2027 Formulary

PriorityMedicare® Dual Premier (HMO D-SNP)

2027 List of Covered Drugs (*Drug List* or Formulary)

Please read:
This document contains information about the drugs we cover in this plan.

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This *Drug List* was updated on 10/5/2026. For more recent information or other questions, please contact us toll-free 833.939.0983 (TTY 711). From Oct. 1–Mar. 31, we're available seven days a week from 8 a.m.–8 p.m. ET. From Apr. 1–Sept. 30, we're available Mon.–Fri. from 8 a.m.–8 p.m. and Sat. 8 a.m.- noon ET. You can also log in to your member portal at *priorityhealth.com* to send us a message.

Introduction

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

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A. Disclaimers

- This is a list of drugs that members can get in **Priority**Medicare Dual Premier.
- You can always check **Priority**Medicare Dual Premier's up-to-date *List of Covered Drugs* online at *prioritymedicare.com* or by calling Customer Care at the numbers listed at the bottom of this page. This call is free.
- **You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Care at the numbers listed at the bottom of this page. This call is free.**
- For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call 1-888-746-6456 or visit the MI CHHO website at meji.org/michho/mhlo. To schedule an appointment with a person-centered options counselor, please call MI Options at 1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.
- **Priority**Medicare Dual Premier is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.
- Our plan can also give you your important plan materials in languages other than English and in formats such as large print, braille, or audio. To get your important plan materials in one of these alternative formats, you can submit a request using any of the following methods:
  - Contact our Customer Care team by calling the numbers at the bottom of this page.
  - Create and log in to your member account at *member.priorityhealth.com* to send us a secure message.
  - Send a written request to: Priority Health, 1231 East Beltline Ave. NE, MS: 1175, Grand Rapids, MI 49525

Upon receiving your request, unless you indicate this is a one-time need, we will continue to send future mailings and communications in the preferred language and/or format. If at any time you would like to update or change your preferred preferences, you can use any of the above contact methods.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by **Priority**Medicare Dual

Premier. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Michigan Medicaid. Please visit the Michigan Medicaid website www.michigan.gov/mdhhs/assistance-programs/medicaid for more information. You can also call the Michigan Medicaid Beneficiary Help Line at 1-800-642-3195 8:00 AM – 7:00 PM Monday through Friday (except holidays) or email beneficiarysupport@michigan.gov. Please bring your Member ID Card when getting prescriptions through Michigan Medicaid.

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

You can also find an up-to-date list of drugs that we cover on our website at *prioritymedicare.com* or call Customer Care at the numbers listed at the bottom of this page.

B2. Does the *Drug List* ever change?

Yes, and **Priority**Medicare Dual Premier must follow Medicare and Michigan 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 **Priority**Medicare Dual Premier 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'll cover another drug.)

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

If you're taking a drug that was covered at the **beginning** of the year, we'll 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 isn't safe, **or**

- a drug is removed from the market.

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

- You can always check **Priority**Medicare Dual Premier's up-to-date *Drug List* online at *prioritymedicare.com*. Updates to the *Drug List* are posted on the website monthly.
- You can also call Customer Care at the numbers listed at the bottom of this page to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

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

- **Substitutions of certain new versions of drugs**. We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we're adding:
        - is a new generic version of a brand name drug, or
        - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription.)
        - Some of these drug types may be new to you. For more information, refer to **Section B14**.
    - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market**. Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. You should contact your prescriber to help you decide if there's a similar drug on the *Drug List* you can take instead.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, **or**

- We remove an original biological product when adding a biosimilar, **or**
- We change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- 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's 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.

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at *prioritymedicare.com*. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the section titled List of Drugs by Medical Condition has a column labeled “Necessary actions, restrictions, or limits on use.”

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

In some cases, we’ll 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, **or**
- You can search by medical condition.

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

To search by medical condition, find **Section C1** labeled “List of Drug by Medical Condition.” The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in the “Cardiovascular Agents” category. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Customer Care at the numbers listed at the bottom of this page and ask about it. If you learn that **Priority**Medicare Dual Premier won’t cover the drug, you can do one of these things:

- Ask Customer Care for a list of drugs like the one you want to take. Then show that 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**
- Ask **Priority**Medicare Dual Premier to make an exception to cover your drug. Refer to

questions B10-B12 for more information about exceptions.

B9. What If I'm a new **Priority**Medicare **Dual Premier 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're a member of **Priority**Medicare Dual Premier. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's 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'll allow multiple refills to provide up to a maximum of 30 days of medication.

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

- You're taking a drug that is not on our *Drug List*, **or**
- Our plan rules don't let you get the amount ordered by your prescriber, **or**
- The drug requires prior authorization by **Priority**Medicare Dual Premier, **or**
- You're taking a drug that's part of a step therapy restriction.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new **Priority**Medicare Dual Premier member.
- This is in addition to the temporary supply during the first 90 days you're a member of **Priority**Medicare Dual Premier.

PriorityMedicare Dual Premier provides members experiencing a level of care change with a transition supply of at least 30 days of medication unless the prescription is written for fewer days.

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

Yes. You can ask **Priority**Medicare Dual Premier to make an exception to cover a drug that isn't on the *Drug List*.

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

- For example, **Priority**Medicare Dual Premier may limit the amount of a drug we'll 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 Customer Care. A Customer Care representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section G2** of the *Member Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Your prescriber can call us with their supporting statement at the numbers listed at the bottom of this page, they can fax their statement to 877.974.4411, or they can mail it to: Priority Health Medicare, MS 1260, 1231 East Beltline Ave, NE Grand Rapids, MI 49525.

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'll 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 brand name drugs and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription – depending on state laws.

PriorityMedicare Dual Premier covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

OTC stands for “over-the-counter.” **Priority**Medicare Dual Premier covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the **Priority**Medicare Dual Premier *Drug List* to find out what OTC drugs are covered.

B16. Does Priority Medicare **Dual Premier cover long-term supplies of prescriptions?**

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

B17. What’s my cost-share?

PriorityMedicare Dual Premier members qualifying for “Extra Help” (otherwise known as low-income subsidy (LIS)) from Medicare to pay for their prescription drug plan costs, will have the following copays, depending on the amount of “Extra Help” that is received.

Tiers are groups of drugs on our *Drug List.*

- Tier 1 Preferred generic drugs have $0 copay.
- Tier 2 Generic drugs have $0 copay.
- Tier 3 Preferred brand drugs have $0 - $14.40 copay.
- Tier 4 Non-preferred drugs have $0 - $14.40 copay.
- Tier 5 Specialty drugs have $0 - $14.40 copay.
    - Note that Tier 5 Specialty drugs are limited to a 30-day supply per fill.
- Medicaid-covered drugs and OTCs have $0 copay.

If you have questions, call Customer Care at the numbers listed at the bottom of this page.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by **Priority**Medicare Dual Premier. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by **Priority**Medicare Dual Premier.

Note: The abbreviation MC in the Necessary actions, restrictions, or limits on use column next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug you want isn't covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Customer Care at the numbers listed at the bottom of this page.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

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

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *atorvastatin*), brand name drugs are capitalized (for example, ELIQUIS), and OTC drugs are listed in lower case (for example, docusate sodium). The information in the "Necessary actions, restrictions, or limits on use" column tells you if **Priority**Medicare Dual Premier has any rules for covering your drug.

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

B/D: Part B vs. Part D. This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending upon your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

CSHCS: This medication is only covered for Medicaid Children's Special Health Care Services (CSHCS) members.

EA: Each

GM: Grams

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Care at the numbers listed at the bottom of this page. The call is free.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Provider/Pharmacy Directory or call Customer Care at the numbers listed at the bottom of this page. The call is free.

MC: Medicaid-covered. Non-Part D drugs or OTC items that are covered by Michigan Medicaid.

ML: Milliliters

NE: No Express Scripts. This drug is not available to be filled fill through Express Scripts Home Delivery Pharmacy.

PA: Prior Authorization. You must have authorization from the plan before you can get this drug.

QL: Quantity Limit. The plan limits the amount of this drug you can get.

ST: Step Therapy. You must try another drug before you can get this one.

PriorityMedicare Dual Premier

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
Analgesics		
8hr muscle aches & pain relief	$0 (MC)	
acetaminophen childrens oral suspension 160 mg/5ml	$0 (MC)	
acetaminophen er	$0 (MC)	
acetaminophen extra strength oral liquid 1000 mg/30ml	$0 (MC)	
acetaminophen extra strength oral tablet	$0 (MC)	
acetaminophen oral solution 160 mg/5ml, 650 mg/20.3ml	$0 (MC)	
acetaminophen oral suspension 80 mg/2.5ml	$0 (MC)	
acetaminophen oral tablet	$0 (MC)	
aspirin oral tablet 325 mg	$0 (MC)	
aspirin rectal suppository 300 mg	$0 (MC)	
feverall childrens	$0 (MC)	
feverall infants	$0 (MC)	
feverall junior strength	$0 (MC)	
feverall rectal suppository 650 mg	$0 (MC)	
gnp acetaminophen oral tablet	$0 (MC)	
gnp pain relief extra strength oral tablet	$0 (MC)	
goodsense aspirin oral tablet chewable	$0 (MC)	
histaflex	$0 (MC)	
mapap childrens oral tablet chewable 80 mg	$0 (MC)	
mapap oral capsule	$0 (MC)	
tension headache	$0 (MC)	
tri-buffered aspirin oral tablet 325 mg	$0 (MC)	
Nonsteroidal Anti-Inflammatory Drugs		
acetaminophen-ibuprofen	$0 (MC)	
celecoxib oral	$0 (Tier 2)	
diclofenac potassium oral tablet 50 mg	$0 (Tier 2)	
diclofenac sodium er	25% (Tier 4)	
diclofenac sodium external solution 1.5 %	25% (Tier 4)	QL (750 ML per 30 days)

* = 30-day supply only

You can find more information on what the abbreviations mean starting on page 12.

This formulary was last updated 10/5/2026.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diclofenac sodium oral tablet delayed release 50 mg, 75 mg	$0 (Tier 2)	
diclofenac-misoprostol oral tablet delayed release	25% (Tier 4)	
diflunisal oral	$0 (Tier 2)	
etodolac oral	25% (Tier 4)	
gnp naproxen sodium oral capsule	$0 (MC)	
ibu oral tablet 600 mg, 800 mg	$0 (Tier 2)	
ibuprofen junior strength oral tablet chewable	$0 (MC)	
ibuprofen oral capsule	$0 (MC)	
ibuprofen oral tablet 200 mg	$0 (MC)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0 (Tier 2)	
infants ibuprofen	$0 (MC)	
meloxicam oral tablet	$0 (Tier 1)	
nabumetone oral	$0 (Tier 2)	
naproxen oral tablet	$0 (Tier 2)	
naproxen sodium oral tablet 220 mg	$0 (MC)	
oxaprozin oral tablet	25% (Tier 4)	
piroxicam oral	25% (Tier 4)	
salsalate oral	$0 (Tier 2)	
sulindac oral	$0 (Tier 2)	
Opioid Analgesics, Long-Acting		
buprenorphine transdermal	25% (Tier 4)	QL (4 EA per 28 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	25% (Tier 4)	QL (10 EA per 30 days); NE
hydromorphone hcl er oral tablet extended release 24 hour	25% (Tier 4)	QL (60 EA per 30 days); NE
methadone hcl oral solution 10 mg/5ml	25% (Tier 4)	QL (600 ML per 30 days); NE
methadone hcl oral solution 5 mg/5ml	25% (Tier 4)	QL (1200 ML per 30 days); NE
methadone hcl oral tablet 10 mg	25% (Tier 4)	QL (90 EA per 30 days); NE
methadone hcl oral tablet 5 mg	25% (Tier 4)	QL (120 EA per 30 days); NE
morphine sulfate er oral tablet extended release 100 mg	25% (Tier 4)	QL (60 EA per 30 days); NE

* = 30-day supply only

You can find more information on what the abbreviations mean starting on page 12.

This formulary was last updated 10/5/2026.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg	25% (Tier 4)	QL (120 EA per 30 days); NE
oxymorphone hcl er	25% (Tier 4)	QL (90 EA per 30 days); NE
tramadol hcl er	25% (Tier 3)	QL (30 EA per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	25% (Tier 4)	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	25% (Tier 4)	QL (180 EA per 30 days)
butorphanol tartrate nasal	25% (Tier 4)	QL (10 ML per 28 days)
codeine sulfate oral tablet 30 mg, 60 mg	25% (Tier 4)	QL (180 EA per 30 days); NE
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	25% (Tier 4)	QL (5520 ML per 30 days); NE
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	25% (Tier 4)	QL (360 EA per 30 days); NE
hydrocodone-ibuprofen oral tablet 7.5-200 mg	25% (Tier 4)	QL (150 EA per 30 days); NE
hydromorphone hcl oral liquid 1 mg/ml	25% (Tier 4)	QL (2400 ML per 30 days); NE
hydromorphone hcl oral tablet 2 mg, 4 mg	25% (Tier 4)	QL (180 EA per 30 days); NE
hydromorphone hcl oral tablet 8 mg	25% (Tier 4)	NE
hydromorphone hcl pf injection solution 10 mg/ml	25% (Tier 4)	QL (240 ML per 30 days); NE
hydromorphone hcl pf injection solution 50 mg/5ml	25% (Tier 4)	QL (240 ML per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	25% (Tier 4)	QL (60 ML per 30 days); NE
morphine sulfate (concentrate) oral solution 20 mg/ml	25% (Tier 4)	QL (900 ML per 30 days)
morphine sulfate oral solution	25% (Tier 4)	QL (900 ML per 30 days); NE
morphine sulfate oral tablet	25% (Tier 4)	QL (180 EA per 30 days); NE
oxycodone hcl oral concentrate 100 mg/5ml	25% (Tier 4)	QL (180 ML per 30 days); NE
oxycodone hcl oral solution	25% (Tier 4)	QL (1200 ML per 30 days); NE
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	25% (Tier 4)	QL (180 EA per 30 days); NE
oxycodone hcl oral tablet 5 mg	25% (Tier 4)	QL (360 EA per 30 days); NE
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	25% (Tier 4)	QL (360 EA per 30 days); NE

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oxymorphone hcl oral tablet 10 mg	25% (Tier 4)	QL (360 EA per 30 days); NE
oxymorphone hcl oral tablet 5 mg	25% (Tier 4)	QL (180 EA per 30 days); NE
tramadol hcl oral tablet 50 mg	25% (Tier 3)	QL (240 EA per 30 days)
tramadol-acetaminophen	25% (Tier 3)	QL (240 EA per 30 days)
Anesthetics		
Local Anesthetics		
lidocaine external cream 4 %	$0 (MC)	
lidocaine external ointment 5 %	25% (Tier 3)	QL (100 GM per 30 days)
lidocaine external patch 5 %	25% (Tier 4)	PA; QL (90 EA per 30 days)
lidocaine hcl external solution	25% (Tier 4)	
lidocaine hcl urethral/mucosal	$0 (Tier 2)	
lidocaine viscous hcl	$0 (Tier 2)	
lidocaine-prilocaine external cream	25% (Tier 4)	
LIDOCAN	25% (Tier 4)	PA; QL (90 EA per 30 days)
LIDOCAN III	25% (Tier 4)	PA; QL (90 EA per 30 days)
TRIDACAINE III	25% (Tier 3)	PA; QL (90 EA per 30 days)
TRIDACAINE XL	25% (Tier 3)	PA; QL (90 EA per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium	25% (Tier 4)	
disulfiram oral	25% (Tier 3)	
Opioid Dependence		
buprenorphine hcl sublingual tablet sublingual 2 mg	25% (Tier 3)	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	25% (Tier 3)	QL (120 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	25% (Tier 4)	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	25% (Tier 4)	QL (180 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	25% (Tier 4)	QL (120 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	25% (Tier 4)	QL (180 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	$0 (Tier 2)	QL (120 EA per 30 days)
naltrexone hcl oral	$0 (Tier 2)	
Opioid Reversal Agents		
KLOXXADO	25% (Tier 4)	QL (2 EA per 30 days)
naloxone hcl injection solution 0.4 mg/ml	$0 (Tier 1)	
naloxone hcl injection solution cartridge	$0 (Tier 2)	
naloxone hcl injection solution prefilled syringe	$0 (Tier 1)	
naloxone hcl nasal	$0 (MC)	
opvee	25% (Tier 3)	QL (2 EA per 30 days)
Smoking Cessation Agents		
bupropion hcl er (smoking det)	$0 (Tier 2)	
ft nicotine mini mouth/throat lozenge 4 mg	$0 (MC)	QL (270 EA per 30 days)
nicotine polacrilex mini	$0 (MC)	QL (270 EA per 30 days)
nicotine polacrilex mouth/throat	$0 (MC)	QL (270 EA per 30 days)
nicotine transdermal patch 24 hour	$0 (MC)	QL (28 EA per 28 days)
NICOTROL NS	25% (Tier 4)	
varenicline tartrate (starter)	25% (Tier 4)	
varenicline tartrate oral tablet	25% (Tier 4)	
varenicline tartrate(continue)	25% (Tier 4)	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	25% (Tier 4)	HI
ARIKAYCE	25% (Tier 5)*	PA; QL (235.2 ML per 28 days)
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	25% (Tier 4)	HI
gentamicin sulfate external	25% (Tier 4)	QL (90 GM per 30 days)
gentamicin sulfate injection solution 40 mg/ml	25% (Tier 4)	
neomycin sulfate oral	$0 (Tier 2)	
streptomycin sulfate intramuscular	25% (Tier 4)	
tobramycin sulfate injection solution 10 mg/ml	25% (Tier 3)	HI; QL (720 ML per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tobramycin sulfate injection solution 80 mg/2ml	25% (Tier 4)	QL (720 ML per 30 days)
Antibacterials, Other		
aztreonam	25% (Tier 4)	HI
clindamycin hcl oral capsule 150 mg, 300 mg	$0 (Tier 2)	
clindamycin palmitate hcl	25% (Tier 4)	
clindamycin phosphate external swab	25% (Tier 3)	
clindamycin phosphate in d5w	25% (Tier 4)	
clindamycin phosphate vaginal	25% (Tier 4)	
colistimethate sodium (cba)	25% (Tier 4)	HI
daptomycin intravenous solution reconstituted 500 mg	25% (Tier 4)	HI
fosfomycin tromethamine	25% (Tier 4)	
linezolid intravenous solution 600 mg/300ml	25% (Tier 4)	
linezolid oral suspension reconstituted	25% (Tier 5)*	
linezolid oral tablet	25% (Tier 4)	QL (56 EA per 28 days)
methenamine hippurate	25% (Tier 4)	
metronidazole external cream	$0 (Tier 2)	
metronidazole external gel 0.75 %	$0 (Tier 2)	
metronidazole external gel 1 %	25% (Tier 4)	
metronidazole external lotion	25% (Tier 4)	
metronidazole intravenous solution 500 mg/100ml	25% (Tier 4)	
metronidazole oral tablet 250 mg, 500 mg	$0 (Tier 2)	
metronidazole vaginal	$0 (Tier 2)	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	25% (Tier 3)	
nitrofurantoin monohyd macro	$0 (Tier 2)	
tigecycline	25% (Tier 4)	
tinidazole oral	25% (Tier 4)	
trimethoprim oral	$0 (Tier 2)	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 500 mg	25% (Tier 4)	HI

