



# Wellpoint STAR+PLUS MMP (Medicare-Medicaid Plan) 2024 List of Covered Drugs (Formulary)

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

This formulary was updated on 10/1/2024. **Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

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



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## Wellpoint STAR+PLUS MMP (Medicare-Medicaid Plan)

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### 2024 List of Covered Drugs (Formulary)

#### Introduction

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

#### Table of Contents

A. Disclaimers .....	3
B. Frequently Asked Questions (FAQ) .....	4
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.) .....	4
B2. Does the Drug List ever change? .....	4
B3. What happens when there is a change to the Drug List? .....	5
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs? .....	6
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? .....	6
B6. What happens if Wellpoint STAR+PLUS MMP changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)? .....	7
B7. How can I find a drug on the Drug List? .....	7
B8. What if the drug I want to take is not on the Drug List? .....	7
B9. What if I am a new Wellpoint STAR+PLUS MMP member and can't find my drug on the Drug List or have a problem getting my drug? .....	8
B10. Can I ask for an exception to cover my drug? .....	9
B11. How can I ask for an exception? .....	9



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For more information, visit [www.wellpoint.com/tx/mmp](http://www.wellpoint.com/tx/mmp).

B12. How long does it take to get an exception? .....	9
B13. What are generic drugs? .....	9
B14. What are OTC drugs? .....	10
B15. Does Wellpoint STAR+PLUS MMP cover non-drug OTC products? .....	10
B16. What is my copay? .....	10
C. Overview of the List of Covered Drugs .....	11
C1. Drugs Grouped by Medical Condition .....	12
D. Index of Covered Drugs .....	170



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## A. Disclaimers

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

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

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

You can also call us to change or cancel a standing order. You also can find your documents online at [www.wellpoint.com/tx/mmp](http://www.wellpoint.com/tx/mmp).



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## B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by Wellpoint STAR+PLUS MMP. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

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

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

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

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

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

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

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

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For more information, visit [www.wellpoint.com/tx/mmp](http://www.wellpoint.com/tx/mmp).

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

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

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

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Please contact your prescribing doctor as soon as you get the letter.

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

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

When these changes happen, we will:



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

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

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12-169. You can also get more information by visiting our website at [www.wellpoint.com/tx/mmp](http://www.wellpoint.com/tx/mmp). We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of Drugs on page 12 has a column labeled "Necessary actions, restrictions or limits on use."



If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free. For more information, visit [www.wellpoint.com/tx/mmp](http://www.wellpoint.com/tx/mmp).

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it by going to the list that begins on page 170, then look for the name of your drug on the list.

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

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

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

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



If you have questions, please call **Wellpoint STAR+PLUS MMP** at **1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week**. The call is free.  
For more information, visit [www.wellpoint.com/tx/mmp](http://www.wellpoint.com/tx/mmp).



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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## **B13. What are generic drugs?**

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

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



If you have questions, please call **Wellpoint STAR+PLUS MMP** at **1-833-232-1711** (TTY:711), **24 hours a day, 7 days a week**. The call is free.  
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## **B14. What are OTC drugs?**

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

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

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## **B15. Does Wellpoint STAR+PLUS MMP cover non-drug OTC products?**

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

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

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

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## **B16. What is my copay?**

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

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

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

- Tier 1 - Medicare Part D preferred generic and brand-name drugs.  
The copay is \$0.
- Tier 2 - Medicare Part D preferred and non-preferred generic and brand-name drugs.  
The copay is from \$0 to \$11.20 depending on your income.
- Tier 3 - Texas Medicaid State approved prescription generic and brand-name drugs.  
The copay is \$0.
- Tier 4 - Texas Medicaid State approved over-the-counter (OTC) drugs that require a prescription from your provider.  
The copay is \$0.



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For more information, visit [www.wellpoint.com/tx/mmp](http://www.wellpoint.com/tx/mmp).

## C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by Wellpoint STAR+PLUS MMP. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 170. The index alphabetically lists all drugs covered by Wellpoint STAR+PLUS MMP.

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

The information in the "Necessary actions, restrictions or limits on use" column tells you if Wellpoint STAR+PLUS MMP has any rules for covering your drug.

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

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

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

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



If you have questions, please call **Wellpoint STAR+PLUS MMP** at **1-833-232-1711** (TTY:711), **24 hours a day, 7 days a week**. The call is free.  
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## C1. Drugs Grouped by Medical Condition

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

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

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



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Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<b>ANALGESICS AND ANTI-INFLAMMATORY AGENTS</b>		
<i>acetaminophen-codeine oral solution</i>	Tier 2	QL (900 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet</i>	Tier 2	QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 2	MO
<i>butorphanol tartrate injection</i>	Tier 2	
<i>butorphanol tartrate nasal</i>	Tier 2	QL (5 per 30 days); NEDS
<i>celecoxib oral</i>	Tier 2	MO
<i>colchicine oral</i>	Tier 1	
<i>colchicine-probenecid</i>	Tier 2	MO
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	MO
<i>diclofenac sodium er</i>	Tier 2	MO
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (1000 per 30 days)
<i>diclofenac sodium gel 1 % external (otc)</i>	Tier 4	[*]
<i>diclofenac sodium oral</i>	Tier 2	MO
<i>diflunisal oral</i>	Tier 2	MO
<i>duramorph</i>	Tier 2	
<i>ec-naproxen</i>	Tier 2	MO
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 2	QL (180 per 30 days); NEDS
<i>etodolac oral</i>	Tier 2	MO
<i>febuxostat</i>	Tier 2	ST; MO
<i>fenoprofen calcium oral tablet</i>	Tier 2	MO
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier 2	PA; QL (120 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	PA; QL (15 per 30 days); NEDS
<i>flurbiprofen oral tablet 100 mg</i>	Tier 2	MO
GLYDO EXTERNAL PREFILLED SYRINGE	Tier 2	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 2	QL (2700 per 30 days); NEDS

