INFANT/TODDLER	\$0 (Tier 1)	OTC
<i>multivitamin with fluoride</i>	\$0 (Tier 1)	OTC
<i>multivitamins</i>	\$0 (Tier 1)	OTC
<i>multivitamins plus zinc</i>	\$0 (Tier 1)	OTC
<i>muscle rub</i>	\$0 (Tier 1)	OTC
<i>naproxen sodium</i>	\$0 (Tier 1)	OTC
<i>nasal spray 12 hour</i>	\$0 (Tier 1)	OTC
<i>natural fiber</i>	\$0 (Tier 1)	OTC
<i>natural vitamin d-3</i>	\$0 (Tier 1)	OTC
<i>niacin</i>	\$0 (Tier 1)	OTC
<i>niacin timed release</i>	\$0 (Tier 1)	OTC
<i>niacin tr</i>	\$0 (Tier 1)	OTC
<i>nicotine</i>	\$0 (Tier 1)	OTC
<i>nicotine polacrilex</i>	\$0 (Tier 1)	OTC
NICOTINE TRANSDERMAL SYSTEM KIT	\$0 (Tier 1)	OTC
<i>nicotine transdermal system patch 24 hour</i>	\$0 (Tier 1)	OTC
OLIVE OIL	\$0 (Tier 1)	OTC
<i>olopatadine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>omega-3 fish oil</i>	\$0 (Tier 1)	OTC
<i>omega-3 fish oil maximum strength</i>	\$0 (Tier 1)	OTC
<i>omeprazole</i>	\$0 (Tier 1)	OTC
<i>omeprazole magnesium</i>	\$0 (Tier 1)	OTC
OPILL	\$0 (Tier 1)	OTC
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	\$0 (Tier 1)	OTC
ORAL SUSPEND	\$0 (Tier 1)	OTC
ORAL SYRUP FLAVORED VEHICLE	\$0 (Tier 1)	OTC
<i>os-cal calcium + d3</i>	\$0 (Tier 1)	OTC

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<i>oyster shell calcium</i>	\$0 (Tier 1)	OTC
<i>pain reliever plus</i>	\$0 (Tier 1)	OTC
<i>pain relieving cream</i>	\$0 (Tier 1)	OTC
<i>panoxyl creamy wash</i>	\$0 (Tier 1)	OTC
<i>panoxyl foaming wash</i>	\$0 (Tier 1)	OTC
PATADAY EXTRA STRENGTH	\$0 (Tier 1)	OTC
PCCA-PLUS	\$0 (Tier 1)	OTC
PETROLATUM	\$0 (Tier 1)	OTC
<i>phenazopyridine hcl</i>	\$0 (Tier 1)	OTC
<i>phenylephrine hydrochloride</i>	\$0 (Tier 1)	OTC
POLY-VI-SOL	\$0 (Tier 1)	OTC
<i>polyethylene glycol 3350</i>	\$0 (Tier 1)	OTC
POLYSPORIN	\$0 (Tier 1)	OTC
<i>polyvinyl alcohol 1.4% lubricating eye drops</i>	\$0 (Tier 1)	OTC
<i>pramoxine hcl</i>	\$0 (Tier 1)	OTC
PREMIUM CONDOMS LUBRICATED	\$0 (Tier 1)	OTC
PROBITROL	\$0 (Tier 1)	OTC
PROMEROL	\$0 (Tier 1)	OTC
<i>pronutrients vitamin d3</i>	\$0 (Tier 1)	OTC
<i>pseudoephedrine hcl er</i>	\$0 (Tier 1)	OTC
<i>pseudoephedrine hydrochloride</i>	\$0 (Tier 1)	OTC
<i>pyridoxine hcl</i>	\$0 (Tier 1)	OTC
<i>qc calcium/minerals/vitamin d</i>	\$0 (Tier 1)	OTC
<i>qc childrens chewable complete</i>	\$0 (Tier 1)	OTC
<i>qc childrens chewable vitamins/extra c</i>	\$0 (Tier 1)	OTC
<i>qc childrens chewable vitamins/iron</i>	\$0 (Tier 1)	OTC
<i>qc essentials</i>	\$0 (Tier 1)	OTC
<i>qc headache relief</i>	\$0 (Tier 1)	OTC
RASPBERRY SYRUP	\$0 (Tier 1)	OTC
<i>rectasmoothe</i>	\$0 (Tier 1)	OTC
REFRESH DIGITAL	\$0 (Tier 1)	OTC
REFRESH LIQUIGEL	\$0 (Tier 1)	OTC
REFRESH OPTIVE	\$0 (Tier 1)	OTC
REFRESH OPTIVE ADVANCED	\$0 (Tier 1)	OTC
REFRESH PLUS	\$0 (Tier 1)	OTC
REFRESH RELIEVA PF	\$0 (Tier 1)	OTC