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You can find more information on what the abbreviations mean starting on page 12.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vancomycin hcl intravenous solution reconstituted 1.75 gm, 2 gm	$0 (Tier 2)	HI
vancomycin hcl oral capsule 125 mg	25% (Tier 4)	QL (80 EA per 30 days)
vancomycin hcl oral capsule 250 mg	25% (Tier 4)	QL (160 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	25% (Tier 3)	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	25% (Tier 3)	PA; QL (60 EA per 30 days)
Beta-Lactam, Cephalosporins		
cefaclor oral capsule	25% (Tier 3)	
cefaclor oral suspension reconstituted 250 mg/5ml	25% (Tier 4)	
cefadroxil oral capsule	$0 (Tier 2)	
cefadroxil oral suspension reconstituted	25% (Tier 4)	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	25% (Tier 4)	HI
cefdinir	$0 (Tier 2)	
cefepime hcl injection solution reconstituted 1 gm	25% (Tier 4)	HI
cefepime hcl intravenous solution reconstituted 2 gm	25% (Tier 4)	HI
cefixime oral capsule	25% (Tier 4)	
cefoxitin sodium intravenous	25% (Tier 4)	HI
cefpodoxime proxetil	25% (Tier 4)	
cefprozil	$0 (Tier 2)	
ceftaroline fosamil	25% (Tier 4)	
ceftazidime injection solution reconstituted 1 gm, 6 gm	25% (Tier 4)	HI
ceftazidime intravenous	25% (Tier 4)	HI
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	25% (Tier 4)	HI
ceftriaxone sodium intravenous solution reconstituted 10 gm	25% (Tier 4)	HI
cefuroxime axetil oral tablet	$0 (Tier 2)	
cefuroxime sodium injection solution reconstituted 750 mg	25% (Tier 4)	HI
cefuroxime sodium intravenous solution reconstituted 1.5 gm	25% (Tier 4)	HI

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cephalexin oral capsule 250 mg, 500 mg	$0 (Tier 2)	
cephalexin oral suspension reconstituted	$0 (Tier 2)	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	$0 (Tier 2)	
amoxicillin oral suspension reconstituted	$0 (Tier 2)	
amoxicillin oral tablet	$0 (Tier 2)	
amoxicillin oral tablet chewable 125 mg, 250 mg	$0 (Tier 2)	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	$0 (Tier 2)	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	25% (Tier 4)	
amoxicillin-pot clavulanate oral tablet	$0 (Tier 2)	
ampicillin oral capsule 500 mg	$0 (Tier 2)	
ampicillin sodium injection solution reconstituted 1 gm	25% (Tier 4)	HI
ampicillin sodium intravenous solution reconstituted 10 gm	25% (Tier 4)	HI
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm	25% (Tier 4)	HI
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	25% (Tier 4)	HI
BICILLIN C-R	25% (Tier 3)	
BICILLIN C-R 900/300	25% (Tier 3)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	25% (Tier 3)	
dicloxacillin sodium	$0 (Tier 2)	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	25% (Tier 4)	
nafcillin sodium intravenous solution reconstituted 10 gm	25% (Tier 4)	
oxacillin sodium injection solution reconstituted 1 gm	25% (Tier 4)	
oxacillin sodium intravenous	25% (Tier 4)	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	25% (Tier 4)	HI

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
penicillin g potassium injection solution reconstituted 20000000 unit	25% (Tier 4)	HI
penicillin g potassium injection solution reconstituted 5000000 unit	25% (Tier 4)	
penicillin g sodium	25% (Tier 4)	
penicillin v potassium oral solution reconstituted	25% (Tier 4)	
penicillin v potassium oral tablet	$0 (Tier 2)	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	25% (Tier 4)	HI
Carbapenems		
ertapenem sodium	25% (Tier 4)	
imipenem-cilastatin	25% (Tier 4)	
meropenem intravenous solution reconstituted 1 gm, 500 mg	25% (Tier 3)	
Macrolides		
azithromycin intravenous	25% (Tier 4)	HI
azithromycin oral suspension reconstituted	$0 (Tier 2)	
azithromycin oral tablet	$0 (Tier 2)	
clarithromycin er	25% (Tier 4)	
clarithromycin oral suspension reconstituted	25% (Tier 4)	
clarithromycin oral tablet	$0 (Tier 2)	
DIFICID ORAL SUSPENSION RECONSTITUTED	25% (Tier 5)*	ST; QL (136 ML per 10 days)
DIFICID ORAL TABLET	25% (Tier 5)*	ST; QL (20 EA per 10 days)
erythromycin base oral tablet	25% (Tier 4)	
erythromycin oral	25% (Tier 4)	
fidaxomicin	25% (Tier 5)*	ST; QL (20 EA per 10 days)
Quinolones		
ciprofloxacin hcl ophthalmic	$0 (Tier 2)	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	$0 (Tier 1)	
ciprofloxacin hcl oral tablet 750 mg	$0 (Tier 2)	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	25% (Tier 4)	
levofloxacin oral solution	25% (Tier 4)	
levofloxacin oral tablet	$0 (Tier 2)	
moxifloxacin hcl in nacl	25% (Tier 4)	HI
moxifloxacin hcl oral	25% (Tier 4)	
ofloxacin oral tablet 400 mg	25% (Tier 4)	
Sulfonamides		
sulfacetamide sodium (acne)	25% (Tier 4)	
sulfadiazine oral	25% (Tier 4)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	$0 (Tier 2)	
sulfamethoxazole-trimethoprim oral tablet	$0 (Tier 1)	
Tetracyclines		
demeclocycline hcl oral	25% (Tier 4)	
doxycycline hyclate intravenous	25% (Tier 4)	
doxycycline hyclate oral capsule 100 mg, 50 mg	$0 (Tier 2)	
doxycycline hyclate oral tablet 100 mg, 20 mg	$0 (Tier 2)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	$0 (Tier 2)	
doxycycline monohydrate oral suspension reconstituted	25% (Tier 4)	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	$0 (Tier 2)	
minocycline hcl oral capsule	$0 (Tier 2)	
tetracycline hcl oral capsule	25% (Tier 4)	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam oral solution	25% (Tier 5)*	PA; QL (600 ML per 30 days)
brivaracetam oral tablet	25% (Tier 5)*	PA; QL (60 EA per 30 days)
DIACOMIT	25% (Tier 5)*	PA
EPIDIOLEX	25% (Tier 5)*	PA; QL (500 ML per 30 days)
felbamate	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FINTEPLA	25% (Tier 5)*	PA; QL (360 ML per 30 days)
lamotrigine er	25% (Tier 4)	
lamotrigine oral tablet	$0 (Tier 2)	
lamotrigine oral tablet chewable	$0 (Tier 2)	
lamotrigine oral tablet dispersible	25% (Tier 4)	
levetiracetam er	$0 (Tier 2)	
levetiracetam oral solution	$0 (Tier 2)	
levetiracetam oral tablet	$0 (Tier 2)	
levetiracetam oral tablet disintegrating soluble 250 mg	25% (Tier 4)	PA; QL (360 EA per 30 days)
levetiracetam oral tablet disintegrating soluble 500 mg	25% (Tier 4)	PA; QL (180 EA per 30 days)
perampanel oral suspension	25% (Tier 4)	PA; QL (680 ML per 28 days)
perampanel oral tablet	25% (Tier 4)	PA; QL (30 EA per 30 days)
SUBVENITE ORAL SUSPENSION	25% (Tier 5)*	PA
topiramate oral capsule sprinkle 15 mg, 25 mg	$0 (Tier 2)	
topiramate oral solution 25 mg/ml	25% (Tier 4)	PA; QL (480 ML per 30 days)
topiramate oral tablet	$0 (Tier 2)	
valproic acid oral capsule	$0 (Tier 2)	
valproic acid oral solution 250 mg/5ml	$0 (Tier 2)	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	25% (Tier 5)*	PA; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	25% (Tier 5)*	PA; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	25% (Tier 4)	PA; QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	25% (Tier 5)*	PA; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
ethosuximide oral capsule	$0 (Tier 2)	
ethosuximide oral solution	25% (Tier 4)	
methsuximide	25% (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZONISADE	25% (Tier 5)*	PA; QL (900 ML per 30 days)
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	25% (Tier 4)	PA; QL (480 ML per 30 days)
clobazam oral tablet	25% (Tier 4)	PA; QL (60 EA per 30 days)
diazepam rectal	25% (Tier 4)	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	$0 (Tier 2)	
gabapentin oral solution 250 mg/5ml	25% (Tier 4)	
gabapentin oral tablet 600 mg, 800 mg	$0 (Tier 2)	
NAYZILAM	25% (Tier 4)	PA; QL (10 EA per 30 days)
phenobarbital oral elixir	25% (Tier 4)	PA
phenobarbital oral tablet	$0 (Tier 2)	PA
primidone oral tablet 250 mg, 50 mg	$0 (Tier 2)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	25% (Tier 4)	PA; QL (60 EA per 30 days)
tiagabine hcl	25% (Tier 4)	
VALTOCO 10 MG DOSE	25% (Tier 5)*	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	25% (Tier 5)*	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	25% (Tier 5)*	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE	25% (Tier 5)*	PA; QL (10 EA per 30 days)
vigabatrin	25% (Tier 5)*	PA; LA
vigadrone oral packet	25% (Tier 5)*	PA
vigadrone oral tablet	25% (Tier 5)*	PA; LA
VIGAFYDE	25% (Tier 5)*	PA; QL (750 ML per 30 days)
ZTALMY	25% (Tier 5)*	PA; QL (1100 ML per 30 days)
Sodium Channel Agents		
carbamazepine er oral tablet extended release 12 hour	25% (Tier 3)	
carbamazepine oral suspension 100 mg/5ml	25% (Tier 4)	
carbamazepine oral tablet	$0 (Tier 2)	
carbamazepine oral tablet chewable 100 mg	$0 (Tier 2)	
DILANTIN ORAL CAPSULE 30 MG	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
eslicarbazepine acetate oral tablet 200 mg, 400 mg	25% (Tier 4)	PA; QL (30 EA per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	25% (Tier 4)	PA; QL (60 EA per 30 days)
lacosamide oral solution 10 mg/ml	25% (Tier 4)	QL (1200 ML per 30 days)
lacosamide oral tablet	25% (Tier 4)	QL (60 EA per 30 days)
oxcarbazepine oral suspension	25% (Tier 4)	
oxcarbazepine oral tablet	$0 (Tier 2)	
phenytoin oral suspension 125 mg/5ml	$0 (Tier 2)	
phenytoin oral tablet chewable	$0 (Tier 2)	
phenytoin sodium extended oral capsule 100 mg	$0 (Tier 2)	
rufinamide oral suspension 40 mg/ml	25% (Tier 5)*	PA
rufinamide oral tablet 200 mg	25% (Tier 4)	PA
rufinamide oral tablet 400 mg	25% (Tier 5)*	PA
zonisamide oral	$0 (Tier 2)	
Antidementia Agents		
Antidementia Agents, Other		
donepezil hcl oral tablet 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
donepezil hcl oral tablet 23 mg	25% (Tier 4)	
donepezil hcl oral tablet 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg	$0 (Tier 2)	QL (60 EA per 30 days)
donepezil hcl oral tablet dispersible 5 mg	$0 (Tier 2)	QL (30 EA per 30 days)
memantine hcl er	25% (Tier 4)	QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml	25% (Tier 4)	QL (300 ML per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	$0 (Tier 2)	QL (60 EA per 30 days)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	25% (Tier 4)	QL (49 EA per 28 days)
Cholinesterase Inhibitors		
galantamine hydrobromide er	25% (Tier 4)	
galantamine hydrobromide oral tablet	$0 (Tier 2)	
rivastigmine	25% (Tier 4)	QL (30 EA per 30 days)
rivastigmine tartrate	$0 (Tier 2)	QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidepressants		
Antidepressants, Other		
AUVELITY	25% (Tier 5)*	PA; QL (60 EA per 30 days); NE
AUVELITY TITRATION PACK	25% (Tier 5)*	PA; QL (51 EA per 29 days); NE
bupropion hcl er (sr)	$0 (Tier 2)	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	$0 (Tier 2)	
bupropion hcl oral	$0 (Tier 2)	
EXXUA	25% (Tier 5)*	PA; QL (30 EA per 30 days)
EXXUA TITRATION PACK	25% (Tier 5)*	PA; QL (32 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	$0 (Tier 2)	
mirtazapine oral tablet 7.5 mg	25% (Tier 4)	
mirtazapine oral tablet dispersible	25% (Tier 3)	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	25% (Tier 5)*	PA; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	25% (Tier 5)*	PA; QL (14 EA per 365 days)
Monoamine Oxidase Inhibitors		
EMSAM	25% (Tier 5)*	PA
MARPLAN	25% (Tier 4)	PA; QL (180 EA per 30 days)
phenelzine sulfate oral	25% (Tier 3)	
tranylcypromine sulfate	25% (Tier 4)	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide oral solution	25% (Tier 4)	QL (600 ML per 30 days)
citalopram hydrobromide oral tablet 10 mg, 20 mg	$0 (Tier 1)	QL (45 EA per 30 days)
citalopram hydrobromide oral tablet 40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
desvenlafaxine succinate er	25% (Tier 3)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	25% (Tier 4)	PA; QL (60 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	25% (Tier 4)	
escitalopram oxalate oral tablet	$0 (Tier 2)	