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	QL (180 per 30 days); NEDS
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 2	QL (50 per 10 days); NEDS
<i>hydromorphone hcl oral tablet</i>	Tier 2	QL (180 per 30 days); NEDS
IBU	Tier 2	MO
<i>ibuprofen oral suspension</i>	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 2	MO
<i>indomethacin er</i>	Tier 2	PA; MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	PA; MO
<i>lidocaine external ointment 5 %</i>	Tier 2	PA; QL (150 per 30 days)
<i>lidocaine external patch 5 %</i>	Tier 2	PA; QL (90 per 30 days)
<i>lidocaine hcl (pf) injection solution 2 %</i>	Tier 2	
<i>lidocaine hcl external solution</i>	Tier 2	PA; QL (300 per 30 days)
<i>lidocaine hcl mouth/throat</i>	Tier 2	PA; QL (300 per 30 days)
<i>lidocaine hcl urethral/mucosal</i>	Tier 2	
<i>lidocaine viscous hcl</i>	Tier 2	
<i>lidocaine-prilocaine external cream</i>	Tier 2	QL (30 per 30 days)
<i>meclofenamate sodium oral</i>	Tier 2	MO
<i>meloxicam oral tablet</i>	Tier 2	MO
METHADONE HCL INTENSOL	Tier 2	QL (180 per 30 days); NEDS
<i>methadone hcl oral concentrate</i>	Tier 2	QL (180 per 30 days); NEDS
<i>methadone hcl oral solution</i>	Tier 2	QL (900 per 30 days); NEDS
<i>methadone hcl oral tablet</i>	Tier 2	PA; QL (180 per 30 days); NEDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Tier 2	QL (180 per 30 days); NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	Tier 2	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 8 mg/ml</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Tier 2	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Tier 2	PA; QL (90 per 30 days); NEDS
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	Tier 2	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	Tier 2	
<i>morphine sulfate oral solution 20 mg/5ml</i>	Tier 2	QL (900 per 30 days); NEDS
<i>morphine sulfate oral tablet</i>	Tier 2	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	Tier 2	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	Tier 2	MO
<i>naproxen oral tablet</i>	Tier 2	MO
<i>naproxen oral tablet delayed release</i>	Tier 2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 2	MO
<i>oxaprozin oral tablet</i>	Tier 2	MO
<i>oxycodone hcl oral capsule</i>	Tier 2	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 2	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	Tier 2	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	QL (180 per 30 days); NEDS
<i>piroxicam oral</i>	Tier 2	MO
<i>probenecid oral</i>	Tier 2	MO
RELAFEN	Tier 2	MO
<i>sulindac oral</i>	Tier 2	MO
<i>tramadol hcl oral tablet 50 mg</i>	Tier 2	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	Tier 2	QL (40 per 5 days); NEDS
<b>ANTINEOPLASTICS</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 2	PA; QL (120 per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 2	PA; QL (60 per 30 days)



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
ADRIAMYCIN INTRAVENOUS SOLUTION	Tier 2	B/D PA
<i>adriamycin intravenous solution reconstituted 10 mg</i>	Tier 2	B/D PA
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 2	B/D PA
AKEEGA	Tier 2	PA; QL (30 per 30 days)
ALECENSA	Tier 2	PA; QL (240 per 30 days); LA
ALUNBRIG ORAL TABLET 180 MG	Tier 2	PA; QL (30 per 30 days); LA
ALUNBRIG ORAL TABLET 30 MG	Tier 2	PA; QL (180 per 30 days); LA
ALUNBRIG ORAL TABLET 90 MG	Tier 2	PA; QL (60 per 30 days); LA
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 2	PA; QL (30 per 180 days); LA
<i>anastrozole oral</i>	Tier 2	QL (30 per 30 days); MO
AUGTYRO	Tier 2	PA; QL (240 per 30 days)
AVASTIN	Tier 2	PA; LA
AYVAKIT	Tier 2	PA; QL (30 per 30 days); LA
<i>azacitidine</i>	Tier 2	PA; LA
BALVERSA ORAL TABLET 3 MG	Tier 2	PA; QL (90 per 30 days); LA
BALVERSA ORAL TABLET 4 MG	Tier 2	PA; QL (60 per 30 days); LA
BALVERSA ORAL TABLET 5 MG	Tier 2	PA; QL (30 per 30 days); LA
BAVENCIO	Tier 2	PA; LA
<i>bendamustine hcl intravenous solution</i>	Tier 2	B/D PA
BENDEKA	Tier 2	B/D PA
BESREMI	Tier 2	PA; LA
<i>bexarotene oral</i>	Tier 2	PA; QL (300 per 30 days)
<i>bicalutamide</i>	Tier 2	QL (30 per 30 days)
<i>bleomycin sulfate</i>	Tier 2	B/D PA
<i>bortezomib injection solution reconstituted</i>	Tier 2	PA
BOSULIF ORAL CAPSULE 100 MG	Tier 2	PA; QL (120 per 30 days); LA
BOSULIF ORAL CAPSULE 50 MG	Tier 2	PA; QL (30 per 30 days); LA

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
BOSULIF ORAL TABLET 100 MG	Tier 2	PA; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 2	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	Tier 2	PA; QL (180 per 30 days); LA
BRUKINSA	Tier 2	PA; QL (120 per 30 days); LA
CABOMETYX	Tier 2	PA; QL (30 per 30 days); LA
CALQUENCE	Tier 2	PA; QL (60 per 30 days); LA
CAPRELSA ORAL TABLET 100 MG	Tier 2	PA; QL (90 per 30 days); LA
CAPRELSA ORAL TABLET 300 MG	Tier 2	PA; QL (30 per 30 days); LA
<i>carboplatin intravenous solution</i>	Tier 2	B/D PA
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	Tier 2	B/D PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 2	PA; QL (56 per 28 days); LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 2	PA; QL (112 per 28 days); LA
COMETRIQ (60 MG DAILY DOSE)	Tier 2	PA; QL (84 per 28 days); LA
COPIKTRA	Tier 2	PA; QL (60 per 30 days); LA
COTELLIC	Tier 2	PA; QL (90 per 30 days); LA
<i>cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml</i>	Tier 2	
<i>cyclophosphamide oral capsule</i>	Tier 2	B/D PA
CYRAMZA	Tier 2	PA; LA
DARZALEX	Tier 2	PA; LA
DARZALEX FASPRO	Tier 2	PA
<i>dasatinib</i>	Tier 2	PA; QL (30 per 30 days)
DAURISMO ORAL TABLET 100 MG	Tier 2	PA; QL (30 per 30 days); LA
DAURISMO ORAL TABLET 25 MG	Tier 2	PA; QL (60 per 30 days); LA
<i>decitabine</i>	Tier 2	
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	Tier 2	B/D PA