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REFRESH TEARS	\$0 (Tier 1)	OTC
RISAQUAD	\$0 (Tier 1)	OTC
RISAQUAD-2	\$0 (Tier 1)	OTC
<i>saline nasal gel</i>	\$0 (Tier 1)	OTC
<i>saline nasal spray infants/childrens</i>	\$0 (Tier 1)	OTC
<i>sea-omega</i>	\$0 (Tier 1)	OTC
<i>senna smooth</i>	\$0 (Tier 1)	OTC
SENNA SYRUP 176MG/5ML	\$0 (Tier 1)	OTC
<i>senna syrup 8.8mg/5ml</i>	\$0 (Tier 1)	OTC
<i>senna tablet</i>	\$0 (Tier 1)	OTC
SESAME OIL	\$0 (Tier 1)	OTC
<i>simethicone</i>	\$0 (Tier 1)	OTC
SIMPLE SYRUP	\$0 (Tier 1)	OTC
<i>sm acidophilus</i>	\$0 (Tier 1)	OTC
<i>sm animal shapes complete</i>	\$0 (Tier 1)	OTC
<i>sm animal shapes kids first</i>	\$0 (Tier 1)	OTC
<i>sm anti-itch extra strength</i>	\$0 (Tier 1)	OTC
<i>sm antibiotic plus pain relief maximum strength</i>	\$0 (Tier 1)	OTC
<i>sm chewable c</i>	\$0 (Tier 1)	OTC
<i>sm cold & hot therapy pa in relief extra strength</i>	\$0 (Tier 1)	OTC
<i>sm dry eye relief</i>	\$0 (Tier 1)	OTC
<i>sm eye drops</i>	\$0 (Tier 1)	OTC
<i>sm melatonin</i>	\$0 (Tier 1)	OTC
<i>sm migraine relief</i>	\$0 (Tier 1)	OTC
<i>sm multiple vitamins essential</i>	\$0 (Tier 1)	OTC
<i>sm muscle rub</i>	\$0 (Tier 1)	OTC
SM SLOW RELEASE IRON	\$0 (Tier 1)	OTC
<i>sm vit c/rose hips</i>	\$0 (Tier 1)	OTC
<i>sm vitamin c</i>	\$0 (Tier 1)	OTC
<i>sm vitamin c/rose hips</i>	\$0 (Tier 1)	OTC
<i>sodium bicarbonate</i>	\$0 (Tier 1)	OTC
<i>soothe</i>	\$0 (Tier 1)	OTC
<i>soothe maximum strength</i>	\$0 (Tier 1)	OTC
SORBITOL	\$0 (Tier 1)	OTC
SORBOLENE	\$0 (Tier 1)	OTC
STEVIA	\$0 (Tier 1)	OTC