* = 30-day supply only

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FETZIMA	25% (Tier 4)	ST; QL (30 EA per 30 days); NE
FETZIMA TITRATION	25% (Tier 4)	ST; QL (30 EA per 30 days)
fluoxetine hcl oral capsule	$0 (Tier 1)	
fluoxetine hcl oral capsule delayed release	25% (Tier 4)	
fluoxetine hcl oral solution	25% (Tier 4)	
fluvoxamine maleate	$0 (Tier 2)	
nefazodone hcl	25% (Tier 4)	
paroxetine hcl	25% (Tier 4)	PA
RALDESY	25% (Tier 4)	PA; QL (1200 ML per 30 days)
sertraline hcl oral concentrate	25% (Tier 4)	
sertraline hcl oral tablet	$0 (Tier 1)	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	$0 (Tier 1)	
TRINTELLIX	25% (Tier 4)	ST; QL (30 EA per 30 days); NE
venlafaxine hcl	$0 (Tier 2)	
venlafaxine hcl er oral capsule extended release 24 hour	$0 (Tier 2)	
vilazodone hcl	25% (Tier 4)	ST; QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl oral	25% (Tier 4)	PA
amoxapine	25% (Tier 4)	
clomipramine hcl oral	25% (Tier 4)	
desipramine hcl oral	25% (Tier 4)	
imipramine hcl oral	25% (Tier 4)	
nortriptyline hcl oral capsule	$0 (Tier 2)	PA
nortriptyline hcl oral solution	25% (Tier 4)	PA
protriptyline hcl	25% (Tier 4)	PA
trimipramine maleate oral	25% (Tier 4)	PA
Antiemetics		
Antiemetics, Other		
meclizine hcl oral tablet 12.5 mg, 25 mg	$0 (Tier 2)	
prochlorperazine	25% (Tier 4)	
prochlorperazine maleate oral	$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
promethazine hcl oral tablet	$0 (Tier 2)	
promethazine hcl rectal suppository 12.5 mg, 25 mg	25% (Tier 4)	
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	25% (Tier 4)	
scopolamine	25% (Tier 4)	
Emetogenic Therapy Adjuncts		
aprepitant	25% (Tier 4)	PA; QL (6 EA per 30 days)
dronabinol oral capsule	25% (Tier 4)	B/D; QL (120 EA per 30 days)
granisetron hcl oral	25% (Tier 4)	B/D
ondansetron hcl oral solution 4 mg/5ml	25% (Tier 4)	B/D
ondansetron hcl oral tablet 4 mg, 8 mg	$0 (Tier 2)	B/D
ondansetron oral tablet dispersible 4 mg, 8 mg	$0 (Tier 2)	B/D
Antifungals		
Antifungals		
amphotericin b intravenous	25% (Tier 4)	B/D
amphotericin b liposome	25% (Tier 4)	B/D
antifungal external cream 2 %	$0 (MC)	
caspofungin acetate	25% (Tier 4)	HI
ciclopirox olamine external cream	$0 (Tier 2)	QL (180 GM per 30 days)
ciclopirox olamine external suspension	25% (Tier 4)	QL (60 ML per 30 days)
clotrimazole external cream	$0 (Tier 2)	QL (120 GM per 30 days)
clotrimazole external solution	25% (Tier 3)	
clotrimazole mouth/throat troche	$0 (Tier 2)	
clotrimazole vaginal cream 1 %	$0 (MC)	
CRESEMBA ORAL	25% (Tier 5)*	PA
dermacinrx lasolex ac	$0 (MC)	
econazole nitrate external cream	25% (Tier 4)	QL (90 GM per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	25% (Tier 4)	HI
fluconazole oral suspension reconstituted	25% (Tier 4)	
fluconazole oral tablet	$0 (Tier 2)	
flucytosine oral	25% (Tier 5)*	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fungoid tincture external solution	$0 (MC)	
gnp clotrimazole 3	$0 (MC)	
gnp miconazole 1	$0 (MC)	
griseofulvin microsize oral tablet	25% (Tier 4)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	25% (Tier 4)	
itraconazole oral capsule	25% (Tier 4)	
ketoconazole external cream	$0 (Tier 2)	QL (180 GM per 30 days)
ketoconazole external shampoo 2 %	$0 (Tier 2)	QL (120 ML per 30 days)
ketoconazole oral	$0 (Tier 2)	
micoclear	$0 (MC)	
miconazole 7 vaginal cream	$0 (MC)	
miconazole nitrate combo pack	$0 (MC)	
nyamyc	$0 (Tier 2)	QL (60 GM per 30 days)
nystatin external cream	$0 (Tier 2)	
nystatin external ointment	$0 (Tier 2)	
nystatin external powder	$0 (Tier 2)	QL (240 GM per 30 days)
nystatin mouth/throat suspension 100000 unit/ml	$0 (Tier 2)	QL (700 ML per 30 days)
nystatin oral tablet	$0 (Tier 2)	
nystop	$0 (Tier 2)	QL (240 GM per 30 days)
posaconazole oral tablet delayed release	25% (Tier 4)	QL (93 EA per 30 days)
sm miconazole 7 vaginal suppository	$0 (MC)	
terbinafine hcl oral	$0 (Tier 2)	
terconazole vaginal cream	25% (Tier 3)	
terconazole vaginal suppository	25% (Tier 4)	
tioconazole-1	$0 (MC)	
voriconazole intravenous solution reconstituted	25% (Tier 4)	PA
voriconazole oral suspension reconstituted	25% (Tier 5)*	
voriconazole oral tablet	25% (Tier 4)	
Antigout Agents		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	$0 (Tier 1)	
colchicine oral tablet	$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
colchicine-probenecid	25% (Tier 3)	
febuxostat	25% (Tier 4)	ST; QL (30 EA per 30 days)
probenecid oral	25% (Tier 3)	
Antimigraine Agents		
Antimigraine Agents		
dihydroergotamine mesylate nasal	25% (Tier 4)	PA; QL (8 ML per 30 days)
eletriptan hydrobromide	25% (Tier 4)	ST; QL (6 EA per 30 days)
ergotamine-caffeine	25% (Tier 3)	QL (40 EA per 30 days)
naratriptan hcl	$0 (Tier 2)	QL (12 EA per 30 days)
rizatriptan benzoate	$0 (Tier 2)	QL (12 EA per 30 days)
sumatriptan nasal	25% (Tier 4)	QL (12 EA per 30 days)
sumatriptan succinate oral	$0 (Tier 2)	QL (12 EA per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	25% (Tier 4)	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	25% (Tier 4)	QL (4 ML per 30 days)
zolmitriptan oral	25% (Tier 4)	QL (12 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
AIMOVIG	25% (Tier 3)	PA; QL (1 ML per 30 days)
EMGALITY	25% (Tier 3)	PA; QL (2 ML per 30 days)
EMGALITY (300 MG DOSE)	25% (Tier 3)	PA; QL (3 ML per 30 days)
NURTEC	25% (Tier 3)	PA; QL (18 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release	25% (Tier 4)	
pyridostigmine bromide oral tablet 60 mg	$0 (Tier 2)	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	25% (Tier 3)	
rifabutin	25% (Tier 4)	
rifapentine	25% (Tier 4)	
Antituberculars		
ethambutol hcl oral	$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
isoniazid oral syrup	25% (Tier 4)	
isoniazid oral tablet	$0 (Tier 2)	
pyrazinamide oral	25% (Tier 3)	
rifampin intravenous	25% (Tier 4)	
rifampin oral capsule 150 mg	25% (Tier 3)	
rifampin oral capsule 300 mg	$0 (Tier 2)	
SIRTURO	25% (Tier 5)*	PA
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	25% (Tier 3)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	25% (Tier 3)	B/D
LEUKERAN	25% (Tier 5)*	
lomustine oral capsule 10 mg, 40 mg	25% (Tier 4)	
lomustine oral capsule 100 mg	25% (Tier 5)*	
MATULANE	25% (Tier 5)*	PA
VALCHLOR	25% (Tier 5)*	PA; LA; QL (60 GM per 30 days)
Antiandrogens		
abiraterone acetate oral tablet 250 mg	25% (Tier 5)*	QL (120 EA per 30 days)
ABIRTEGA	25% (Tier 4)	QL (120 EA per 30 days)
bicalutamide	$0 (Tier 2)	
ERLEADA ORAL TABLET 240 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)
EULEXIN	25% (Tier 5)*	PA
flutamide	$0 (Tier 2)	
nilutamide	25% (Tier 5)*	
NUBEQA	25% (Tier 5)*	PA; QL (120 EA per 30 days)
toremifene citrate	25% (Tier 4)	
XTANDI ORAL CAPSULE	25% (Tier 5)*	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	25% (Tier 5)*	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	25% (Tier 5)*	PA; LA; QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiangiogenic Agents		
lenalidomide	25% (Tier 5)*	PA; LA; QL (30 EA per 30 days)
pomalidomide	25% (Tier 5)*	PA; QL (21 EA per 28 days)
POMALYST	25% (Tier 5)*	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	25% (Tier 5)*	PA
ZENBEXUS	25% (Tier 5)*	PA; QL (21 EA per 28 days)
Antiestrogens/Modifiers		
INLURIYO	25% (Tier 5)*	PA; QL (84 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	25% (Tier 5)*	PA; QL (90 EA per 30 days)
raloxifene hcl	$0 (Tier 2)	
SOLTAMOX	25% (Tier 4)	
tamoxifen citrate oral	$0 (Tier 2)	
VEPPANU	25% (Tier 5)*	PA; QL (30 EA per 30 days)
Antimetabolites		
hydroxyurea oral	$0 (Tier 2)	
INQOVI	25% (Tier 5)*	PA; QL (5 EA per 28 days)
mercaptopurine oral suspension	25% (Tier 5)*	PA
ONUREG	25% (Tier 5)*	PA; QL (14 EA per 28 days)
TABLOID	25% (Tier 4)	
Antineoplastics, Other		
AVMAPKI FAKZYNJA CO-PACK	25% (Tier 5)*	PA; QL (66 EA per 28 days)
GAVRETO	25% (Tier 5)*	PA; QL (120 EA per 30 days)
IDHIFA	25% (Tier 5)*	PA; QL (30 EA per 30 days)
IWILFIN	25% (Tier 5)*	PA; QL (240 EA per 30 days)
JYLAMVO	25% (Tier 4)	PA
krazati	25% (Tier 5)*	PA; QL (180 EA per 30 days)
LONSURF	25% (Tier 5)*	PA
LUMAKRAS ORAL TABLET 120 MG	25% (Tier 5)*	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	25% (Tier 5)*	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET	25% (Tier 5)*	PA; QL (120 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYSODREN	25% (Tier 5)*	
OGSIVEO ORAL TABLET 100 MG, 150 MG	25% (Tier 5)*	PA; QL (56 EA per 28 days)
ojjaara	25% (Tier 5)*	PA; QL (30 EA per 30 days)
ORGOVYX	25% (Tier 5)*	PA; QL (30 EA per 28 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	25% (Tier 5)*	PA; QL (90 EA per 30 days)
TUKYSA ORAL TABLET 150 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
WELIREG	25% (Tier 5)*	PA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	25% (Tier 5)*	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	25% (Tier 5)*	PA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	25% (Tier 5)*	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	25% (Tier 5)*	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	25% (Tier 5)*	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	25% (Tier 5)*	PA; QL (8 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	25% (Tier 5)*	PA; QL (4 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	25% (Tier 5)*	PA; QL (32 EA per 28 days)
ZOLINZA	25% (Tier 5)*	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral	$0 (Tier 2)	
exemestane	25% (Tier 4)	
letrozole oral	$0 (Tier 2)	
Molecular Target Inhibitors		
AKEEGA	25% (Tier 5)*	PA; QL (60 EA per 30 days)
ALECENSA	25% (Tier 5)*	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALUNBRIG ORAL TABLET 30 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	25% (Tier 5)*	PA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	25% (Tier 5)*	PA; QL (180 EA per 30 days)
AYVAKIT	25% (Tier 5)*	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	25% (Tier 5)*	PA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
BOSULIF ORAL CAPSULE 100 MG	25% (Tier 5)*	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
bosutinib oral tablet 100 mg	25% (Tier 5)*	PA; QL (120 EA per 30 days)
bosutinib oral tablet 400 mg, 500 mg	25% (Tier 5)*	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	25% (Tier 5)*	PA
BRUKINSA ORAL TABLET	25% (Tier 5)*	PA; QL (120 EA per 30 days)
CABOMETYX	25% (Tier 5)*	PA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET	25% (Tier 5)*	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	25% (Tier 5)*	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	25% (Tier 5)*	PA; LA; QL (30 EA per 30 days)
CAVHANZA	25% (Tier 5)*	PA; QL (120 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	25% (Tier 5)*	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	25% (Tier 5)*	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	25% (Tier 5)*	PA; QL (84 EA per 28 days)
COPIKTRA	25% (Tier 5)*	PA; QL (60 EA per 30 days)
COTELLIC	25% (Tier 5)*	PA; LA
DANZITEN	25% (Tier 5)*	PA; QL (112 EA per 28 days)
dasatinib oral tablet 100 mg, 50 mg, 70 mg, 80 mg	25% (Tier 5)*	PA; QL (60 EA per 30 days)
dasatinib oral tablet 140 mg	25% (Tier 5)*	PA; QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dasatinib oral tablet 20 mg	25% (Tier 5)*	PA; QL (90 EA per 30 days)
DAURISMO	25% (Tier 5)*	PA; QL (30 EA per 30 days)
ENSACOVE	25% (Tier 5)*	PA; QL (60 EA per 30 days)
ERIVEDGE	25% (Tier 5)*	PA; LA
erlotinib hcl oral tablet 100 mg, 150 mg	25% (Tier 5)*	PA; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	25% (Tier 5)*	PA; QL (90 EA per 30 days)
everolimus oral tablet 10 mg	25% (Tier 5)*	PA; QL (30 EA per 30 days)
everolimus oral tablet soluble 3 mg, 5 mg	25% (Tier 5)*	PA
FOTIVDA	25% (Tier 5)*	PA; QL (30 EA per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG	25% (Tier 5)*	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	25% (Tier 5)*	PA; QL (21 EA per 28 days)
gefitinib	25% (Tier 5)*	PA
GILOTRIF	25% (Tier 5)*	PA; QL (30 EA per 30 days)
GOMEKLI	25% (Tier 5)*	PA
HERNEXEOS	25% (Tier 5)*	PA; QL (90 EA per 30 days)
HYRNUO	25% (Tier 5)*	PA; QL (120 EA per 30 days)
IBRANCE	25% (Tier 5)*	PA; QL (21 EA per 28 days)
IBTROZI	25% (Tier 5)*	PA; QL (90 EA per 30 days)
ICLUSIG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
imatinib mesylate oral tablet 100 mg	25% (Tier 5)*	PA; QL (180 EA per 30 days)
imatinib mesylate oral tablet 400 mg	25% (Tier 5)*	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	25% (Tier 5)*	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	25% (Tier 5)*	PA; QL (216 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
imkeldi	25% (Tier 5)*	PA; QL (280 ML per 28 days)
INLYTA	25% (Tier 5)*	PA; LA; QL (180 EA per 30 days)
INREBIC	25% (Tier 5)*	PA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	25% (Tier 5)*	PA; QL (56 EA per 28 days)
ITOVEBI ORAL TABLET 9 MG	25% (Tier 5)*	PA; QL (28 EA per 28 days)
JAKAFI	25% (Tier 5)*	PA; LA; QL (60 EA per 30 days)
JAYPIRCA	25% (Tier 5)*	PA; QL (60 EA per 30 days)
JIDEYTRO	25% (Tier 5)*	PA; QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI (200 MG DOSE)	25% (Tier 5)*	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE)	25% (Tier 5)*	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE)	25% (Tier 5)*	PA; QL (63 EA per 28 days)
KOMZIFTI	25% (Tier 5)*	PA; QL (90 EA per 30 days)
KOSELUGO	25% (Tier 5)*	PA
lapatinib ditosylate	25% (Tier 5)*	PA
LAZCLUZE ORAL TABLET 240 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
LENVIMA (10 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (105 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (70 EA per 30 days)
LIFYORLI (125 MG DOSE)	25% (Tier 5)*	PA; QL (18 EA per 28 days)
LIFYORLI (150 MG DOSE)	25% (Tier 5)*	PA; QL (27 EA per 28 days)
LORBRENA	25% (Tier 5)*	PA
LYTGOBI (12 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (140 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (140 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE)	25% (Tier 5)*	PA; LA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED	25% (Tier 5)*	PA; QL (1170 ML per 28 days)
MEKINIST ORAL TABLET 0.5 MG	25% (Tier 5)*	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEKTOVI	25% (Tier 5)*	PA
MODEYSO	25% (Tier 5)*	PA; QL (20 EA per 28 days)
NERLYNX	25% (Tier 5)*	PA; QL (180 EA per 30 days)
nilotinib hcl	25% (Tier 5)*	PA; QL (120 EA per 30 days)
NINLARO	25% (Tier 5)*	PA; QL (3 EA per 28 days)
ODOMZO	25% (Tier 5)*	PA; LA; QL (30 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	25% (Tier 5)*	PA; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG	25% (Tier 5)*	PA; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (16 PACK)	25% (Tier 5)*	PA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (24 PACK)	25% (Tier 5)*	PA; QL (24 EA per 28 days)
pazopanib hcl oral tablet 200 mg	25% (Tier 5)*	PA; QL (120 EA per 30 days)
pazopanib hcl oral tablet 400 mg	25% (Tier 5)*	PA; QL (60 EA per 30 days)
PEMAZYRE	25% (Tier 5)*	PA; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE)	25% (Tier 5)*	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	25% (Tier 5)*	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	25% (Tier 5)*	PA; QL (56 EA per 28 days)
QINLOCK	25% (Tier 5)*	PA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	25% (Tier 5)*	PA; QL (240 EA per 30 days)
REZLIDHIA	25% (Tier 5)*	PA; QL (60 EA per 30 days)
ROMVIMZA	25% (Tier 5)*	PA; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	25% (Tier 5)*	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	25% (Tier 5)*	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET	25% (Tier 5)*	PA; QL (336 EA per 28 days)
RUBRACA	25% (Tier 5)*	PA; QL (120 EA per 30 days)
RYDAPT	25% (Tier 5)*	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	25% (Tier 5)*	PA; QL (240 EA per 30 days)
sorafenib tosylate	25% (Tier 5)*	PA
STIVARGA	25% (Tier 5)*	PA; LA; QL (84 EA per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sunitinib malate	25% (Tier 5)*	PA; QL (30 EA per 30 days)
TABRECTA	25% (Tier 5)*	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE	25% (Tier 5)*	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	25% (Tier 5)*	PA; QL (840 EA per 28 days)
TAGRISSO	25% (Tier 5)*	PA; LA; QL (30 EA per 30 days)
TALZENNA	25% (Tier 5)*	PA; QL (30 EA per 30 days)
TEPMETKO	25% (Tier 5)*	PA; QL (60 EA per 30 days)
TIBSOVO	25% (Tier 5)*	PA; QL (60 EA per 30 days)
TRUQAP ORAL TABLET 200 MG	25% (Tier 5)*	PA; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG	25% (Tier 5)*	PA; QL (64 EA per 28 days)
TURALIO ORAL CAPSULE 125 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)
VANFLYTA	25% (Tier 5)*	PA
VENCLEXTA ORAL TABLET 10 MG	25% (Tier 3)	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	25% (Tier 5)*	PA
VENCLEXTA STARTING PACK	25% (Tier 5)*	PA
VERZENIO	25% (Tier 5)*	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	25% (Tier 5)*	PA; QL (90 EA per 30 days)
VITRAKVI ORAL SOLUTION	25% (Tier 5)*	PA; QL (300 ML per 30 days)
VONJO	25% (Tier 5)*	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE	25% (Tier 5)*	PA; LA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	25% (Tier 5)*	PA; LA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG	25% (Tier 5)*	PA; LA; QL (120 EA per 30 days)
XOSPATA	25% (Tier 5)*	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET	25% (Tier 5)*	PA; QL (30 EA per 30 days)
ZELBORAF	25% (Tier 5)*	PA; LA; QL (240 EA per 30 days)
ZYKADIA ORAL TABLET	25% (Tier 5)*	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Retinoids		
bexarotene external	25% (Tier 5)*	PA; QL (60 GM per 30 days)
bexarotene oral	25% (Tier 5)*	PA
tretinoin oral	25% (Tier 5)*	PA
Treatment Adjuncts		
leucovorin calcium oral	$0 (Tier 2)	
mesna oral	25% (Tier 4)	
Antiparasitics		
Anthelmintics		
albendazole oral	25% (Tier 4)	
ivermectin oral tablet 3 mg	25% (Tier 3)	NE
praziquantel oral	25% (Tier 4)	
Antiprotozoals		
atovaquone oral	25% (Tier 4)	
atovaquone-proguanil hcl	25% (Tier 4)	
chloroquine phosphate oral	25% (Tier 4)	
COARTEM	25% (Tier 4)	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	$0 (Tier 2)	
IMPAVIDO	25% (Tier 5)*	PA; QL (84 EA per 28 days)
mefloquine hcl	$0 (Tier 2)	
nitazoxanide oral	25% (Tier 5)*	
pentamidine isethionate inhalation	25% (Tier 4)	B/D
pentamidine isethionate injection	25% (Tier 4)	
primaquine phosphate oral tablet 26.3 (15 base) mg	25% (Tier 4)	
pyrimethamine oral	25% (Tier 5)*	
quinine sulfate oral	25% (Tier 4)	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	25% (Tier 4)	
trihexyphenidyl hcl oral tablet	25% (Tier 3)	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amantadine hcl oral solution 50 mg/5ml	25% (Tier 4)	
amantadine hcl oral tablet	25% (Tier 4)	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	25% (Tier 4)	
entacapone	25% (Tier 4)	
Dopamine Agonists		
bromocriptine mesylate oral	25% (Tier 4)	
pramipexole dihydrochloride	$0 (Tier 2)	
ropinirole hcl	$0 (Tier 2)	
ropinirole hcl er	25% (Tier 4)	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	25% (Tier 3)	
carbidopa-levodopa	$0 (Tier 2)	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	$0 (Tier 2)	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral	25% (Tier 4)	
selegiline hcl oral	$0 (Tier 2)	
Antipsychotics		
1St Generation/Typical		
chlorpromazine hcl oral	25% (Tier 4)	
fluphenazine decanoate injection	25% (Tier 4)	
fluphenazine hcl injection	25% (Tier 4)	
fluphenazine hcl oral	25% (Tier 4)	
haloperidol decanoate intramuscular	25% (Tier 4)	
haloperidol lactate injection	$0 (Tier 2)	
haloperidol lactate oral concentrate 2 mg/ml	$0 (Tier 2)	
haloperidol oral	$0 (Tier 2)	
loxapine succinate oral	$0 (Tier 2)	
molindone hcl	25% (Tier 4)	
perphenazine oral	25% (Tier 4)	
pimozide	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
thioridazine hcl oral	25% (Tier 4)	
thiothixene oral	25% (Tier 4)	
trifluoperazine hcl oral	25% (Tier 4)	
2Nd Generation/Atypical		
abilify asimtufii intramuscular prefilled syringe 720 mg/2.4ml	25% (Tier 5)*	QL (2.4 ML per 56 days)
abilify asimtufii intramuscular prefilled syringe 960 mg/3.2ml	25% (Tier 5)*	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	25% (Tier 5)*	QL (1 EA per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	25% (Tier 5)*	QL (1 EA per 30 days)
aripiprazole oral solution	25% (Tier 4)	PA; QL (750 ML per 30 days)
aripiprazole oral tablet	$0 (Tier 2)	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	25% (Tier 4)	PA; QL (60 EA per 30 days)
asenapine maleate	25% (Tier 4)	PA; QL (60 EA per 30 days)
BYSANTI	25% (Tier 5)*	PA; QL (60 EA per 30 days)
BYSANTI TITRATION PACK A	25% (Tier 5)*	PA; QL (8 EA per 30 days)
BYSANTI TITRATION PACK B	25% (Tier 5)*	PA; QL (12 EA per 30 days)
BYSANTI TITRATION PACK C	25% (Tier 5)*	PA; QL (8 EA per 30 days)
CAPLYTA	25% (Tier 5)*	PA; QL (30 EA per 30 days)
COBENFY	25% (Tier 5)*	PA; QL (60 EA per 30 days)
COBENFY STARTER PACK	25% (Tier 5)*	PA; QL (56 EA per 28 days)
FANAPT	25% (Tier 5)*	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A	25% (Tier 4)	PA
FANAPT TITRATION PACK B ORAL TABLET	25% (Tier 4)	PA
FANAPT TITRATION PACK C ORAL TABLET	25% (Tier 4)	PA
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	25% (Tier 5)*	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	25% (Tier 5)*	QL (5 ML per 180 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	25% (Tier 5)*	QL (0.75 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	25% (Tier 5)*	QL (1 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	25% (Tier 5)*	QL (1.5 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	25% (Tier 4)	QL (0.25 ML per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	25% (Tier 5)*	QL (0.5 ML per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	25% (Tier 5)*	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	25% (Tier 5)*	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	25% (Tier 5)*	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	25% (Tier 5)*	QL (2.63 ML per 90 days)
lurasidone hcl	25% (Tier 4)	QL (30 EA per 30 days)
LYBALVI	25% (Tier 5)*	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	25% (Tier 5)*	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
olanzapine intramuscular	25% (Tier 4)	QL (30 EA per 30 days)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 2)	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	$0 (Tier 2)	QL (30 EA per 30 days)
olanzapine oral tablet dispersible	25% (Tier 4)	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	25% (Tier 5)*	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	25% (Tier 4)	ST; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	25% (Tier 4)	ST; QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	$0 (Tier 2)	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	$0 (Tier 2)	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	$0 (Tier 2)	
REXULTI	25% (Tier 5)*	PA; QL (30 EA per 30 days)
risperidone er intramuscular suspension reconstituted er 12.5 mg	25% (Tier 4)	QL (2 EA per 28 days)
risperidone er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg	25% (Tier 5)*	QL (2 EA per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	25% (Tier 4)	QL (2 EA per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	25% (Tier 5)*	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	$0 (Tier 2)	
risperidone oral tablet	$0 (Tier 2)	
risperidone oral tablet dispersible	25% (Tier 4)	
SECUADO	25% (Tier 5)*	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	25% (Tier 3)	PA; QL (30 EA per 30 days)
ziprasidone hcl	25% (Tier 4)	QL (60 EA per 30 days)
ziprasidone mesylate	25% (Tier 4)	
Treatment-Resistant		
clozapine oral tablet	25% (Tier 3)	
clozapine oral tablet dispersible	25% (Tier 4)	PA
VERSACLOZ	25% (Tier 5)*	PA; QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 2)	
dantrolene sodium oral	25% (Tier 4)	
tizanidine hcl oral tablet	$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY	25% (Tier 5)*	PA; QL (336 EA per 28 days)
PREVYMIS ORAL PACKET	25% (Tier 5)*	PA; QL (120 EA per 30 days)
PREVYMIS ORAL TABLET	25% (Tier 5)*	PA
valganciclovir hcl oral solution reconstituted	25% (Tier 5)*	QL (1056 ML per 30 days)
valganciclovir hcl oral tablet	25% (Tier 3)	
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil	25% (Tier 4)	
entecavir	25% (Tier 4)	
lamivudine oral solution 10 mg/ml	25% (Tier 4)	
lamivudine oral tablet	25% (Tier 3)	
Anti-Hepatitis C (Hcv) Agents		
ribavirin oral capsule	25% (Tier 3)	
ribavirin oral tablet 200 mg	25% (Tier 3)	
sofosbuvir-velpatasvir	25% (Tier 5)*	PA; QL (28 EA per 28 days)
VOSEVI	25% (Tier 5)*	PA; QL (28 EA per 28 days)
Antiherpetic Agents		
acyclovir oral capsule	$0 (Tier 2)	
acyclovir oral tablet	$0 (Tier 2)	
acyclovir sodium intravenous solution	25% (Tier 4)	B/D
famciclovir oral	$0 (Tier 2)	
valacyclovir hcl oral	$0 (Tier 2)	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY	25% (Tier 5)*	QL (30 EA per 30 days)
DOVATO	25% (Tier 5)*	QL (30 EA per 30 days)
GENVOYA	25% (Tier 5)*	QL (30 EA per 30 days)
ISENTRESS HD	25% (Tier 5)*	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	25% (Tier 5)*	QL (300 EA per 30 days)
ISENTRESS ORAL TABLET	25% (Tier 5)*	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	25% (Tier 5)*	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	25% (Tier 4)	QL (180 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STRIBILD	25% (Tier 5)*	QL (30 EA per 30 days)
SYMTUZA	25% (Tier 5)*	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	25% (Tier 5)*	QL (60 EA per 30 days)
TIVICAY PD	25% (Tier 4)	QL (180 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT PED	25% (Tier 5)*	QL (180 EA per 30 days)
efavirenz oral tablet	25% (Tier 3)	
emtricitab-rilpivir-tenofov df	25% (Tier 5)*	QL (30 EA per 30 days)
etravirine	25% (Tier 4)	
IDVYNSO	25% (Tier 5)*	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	25% (Tier 3)	QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	25% (Tier 4)	QL (30 EA per 30 days)
nevirapine oral suspension	25% (Tier 4)	QL (1200 ML per 30 days)
nevirapine oral tablet	25% (Tier 4)	QL (60 EA per 30 days)
PIFELTRO	25% (Tier 5)*	QL (30 EA per 30 days)
rilpivirine hcl	25% (Tier 5)*	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate	25% (Tier 4)	
abacavir sulfate-lamivudine	25% (Tier 4)	
CIMDUO	25% (Tier 5)*	QL (30 EA per 30 days)
DELSTRIGO	25% (Tier 5)*	QL (30 EA per 30 days)
DESCOVY	25% (Tier 5)*	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df	25% (Tier 4)	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	25% (Tier 5)*	QL (30 EA per 30 days)
emtricitabine	25% (Tier 4)	
emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg	25% (Tier 4)	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 133-200 mg	25% (Tier 5)*	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	25% (Tier 4)	
JULUCA	25% (Tier 5)*	QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lamivudine-zidovudine	25% (Tier 4)	
ODEFSEY	25% (Tier 5)*	QL (30 EA per 30 days)
tenofovir disoproxil fumarate	25% (Tier 4)	
VIREAD ORAL POWDER	25% (Tier 5)*	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	25% (Tier 5)*	QL (30 EA per 30 days)
zidovudine oral capsule	25% (Tier 4)	
zidovudine oral syrup	25% (Tier 4)	
zidovudine oral tablet	25% (Tier 3)	
Anti-Hiv Agents, Other		
BIXLENVO	25% (Tier 5)*	QL (30 EA per 30 days)
maraviroc oral tablet 150 mg	25% (Tier 5)*	QL (60 EA per 30 days)
maraviroc oral tablet 300 mg	25% (Tier 5)*	QL (120 EA per 30 days)
RUKOBIA	25% (Tier 5)*	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET	25% (Tier 5)*	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	25% (Tier 5)*	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	25% (Tier 5)*	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS	25% (Tier 5)*	QL (3 ML per 180 days)
TRIUMEQ	25% (Tier 5)*	QL (30 EA per 30 days)
triumeq pd	25% (Tier 4)	QL (180 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	25% (Tier 5)*	
atazanavir sulfate	25% (Tier 4)	
darunavir oral tablet 600 mg	25% (Tier 4)	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	25% (Tier 4)	QL (30 EA per 30 days)
EVOTAZ	25% (Tier 5)*	QL (30 EA per 30 days)
fosamprenavir calcium	25% (Tier 4)	
lopinavir-ritonavir oral tablet	25% (Tier 4)	
PREZCOBIX	25% (Tier 5)*	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	25% (Tier 5)*	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	25% (Tier 4)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	25% (Tier 4)	QL (480 EA per 30 days)
REYATAZ ORAL PACKET	25% (Tier 5)*	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RITONAVIR	25% (Tier 3)	
VIRACEPT ORAL TABLET	25% (Tier 5)*	
Anti-Influenza Agents		
oseltamivir phosphate oral capsule	25% (Tier 3)	
oseltamivir phosphate oral suspension reconstituted	25% (Tier 4)	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	25% (Tier 4)	
rimantadine hcl	25% (Tier 4)	
Antiviral, Coronavirus Agents		
PAXLOVID (150/100)	25% (Tier 3)	QL (40 EA per 180 days)
PAXLOVID (300/100 & 150/100)	25% (Tier 3)	QL (22 EA per 180 days)
PAXLOVID (300/100)	25% (Tier 3)	QL (60 EA per 180 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (Tier 2)	
doxepin hcl oral capsule	25% (Tier 4)	
doxepin hcl oral concentrate	25% (Tier 4)	
Benzodiazepines		
alprazolam oral tablet	25% (Tier 4)	PA; QL (150 EA per 30 days)
chlordiazepoxide hcl	25% (Tier 4)	PA; QL (120 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	25% (Tier 4)	PA; QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	25% (Tier 4)	PA; QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	25% (Tier 4)	PA; QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	25% (Tier 4)	PA; QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	25% (Tier 4)	PA; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	25% (Tier 4)	PA; QL (360 EA per 30 days)
DIAZEPAM INTENSOL	25% (Tier 4)	PA; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	25% (Tier 4)	PA; QL (1200 ML per 30 days)
diazepam oral tablet	$0 (Tier 2)	PA; QL (120 EA per 30 days)
LORAZEPAM INTENSOL	25% (Tier 4)	PA; QL (150 ML per 30 days)