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	Tier 2	B/D PA
<i>doxorubicin hcl</i>	Tier 2	B/D PA
<i>doxorubicin hcl liposomal</i>	Tier 2	PA
ELITEK	Tier 2	PA
EMCYT	Tier 2	
EMPLICITI	Tier 2	PA; LA
ENHERTU	Tier 2	PA
ERBITUX	Tier 2	PA
ERIVEDGE	Tier 2	PA; QL (30 per 30 days); LA
ERLEADA	Tier 2	PA; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 2	PA; QL (30 per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 2	PA; QL (90 per 30 days)
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	Tier 2	B/D PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 2	PA
<i>everolimus oral tablet soluble</i>	Tier 2	PA
<i>exemestane</i>	Tier 2	QL (60 per 30 days); MO
EXKIVITY	Tier 2	PA; QL (120 per 30 days); LA
FIRMAGON (240 MG DOSE)	Tier 2	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 2	PA
<i>fluorouracil intravenous</i>	Tier 2	B/D PA
FOTIVDA	Tier 2	PA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	Tier 2	PA; QL (84 per 28 days); LA
FRUZAQLA ORAL CAPSULE 5 MG	Tier 2	PA; QL (21 per 28 days); LA
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 2	PA
GAVRETO	Tier 2	PA; QL (120 per 30 days); LA
GAZYVA	Tier 2	PA; LA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>gefitinib</i>	Tier 2	PA; QL (30 per 30 days)
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	Tier 2	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted</i>	Tier 2	B/D PA
GILOTRIF	Tier 2	PA; QL (30 per 30 days); LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 2	PA
HERCEPTIN HYLECTA	Tier 2	B/D PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 2	B/D PA
<i>hydroxyurea oral</i>	Tier 2	
IBRANCE	Tier 2	PA; QL (21 per 28 days); LA
ICLUSIG	Tier 2	PA; QL (30 per 30 days); LA
IDHIFA ORAL TABLET 100 MG	Tier 2	PA; QL (30 per 30 days); LA
IDHIFA ORAL TABLET 50 MG	Tier 2	PA; QL (60 per 30 days); LA
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 2	PA; QL (90 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 2	PA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 2	PA; QL (90 per 30 days); LA
IMBRUVICA ORAL CAPSULE 70 MG	Tier 2	PA; QL (30 per 30 days); LA
IMBRUVICA ORAL SUSPENSION	Tier 2	PA; QL (216 per 27 days); LA
IMBRUVICA ORAL TABLET 140 MG	Tier 2	PA; QL (90 per 30 days); LA
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	Tier 2	PA; QL (30 per 30 days); LA
IMFINZI	Tier 2	PA; LA
INLYTA ORAL TABLET 1 MG	Tier 2	PA; QL (180 per 30 days); LA
INLYTA ORAL TABLET 5 MG	Tier 2	PA; QL (120 per 30 days); LA
INQOVI	Tier 2	PA; QL (5 per 28 days); LA
INREBIC	Tier 2	PA; QL (120 per 30 days); LA
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	Tier 2	B/D PA
IWILFIN	Tier 2	PA; QL (240 per 30 days)
JAKAFI	Tier 2	PA; QL (60 per 30 days); LA
JAYPIRCA ORAL TABLET 100 MG	Tier 2	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	Tier 2	PA; QL (30 per 30 days)
JEVTANA	Tier 2	PA
KADCYLA	Tier 2	PA
KEYTRUDA INTRAVENOUS SOLUTION	Tier 2	PA
KISQALI (200 MG DOSE)	Tier 2	PA; QL (21 per 21 days)
KISQALI (400 MG DOSE)	Tier 2	PA; QL (42 per 21 days)
KISQALI (600 MG DOSE)	Tier 2	PA; QL (63 per 21 days)
KISQALI FEMARA (200 MG DOSE)	Tier 2	PA; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE)	Tier 2	PA; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE)	Tier 2	PA; QL (91 per 28 days)
KRAZATI	Tier 2	PA; QL (180 per 30 days)
KYPROLIS	Tier 2	PA; LA
<i>lapatinib ditosylate</i>	Tier 2	PA; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg</i>	Tier 2	PA; QL (60 per 30 days); LA
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	Tier 2	PA; QL (30 per 30 days); LA
<i>lenalidomide oral capsule 5 mg</i>	Tier 2	PA; QL (150 per 30 days); LA
LENVIMA (10 MG DAILY DOSE)	Tier 2	PA; QL (30 per 30 days); LA
LENVIMA (12 MG DAILY DOSE)	Tier 2	PA; QL (90 per 30 days); LA
LENVIMA (14 MG DAILY DOSE)	Tier 2	PA; QL (60 per 30 days); LA
LENVIMA (18 MG DAILY DOSE)	Tier 2	PA; QL (90 per 30 days); LA
LENVIMA (20 MG DAILY DOSE)	Tier 2	PA; QL (60 per 30 days); LA
LENVIMA (24 MG DAILY DOSE)	Tier 2	PA; QL (90 per 30 days); LA
LENVIMA (4 MG DAILY DOSE)	Tier 2	PA; QL (30 per 30 days); LA
LENVIMA (8 MG DAILY DOSE)	Tier 2	PA; QL (60 per 30 days); LA