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STEVIA EXTRACT POWDER	\$0 (Tier 1)	OTC
<i>stool softener</i>	\$0 (Tier 1)	OTC
SYRUP VEHICLE	\$0 (Tier 1)	OTC
<i>stress formula</i>	\$0 (Tier 1)	OTC
<i>sudogest</i>	\$0 (Tier 1)	OTC
SYRSPEND SF	\$0 (Tier 1)	OTC
SYSTANE	\$0 (Tier 1)	OTC
SYSTANE COMPLETE	\$0 (Tier 1)	OTC
SYSTANE GEL	\$0 (Tier 1)	OTC
<i>tab-a-vite</i>	\$0 (Tier 1)	OTC
<i>tab-a-vite w/beta carotene</i>	\$0 (Tier 1)	OTC
<i>tgt psyllium fiber</i>	\$0 (Tier 1)	OTC
THERA	\$0 (Tier 1)	OTC
<i>thera-gesic</i>	\$0 (Tier 1)	OTC
<i>thera-gesic plus</i>	\$0 (Tier 1)	OTC
THERANATAL CORE NUTRITION	\$0 (Tier 1)	OTC
<i>therapeutic shampoo</i>	\$0 (Tier 1)	OTC
TINACTIN	\$0 (Tier 1)	OTC
TODAY SPONGE	\$0 (Tier 1)	OTC
<i>tolnaftate</i>	\$0 (Tier 1)	OTC
<i>tri-vite/fluoride</i>	\$0 (Tier 1)	OTC
<i>triamcinolone acetonide</i>	\$0 (Tier 1)	OTC
<i>triple antibiotic</i>	\$0 (Tier 1)	OTC
<i>triprolidine hci</i>	\$0 (Tier 1)	OTC
<i>triprolidine hydrochloride</i>	\$0 (Tier 1)	OTC
TRUSTEX LUBRICATED/SPERMICIDE	\$0 (Tier 1)	OTC
TRUSTEX/RIA NON-LUBRICATED	\$0 (Tier 1)	OTC
TUMS	\$0 (Tier 1)	OTC
TUMS EXTRA STRENGTH 750	\$0 (Tier 1)	OTC
<i>ultra-mega</i>	\$0 (Tier 1)	OTC
<i>urea</i>	\$0 (Tier 1)	OTC
<i>urea 20 intensive hydrating cream</i>	\$0 (Tier 1)	OTC
<i>ureacin-20</i>	\$0 (Tier 1)	OTC
VANACOF	\$0 (Tier 1)	OTC
VCF VAGINAL CONTRACEPTIVE FILM	\$0 (Tier 1)	OTC
VCF VAGINAL CONTRACEPTIVE FOAM	\$0 (Tier 1)	OTC

PA: Prior Authorization QL: Quantity Limits ST: Step Therapy B/D: Covered under Medicare B or D
LA: Limited Access MO: available at Mail order ACS: Available at CVS Specialty Pharmacy
HRM: High Risk Medication OTC: Over-the-Counter

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VCF VAGINAL CONTRACEPTIVEGEL	\$0 (Tier 1)	OTC
<i>vitamin a & d</i>	\$0 (Tier 1)	OTC
<i>vitamins a/c/d/fluoride</i>	\$0 (Tier 1)	OTC
<i>vitamin b-1</i>	\$0 (Tier 1)	OTC
<i>vitamin b-12</i>	\$0 (Tier 1)	OTC
<i>vitamin b-6</i>	\$0 (Tier 1)	OTC
<i>vitamin c</i>	\$0 (Tier 1)	OTC
<i>vitamin d 400</i>	\$0 (Tier 1)	OTC
<i>vitamin d-3</i>	\$0 (Tier 1)	OTC
VITAMIN D3 TABLET DISINTEGRATING	\$0 (Tier 1)	OTC
<i>vitamin d3 capsule</i>	\$0 (Tier 1)	OTC
WOMENS 50 BILLION	\$0 (Tier 1)	OTC
XANTHAN GUM	\$0 (Tier 1)	OTC
<i>zinc oxide</i>	\$0 (Tier 1)	OTC

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D. Index of Covered Drugs

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

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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on your ID card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

注意：如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-844-362-0934, 8 a.m. to 8 p.m., E.S.T., 7 days a week. TTY users call 711.

Multi-Language Insert

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 1-844-362-0934. Someone who speaks English/Language 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 1-844-362-0934. 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 1-844-362-0934。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 1-844-362-0934。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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-844-362-0934. 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 1-844-362-0934. 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 quý vị cần thông dịch viên xin gọi 1-844-362-0934 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-362-0934. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-362-0934번으로 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 1-844-362-0934. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-362-0934. سيقوم شخص ما بتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-362-0934 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 1-844-362-0934. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-362-0934. 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 1-844-362-0934. 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 1-844-362-0934. 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。通訳をご用命になるには、1-844-362-0934にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ‘ōlelo kā mākou i mea e pane ‘ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā‘au lapa‘au paha. I mea e loa‘a ai ke kōkua māhele ‘ōlelo, e kelepona mai iā mākou ma 1-844-362-0934. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

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This formulary was updated on 05/01/2024. For more recent information or other questions, please contact Aetna® Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/New-Jersey-hmosnp/drug-formulary)**

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