* = 30-day supply only

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lorazepam oral tablet	$0 (Tier 2)	PA; QL (150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
carbamazepine er oral capsule extended release 12 hour	25% (Tier 3)	
divalproex sodium er oral tablet extended release 24 hour	$0 (Tier 2)	
divalproex sodium oral capsule delayed release sprinkle	$0 (Tier 2)	
divalproex sodium oral tablet delayed release	$0 (Tier 2)	
lithium	25% (Tier 4)	
lithium carbonate er	$0 (Tier 2)	
lithium carbonate oral	$0 (Tier 1)	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	$0 (Tier 2)	
dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	25% (Tier 3)	QL (30 EA per 30 days)
dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg	25% (Tier 3)	QL (60 EA per 30 days)
dapagliflozin	$0 (Tier 1)	QL (30 EA per 30 days)
FARXIGA	25% (Tier 3)	PA; QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	$0 (Tier 1)	
glipizide er	$0 (Tier 1)	
glipizide oral tablet 10 mg, 5 mg	$0 (Tier 1)	
glipizide-metformin hcl	$0 (Tier 1)	
GVOKE HYPOPEN 2-PACK	25% (Tier 3)	
GVOKE KIT	25% (Tier 3)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	25% (Tier 3)	
JARDIANCE	25% (Tier 3)	PA; QL (30 EA per 30 days)
metformin hcl er	$0 (Tier 1)	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	$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
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	25% (Tier 3)	PA; QL (2 ML per 28 days)
nateglinide	$0 (Tier 2)	
OZEMPIC	25% (Tier 3)	PA; QL (30 EA per 30 days); NE
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	25% (Tier 3)	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	25% (Tier 3)	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	25% (Tier 3)	PA; QL (3 ML per 28 days)
pioglitazone hcl	$0 (Tier 1)	
repaglinide	$0 (Tier 1)	
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg	25% (Tier 3)	QL (30 EA per 30 days)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	25% (Tier 3)	QL (60 EA per 30 days)
sitagliptin phos-metformin hcl	25% (Tier 3)	QL (60 EA per 30 days)
sitagliptin phosphate	25% (Tier 3)	QL (30 EA per 30 days)
SYNJARDY	25% (Tier 3)	PA; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	25% (Tier 3)	PA; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	25% (Tier 3)	PA; QL (60 EA per 30 days)
TRADJENTA	25% (Tier 3)	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	25% (Tier 3)	PA; QL (2 ML per 28 days)
Glycemic Agents		
BAQSIMI ONE PACK	25% (Tier 3)	
BAQSIMI TWO PACK	25% (Tier 3)	
diazoxide oral	25% (Tier 5)*	
glucagon emergency injection kit	25% (Tier 3)	
glucagon emergency injection solution reconstituted 1 mg	25% (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mifepristone oral tablet 300 mg	25% (Tier 5)*	PA; QL (120 EA per 30 days)
Insulins		
assure id insulin safety syr 29g x 1/2" 1 ml	$0 (Tier 1)	PA
bd autoshield duo	$0 (Tier 1)	PA
bd pen needle 29g x 12mm	$0 (Tier 1)	PA
bd pen needle micro u/f	$0 (Tier 1)	PA
bd pen needle micro ultrafine	$0 (Tier 1)	PA
bd pen needle mini u/f	$0 (Tier 1)	PA
bd pen needle mini ultrafine	$0 (Tier 1)	PA
bd pen needle nano 2nd gen	$0 (Tier 1)	PA
bd pen needle nano u/f	$0 (Tier 1)	PA
bd pen needle nano ultrafine	$0 (Tier 1)	PA
bd pen needle orig ultrafine	$0 (Tier 1)	PA
bd pen needle original u/f	$0 (Tier 1)	PA
bd pen needle short u/f	$0 (Tier 1)	PA
bd pen needle short ultrafine	$0 (Tier 1)	PA
comfort assist insulin syringe 29g x 1/2" 1 ml	$0 (Tier 1)	PA
cvs gauze sterile pad 2"x2"	25% (Tier 3)	PA
embecta autoshield duo	$0 (Tier 1)	PA
embecta pen needle nano	$0 (Tier 1)	PA
embecta pen needle nano 2 gen	$0 (Tier 1)	PA
embecta pen needle ultrafine	$0 (Tier 1)	PA
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	25% (Tier 5)*	
insulin glargine-yfgn	25% (Tier 3)	
insulin lispro injection	25% (Tier 3)	
KIRSTY	25% (Tier 3)	
MERILOG	25% (Tier 3)	
MERILOG SOLOSTAR	25% (Tier 3)	
novofine pen needle	$0 (Tier 1)	PA
novofine plus pen needle	$0 (Tier 1)	PA
NOVOLIN 70/30	25% (Tier 3)	
NOVOLIN 70/30 FLEXPEN	25% (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN N	25% (Tier 3)	
NOVOLIN N FLEXPEN	25% (Tier 3)	
NOVOLIN R	25% (Tier 3)	
NOVOLIN R FLEXPEN	25% (Tier 3)	
NOVOLOG 70/30 FLEXPEN RELION	25% (Tier 3)	
NOVOLOG MIX 70/30	25% (Tier 3)	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	25% (Tier 3)	
NOVOLOG MIX 70/30 RELION	25% (Tier 3)	
preferred plus insulin syringe 28g x 1/2" 0.5 ml	$0 (Tier 1)	PA
reli-on insulin syringe 29g 0.3 ml	$0 (Tier 1)	PA
SOLIQUA	25% (Tier 3)	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR	25% (Tier 3)	
TOUJEO SOLOSTAR	25% (Tier 3)	
V-GO 20 KIT 20 UNIT/24HR	25% (Tier 3)	
V-GO 30 KIT 30 UNIT/24HR	25% (Tier 3)	
V-GO 40 KIT 40 UNIT/24HR	25% (Tier 3)	
Blood Products And Modifiers		
Anticoagulants		
dabigatran etexilate mesylate	25% (Tier 3)	QL (60 EA per 30 days)
ELIQUIS	25% (Tier 3)	QL (74 EA per 30 days)
ELIQUIS (1.5 MG PACK)	25% (Tier 3)	QL (222 EA per 30 days)
ELIQUIS (2 MG PACK)	25% (Tier 3)	QL (592 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	25% (Tier 3)	QL (74 EA per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	25% (Tier 4)	QL (60 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	25% (Tier 4)	QL (48 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	25% (Tier 4)	QL (18 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	25% (Tier 4)	QL (24 ML per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	25% (Tier 4)	QL (36 ML per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	25% (Tier 5)*	QL (24 ML per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	25% (Tier 4)	QL (15 ML per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	25% (Tier 5)*	QL (12 ML per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	25% (Tier 5)*	QL (18 ML per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	25% (Tier 3)	HI
jantoven	$0 (Tier 1)	
rivaroxaban oral tablet	25% (Tier 4)	QL (60 EA per 30 days)
warfarin sodium oral	$0 (Tier 1)	
XARELTO ORAL SUSPENSION RECONSTITUTED	25% (Tier 3)	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	25% (Tier 3)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	25% (Tier 3)	QL (60 EA per 30 days)
XARELTO STARTER PACK	25% (Tier 3)	QL (51 EA per 30 days)
Blood Products And Modifiers, Other		
anagrelide hcl	25% (Tier 4)	
eltrombopag olamine oral packet 12.5 mg	25% (Tier 5)*	PA; QL (30 EA per 30 days)
eltrombopag olamine oral packet 25 mg	25% (Tier 5)*	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	25% (Tier 5)*	PA; QL (30 EA per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	25% (Tier 5)*	PA; QL (60 EA per 30 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	25% (Tier 5)*	PA
NYVEPRIA	25% (Tier 5)*	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	25% (Tier 3)	B/D
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	25% (Tier 5)*	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	25% (Tier 3)	B/D
Hemostasis Agents		
tranexamic acid oral	25% (Tier 3)	
Platelet Modifying Agents		
aspirin low dose oral tablet chewable	$0 (MC)	
aspirin low dose oral tablet delayed release	$0 (MC)	
aspirin-dipyridamole er	25% (Tier 4)	
cilostazol	$0 (Tier 2)	
clopidogrel bisulfate oral tablet 75 mg	$0 (Tier 1)	
prasugrel hcl	25% (Tier 3)	
ticagrelor oral tablet 60 mg	25% (Tier 3)	QL (60 EA per 30 days)
ticagrelor oral tablet 90 mg	25% (Tier 3)	QL (61 EA per 30 days)
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine	25% (Tier 4)	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (Tier 1)	
droxidopa oral capsule 100 mg	25% (Tier 4)	PA
droxidopa oral capsule 200 mg, 300 mg	25% (Tier 5)*	PA
guanfacine hcl oral	25% (Tier 4)	
midodrine hcl	25% (Tier 3)	
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral	$0 (Tier 2)	
prazosin hcl oral	$0 (Tier 2)	
terazosin hcl oral	$0 (Tier 1)	
Angiotensin Ii Receptor Antagonists		
candesartan cilexetil oral tablet 16 mg	$0 (Tier 2)	QL (60 EA per 30 days)
candesartan cilexetil oral tablet 32 mg	$0 (Tier 2)	QL (30 EA per 30 days)
candesartan cilexetil oral tablet 4 mg	$0 (Tier 2)	QL (240 EA per 30 days)
candesartan cilexetil oral tablet 8 mg	$0 (Tier 2)	QL (120 EA per 30 days)
irbesartan oral tablet 150 mg	$0 (Tier 1)	QL (60 EA per 30 days)
irbesartan oral tablet 300 mg	$0 (Tier 1)	QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
irbesartan oral tablet 75 mg	$0 (Tier 1)	QL (120 EA per 30 days)
losartan potassium oral tablet 100 mg, 50 mg	$0 (Tier 1)	QL (60 EA per 30 days)
losartan potassium oral tablet 25 mg	$0 (Tier 1)	QL (90 EA per 30 days)
olmesartan medoxomil oral tablet 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olmesartan medoxomil oral tablet 40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olmesartan medoxomil oral tablet 5 mg	$0 (Tier 1)	QL (240 EA per 30 days)
telmisartan oral tablet 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)
telmisartan oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
telmisartan oral tablet 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
valsartan oral tablet 160 mg	$0 (Tier 1)	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	$0 (Tier 1)	QL (30 EA per 30 days)
valsartan oral tablet 40 mg	$0 (Tier 1)	QL (240 EA per 30 days)
valsartan oral tablet 80 mg	$0 (Tier 1)	QL (120 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral tablet 10 mg	$0 (Tier 1)	QL (240 EA per 30 days)
benazepril hcl oral tablet 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)
benazepril hcl oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
benazepril hcl oral tablet 5 mg	$0 (Tier 1)	QL (480 EA per 30 days)
captopril oral tablet 100 mg	$0 (Tier 2)	QL (135 EA per 30 days)
captopril oral tablet 12.5 mg	$0 (Tier 2)	QL (1080 EA per 30 days)
captopril oral tablet 25 mg	$0 (Tier 2)	QL (540 EA per 30 days)
captopril oral tablet 50 mg	$0 (Tier 2)	QL (270 EA per 30 days)
enalapril maleate oral tablet 10 mg	$0 (Tier 1)	QL (120 EA per 30 days)
enalapril maleate oral tablet 2.5 mg	$0 (Tier 1)	QL (480 EA per 30 days)
enalapril maleate oral tablet 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
enalapril maleate oral tablet 5 mg	$0 (Tier 1)	QL (240 EA per 30 days)
fosinopril sodium oral tablet 10 mg	$0 (Tier 1)	QL (240 EA per 30 days)
fosinopril sodium oral tablet 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)
fosinopril sodium oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
lisinopril oral tablet 10 mg	$0 (Tier 1)	QL (120 EA per 30 days)
lisinopril oral tablet 2.5 mg, 30 mg, 5 mg	$0 (Tier 1)	
lisinopril oral tablet 20 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
moexipril hcl oral tablet 15 mg	$0 (Tier 2)	QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
moexipril hcl oral tablet 7.5 mg	$0 (Tier 2)	QL (120 EA per 30 days)
perindopril erbumine oral tablet 2 mg	$0 (Tier 1)	QL (240 EA per 30 days)
perindopril erbumine oral tablet 4 mg	$0 (Tier 1)	QL (120 EA per 30 days)
perindopril erbumine oral tablet 8 mg	$0 (Tier 1)	QL (60 EA per 30 days)
quinapril hcl oral tablet 10 mg	$0 (Tier 1)	QL (240 EA per 30 days)
quinapril hcl oral tablet 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)
quinapril hcl oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
quinapril hcl oral tablet 5 mg	$0 (Tier 1)	QL (480 EA per 30 days)
ramipril oral capsule 1.25 mg	$0 (Tier 1)	QL (480 EA per 30 days)
ramipril oral capsule 10 mg	$0 (Tier 1)	
ramipril oral capsule 2.5 mg	$0 (Tier 1)	QL (240 EA per 30 days)
ramipril oral capsule 5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
trandolapril oral tablet 1 mg	$0 (Tier 1)	QL (240 EA per 30 days)
trandolapril oral tablet 2 mg	$0 (Tier 1)	QL (120 EA per 30 days)
trandolapril oral tablet 4 mg	$0 (Tier 1)	QL (60 EA per 30 days)
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	$0 (Tier 2)	
disopyramide phosphate oral	25% (Tier 4)	
dofetilide	25% (Tier 4)	
flecainide acetate	$0 (Tier 2)	
mexiletine hcl oral	25% (Tier 4)	
MULTAQ	25% (Tier 3)	
pacerone oral tablet 200 mg	$0 (Tier 2)	
propafenone hcl	$0 (Tier 2)	
propafenone hcl er	25% (Tier 4)	
quinidine gluconate er	25% (Tier 4)	
quinidine sulfate oral	$0 (Tier 2)	
sotalol hcl (af)	$0 (Tier 2)	
sotalol hcl oral	$0 (Tier 2)	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral	$0 (Tier 2)	
atenolol oral	$0 (Tier 1)	
betaxolol hcl oral	$0 (Tier 2)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0 (Tier 2)	