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>letrozole oral</i>	Tier 2	QL (30 per 30 days); MO
<i>leucovorin calcium injection solution 100 mg/10ml</i>	Tier 2	
<i>leucovorin calcium injection solution reconstituted</i>	Tier 2	B/D PA
<i>leucovorin calcium oral</i>	Tier 2	
LEUKERAN	Tier 2	
<i>leuprolide acetate (3 month)</i>	Tier 2	PA
<i>leuprolide acetate injection</i>	Tier 2	PA
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	Tier 2	PA
LONSURF	Tier 2	PA
LORBRENA ORAL TABLET 100 MG	Tier 2	PA; QL (30 per 30 days); LA
LORBRENA ORAL TABLET 25 MG	Tier 2	PA; QL (90 per 30 days); LA
LUMAKRAS ORAL TABLET 120 MG	Tier 2	PA; QL (240 per 30 days); LA
LUMAKRAS ORAL TABLET 320 MG	Tier 2	PA; QL (90 per 30 days)
LUPRON DEPOT (1-MONTH)	Tier 2	PA; QL (1 per 28 days)
LYNPARZA ORAL TABLET	Tier 2	PA; QL (120 per 30 days); LA
LYSODREN	Tier 2	
LYTGOBI (12 MG DAILY DOSE)	Tier 2	PA
LYTGOBI (16 MG DAILY DOSE)	Tier 2	PA
LYTGOBI (20 MG DAILY DOSE)	Tier 2	PA
MATULANE	Tier 2	LA
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Tier 2	PA
<i>megestrol acetate oral tablet</i>	Tier 2	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	Tier 2	PA; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	Tier 2	PA; QL (90 per 30 days); LA
MEKINIST ORAL TABLET 2 MG	Tier 2	PA; QL (30 per 30 days); LA
MEKTOVI	Tier 2	PA; QL (180 per 30 days); LA
<i>mercaptopurine oral</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>mesna</i>	Tier 2	
MESNEX ORAL	Tier 2	
<i>mitomycin intravenous</i>	Tier 2	B/D PA
MUTAMYCIN	Tier 2	B/D PA
NERLYNX	Tier 2	PA; QL (180 per 30 days); LA
<i>nilutamide</i>	Tier 2	QL (30 per 30 days)
NINLARO	Tier 2	PA; QL (3 per 28 days)
NUBEQA	Tier 2	PA; QL (120 per 30 days); LA
ODOMZO	Tier 2	PA; QL (30 per 30 days); LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 2	PA; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	Tier 2	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	Tier 2	PA; QL (96 per 28 days); LA
OJEMDA ORAL TABLET	Tier 2	PA; QL (24 per 28 days); LA
OJJAARA	Tier 2	PA; QL (30 per 30 days); LA
ONUREG	Tier 2	PA; QL (14 per 28 days); LA
OPDIVO	Tier 2	PA; LA
ORGOVYX	Tier 2	PA; QL (32 per 30 days); LA
ORSERDU ORAL TABLET 345 MG	Tier 2	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	Tier 2	PA; QL (90 per 30 days)
<i>oxaliplatin</i>	Tier 2	B/D PA
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	Tier 2	B/D PA
<i>paclitaxel protein-bound part</i>	Tier 2	PA
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	Tier 2	B/D PA
<i>pazopanib hcl</i>	Tier 2	PA; QL (120 per 30 days)
PEMAZYRE	Tier 2	PA; QL (30 per 30 days); LA
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg</i>	Tier 2	PA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	Tier 2	
PERJETA	Tier 2	PA
PHESGO	Tier 2	PA
PIQRAY (200 MG DAILY DOSE)	Tier 2	PA; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE)	Tier 2	PA; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE)	Tier 2	PA; QL (56 per 28 days)
POMALYST	Tier 2	PA; QL (21 per 28 days); LA
POTELIGEO	Tier 2	B/D PA; LA
PURIXAN	Tier 2	PA
QINLOCK	Tier 2	PA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	Tier 2	PA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	Tier 2	PA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	Tier 2	PA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	Tier 2	PA; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	Tier 2	PA; QL (120 per 30 days)
REZLIDHIA	Tier 2	PA; QL (60 per 30 days); LA
RIABNI	Tier 2	B/D PA
RITUXAN HYCELA	Tier 2	B/D PA; LA
RITUXAN INTRAVENOUS SOLUTION	Tier 2	B/D PA; LA
<i>romidepsin intravenous solution reconstituted</i>	Tier 2	
ROZLYTREK ORAL CAPSULE 100 MG	Tier 2	PA; QL (150 per 30 days); LA
ROZLYTREK ORAL CAPSULE 200 MG	Tier 2	PA; QL (90 per 30 days); LA
ROZLYTREK ORAL PACKET	Tier 2	PA; QL (240 per 30 days); LA
RUBRACA	Tier 2	PA; QL (120 per 30 days); LA
RYBREVANT	Tier 2	PA
RYDAPT	Tier 2	PA; QL (240 per 30 days)
RYLAZE	Tier 2	PA
SARCLISA	Tier 2	PA



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
SCSEMBLIX ORAL TABLET 100 MG	Tier 2	PA; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	Tier 2	PA; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	Tier 2	PA; QL (300 per 30 days)
SOLTAMOX	Tier 2	MO
<i>sorafenib tosylate</i>	Tier 2	PA; QL (120 per 30 days)
SPRYCEL	Tier 2	PA; QL (30 per 30 days)
STIVARGA	Tier 2	PA; QL (84 per 28 days); LA
<i>sunitinib malate</i>	Tier 2	PA; QL (30 per 30 days)
TABLOID	Tier 2	
TABRECTA	Tier 2	PA; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE	Tier 2	PA; QL (120 per 30 days); LA
TAFINLAR ORAL TABLET SOLUBLE	Tier 2	PA; QL (900 per 30 days)
TAGRISO	Tier 2	PA; QL (30 per 30 days); LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	Tier 2	PA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	Tier 2	PA; QL (90 per 30 days); LA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; QL (30 per 30 days); LA
<i>tamoxifen citrate oral</i>	Tier 2	MO
TASIGNA	Tier 2	PA; QL (112 per 28 days)
TAZVERIK	Tier 2	PA; QL (240 per 30 days); LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/ 20ML	Tier 2	PA; QL (20 per 21 days); LA
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/ 14ML	Tier 2	PA; QL (28 per 28 days); LA
TECVAYLI	Tier 2	PA
TEPMETKO	Tier 2	PA; QL (60 per 30 days); LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	Tier 2	PA; QL (60 per 30 days)
TIBSOVO	Tier 2	PA; QL (60 per 30 days); LA
TICE BCG	Tier 2	B/D PA

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>toremifene citrate</i>	Tier 2	QL (30 per 30 days)
<i>tretinoin oral</i>	Tier 2	
TRODELVY	Tier 2	PA
TRUQAP ORAL TABLET	Tier 2	PA; QL (64 per 28 days)
TRUSELTIQ (100MG DAILY DOSE)	Tier 2	PA; QL (21 per 28 days); LA
TRUSELTIQ (125MG DAILY DOSE)	Tier 2	PA; QL (42 per 28 days); LA
TRUSELTIQ (50MG DAILY DOSE)	Tier 2	PA; QL (42 per 28 days); LA
TRUSELTIQ (75MG DAILY DOSE)	Tier 2	PA; QL (63 per 28 days); LA
TUKYSA	Tier 2	PA; QL (120 per 30 days); LA
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; QL (120 per 30 days); LA
VANFLYTA	Tier 2	PA; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Tier 2	PA
VENCLEXTA ORAL TABLET 10 MG	Tier 2	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	Tier 2	PA; QL (180 per 30 days); LA
VENCLEXTA ORAL TABLET 50 MG	Tier 2	PA; QL (30 per 30 days); LA
VENCLEXTA STARTING PACK	Tier 2	PA; LA
VERZENIO	Tier 2	PA; QL (60 per 30 days); LA
<i>vinblastine sulfate intravenous solution</i>	Tier 2	B/D PA
<i>vincristine sulfate intravenous</i>	Tier 2	B/D PA
<i>vinorelbine tartrate</i>	Tier 2	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	Tier 2	PA; QL (60 per 30 days); LA
VITRAKVI ORAL CAPSULE 25 MG	Tier 2	PA; QL (180 per 30 days); LA
VITRAKVI ORAL SOLUTION	Tier 2	PA; QL (300 per 30 days); LA
VIZIMPRO	Tier 2	PA; QL (30 per 30 days); LA
VONJO	Tier 2	PA; QL (120 per 30 days); LA
WELIREG	Tier 2	PA; QL (90 per 30 days); LA
XALKORI ORAL CAPSULE	Tier 2	PA; QL (120 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	Tier 2	PA; QL (90 per 30 days); LA

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
XALKORI ORAL CAPSULE SPRINKLE 20 MG	Tier 2	PA; QL (120 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 50 MG	Tier 2	PA; QL (60 per 30 days); LA
XOSPATA	Tier 2	PA; QL (90 per 30 days); LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 2	PA; QL (8 per 28 days); LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; QL (4 per 28 days); LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; QL (8 per 28 days); LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 2	PA; QL (4 per 28 days); LA
XPOVIO (60 MG TWICE WEEKLY)	Tier 2	PA; QL (24 per 28 days); LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; QL (8 per 28 days); LA
XPOVIO (80 MG TWICE WEEKLY)	Tier 2	PA; QL (32 per 28 days); LA
XTANDI ORAL CAPSULE	Tier 2	PA; QL (120 per 30 days); LA
XTANDI ORAL TABLET 40 MG	Tier 2	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	Tier 2	PA; QL (60 per 30 days)
YERVOY	Tier 2	PA
YONSA	Tier 2	PA; QL (120 per 30 days)
ZEJULA ORAL TABLET 100 MG	Tier 2	PA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	Tier 2	PA; QL (30 per 30 days)
ZELBORAF	Tier 2	PA; QL (240 per 30 days); LA
ZEPZELCA	Tier 2	PA
ZOLINZA	Tier 2	PA; QL (120 per 30 days)
ZYDELIG	Tier 2	PA; QL (60 per 30 days); LA
ZYKADIA ORAL TABLET	Tier 2	PA; QL (90 per 30 days); LA
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<i>anagrelide hcl</i>	Tier 2	MO
<i>aspirin-dipyridamole er</i>	Tier 2	ST; QL (60 per 30 days); MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
BRILINTA	Tier 2	QL (60 per 30 days); MO
<i>cilostazol</i>	Tier 2	MO
CINRYZE	Tier 2	PA; LA
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>dabigatran etexilate mesylate</i>	Tier 2	QL (60 per 30 days); MO
DROXIA	Tier 2	MO
ELIQUIS	Tier 2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 2	QL (74 per 180 days)
ENDARI	Tier 2	LA
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 2	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Tier 2	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Tier 2	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Tier 2	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Tier 2	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Tier 2	QL (33.6 per 28 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	Tier 2	QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	Tier 2	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	Tier 2	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	Tier 2	QL (18 per 30 days)
FULPHILA	Tier 2	PA; QL (1.2 per 28 days)

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	Tier 2	B/D PA
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	Tier 2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 2	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	Tier 2	B/D PA
<i>icatibant acetate</i>	Tier 2	PA
<i>jantoven</i>	Tier 1	MO
<i>l-glutamine oral packet</i>	Tier 2	
MOZOBIL	Tier 2	PA
NEULASTA ONPRO	Tier 2	PA; QL (1.2 per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA; QL (1.2 per 28 days)
<i>pentoxifylline er</i>	Tier 2	MO
<i>phytonadione solution 10 mg/ml injection</i>	Tier 3	[*]
<i>phytonadione tablet 5 mg oral</i>	Tier 3	[*]
<i>plerixafor</i>	Tier 2	PA
PRADAXA ORAL CAPSULE 110 MG	Tier 2	QL (60 per 30 days); MO
<i>prasugrel hcl</i>	Tier 2	QL (30 per 30 days); MO
PROCRIT	Tier 2	PA
PROMACTA ORAL PACKET 12.5 MG	Tier 2	PA; QL (360 per 30 days); LA
PROMACTA ORAL PACKET 25 MG	Tier 2	PA; QL (180 per 30 days); LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	Tier 2	PA; QL (30 per 30 days); LA
PROMACTA ORAL TABLET 50 MG	Tier 2	PA; QL (90 per 30 days); LA
PROMACTA ORAL TABLET 75 MG	Tier 2	PA; QL (60 per 30 days); LA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	Tier 2	
<i>tranexamic acid oral</i>	Tier 2	
<i>vitamin k1 solution 10 mg/ml injection</i>	Tier 3	[*]
<i>warfarin sodium oral</i>	Tier 1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	Tier 2	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (60 per 30 days); MO
XARELTO STARTER PACK	Tier 2	
ZARXIO	Tier 2	PA