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You can find more information on what the abbreviations mean starting on page 12.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carvedilol	$0 (Tier 1)	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	$0 (Tier 2)	
metoprolol succinate er	$0 (Tier 2)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	25% (Tier 3)	
nebivolol hcl	$0 (Tier 2)	
pindolol	25% (Tier 3)	
propranolol hcl er	$0 (Tier 2)	
propranolol hcl oral solution	25% (Tier 4)	
propranolol hcl oral tablet	$0 (Tier 1)	
timolol maleate oral	25% (Tier 4)	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral	$0 (Tier 1)	
felodipine er	$0 (Tier 2)	
nifedipine er	$0 (Tier 2)	
nifedipine er osmotic release	$0 (Tier 2)	
nimodipine oral capsule	25% (Tier 4)	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	$0 (Tier 2)	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	$0 (Tier 2)	
diltiazem hcl er coated beads oral capsule extended release 24 hour	$0 (Tier 2)	
diltiazem hcl er oral capsule extended release 12 hour	25% (Tier 4)	
diltiazem hcl oral	$0 (Tier 2)	
dilt-xr	$0 (Tier 2)	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	25% (Tier 4)	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	$0 (Tier 2)	
verapamil hcl er oral tablet extended release	$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
verapamil hcl oral	$0 (Tier 1)	
Cardiovascular Agents, Other		
acetazolamide oral	$0 (Tier 2)	
aliskiren fumarate	25% (Tier 4)	
amiloride-hydrochlorothiazide	$0 (Tier 2)	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	$0 (Tier 1)	QL (120 EA per 30 days)
amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine besylate-valsartan oral tablet 5-160 mg	$0 (Tier 1)	QL (60 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 5-20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
atenolol-chlorthalidone	$0 (Tier 2)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	$0 (Tier 1)	QL (120 EA per 30 days)
bisoprolol-hydrochlorothiazide	$0 (Tier 2)	
candesartan cilexetil-hctz oral tablet 16-12.5 mg	$0 (Tier 2)	QL (60 EA per 30 days)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	$0 (Tier 2)	QL (30 EA per 30 days)
digoxin oral solution	25% (Tier 4)	
digoxin oral tablet 125 mcg, 250 mcg	25% (Tier 4)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	$0 (Tier 1)	QL (60 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE	25% (Tier 3)	QL (240 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FILSPARI ORAL TABLET 200 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
FILSPARI ORAL TABLET 400 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
fosinopril sodium-hctz	$0 (Tier 1)	QL (120 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
ivabradine hcl	25% (Tier 4)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	$0 (Tier 1)	QL (60 EA per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
losartan potassium-hctz oral tablet 50-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
metoprolol-hydrochlorothiazide	25% (Tier 4)	
metyrosine	25% (Tier 5)*	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	$0 (Tier 2)	QL (60 EA per 30 days)
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	$0 (Tier 2)	QL (30 EA per 30 days)
pentoxifylline er	$0 (Tier 2)	
quinapril-hydrochlorothiazide	$0 (Tier 1)	QL (60 EA per 30 days)
ranolazine er	25% (Tier 4)	
REDEMPLO	25% (Tier 5)*	PA; QL (0.5 ML per 84 days)
sacubitril-valsartan oral tablet 24-26 mg	25% (Tier 3)	QL (180 EA per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	25% (Tier 3)	QL (60 EA per 30 days)
spironolactone-hctz	$0 (Tier 2)	
triamterene-hctz oral capsule 37.5-25 mg	$0 (Tier 2)	
triamterene-hctz oral tablet	$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
VERQUVO	25% (Tier 4)	PA; QL (30 EA per 30 days)
WEGOVY ORAL	25% (Tier 3)	PA; QL (30 EA per 30 days)
Diuretics, Loop		
bumetanide oral	$0 (Tier 2)	
ethacrynic acid oral	25% (Tier 4)	
furosemide injection	25% (Tier 4)	HI
furosemide oral solution 10 mg/ml	$0 (Tier 2)	
furosemide oral solution 8 mg/ml	$0 (Tier 1)	
furosemide oral tablet	$0 (Tier 1)	
torsemide oral	$0 (Tier 2)	
Diuretics, Potassium-Sparing		
amiloride hcl oral	$0 (Tier 2)	
eplerenone	25% (Tier 4)	
KERENDIA	25% (Tier 4)	PA; QL (30 EA per 30 days)
spironolactone oral tablet	$0 (Tier 1)	
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	$0 (Tier 2)	
hydrochlorothiazide oral	$0 (Tier 1)	
indapamide oral	$0 (Tier 2)	
metolazone	$0 (Tier 2)	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	$0 (Tier 2)	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	$0 (Tier 2)	
fenofibric acid oral capsule delayed release	$0 (Tier 2)	
gemfibrozil oral	$0 (Tier 1)	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg	$0 (Tier 1)	QL (240 EA per 30 days)
atorvastatin calcium oral tablet 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atorvastatin calcium oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
atorvastatin calcium oral tablet 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
fluvastatin sodium er	25% (Tier 4)	QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg	25% (Tier 4)	QL (120 EA per 30 days)
fluvastatin sodium oral capsule 40 mg	25% (Tier 4)	QL (60 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)
lovastatin oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)
pravastatin sodium oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pravastatin sodium oral tablet 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
rosuvastatin calcium oral tablet 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
rosuvastatin calcium oral tablet 40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
simvastatin oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
simvastatin oral tablet 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
Dyslipidemics, Other		
cholestyramine light oral packet	$0 (Tier 2)	
cholestyramine oral packet	$0 (Tier 2)	
colesevelam hcl	25% (Tier 4)	
colestipol hcl oral packet	25% (Tier 4)	
colestipol hcl oral tablet	25% (Tier 4)	
ezetimibe oral	$0 (Tier 2)	
icosapent ethyl	25% (Tier 4)	
NEXLETOL	25% (Tier 4)	PA; QL (30 EA per 30 days)
NEXLIZET	25% (Tier 4)	PA; QL (30 EA per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg	25% (Tier 4)	QL (60 EA per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg	25% (Tier 4)	QL (30 EA per 30 days)
niacin er oral capsule extended release 500 mg	$0 (MC)	
omega-3-acid ethyl esters	$0 (Tier 2)	
PREVALITE ORAL PACKET	25% (Tier 4)	
REPATHA	25% (Tier 3)	PA; QL (2 ML per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPATHA PUSHTRONEX SYSTEM	25% (Tier 3)	PA; QL (3.5 ML per 30 days)
REPATHA SURECLICK	25% (Tier 3)	PA; QL (2 ML per 28 days)
Vasodilators, Direct-Acting Arterial		
hydralazine hcl oral	$0 (Tier 2)	
minoxidil oral	$0 (Tier 2)	
Vasodilators, Direct-Acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 2)	
isosorbide mononitrate	$0 (Tier 2)	
isosorbide mononitrate er	$0 (Tier 2)	
nitroglycerin rectal	25% (Tier 4)	QL (30 GM per 30 days)
nitroglycerin sublingual	$0 (Tier 2)	
nitroglycerin transdermal ointment	25% (Tier 3)	
nitroglycerin transdermal patch 24 hour	$0 (Tier 2)	
nitroglycerin translingual solution	25% (Tier 4)	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	25% (Tier 4)	QL (30 EA per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	25% (Tier 4)	QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	25% (Tier 3)	QL (120 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	25% (Tier 3)	QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	25% (Tier 3)	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	25% (Tier 4)	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	25% (Tier 4)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	25% (Tier 4)	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	25% (Tier 4)	QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	25% (Tier 3)	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	25% (Tier 3)	QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	25% (Tier 4)	
dexmethylphenidate hcl	25% (Tier 4)	QL (60 EA per 30 days)
dexmethylphenidate hcl er	25% (Tier 4)	QL (30 EA per 30 days)
guanfacine hcl er	25% (Tier 4)	QL (30 EA per 30 days)
methylphenidate hcl er (cd)	25% (Tier 4)	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	25% (Tier 4)	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg	25% (Tier 4)	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg	25% (Tier 4)	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release	25% (Tier 4)	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 54 mg	25% (Tier 4)	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg	25% (Tier 4)	QL (60 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	25% (Tier 4)	QL (1500 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	25% (Tier 4)	QL (3000 ML per 30 days)
methylphenidate hcl oral tablet	25% (Tier 4)	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	25% (Tier 5)*	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	25% (Tier 5)*	PA; QL (60 EA per 30 days)
AUSTEDO XR	25% (Tier 5)*	PA; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	25% (Tier 5)*	PA; QL (28 EA per 28 days)
riluzole	25% (Tier 3)	
tetrabenazine oral tablet 12.5 mg	25% (Tier 4)	PA; QL (90 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tetrabenazine oral tablet 25 mg	25% (Tier 5)*	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg	$0 (Tier 2)	QL (180 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	$0 (Tier 2)	QL (120 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 60 mg	$0 (Tier 2)	QL (60 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	$0 (Tier 2)	QL (60 EA per 30 days)
pregabalin oral solution	25% (Tier 4)	QL (900 ML per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	25% (Tier 5)*	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	25% (Tier 5)*	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	25% (Tier 5)*	PA; QL (15 EA per 30 days)
dalfampridine er	25% (Tier 3)	PA; QL (60 EA per 30 days)
dimethyl fumarate oral	25% (Tier 5)*	PA; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	25% (Tier 3)	PA; QL (60 EA per 30 days)
fingolimod hcl	25% (Tier 5)*	PA; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	25% (Tier 5)*	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	25% (Tier 5)*	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	25% (Tier 5)*	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	25% (Tier 5)*	PA; QL (12 ML per 28 days)
PLEGRIDY	25% (Tier 5)*	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	25% (Tier 5)*	PA; QL (1 ML per 28 days)
teriflunomide	25% (Tier 5)*	PA; QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline hcl	25% (Tier 4)	
chlorhexidine gluconate mouth/throat	$0 (Tier 2)	
denta 5000 plus	$0 (Tier 2)	
kourzeq	$0 (Tier 2)	
pilocarpine hcl oral	25% (Tier 4)	
sf	$0 (Tier 2)	
sf 5000 plus	$0 (Tier 2)	
sodium fluoride 5000 plus	$0 (Tier 2)	
sodium fluoride 5000 ppm	$0 (Tier 2)	
sodium fluoride dental cream	$0 (Tier 2)	
sodium fluoride dental gel 1.1 %	$0 (Tier 2)	
triamcinolone acetonide mouth/throat	$0 (Tier 2)	
Topical Anti-Infectives		
first aid antiseptic external ointment	$0 (MC)	
Dermatological Agents		
Acne And Rosacea Agents		
acitretin	25% (Tier 4)	
adapalene external gel	$0 (MC)	
AMNESTEEM	25% (Tier 4)	
azelaic acid external	25% (Tier 4)	QL (50 GM per 30 days)
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	$0 (MC)	
CLARAVIS	25% (Tier 4)	
clindamycin phos-benzoyl perox external gel 1-5 %	25% (Tier 3)	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	25% (Tier 4)	
tazarotene external cream 0.1 %	25% (Tier 4)	PA
tretinoin external cream	25% (Tier 4)	QL (45 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	25% (Tier 4)	QL (45 GM per 30 days)
Dermatitis And Pruitus Agents		
alclometasone dipropionate	25% (Tier 4)	
ammonium lactate external	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
betamethasone dipropionate aug external gel	25% (Tier 4)	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion	25% (Tier 4)	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment	25% (Tier 4)	QL (50 GM per 30 days)
betamethasone dipropionate external cream	25% (Tier 4)	
betamethasone dipropionate external lotion	25% (Tier 4)	
betamethasone valerate external cream	$0 (Tier 2)	
betamethasone valerate external lotion	25% (Tier 4)	QL (60 ML per 30 days)
betamethasone valerate external ointment	25% (Tier 4)	
calcipotriene-betameth diprop external ointment	25% (Tier 4)	
calcipotriene-betameth diprop external suspension	25% (Tier 4)	PA; QL (400 GM per 30 days)
clobetasol propionate e	25% (Tier 4)	QL (60 GM per 30 days)
clobetasol propionate external cream 0.05 %	25% (Tier 4)	QL (60 GM per 30 days)
clobetasol propionate external gel	25% (Tier 4)	
clobetasol propionate external lotion	25% (Tier 4)	QL (118 ML per 30 days)
clobetasol propionate external ointment	25% (Tier 4)	QL (60 GM per 30 days)
clobetasol propionate external shampoo	25% (Tier 4)	QL (118 ML per 30 days)
clobetasol propionate external solution	25% (Tier 4)	QL (100 ML per 30 days)
desonide external cream	25% (Tier 4)	QL (120 GM per 30 days)
desonide external ointment	25% (Tier 4)	QL (120 GM per 30 days)
desoximetasone external ointment 0.25 %	25% (Tier 4)	QL (60 GM per 30 days)
doxepin hcl external	25% (Tier 4)	QL (90 GM per 365 days)
EUCRISA	25% (Tier 4)	PA; QL (60 GM per 30 days)
fluocinolone acetonide external	25% (Tier 4)	
fluocinolone acetonide scalp	25% (Tier 4)	
fluocinonide emulsified base	25% (Tier 4)	
fluocinonide external cream 0.05 %	25% (Tier 4)	
fluocinonide external gel	25% (Tier 4)	
fluocinonide external ointment	25% (Tier 4)	
fluocinonide external solution	25% (Tier 4)	QL (60 ML per 30 days)
fluticasone propionate external cream	25% (Tier 3)	
fluticasone propionate external ointment	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
halobetasol propionate external cream	25% (Tier 4)	QL (50 GM per 30 days)
halobetasol propionate external ointment	25% (Tier 4)	QL (50 GM per 30 days)
hydrocortisone (perianal) external cream 2.5 %	$0 (Tier 2)	
hydrocortisone acetate external cream 1 %	$0 (MC)	
hydrocortisone butyrate external cream	25% (Tier 4)	
hydrocortisone external cream 0.5 %	$0 (MC)	
hydrocortisone external cream 1 %	25% (Tier 4)	
hydrocortisone external cream 2.5 %	$0 (Tier 2)	
hydrocortisone external lotion 2.5 %	$0 (Tier 2)	QL (236 ML per 30 days)
hydrocortisone external ointment 2.5 %	$0 (Tier 2)	
hydrocortisone valerate external cream	25% (Tier 4)	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	25% (Tier 4)	
hydrocortisone/aloe max str	$0 (MC)	
mometasone furoate external	$0 (Tier 2)	
pimecrolimus	25% (Tier 3)	QL (30 GM per 30 days)
procto-med hc external	$0 (Tier 2)	
proctosol hc external	$0 (Tier 2)	
proctozone-hc external	$0 (Tier 2)	
selenium sulfide external lotion	$0 (Tier 2)	
tacrolimus external ointment	25% (Tier 4)	QL (100 GM per 30 days)
triamcinolone acetonide external cream	$0 (Tier 2)	
triamcinolone acetonide external lotion	$0 (Tier 2)	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	$0 (Tier 2)	
Dermatological Agents, Other		
calcipotriene external cream	25% (Tier 3)	QL (120 GM per 30 days)
calcipotriene external ointment	$0 (Tier 2)	QL (120 GM per 30 days)
calcipotriene external solution	25% (Tier 3)	QL (120 ML per 30 days)
clotrimazole-betamethasone external cream	$0 (Tier 2)	QL (120 GM per 30 days)
clotrimazole-betamethasone external lotion	25% (Tier 4)	QL (120 ML per 30 days)
fluorouracil external cream 5 %	$0 (Tier 2)	QL (40 GM per 30 days)
fluorouracil external solution	$0 (Tier 2)	
global alcohol prep ease	$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
imiquimod external cream 5 %	25% (Tier 4)	
nystatin-triamcinolone	$0 (Tier 2)	
PANRETIN	25% (Tier 5)*	PA; QL (60 GM per 30 days)
podofilox external solution	25% (Tier 4)	
renova	$0 (MC)	
SANTYL	25% (Tier 4)	QL (60 GM per 30 days)
silver sulfadiazine external	$0 (Tier 2)	
ssd	$0 (Tier 2)	
Pediculicides/Scabicides		
gnp lice treatment external liquid	$0 (MC)	
ivermectin external cream	25% (Tier 4)	QL (45 GM per 30 days); NE
lice killing shampoo max str	$0 (MC)	
permethrin external cream	25% (Tier 3)	QL (120 GM per 30 days)
Topical Anti-Infectives		
acyclovir external ointment	25% (Tier 4)	QL (30 GM per 30 days)
betadine external solution 10 %	$0 (MC)	
ciclopirox external gel	25% (Tier 4)	QL (100 GM per 30 days)
ciclopirox external shampoo	25% (Tier 4)	QL (120 ML per 30 days)
ciclopirox external solution	$0 (Tier 2)	QL (6.6 ML per 30 days)
clindamycin phos (twice-daily)	25% (Tier 3)	QL (60 GM per 30 days)
clindamycin phosphate external gel	25% (Tier 3)	QL (60 GM per 30 days)
clindamycin phosphate external lotion	25% (Tier 3)	QL (60 ML per 30 days)
clindamycin phosphate external solution	25% (Tier 3)	QL (60 ML per 30 days)
erythromycin external gel	$0 (Tier 2)	
erythromycin external solution	$0 (Tier 2)	
mupirocin calcium	25% (Tier 4)	QL (60 GM per 30 days)
mupirocin external	$0 (Tier 2)	QL (44 GM per 30 days)
povidone-iodine external solution 10 %	$0 (MC)	
triple antibiotic external ointment	$0 (MC)	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
calcium citrate oral tablet 250 mg	$0 (MC)	CSHCS
carglumic acid oral tablet soluble	25% (Tier 5)*	PA; LA
chelated magnesium	$0 (MC)	CSHCS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
chromic chloride intravenous	$0 (MC)	
cupric chloride	$0 (MC)	
ferosul oral tablet	$0 (MC)	
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml	$0 (MC)	
ferrous sulfate oral tablet 325 (65 fe) mg	$0 (MC)	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	$0 (MC)	
iron (ferrous sulfate) oral solution	$0 (MC)	
kcl (0.149%) in nacl	25% (Tier 4)	
kcl (0.298%) in nacl	25% (Tier 4)	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	25% (Tier 4)	
kcl-lactated ringers-d5w	25% (Tier 4)	
klor-con 10	$0 (Tier 2)	
klor-con m10	$0 (Tier 2)	
klor-con m15	$0 (Tier 2)	
klor-con m20	$0 (Tier 2)	
klor-con oral tablet extended release	$0 (Tier 2)	
klor-con/ef	$0 (Tier 2)	
magnesium citrate oral tablet 100 mg	$0 (MC)	CSHCS
magnesium gluconate oral tablet 27.5 mg	$0 (MC)	CSHCS
magnesium glycinate oral capsule 100 mg	$0 (MC)	CSHCS
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	$0 (MC)	CSHCS
magnesium oxide oral tablet 400 mg, 420 mg	$0 (MC)	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	25% (Tier 4)	HI
manganese chloride intravenous	$0 (MC)	
mg plus protein	$0 (MC)	CSHCS
orazinc oral capsule	$0 (MC)	CSHCS
orazinc oral tablet 110 (25 zn) mg	$0 (MC)	CSHCS
oyster shell calcium oral tablet 1250 (500 ca) mg	$0 (MC)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oyster shell calcium w/d oral tablet 500-5 mg-mcg	$0 (MC)	
phos-nak	$0 (MC)	CSHCS
phosphorus w/sod & potassium	$0 (MC)	CSHCS
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	$0 (Tier 2)	
potassium chloride er oral capsule extended release	$0 (Tier 2)	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	$0 (Tier 2)	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	25% (Tier 4)	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml	25% (Tier 4)	HI
potassium chloride intravenous solution 40 meq/100ml	25% (Tier 4)	
potassium chloride oral packet 20 meq	25% (Tier 4)	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	25% (Tier 4)	
potassium citrate er	$0 (Tier 2)	
potassium cl in dextrose 5% intravenous solution 20 meq/l	25% (Tier 4)	
slowmag mg muscle/heart	$0 (MC)	
sodium chloride intravenous solution 0.45 %	25% (Tier 4)	HI
sodium chloride intravenous solution 0.9 %	25% (Tier 3)	HI
sodium chloride irrigation solution 0.9 %	25% (Tier 4)	
sodium chloride oral tablet	$0 (MC)	CSHCS
thiamine hcl injection	$0 (MC)	
zinc gluconate oral tablet 100 mg	$0 (MC)	CSHCS
zinc sulfate oral capsule 220 (50 zn) mg	$0 (MC)	CSHCS
zinc sulfate oral tablet 220 (50 zn) mg	$0 (MC)	CSHCS
Electrolyte/Mineral/Metal Modifiers		
deferasirox oral tablet 180 mg, 360 mg	25% (Tier 4)	
deferasirox oral tablet 90 mg	25% (Tier 3)	