## CARDIOVASCULAR AGENTS

<i>acebutolol hcl oral</i>	Tier 1	MO
<i>acetazolamide oral</i>	Tier 2	MO
<i>aliskiren fumarate</i>	Tier 2	MO
<i>amiloride hcl oral</i>	Tier 2	MO
<i>amiloride-hydrochlorothiazide</i>	Tier 2	MO
<i>amiodarone hcl intravenous</i>	Tier 2	B/D PA
<i>amiodarone hcl oral</i>	Tier 2	MO
<i>amlodipine besy-benazepril hcl</i>	Tier 1	MO
<i>amlodipine besylate oral</i>	Tier 1	MO
<i>amlodipine besylate-valsartan</i>	Tier 2	QL (30 per 30 days); MO
<i>amlodipine-olmesartan</i>	Tier 2	QL (30 per 30 days); MO
<i>amlodipine-valsartan-hctz</i>	Tier 2	QL (30 per 30 days); MO
<i>atenolol oral</i>	Tier 1	MO
<i>atenolol-chlorthalidone</i>	Tier 1	MO
<i>atorvastatin calcium oral</i>	Tier 1	QL (30 per 30 days); MO
<i>benazepril hcl oral</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide</i>	Tier 1	MO
<i>betaxolol hcl oral</i>	Tier 1	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>bisoprolol fumarate oral</i>	Tier 1	MO
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	MO
<i>bumetanide injection</i>	Tier 2	
<i>bumetanide oral</i>	Tier 2	MO
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	Tier 1	QL (30 per 30 days); MO
CARTIA XT	Tier 1	MO
<i>carvedilol</i>	Tier 1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	MO
<i>cholestyramine light</i>	Tier 2	MO
<i>cholestyramine oral</i>	Tier 2	MO
<i>clonidine</i>	Tier 2	QL (4 per 28 days); MO
<i>clonidine hcl oral</i>	Tier 2	MO
<i>colestipol hcl</i>	Tier 2	MO
CORLANOR ORAL SOLUTION	Tier 2	PA; QL (560 per 28 days); MO
CORLANOR ORAL TABLET	Tier 2	PA; QL (60 per 30 days); MO
<i>digox oral tablet 125 mcg</i>	Tier 2	QL (30 per 30 days); MO
<i>digox oral tablet 250 mcg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>digoxin oral solution</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg, 62.5 mcg</i>	Tier 2	QL (30 per 30 days); MO
<i>digoxin oral tablet 250 mcg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>dilt-xr</i>	Tier 1	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	Tier 1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	Tier 2	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 1	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	MO
<i>diltiazem hcl oral</i>	Tier 1	MO
<i>dofetilide</i>	Tier 2	
<i>doxazosin mesylate oral</i>	Tier 1	MO
<i>droxidopa oral capsule 100 mg</i>	Tier 2	PA; QL (90 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	Tier 2	PA; QL (180 per 30 days)
<i>enalapril maleate oral tablet</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide</i>	Tier 1	MO
ENDUR-ACIN TABLET EXTENDED RELEASE 250 MG ORAL	Tier 4	[*]
ENDUR-ACIN TABLET EXTENDED RELEASE 500 MG ORAL	Tier 4	[*]
ENTRESTO ORAL CAPSULE SPRINKLE	Tier 2	QL (240 per 30 days); MO
ENTRESTO ORAL TABLET 24-26 MG	Tier 2	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	Tier 2	QL (60 per 30 days); MO
<i>eplerenone</i>	Tier 2	MO
<i>ezetimibe</i>	Tier 2	MO
<i>felodipine er</i>	Tier 1	MO
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 2	MO
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 2	MO
<i>fenofibric acid oral capsule delayed release</i>	Tier 2	MO



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>flecainide acetate</i>	Tier 2	MO
<i>fosinopril sodium</i>	Tier 1	MO
<i>fosinopril sodium-hctz</i>	Tier 1	MO
<i>furosemide injection</i>	Tier 2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	Tier 2	MO
<i>furosemide oral tablet</i>	Tier 1	MO
<i>gemfibrozil oral</i>	Tier 2	MO
<i>hydralazine hcl injection</i>	Tier 2	
<i>hydralazine hcl oral</i>	Tier 2	MO
<i>hydrochlorothiazide oral</i>	Tier 1	MO
<i>indapamide oral</i>	Tier 2	MO
<i>irbesartan</i>	Tier 1	QL (30 per 30 days); MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	MO
<i>isosorbide mononitrate</i>	Tier 2	MO
<i>isosorbide mononitrate er</i>	Tier 2	MO
<i>ivabradine hcl</i>	Tier 2	PA; QL (60 per 30 days); MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	Tier 2	PA; LA
JUXTAPID ORAL CAPSULE 30 MG	Tier 2	PA; QL (30 per 30 days); LA
<i>kp niacin tablet 500 mg oral</i>	Tier 4	[*]
<i>labetalol hcl intravenous solution</i>	Tier 1	
<i>labetalol hcl oral</i>	Tier 1	MO
<i>lisinopril oral</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	MO
<i>losartan potassium oral tablet 100 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Tier 1	QL (60 per 30 days); MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>losartan potassium-hctz</i>	Tier 1	QL (30 per 30 days); MO
<i>lovastatin oral</i>	Tier 1	QL (60 per 30 days); MO
<i>metolazone</i>	Tier 2	MO
<i>metoprolol succinate er</i>	Tier 1	MO
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	Tier 1	
<i>metoprolol tartrate oral</i>	Tier 1	MO
<i>metoprolol-hydrochlorothiazide</i>	Tier 1	MO
<i>metyrosine</i>	Tier 2	
<i>mexiletine hcl oral</i>	Tier 2	MO
<i>midodrine hcl</i>	Tier 2	
<i>minoxidil oral</i>	Tier 2	MO
MULTAQ	Tier 2	QL (60 per 30 days); MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>niacin (antihyperlipidemic)</i>	Tier 2	
<i>niacin er (antihyperlipidemic)</i>	Tier 2	MO
<i>niacin er capsule extended release 250 mg oral</i>	Tier 4	[*]
<i>niacin er tablet extended release 250 mg oral</i>	Tier 4	[*]
<i>niacin er tablet extended release 500 mg oral</i>	Tier 4	[*]
<i>niacin tablet 100 mg oral</i>	Tier 4	[*]
<i>niacin tablet 50 mg oral</i>	Tier 4	[*]
<i>niacin tablet 500 mg oral</i>	Tier 4	[*]
<i>niacor</i>	Tier 2	
NIAVASC TABLET EXTENDED RELEASE 500 MG ORAL	Tier 4	[*]
<i>nicardipine hcl oral</i>	Tier 1	MO
<i>nifedipine er</i>	Tier 1	MO
<i>nifedipine er osmotic release</i>	Tier 1	MO
<i>nimodipine oral</i>	Tier 1	
NITRO-BID	Tier 2	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>nitroglycerin intravenous</i>	Tier 2	B/D PA
<i>nitroglycerin sublingual</i>	Tier 2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	MO
<i>olmesartan-amlodipine-hctz</i>	Tier 2	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	Tier 2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 2	MO
<i>pindolol</i>	Tier 1	MO
<i>plain niacin tablet 500 mg oral</i>	Tier 4	[*]
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 2	PA; QL (2 per 28 days)
<i>pravastatin sodium</i>	Tier 1	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	Tier 1	MO
<i>prevalite</i>	Tier 2	MO
<i>propafenone hcl</i>	Tier 2	MO
<i>propranolol hcl er</i>	Tier 1	MO
<i>propranolol hcl intravenous</i>	Tier 1	
<i>propranolol hcl oral</i>	Tier 1	MO
<i>quinapril hcl</i>	Tier 1	MO
<i>quinapril-hydrochlorothiazide</i>	Tier 1	MO
<i>quinidine sulfate oral</i>	Tier 2	MO
<i>ra niacin tablet 100 mg oral</i>	Tier 4	[*]
<i>ra niacin tablet 500 mg oral</i>	Tier 4	[*]
<i>ramipril</i>	Tier 1	MO
<i>ranolazine er</i>	Tier 2	PA; MO
REPATHA	Tier 2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	Tier 2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	Tier 2	PA; QL (3 per 28 days)
<i>rosuvastatin calcium oral</i>	Tier 2	QL (30 per 30 days); MO
<i>simvastatin oral tablet</i>	Tier 1	QL (30 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
SLO-NIACIN TABLET EXTENDED RELEASE 250 MG ORAL	Tier 4	[*]
SLO-NIACIN TABLET EXTENDED RELEASE 500 MG ORAL	Tier 4	[*]
<i>sm niacin cr tablet extended release 250 mg oral</i>	Tier 4	[*]
SORINE	Tier 1	MO
<i>sotalol hcl (af)</i>	Tier 1	MO
<i>sotalol hcl oral</i>	Tier 1	MO
<i>spironolactone oral tablet</i>	Tier 2	MO
<i>spironolactone-hctz</i>	Tier 2	MO
<i>telmisartan oral tablet 20 mg, 40 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>telmisartan oral tablet 80 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>telmisartan-amlodipine oral tablet 80-5 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>terazosin hcl oral</i>	Tier 1	MO
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	MO
<i>timolol maleate oral</i>	Tier 1	MO
<i>torseamide oral</i>	Tier 2	MO
<i>trandolapril</i>	Tier 1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 2	MO
<i>triamterene-hctz oral tablet</i>	Tier 2	MO
<i>valsartan oral tablet 160 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>valsartan oral tablet 320 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>valsartan oral tablet 40 mg, 80 mg</i>	Tier 2	QL (90 per 30 days); MO
<i>valsartan-hydrochlorothiazide</i>	Tier 1	QL (30 per 30 days); MO
VASCEPA	Tier 2	MO
VECAMEYL	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	Tier 1	MO
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	Tier 2	MO
<i>verapamil hcl er oral tablet extended release</i>	Tier 1	MO
<i>verapamil hcl intravenous</i>	Tier 1	
<i>verapamil hcl oral</i>	Tier 1	MO
VERQUVO	Tier 2	PA; MO

## CENTRAL NERVOUS SYSTEM AGENTS

ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	Tier 2	QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	Tier 2	QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier 2	QL (1 per 28 days); MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 2	QL (1 per 28 days); MO
<i>acamprosate calcium</i>	Tier 2	MO
<i>adult aspirin regimen tablet delayed release 81 mg oral</i>	Tier 4	[*]
AIMOVIIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2	PA; QL (1 per 28 days); MO
AIMOVIIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	Tier 2	PA; QL (2 per 28 days); MO
<i>alprazolam oral tablet</i>	Tier 2	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution</i>	Tier 2	MO
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>amitriptyline hcl oral</i>	Tier 2	MO
<i>amoxapine</i>	Tier 2	PA; MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	Tier 2	PA; QL (60 per 30 days)
APTIOM	Tier 2	ST; MO
<i>aripiprazole oral solution</i>	Tier 1	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	Tier 1	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	Tier 1	QL (90 per 30 days); MO
<i>aripiprazole oral tablet dispersible 15 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	Tier 2	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>aspirin low dose tablet chewable 81 mg oral</i>	Tier 4	[*]
<i>aspirin low dose tablet delayed release 81 mg oral</i>	Tier 4	[*]
<i>aspirin tablet 325 mg oral</i>	Tier 4	[*]
<i>aspirin tablet chewable 81 mg oral</i>	Tier 4	[*]
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 2	QL (30 per 30 days); MO
AUBAGIO	Tier 2	PA; QL (30 per 30 days); LA
AUSTEDO	Tier 2	PA; QL (120 per 30 days)
AUVELITY	Tier 2	PA; QL (60 per 30 days); MO
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 2	PA; QL (4 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 2	PA; QL (4 per 28 days)

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>baclofen oral tablet 10 mg, 5 mg</i>	Tier 2	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	Tier 2	QL (120 per 30 days)
<i>benztropine mesylate oral</i>	Tier 2	PA; MO
BETASERON SUBCUTANEOUS KIT	Tier 2	PA; QL (15 per 30 days)
BRIVIACT INTRAVENOUS	Tier 2	
BRIVIACT ORAL SOLUTION	Tier 2	QL (600 per 30 days); MO
BRIVIACT ORAL TABLET	Tier 2	QL (60 per 30 days); MO
<i>bromocriptine mesylate oral</i>	Tier 2	MO
<i>buprenorphine hcl injection</i>	Tier 2	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 2	QL (240 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 2	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Tier 2	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Tier 2	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Tier 2	QL (240 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Tier 2	QL (120 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1	QL (120 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	Tier 2	QL (60 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 2	QL (90 per 30 days); MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>bupropion hcl oral tablet 100 mg</i>	Tier 2	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	Tier 2	QL (180 per 30 days); MO
<i>bupirone hcl oral</i>	Tier 2	
<i>caffeine tablet 200 mg oral</i>	Tier 4	[*]
CAPLYTA	Tier 2	QL (30 per 30 days); MO
<i>carbamazepine er</i>	Tier 2	MO
<i>carbamazepine oral</i>	Tier 2	MO
<i>carbidopa oral</i>	Tier 2	MO
<i>carbidopa-levodopa</i>	Tier 2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>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</i>	Tier 2	MO
<i>carisoprodol oral tablet 350 mg</i>	Tier 2	
<i>chlordiazepoxide-amitriptyline</i>	Tier 2	PA; MO
<i>chlorpromazine hcl injection</i>	Tier 2	
<i>chlorpromazine hcl oral</i>	Tier 2	MO
<i>citalopram hydrobromide oral solution</i>	Tier 2	QL (600 per 30 days); MO
<i>citalopram hydrobromide oral tablet 10 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>citalopram hydrobromide oral tablet 20 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>clobazam oral suspension</i>	Tier 2	PA; QL (480 per 30 days); MO
<i>clobazam oral tablet 10 mg</i>	Tier 2	PA; QL (120 per 30 days); MO
<i>clobazam oral tablet 20 mg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>clomipramine hcl oral</i>	Tier 2	PA; MO
<i>clonazepam oral tablet 0.5 mg</i>	Tier 2	QL (1200 per 30 days)