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You can find more information on what the abbreviations mean starting on page 12.

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
deferasirox oral tablet soluble 125 mg	25% (Tier 4)	
deferasirox oral tablet soluble 250 mg, 500 mg	25% (Tier 5)*	
klor-con oral packet 20 meq	$0 (Tier 2)	
penicillamine oral tablet	25% (Tier 5)*	PA
potassium chloride crys er oral tablet extended release 15 meq	$0 (Tier 2)	
tolvaptan (hyponatremia)	25% (Tier 5)*	PA; QL (120 EA per 30 days)
tolvaptan oral tablet	25% (Tier 5)*	PA; QL (120 EA per 30 days)
tolvaptan oral tablet therapy pack	25% (Tier 5)*	PA; QL (56 EA per 28 days)
trientine hcl oral capsule 250 mg	25% (Tier 5)*	
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX/DEXTROSE (4.25/10)	25% (Tier 4)	B/D
CLINIMIX/DEXTROSE (4.25/5)	25% (Tier 4)	B/D
CLINIMIX/DEXTROSE (5/15)	25% (Tier 4)	B/D
CLINIMIX/DEXTROSE (5/20)	25% (Tier 4)	B/D
dextrose intravenous solution 10 %, 5 %	25% (Tier 4)	
dextrose-nacl intravenous solution 5-0.9 %	25% (Tier 4)	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	25% (Tier 4)	
INTRALIPID	25% (Tier 4)	B/D
levocarnitine oral solution	25% (Tier 4)	
levocarnitine oral tablet	25% (Tier 4)	
PREMASOL INTRAVENOUS SOLUTION 10 %	25% (Tier 4)	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	25% (Tier 4)	B/D
Phosphate Binders		
calcium acetate (phos binder)	25% (Tier 3)	
sevelamer carbonate oral tablet	25% (Tier 4)	
Potassium Binders		
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	25% (Tier 5)*	PA; QL (0.5 ML per 30 days)
LOKELMA ORAL PACKET 10 GM	25% (Tier 3)	QL (90 EA per 30 days)

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You can find more information on what the abbreviations mean starting on page 12.

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOKELMA ORAL PACKET 5 GM	25% (Tier 3)	QL (30 EA per 30 days)
sodium polystyrene sulfonate combination	25% (Tier 4)	
sodium polystyrene sulfonate oral powder	$0 (Tier 2)	
SPS (SODIUM POLYSTYRENE SULF)	25% (Tier 4)	
Vitamins		
bacmin	$0 (MC)	
beta carotene oral capsule 25000 unit	$0 (MC)	CSHCS
bp vit 3	$0 (MC)	
corvita oral tablet	$0 (MC)	
corvite oral tablet	$0 (MC)	
cyanocobalamin nasal	$0 (MC)	
d3-1000 oral tablet	$0 (MC)	CSHCS
dekas essential	$0 (MC)	CSHCS
dekas plus	$0 (MC)	CSHCS
dialyvite	$0 (MC)	
dialyvite 3000	$0 (MC)	
dialyvite 5000	$0 (MC)	
dialyvite supreme d oral tablet	$0 (MC)	
dialyvite/zinc	$0 (MC)	
d-vite pediatric	$0 (MC)	CSHCS
enlyte	$0 (MC)	
florafol pediatric oral solution	$0 (MC)	
folic acid injection	$0 (MC)	
folic acid oral tablet 1 mg	$0 (MC)	
foltrate	$0 (MC)	
ft vitamin d3 oral capsule 50 mcg (2000 ut)	$0 (MC)	CSHCS
hydroxocobalamin acetate	$0 (MC)	
multi-vitamin/fluoride oral solution	$0 (MC)	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	$0 (MC)	
multi-vitamin/fluoride/iron	$0 (MC)	
mvw complete formulation d3000	$0 (MC)	CSHCS
mvw complete formulation d5000 oral capsule	$0 (MC)	CSHCS

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You can find more information on what the abbreviations mean starting on page 12.

This formulary was last updated 10/5/2026.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mvw complete formulation minis	$0 (MC)	CSHCS
mvw complete formulation oral solution	$0 (MC)	CSHCS
mvw complete formulation oral tablet chewable	$0 (MC)	CSHCS
nanovm 1-3 years oral powder	$0 (MC)	CSHCS
nanovm 4-8 years oral powder	$0 (MC)	CSHCS
nanovm 9-18 years	$0 (MC)	CSHCS
nanovm t/f oral powder	$0 (MC)	CSHCS
nascobal	$0 (MC)	
nephplex rx	$0 (MC)	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	$0 (MC)	
phytonadione oral	$0 (MC)	
poly-vi-flor oral tablet chewable	$0 (MC)	
poly-vi-flor/iron oral tablet chewable	$0 (MC)	
pyridoxine hcl injection	$0 (MC)	
quflora fe	$0 (MC)	
quflora fe pediatric	$0 (MC)	
quflora pediatric oral solution	$0 (MC)	
quflora pediatric oral tablet chewable	$0 (MC)	
renal oral capsule	$0 (MC)	
soluvita with fluoride oral solution	$0 (MC)	
strovite forte oral tablet	$0 (MC)	
strovite one	$0 (MC)	
triphrocaps	$0 (MC)	
tri-vite/fluoride	$0 (MC)	
true vitamin d3 oral capsule 250 mcg (10000 ut)	$0 (MC)	
vital-d rx	$0 (MC)	
vitamin b-2	$0 (MC)	CSHCS
vitamin b-complex 100 injection solution	$0 (MC)	CSHCS
vitamin c oral tablet 500 mg	$0 (MC)	CSHCS
vitamin d (ergocalciferol) oral capsule 50000 unit	$0 (MC)	
vitamin d infant oral liquid 10 mcg/ml	$0 (MC)	CSHCS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin d3 oral capsule 50 mcg (2000 ut)	$0 (MC)	CSHCS
vitamin d3 oral tablet 250 mcg (10000 ut)	$0 (MC)	CSHCS
vitamin e oral capsule 180 mg	$0 (MC)	CSHCS
vitamin e oral tablet 100 unit, 67 mg (100 unit)	$0 (MC)	CSHCS
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	$0 (MC)	
westab max	$0 (MC)	
Gastrointestinal Agents		
Anti-Constipation Agents		
bisacodyl ec	$0 (MC)	
bisacodyl rectal	$0 (MC)	
constulose	$0 (Tier 2)	
docusate calcium	$0 (MC)	
docusate mini	$0 (MC)	CSHCS
docusate sodium oral capsule	$0 (MC)	
docusate sodium oral liquid 100 mg/10ml	$0 (MC)	
enema ready-to-use rectal enema 19-7 gm/118ml	$0 (MC)	
enemeez mini	$0 (MC)	CSHCS
enemeez plus	$0 (MC)	CSHCS
enulose	$0 (Tier 2)	
fleet oil	$0 (MC)	CSHCS
fleet pediatric rectal enema 3.5-9.5 gm/59ml	$0 (MC)	
gavilyte-c	$0 (Tier 2)	
gavilyte-g	$0 (Tier 2)	
generlac	$0 (Tier 2)	
lactulose oral solution 10 gm/15ml	$0 (Tier 2)	
LINZESS	25% (Tier 3)	QL (30 EA per 30 days)
lubiprostone	25% (Tier 4)	
na sulfate-k sulfate-mg sulf	25% (Tier 4)	
peg 3350-kcl-na bicarb-nacl	$0 (Tier 2)	
peg-3350/electrolytes	$0 (Tier 2)	
polyethylene glycol 3350 oral packet 17 gm	$0 (MC)	QL (60 EA per 30 days)
prucalopride succinate	25% (Tier 3)	QL (30 EA per 30 days)

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You can find more information on what the abbreviations mean starting on page 12.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RELISTOR ORAL	25% (Tier 5)*	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS	25% (Tier 5)*	PA
Anti-Diarrheal Agents		
alosetron hcl oral tablet 0.5 mg	25% (Tier 4)	QL (60 EA per 30 days)
alosetron hcl oral tablet 1 mg	25% (Tier 5)*	QL (60 EA per 30 days)
bismuth subsalicylate oral tablet chewable 262 mg	$0 (MC)	
culturelle immunity support	$0 (MC)	CSHCS
culturelle oral capsule	$0 (MC)	CSHCS
diphenoxylate-atropine oral liquid	25% (Tier 4)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	25% (Tier 4)	
ft stomach relief oral suspension	$0 (MC)	
gnp pink bismuth ultra str	$0 (MC)	
loperamide hcl oral capsule	$0 (Tier 2)	
loperamide hcl oral solution 1 mg/7.5ml	$0 (MC)	
XERMELO	25% (Tier 5)*	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	$0 (Tier 2)	
dicyclomine hcl oral solution 10 mg/5ml	25% (Tier 4)	
dicyclomine hcl oral tablet 20 mg	$0 (Tier 2)	
glycopyrrolate oral tablet 1 mg, 2 mg	$0 (Tier 2)	
methscopolamine bromide oral	25% (Tier 4)	
Gastrointestinal Agents, Other		
acid gone oral suspension	$0 (MC)	
aluminum hydroxide gel oral suspension 320 mg/5ml	$0 (MC)	
antacid ultra strength oral tablet chewable 1000 mg	$0 (MC)	
bismuth/metronidaz/tetracyclin	25% (Tier 4)	
calcium carbonate antacid oral suspension	$0 (MC)	
famotidine oral tablet 20 mg, 40 mg	$0 (Tier 2)	
ft antacid extra strength	$0 (MC)	
ft antacid regular strength	$0 (MC)	
gavilyte-n with flavor pack	$0 (Tier 2)	

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You can find more information on what the abbreviations mean starting on page 12.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gnp antacid & anti-gas oral suspension	$0 (MC)	
heartburn relief ex st	$0 (MC)	
mag-al oral liquid	$0 (MC)	
metoclopramide hcl oral solution 5 mg/5ml	25% (Tier 4)	
metoclopramide hcl oral tablet	$0 (Tier 1)	
REZDIFFRA	25% (Tier 5)*	PA; QL (30 EA per 30 days)
sodium bicarbonate oral tablet 325 mg, 650 mg	$0 (MC)	
ursodiol oral capsule 300 mg	25% (Tier 3)	
ursodiol oral tablet	25% (Tier 3)	
VELSIPITY	25% (Tier 5)*	PA; QL (30 EA per 30 days)
VOWST	25% (Tier 5)*	PA; QL (12 EA per 3 days)
Histamine2 (H2) Receptor Antagonists		
acid reducer complete	$0 (MC)	
famotidine oral tablet 10 mg	$0 (MC)	
Protectants		
misoprostol oral	25% (Tier 3)	
sucralfate oral suspension	25% (Tier 4)	
sucralfate oral tablet	$0 (Tier 2)	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	25% (Tier 4)	
lansoprazole oral capsule delayed release	25% (Tier 3)	
omeprazole magnesium oral capsule delayed release	$0 (MC)	
omeprazole oral capsule delayed release 10 mg, 40 mg	$0 (Tier 2)	
omeprazole oral capsule delayed release 20 mg	$0 (Tier 1)	
omeprazole oral tablet delayed release	$0 (MC)	PA
pantoprazole sodium oral tablet delayed release	$0 (Tier 1)	
prevacid 24hr	$0 (MC)	PA
rabeprazole sodium oral tablet delayed release	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine	25% (Tier 5)*	LA
CREON	25% (Tier 3)	
cromolyn sodium oral	25% (Tier 4)	
CYSTAGON	25% (Tier 3)	LA
dichlorphenamide	25% (Tier 5)*	PA
l-glutamine oral packet	25% (Tier 5)*	PA; QL (180 EA per 30 days)
nitisinone	25% (Tier 5)*	PA
NULIBRY	25% (Tier 5)*	PA
PROLASTIN-C INTRAVENOUS SOLUTION	25% (Tier 5)*	PA; LA
sapropterin dihydrochloride oral packet	25% (Tier 5)*	
sapropterin dihydrochloride oral tablet	25% (Tier 5)*	
sodium phenylbutyrate oral powder 3 gm/tsp	25% (Tier 5)*	
sodium phenylbutyrate oral tablet	25% (Tier 5)*	
VYNDAMAX	25% (Tier 5)*	PA; QL (30 EA per 30 days)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	25% (Tier 3)	
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er	25% (Tier 3)	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	25% (Tier 3)	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	25% (Tier 3)	QL (30 EA per 30 days)
oxybutynin chloride er	$0 (Tier 2)	QL (60 EA per 30 days)
oxybutynin chloride oral solution	$0 (Tier 2)	
oxybutynin chloride oral tablet 5 mg	$0 (Tier 2)	
solifenacin succinate	$0 (Tier 2)	QL (30 EA per 30 days)
tolterodine tartrate	$0 (Tier 2)	QL (60 EA per 30 days)

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You can find more information on what the abbreviations mean starting on page 12.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tolterodine tartrate er	25% (Tier 4)	QL (30 EA per 30 days)
trospium chloride	$0 (Tier 2)	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	$0 (Tier 2)	
dutasteride oral	$0 (Tier 2)	
dutasteride-tamsulosin hcl	25% (Tier 4)	
finasteride oral tablet 5 mg	$0 (Tier 2)	
tadalafil oral tablet 2.5 mg, 5 mg	25% (Tier 4)	PA; QL (30 EA per 30 days)
tamsulosin hcl	$0 (Tier 1)	
Genitourinary Agents, Other		
bethanechol chloride oral	25% (Tier 3)	
ELMIRON	25% (Tier 4)	
k-phos-neutral	$0 (MC)	
methylergonovine maleate oral	$0 (Tier 2)	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	25% (Tier 5)*	PA
ACTHAR GEL	25% (Tier 5)*	PA
betamethasone dipropionate aug external cream	$0 (Tier 2)	
betamethasone dipropionate external ointment	25% (Tier 4)	
CORTROPHIN	25% (Tier 5)*	PA
DEXAMETHASONE INTENSOL	25% (Tier 4)	
dexamethasone oral solution	25% (Tier 4)	
dexamethasone oral tablet	$0 (Tier 2)	
dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml	$0 (Tier 2)	
fludrocortisone acetate oral	$0 (Tier 2)	
hydrocortisone oral	$0 (Tier 2)	
hydrocortisone sod suc (pf)	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methylprednisolone oral	$0 (Tier 2)	
prednisolone oral solution	25% (Tier 4)	
prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml	25% (Tier 4)	
PREDNISONE INTENSOL	25% (Tier 4)	
prednisone oral solution	25% (Tier 4)	
prednisone oral tablet	$0 (Tier 1)	
prednisone oral tablet therapy pack	$0 (Tier 2)	
TARPEYO	25% (Tier 5)*	PA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin ace spray refrig	25% (Tier 4)	
desmopressin acetate oral	$0 (Tier 2)	
desmopressin acetate spray	25% (Tier 4)	
INCRELEX	25% (Tier 5)*	PA; LA
ISTURISA ORAL TABLET 1 MG	25% (Tier 5)*	PA; QL (540 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	25% (Tier 5)*	PA; QL (360 EA per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	25% (Tier 5)*	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	25% (Tier 5)*	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	25% (Tier 5)*	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	25% (Tier 4)	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	25% (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
testosterone enanthate intramuscular solution	25% (Tier 3)	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	25% (Tier 4)	PA; QL (150 GM per 30 days)
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	25% (Tier 4)	PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	25% (Tier 4)	PA; QL (37.5 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)	25% (Tier 4)	PA; QL (75 GM per 30 days)
testosterone transdermal solution	25% (Tier 4)	PA; QL (180 ML per 30 days)
Estrogens		
apri	$0 (Tier 2)	
AUROVELA 24 FE	25% (Tier 4)	
aviane	$0 (Tier 2)	
BLISOVI 24 FE	25% (Tier 4)	
dotti	$0 (Tier 2)	
ELURYNG	25% (Tier 4)	
enskyce oral tablet 0.15-30 mg-mcg	$0 (Tier 2)	
estarylla	$0 (Tier 2)	
estradiol oral	$0 (Tier 2)	
estradiol transdermal patch twice weekly	$0 (Tier 2)	
estradiol transdermal patch weekly	$0 (Tier 2)	
estradiol vaginal cream	$0 (Tier 2)	
estradiol vaginal tablet	25% (Tier 3)	
estradiol valerate intramuscular	25% (Tier 4)	
estradiol-norethindrone acet	25% (Tier 3)	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	$0 (Tier 2)	
etonogestrel-ethinyl estradiol	25% (Tier 3)	
isibloom	$0 (Tier 2)	
junel fe 1.5/30	$0 (Tier 2)	
junel fe 1/20	$0 (Tier 2)	
JUNEL FE 24	25% (Tier 4)	
kariva	$0 (Tier 2)	NE

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KELNOR 1/35	25% (Tier 4)	
LARIN 24 FE	25% (Tier 4)	
larin fe 1.5/30	$0 (Tier 2)	
larin fe 1/20	$0 (Tier 2)	
lessina	$0 (Tier 2)	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	$0 (Tier 2)	
LORYNA	25% (Tier 4)	
lyllana	$0 (Tier 2)	
microgestin 1/20	$0 (Tier 2)	
MIMVEY	25% (Tier 3)	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0 (Tier 2)	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	$0 (Tier 2)	
sprintec 28	$0 (Tier 2)	
SYEDA	25% (Tier 4)	
tri-estarylla	$0 (Tier 2)	
tri-lo-estarylla	$0 (Tier 2)	
tri-sprintec	$0 (Tier 2)	
XULANE	25% (Tier 3)	NE
YUVAFEM	25% (Tier 4)	NE
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	25% (Tier 3)	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY	25% (Tier 4)	
NEXPLANON	25% (Tier 3)	
Progestins		
altavera	$0 (Tier 2)	
alyacen 1/35	25% (Tier 4)	
camila	$0 (Tier 2)	
CAMRESE LO	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CRYSELLE	25% (Tier 4)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	25% (Tier 3)	
emzahh	$0 (Tier 2)	
errin	$0 (Tier 2)	
FYAVOLV	25% (Tier 4)	
heather	$0 (Tier 2)	
JINTELI	25% (Tier 4)	
JUNEL 1.5/30	25% (Tier 4)	
junel 1/20	$0 (Tier 2)	
kurvelo	$0 (Tier 2)	
levonorgestrel oral tablet 1.5 mg	$0 (MC)	
medroxyprogesterone acetate intramuscular	$0 (Tier 2)	
medroxyprogesterone acetate oral	$0 (Tier 2)	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	25% (Tier 4)	
megestrol acetate oral tablet	25% (Tier 4)	
norethindrone acetate oral	$0 (Tier 2)	
norethindrone oral	$0 (Tier 2)	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	25% (Tier 3)	
NORTREL 0.5/35 (28)	25% (Tier 4)	
NORTREL 1/35 (21)	25% (Tier 4)	
NORTREL 1/35 (28)	25% (Tier 4)	
NORTREL 7/7/7	25% (Tier 4)	
plan b one-step	$0 (MC)	
portia-28	$0 (Tier 2)	
progesterone oral	$0 (Tier 2)	
VELIVET	25% (Tier 4)	
your choice	$0 (MC)	

* = 30-day supply only

You can find more information on what the abbreviations mean starting on page 12.

This formulary was last updated 10/5/2026.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	25% (Tier 4)	
levothyroxine sodium oral tablet	$0 (Tier 1)	
levoxyl	$0 (Tier 2)	
liothyronine sodium oral	$0 (Tier 2)	
NP THYROID	25% (Tier 4)	
SYNTHROID	25% (Tier 4)	
unithroid	$0 (Tier 2)	
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
cabergoline	25% (Tier 4)	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG	25% (Tier 5)*	
ELIGARD SUBCUTANEOUS KIT 7.5 MG	25% (Tier 3)	
FIRMAGON (240 MG DOSE)	25% (Tier 5)*	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	25% (Tier 4)	
leuprolide acetate injection	25% (Tier 4)	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	25% (Tier 5)*	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	25% (Tier 5)*	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	25% (Tier 4)	
octreotide acetate intramuscular	25% (Tier 5)*	
octreotide acetate subcutaneous	25% (Tier 4)	
SIGNIFOR	25% (Tier 5)*	PA
SOMAVERT	25% (Tier 5)*	PA; LA

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You can find more information on what the abbreviations mean starting on page 12.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
lanreotide acetate	25% (Tier 5)*	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	25% (Tier 5)*	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	$0 (Tier 2)	
propylthiouracil oral	$0 (Tier 2)	
Immunological Agents		
Angioedema Agents		
HAEGARDA	25% (Tier 5)*	PA
icatibant acetate subcutaneous solution prefilled syringe	25% (Tier 5)*	PA; QL (18 ML per 30 days)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	25% (Tier 5)*	PA; QL (18 ML per 30 days)
Immunological Agents, Other		
ARCALYST	25% (Tier 5)*	PA; LA
COSENTYX (300 MG DOSE)	25% (Tier 5)*	PA; QL (8 ML per 28 days)
COSENTYX SENSOREADY (300 MG)	25% (Tier 5)*	PA; QL (8 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	25% (Tier 5)*	PA; QL (2 ML per 28 days)
COSENTYX UNOREADY	25% (Tier 5)*	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	25% (Tier 5)*	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	25% (Tier 5)*	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	25% (Tier 5)*	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	25% (Tier 5)*	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	25% (Tier 5)*	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	25% (Tier 5)*	PA; QL (8 ML per 28 days)
ENTYVIO PEN	25% (Tier 5)*	PA; QL (1.36 ML per 28 days)

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You can find more information on what the abbreviations mean starting on page 12.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMUNEX-C	25% (Tier 5)*	PA
ICOTYDE	25% (Tier 5)*	PA; QL (30 EA per 30 days)
leflunomide oral	$0 (Tier 2)	
OTULFI SUBCUTANEOUS SOLUTION	25% (Tier 3)	PA; QL (0.5 ML per 28 days)
REVCOVI	25% (Tier 5)*	PA
RINVOQ LQ	25% (Tier 5)*	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	25% (Tier 5)*	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	25% (Tier 5)*	PA; QL (168 EA per 365 days)
SKYRIZI PEN	25% (Tier 5)*	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	25% (Tier 5)*	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	25% (Tier 5)*	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	25% (Tier 5)*	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	25% (Tier 5)*	PA; QL (0.37 ML per 28 days)
TAVNEOS	25% (Tier 5)*	PA; QL (180 EA per 30 days)
tofacitinib citrate er	25% (Tier 5)*	PA; QL (30 EA per 30 days)
tofacitinib citrate oral solution	25% (Tier 5)*	PA; QL (300 ML per 30 days)
tofacitinib citrate oral tablet	25% (Tier 5)*	PA; QL (60 EA per 30 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	25% (Tier 5)*	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	25% (Tier 5)*	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	25% (Tier 5)*	PA; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	25% (Tier 5)*	PA; QL (2 ML per 28 days)
TREMFYA-CD/UC INDUCTION	25% (Tier 5)*	PA; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	25% (Tier 5)*	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	25% (Tier 5)*	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	25% (Tier 5)*	PA; LA
YESINTEK SUBCUTANEOUS SOLUTION	25% (Tier 3)	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	25% (Tier 3)	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	25% (Tier 5)*	PA; QL (1 ML per 28 days)
Immunostimulants		
ACTIMMUNE	25% (Tier 5)*	PA
BESREMI	25% (Tier 5)*	PA; QL (2 ML per 28 days)
BESREMI PEN	25% (Tier 5)*	PA; QL (1 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	25% (Tier 5)*	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	25% (Tier 5)*	
Immunosuppressants		
AVTOZMA SUBCUTANEOUS	25% (Tier 5)*	PA; QL (3.6 ML per 28 days)
azathioprine oral tablet 50 mg	$0 (Tier 2)	B/D
BENLYSTA SUBCUTANEOUS	25% (Tier 5)*	PA
cyclosporine modified oral capsule	25% (Tier 3)	B/D
cyclosporine modified oral solution	25% (Tier 4)	B/D
cyclosporine oral capsule	25% (Tier 4)	B/D
ENBREL MINI	25% (Tier 5)*	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	25% (Tier 5)*	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	25% (Tier 5)*	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	25% (Tier 5)*	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	25% (Tier 5)*	PA; QL (8 ML per 28 days)
ENVARSUS XR	25% (Tier 4)	B/D
everolimus oral tablet 0.25 mg	25% (Tier 4)	B/D
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	25% (Tier 5)*	B/D
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	25% (Tier 5)*	PA; QL (30 EA per 30 days)
everolimus oral tablet soluble 2 mg	25% (Tier 5)*	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENGRAF ORAL CAPSULE 100 MG, 25 MG	25% (Tier 4)	B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	25% (Tier 5)*	PA; QL (2.4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	25% (Tier 5)*	PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	25% (Tier 5)*	PA; QL (2.4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	25% (Tier 5)*	PA; QL (4.8 ML per 28 days)
infliximab	25% (Tier 5)*	PA
mercaptopurine oral tablet	$0 (Tier 2)	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	$0 (Tier 2)	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	$0 (Tier 2)	
methotrexate sodium injection solution reconstituted	$0 (Tier 2)	
methotrexate sodium oral	$0 (Tier 2)	
mycophenolate mofetil oral capsule	$0 (Tier 2)	B/D
mycophenolate mofetil oral suspension reconstituted	25% (Tier 4)	B/D
mycophenolate mofetil oral tablet	$0 (Tier 2)	B/D
mycophenolate sodium	25% (Tier 4)	B/D
OTEZLA ORAL TABLET	25% (Tier 5)*	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	25% (Tier 5)*	PA; QL (55 EA per 28 days)
OTEZLA XR	25% (Tier 5)*	PA; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK	25% (Tier 5)*	PA; QL (41 EA per 28 days)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	25% (Tier 3)	PA; QL (0.5 ML per 28 days)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	25% (Tier 5)*	PA; QL (1 ML per 28 days)
PROGRAF ORAL PACKET	25% (Tier 4)	B/D
REZUROCK	25% (Tier 5)*	PA; QL (30 EA per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	25% (Tier 5)*	PA; QL (4 EA per 28 days)
SIMLANDI (2 PEN)	25% (Tier 5)*	PA; QL (6 EA per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	25% (Tier 3)	PA; QL (2 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	25% (Tier 5)*	PA; QL (6 EA per 28 days)
sirolimus oral	25% (Tier 4)	B/D
tacrolimus er	25% (Tier 4)	B/D
tacrolimus oral	25% (Tier 3)	B/D
TYENNE SUBCUTANEOUS	25% (Tier 5)*	PA; QL (3.6 ML per 28 days)
XATMEP	25% (Tier 4)	PA
ZYMFENTRA (2 PEN)	25% (Tier 5)*	PA; QL (2 EA per 28 days)
ZYMFENTRA (2 SYRINGE)	25% (Tier 5)*	PA; QL (2 EA per 28 days)
Vaccines		
abrysvo	25% (Tier 3)	QL (1 EA per 365 days)
ACTHIB	25% (Tier 3)	
ADACEL	25% (Tier 3)	
arexvy	25% (Tier 3)	QL (1 EA per 720 days)
bcg vaccine injection solution reconstituted	25% (Tier 3)	
BEXSERO	25% (Tier 3)	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	25% (Tier 3)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	25% (Tier 3)	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	25% (Tier 3)	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	25% (Tier 3)	B/D
GARDASIL 9	25% (Tier 3)	
HAVRIX	25% (Tier 3)	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	25% (Tier 3)	B/D
HIBERIX INJECTION	25% (Tier 3)	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	25% (Tier 3)	B/D
INFANRIX	25% (Tier 3)	
IPOL	25% (Tier 3)	
IXIARO	25% (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JYNNEOS	25% (Tier 3)	B/D
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	25% (Tier 3)	
MENQUADFI INTRAMUSCULAR SOLUTION	25% (Tier 3)	
MENVEO	25% (Tier 3)	
M-M-R II INJECTION	25% (Tier 3)	
MRESVIA	25% (Tier 3)	QL (0.5 ML per 720 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	25% (Tier 3)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	25% (Tier 3)	
PEDVAXHIB	25% (Tier 3)	
PENBRAYA	25% (Tier 3)	QL (2 EA per 720 days)
penmenvy	25% (Tier 3)	QL (2 EA per 720 days)
PENTACEL	25% (Tier 3)	
PRIORIX	25% (Tier 3)	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	25% (Tier 3)	
QUADRACEL	25% (Tier 3)	
RABAVERT	25% (Tier 3)	B/D
RECOMBIVAX HB	25% (Tier 3)	B/D
ROTARIX ORAL SUSPENSION	25% (Tier 3)	
ROTATEQ ORAL SOLUTION	25% (Tier 3)	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	25% (Tier 3)	QL (1 ML per 999 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	25% (Tier 3)	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE	25% (Tier 3)	
TICOVAC	25% (Tier 3)	
TRUMENBA	25% (Tier 3)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	25% (Tier 3)	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	25% (Tier 3)	

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You can find more information on what the abbreviations mean starting on page 12.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VAQTA	25% (Tier 3)	
VARIVAX INJECTION	25% (Tier 3)	
VAXCHORA	25% (Tier 3)	
VIMKUNYA	25% (Tier 3)	QL (1 ML per 365 days)
VIVOTIF	25% (Tier 3)	QL (4 EA per 720 days)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	25% (Tier 3)	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	25% (Tier 4)	
mesalamine er oral capsule extended release 24 hour	25% (Tier 4)	
mesalamine oral capsule delayed release	25% (Tier 4)	
mesalamine oral tablet delayed release 1.2 gm	25% (Tier 4)	
mesalamine rectal	25% (Tier 4)	
sulfasalazine oral	$0 (Tier 2)	
Glucocorticoids		
budesonide er oral tablet extended release 24 hour	25% (Tier 5)*	QL (30 EA per 30 days)
budesonide oral	25% (Tier 4)	
budesonide rectal foam 2 mg	25% (Tier 4)	
hydrocortisone rectal enema	25% (Tier 4)	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	$0 (Tier 1)	
BILDYOS	25% (Tier 4)	QL (1 ML per 180 days)
BILPREVDA	25% (Tier 5)*	PA
calcitonin (salmon) nasal	25% (Tier 3)	
calcitriol oral capsule	$0 (Tier 2)	
cinacalcet hcl oral tablet 30 mg, 90 mg	25% (Tier 3)	B/D; QL (120 EA per 30 days)
cinacalcet hcl oral tablet 60 mg	25% (Tier 3)	B/D; QL (60 EA per 30 days)
doxercalciferol oral	25% (Tier 4)	B/D
ENOBY	25% (Tier 4)	QL (1 ML per 180 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ibandronate sodium oral	$0 (Tier 2)	
JUBBONTI	25% (Tier 4)	QL (1 ML per 180 days)
paricalcitol oral	25% (Tier 4)	
risedronate sodium oral tablet 150 mg	25% (Tier 4)	QL (1 EA per 28 days)
risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	25% (Tier 4)	QL (4 EA per 28 days)
risedronate sodium oral tablet 5 mg	25% (Tier 4)	QL (30 EA per 30 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	25% (Tier 5)*	PA; QL (2.24 ML per 28 days)
TYMLOS	25% (Tier 5)*	PA; QL (1.56 ML per 30 days)
WYOST	25% (Tier 5)*	PA
XTRENBO	25% (Tier 4)	PA
zoledronic acid intravenous concentrate	25% (Tier 4)	
zoledronic acid intravenous solution	25% (Tier 4)	
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic	25% (Tier 4)	
latanoprost ophthalmic	$0 (Tier 2)	
RHOPRESSA	25% (Tier 3)	
travoprost (bak free)	25% (Tier 4)	ST
Ophthalmic Agents, Other		
artificial tears ophthalmic solution 0.5-0.6 %	$0 (MC)	
atropine sulfate ophthalmic solution 1 %	25% (Tier 3)	
bacitra-neomycin-polymyxin-hc	$0 (Tier 2)	
CYSTADROPS	25% (Tier 5)*	PA; QL (20 ML per 30 days)
CYSTARAN	25% (Tier 5)*	PA; QL (60 ML per 28 days)
dorzolamide hcl-timolol mal	$0 (Tier 2)	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	25% (Tier 4)	
ft lubricant eye drops ophthalmic solution 0.5 %	$0 (MC)	
genteal severe	$0 (MC)	
genteal tears night-time	$0 (MC)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gnp nighttime relief lub eye	$0 (MC)	
lubrifresh p.m.	$0 (MC)	
neomycin-polymyxin-dexameth ophthalmic ointment	$0 (Tier 2)	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	$0 (Tier 2)	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	$0 (Tier 2)	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	25% (Tier 4)	
nighttime relief lubricant eye	$0 (MC)	
polymyxin b-trimethoprim	$0 (Tier 2)	
polyvinyl alcohol ophthalmic	$0 (MC)	
refresh celluvisc ophthalmic gel	$0 (MC)	
refresh lacri-lube	$0 (MC)	
refresh liquigel ophthalmic gel	$0 (MC)	
refresh optive mega-3 pf	$0 (MC)	
RESTASIS	25% (Tier 3)	QL (60 EA per 30 days)
ROCKLATAN	25% (Tier 3)	
sulfacetamide-prednisolone ophthalmic solution	$0 (Tier 2)	
systane night	$0 (MC)	
systane nighttime	$0 (MC)	
TOBRADEX OPHTHALMIC OINTMENT	25% (Tier 4)	
tobramycin-dexamethasone	$0 (Tier 2)	
XDEMVY	25% (Tier 4)	PA; QL (10 ML per 180 days)
Ophthalmic Anti-Allergy Agents		
azelastine hcl ophthalmic	$0 (Tier 2)	
cromolyn sodium ophthalmic	$0 (Tier 2)	
epinastine hcl	25% (Tier 4)	
ketotifen fumarate ophthalmic solution 0.035 %	$0 (MC)	
zaditor ophthalmic solution 0.035 %	$0 (MC)	PA
Ophthalmic Anti-Infectives		
AZASITE	25% (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	$0 (Tier 2)	
erythromycin ophthalmic	$0 (Tier 2)	QL (21 GM per 30 days)
gatifloxacin ophthalmic	25% (Tier 4)	
gentamicin sulfate ophthalmic solution	$0 (Tier 2)	QL (30 ML per 30 days)
levofloxacin ophthalmic solution 1.5 %	$0 (Tier 2)	
moxifloxacin hcl ophthalmic solution	25% (Tier 3)	QL (12 ML per 30 days)
NATACYN	25% (Tier 4)	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	$0 (Tier 2)	
ofloxacin ophthalmic	$0 (Tier 2)	
sulfacetamide sodium ophthalmic solution	$0 (Tier 2)	
tobramycin ophthalmic	$0 (Tier 2)	QL (30 ML per 30 days)
trifluridine ophthalmic	25% (Tier 3)	
ZIRGAN	25% (Tier 3)	
Ophthalmic Anti-Inflammatories		
bromfenac sodium ophthalmic solution 0.07 %	25% (Tier 4)	
dexamethasone sodium phosphate ophthalmic	$0 (Tier 2)	QL (30 ML per 30 days)
diclofenac sodium ophthalmic	$0 (Tier 2)	
difluprednate	25% (Tier 4)	ST
fluorometholone ophthalmic	$0 (Tier 2)	
flurbiprofen sodium	$0 (Tier 2)	
ketorolac tromethamine ophthalmic solution 0.4 %	$0 (Tier 2)	
ketorolac tromethamine ophthalmic solution 0.5 %	$0 (Tier 2)	QL (20 ML per 30 days)
loteprednol etabonate ophthalmic gel	25% (Tier 4)	ST
loteprednol etabonate ophthalmic suspension 0.5 %	25% (Tier 4)	ST
prednisolone acetate ophthalmic	$0 (Tier 2)	
prednisolone sodium phosphate ophthalmic	$0 (Tier 2)	
XIIDRA	25% (Tier 3)	QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic	$0 (Tier 2)	
carteolol hcl	$0 (Tier 2)	
levobunolol hcl ophthalmic solution 0.5 %	$0 (Tier 2)	
timolol maleate ophthalmic gel forming solution	25% (Tier 4)	
timolol maleate ophthalmic solution	$0 (Tier 1)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er	25% (Tier 3)	
apraclonidine hcl	25% (Tier 4)	
brimonidine tartrate ophthalmic solution 0.2 %	$0 (Tier 2)	
brinzolamide	25% (Tier 4)	
COMBIGAN	25% (Tier 3)	
dorzolamide hcl ophthalmic	$0 (Tier 2)	
methazolamide oral	25% (Tier 4)	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	25% (Tier 3)	
SIMBRINZA	25% (Tier 4)	
Otic Agents		
Otic Agents		
acetic acid otic	$0 (Tier 2)	
ciprofloxacin-dexamethasone	25% (Tier 4)	QL (7.5 ML per 30 days)
ciprofloxacin-hydrocortisone	25% (Tier 4)	
fluocinolone acetonide otic	25% (Tier 4)	
hydrocortisone-acetic acid	25% (Tier 4)	
neomycin-polymyxin-hc otic solution 1 %	25% (Tier 3)	
neomycin-polymyxin-hc otic suspension	25% (Tier 3)	
ofloxacin otic	$0 (Tier 2)	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
24hr allergy relief	$0 (MC)	
ala-hist ir	$0 (MC)	

* = 30-day supply only

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allergy childrens oral suspension	$0 (MC)	
azelastine hcl nasal solution 0.1 %	$0 (Tier 2)	
cetirizine hcl childrens oral solution 5 mg/5ml	$0 (MC)	PA
cetirizine hcl oral solution 1 mg/ml	$0 (MC)	
cetirizine hcl oral tablet	$0 (MC)	
cetirizine hcl oral tablet chewable	$0 (MC)	PA
childrens loratadine oral solution	$0 (MC)	
cyproheptadine hcl oral tablet	25% (Tier 4)	
desloratadine oral tablet	25% (Tier 4)	
dimetane allergy relief	$0 (MC)	
dimetane allergy relief ex st	$0 (MC)	
diphenhydramine hcl childrens	$0 (MC)	
diphenhydramine hcl oral capsule	$0 (MC)	
diphenhydramine hcl oral tablet 25 mg	$0 (MC)	
ed chlorped jr	$0 (MC)	
fexofenadine hcl oral tablet 180 mg, 60 mg	$0 (MC)	
ft allergy relief oral tablet chewable	$0 (MC)	
gnp allergy relief oral tablet 4 mg	$0 (MC)	
histex oral syrup	$0 (MC)	
hydroxyzine hcl oral tablet	25% (Tier 4)	
levocetirizine dihydrochloride oral tablet	$0 (Tier 2)	
loratadine oral tablet	$0 (MC)	
loratadine oral tablet dispersible 10 mg	$0 (MC)	
olopatadine hcl nasal	25% (Tier 4)	QL (30.5 GM per 30 days)
pediavent oral syrup	$0 (MC)	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	$0 (MC)	
Anti-Inflammatories, Inhaled Corticosteroids		
allergy relief nasal	$0 (MC)	PA
ARNUITY ELLIPTA	25% (Tier 3)	QL (30 EA per 30 days); NE
budesonide inhalation	25% (Tier 4)	B/D
budesonide nasal	$0 (MC)	PA
flunisolide nasal solution 25 mcg/act (0.025%)	25% (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluticasone propionate nasal	$0 (Tier 2)	
gnp fluticasone propionate	$0 (MC)	PA
mometasone furoate nasal	25% (Tier 4)	
QVAR REDIHALER	25% (Tier 3)	QL (21.2 GM per 30 days); NE
Antileukotrienes		
montelukast sodium oral packet	25% (Tier 4)	
montelukast sodium oral tablet	$0 (Tier 2)	
montelukast sodium oral tablet chewable	$0 (Tier 2)	
zafirlukast	25% (Tier 4)	
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	25% (Tier 3)	QL (30 EA per 30 days)
ipratropium bromide hfa	25% (Tier 3)	
ipratropium bromide inhalation	$0 (Tier 2)	B/D
ipratropium bromide nasal	$0 (Tier 2)	
SPIRIVA RESPIMAT	25% (Tier 3)	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	$0 (Tier 2)	QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	$0 (Tier 2)	QL (13.4 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	$0 (Tier 2)	B/D
albuterol sulfate oral syrup 2 mg/5ml	$0 (Tier 2)	
albuterol sulfate oral tablet	25% (Tier 4)	
arformoterol tartrate	25% (Tier 4)	B/D
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	$0 (Tier 2)	QL (60 EA per 30 days)
breyna	$0 (Tier 2)	QL (10.3 GM per 30 days)
DULERA	25% (Tier 3)	QL (13 GM per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	25% (Tier 3)	QL (4 EA per 30 days)

* = 30-day supply only

You can find more information on what the abbreviations mean starting on page 12.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	$0 (Tier 2)	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	$0 (Tier 2)	QL (1 EA per 30 days)
levalbuterol hcl inhalation	25% (Tier 4)	B/D
levalbuterol tartrate	25% (Tier 4)	QL (30 GM per 30 days)
STRIVERDI RESPIMAT	25% (Tier 3)	QL (4 GM per 30 days)
terbutaline sulfate oral	25% (Tier 4)	
Cystic Fibrosis Agents		
CAYSTON	25% (Tier 5)*	PA; LA
KALYDECO	25% (Tier 5)*	PA; QL (56 EA per 28 days)
ORKAMBI ORAL PACKET	25% (Tier 5)*	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	25% (Tier 5)*	PA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	25% (Tier 5)*	B/D
SYMDEKO	25% (Tier 5)*	PA; QL (60 EA per 30 days)
tobramycin inhalation nebulization solution 300 mg/5ml	25% (Tier 5)*	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	25% (Tier 5)*	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK	25% (Tier 5)*	PA; QL (56 EA per 28 days)
Mast Cell Stabilizers		
cromolyn sodium nasal	$0 (MC)	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	25% (Tier 4)	QL (30 EA per 30 days)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg	25% (Tier 4)	
theophylline er oral tablet extended release 24 hour	25% (Tier 3)	
Pulmonary Antihypertensives		
ADEMPAS	25% (Tier 5)*	PA; LA; QL (90 EA per 30 days)
ambrisentan	25% (Tier 5)*	PA; LA; QL (30 EA per 30 days)

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You can find more information on what the abbreviations mean starting on page 12.

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bosentan oral tablet	25% (Tier 5)*	PA; QL (60 EA per 30 days)
macitentan	25% (Tier 5)*	PA; QL (30 EA per 30 days)
ORENITRAM MONTH 1	25% (Tier 5)*	PA; QL (168 EA per 28 days)
ORENITRAM MONTH 2	25% (Tier 5)*	PA; QL (336 EA per 28 days)
ORENITRAM MONTH 3	25% (Tier 5)*	PA; QL (252 EA per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	25% (Tier 4)	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	25% (Tier 5)*	PA
sildenafil citrate oral tablet 20 mg	25% (Tier 3)	PA; QL (90 EA per 30 days)
tadalafil (pah)	25% (Tier 5)*	PA; QL (60 EA per 30 days)
WINREVAIR	25% (Tier 5)*	PA; QL (1 EA per 21 days)
YUTREPIA	25% (Tier 5)*	PA
Pulmonary Fibrosis Agents		
nintedanib esylate	25% (Tier 5)*	PA; QL (60 EA per 30 days)
OFEV	25% (Tier 5)*	PA; QL (60 EA per 30 days)
pirfenidone oral capsule	25% (Tier 5)*	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 267 mg	25% (Tier 5)*	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 801 mg	25% (Tier 5)*	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine inhalation	25% (Tier 4)	B/D
ADVAIR HFA	25% (Tier 3)	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	25% (Tier 3)	QL (60 EA per 30 days)
BREZTRI AEROSPHERE	25% (Tier 3)	QL (10.7 GM per 30 days)
budesonide-formoterol fumarate	$0 (Tier 2)	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT	25% (Tier 3)	QL (4 GM per 20 days); NE
cromolyn sodium inhalation	25% (Tier 4)	B/D
FASENRA PEN	25% (Tier 5)*	PA; QL (1 ML per 30 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	25% (Tier 5)*	PA; QL (1 ML per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	$0 (Tier 2)	QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	$0 (Tier 2)	B/D
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	25% (Tier 5)*	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	25% (Tier 5)*	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	25% (Tier 5)*	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	25% (Tier 5)*	PA; QL (3 EA per 28 days)
STIOLTO RESPIMAT	25% (Tier 3)	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	25% (Tier 3)	QL (60 EA per 30 days)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	$0 (Tier 2)	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	25% (Tier 4)	
methocarbamol oral tablet 500 mg, 750 mg	25% (Tier 4)	
Sleep Disorder Agents		
Sleep Promoting Agents		
eszopiclone	25% (Tier 4)	QL (30 EA per 30 days)
max sleep junior	$0 (MC)	CSHCS
ramelteon	25% (Tier 4)	
tasimelteon	25% (Tier 5)*	PA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	25% (Tier 4)	PA; QL (30 EA per 30 days)
zaleplon	25% (Tier 4)	QL (30 EA per 30 days)
zolpidem tartrate er	25% (Tier 4)	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	25% (Tier 3)	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil	25% (Tier 3)	PA; QL (30 EA per 30 days)
modafinil oral	25% (Tier 4)	PA; QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SODIUM OXYBATE	25% (Tier 5)*	PA; LA; QL (540 ML per 30 days)
Weight Loss/Gain Agents		
Anorexiant Combinations		
phentermine-topiramate er	$0 (MC)	PA
Anorexiants		
adipex-p oral tablet	$0 (MC)	PA
benzphetamine hcl oral tablet 50 mg	$0 (MC)	PA
diethylpropion hcl er	$0 (MC)	PA
diethylpropion hcl oral	$0 (MC)	PA
lomaira	$0 (MC)	PA
phendimetrazine tartrate	$0 (MC)	PA
phendimetrazine tartrate er	$0 (MC)	PA
phentermine hcl oral capsule	$0 (MC)	PA
phentermine hcl oral tablet 37.5 mg	$0 (MC)	PA
Anti-Obesity - Fat Absorption Decreasing Agents		
orlistat oral	$0 (MC)	PA; QL (90 EA per 30 days)
xenical	$0 (MC)	PA; QL (90 EA per 30 days)
Anti-Obesity - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists		
liraglutide -weight management	$0 (MC)	PA; QL (15 ML per 30 days)
saxenda	$0 (MC)	PA; QL (15 ML per 30 days)
wegovy hd	$0 (MC)	PA; QL (3 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	25% (Tier 3)	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	25% (Tier 3)	PA; QL (3 ML per 28 days)
zepbound kwikpen	$0 (MC)	PA; QL (2.4 ML per 28 days)
zepbound subcutaneous solution auto-injector	$0 (MC)	PA; QL (2 ML per 28 days)

* = 30-day supply only

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