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>clonazepam oral tablet 1 mg</i>	Tier 2	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	Tier 2	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	Tier 2	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	Tier 2	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	Tier 2	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	Tier 2	QL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	Tier 2	QL (300 per 30 days)
<i>clorazepate dipotassium</i>	Tier 2	
<i>clozapine oral tablet 100 mg</i>	Tier 1	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	Tier 1	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	Tier 1	QL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	Tier 1	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	Tier 1	QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Tier 1	QL (2160 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 1	QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 1	QL (120 per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	Tier 1	QL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 2	PA; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 2	PA; QL (12 per 28 days)
<i>cyclobenzaprine hcl oral</i>	Tier 2	PA
<i>dalfampridine er</i>	Tier 2	PA; QL (60 per 30 days)
<i>dantrolene sodium oral</i>	Tier 2	
<i>desipramine hcl oral</i>	Tier 2	PA; MO
<i>desvenlafaxine er</i>	Tier 2	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	Tier 2	MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	Tier 2	QL (60 per 30 days); MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 2	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 2	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	Tier 2	PA; QL (360 per 30 days); LA
DIACOMIT ORAL CAPSULE 500 MG	Tier 2	PA; QL (180 per 30 days); LA
DIACOMIT ORAL PACKET 250 MG	Tier 2	PA; QL (360 per 30 days); LA
DIACOMIT ORAL PACKET 500 MG	Tier 2	PA; QL (180 per 30 days); LA
<i>diazepam injection</i>	Tier 2	
DIAZEPAM INTENSOL	Tier 2	QL (240 per 30 days)
<i>diazepam oral concentrate</i>	Tier 2	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	Tier 2	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	Tier 2	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	Tier 2	QL (240 per 30 days)
<i>diazepam rectal</i>	Tier 2	
<i>dihydroergotamine mesylate nasal</i>	Tier 2	QL (8 per 28 days)
DILANTIN ORAL CAPSULE	Tier 2	MO
<i>disulfiram oral</i>	Tier 2	MO
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	MO
<i>divalproex sodium oral tablet delayed release</i>	Tier 2	MO
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>donepezil hcl oral tablet dispersible</i>	Tier 2	QL (30 per 30 days); MO
<i>doxepin hcl oral capsule</i>	Tier 2	PA; MO
<i>doxepin hcl oral concentrate</i>	Tier 2	PA; MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	Tier 2	QL (60 per 30 days); MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	Tier 2	QL (30 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	Tier 2	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 2	QL (90 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>effervescent antacid/pain rel tablet effervescent 500 mg oral</i>	Tier 4	[*]
EMSAM	Tier 2	PA; QL (30 per 30 days); MO
<i>entacapone</i>	Tier 2	MO
EPIDIOLEX	Tier 2	PA; LA
EPITOL	Tier 2	MO
EPRONTIA	Tier 2	MO
<i>ergoloid mesylates oral</i>	Tier 2	PA; MO
ERGOMAR	Tier 2	
<i>ergotamine-caffeine</i>	Tier 2	
<i>escitalopram oxalate oral solution</i>	Tier 2	QL (600 per 30 days); MO
<i>escitalopram oxalate oral tablet 10 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>ethosuximide oral</i>	Tier 2	MO
FANAPT ORAL TABLET 1 MG	Tier 2	QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	Tier 2	QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	Tier 2	QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	Tier 2	QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	Tier 2	QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	Tier 2	QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on *page number 12*.

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
FANAPT TITRATION PACK	Tier 2	
<i>felbamate</i>	Tier 2	MO
FETZIMA	Tier 2	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	Tier 2	PA
<i>fingolimod hcl</i>	Tier 2	PA; QL (30 per 30 days)
FINTEPLA	Tier 2	PA; LA
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 2	MO
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>fluoxetine hcl oral solution</i>	Tier 2	QL (600 per 30 days); MO
<i>fluphenazine decanoate injection</i>	Tier 1	
<i>fluphenazine hcl injection</i>	Tier 1	
<i>fluphenazine hcl oral</i>	Tier 1	MO
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 2	QL (90 per 30 days); MO
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 2	MO
FYCOMPA ORAL SUSPENSION	Tier 2	QL (720 per 30 days); MO
FYCOMPA ORAL TABLET	Tier 2	QL (30 per 30 days); MO
<i>gabapentin oral capsule 100 mg</i>	Tier 1	QL (1080 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (360 per 30 days); MO
<i>gabapentin oral capsule 400 mg</i>	Tier 1	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	Tier 2	QL (2160 per 30 days); MO
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (120 per 30 days); MO
GILENYA ORAL CAPSULE 0.25 MG	Tier 2	PA; QL (30 per 30 days)
<i>goodsense nicotine lozenge 2 mg mouth/throat</i>	Tier 4	[*]
<i>guanfacine hcl er</i>	Tier 2	PA; QL (30 per 30 days); MO
<i>haloperidol decanoate intramuscular</i>	Tier 1	
<i>haloperidol lactate injection</i>	Tier 1	
<i>haloperidol lactate oral</i>	Tier 1	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>haloperidol oral</i>	Tier 1	MO
<i>ibuprofen pm tablet 200-38 mg oral</i>	Tier 4	[*]
<i>imipramine hcl oral</i>	Tier 2	PA; MO
INGREZZA ORAL CAPSULE 40 MG	Tier 2	PA; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	Tier 2	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	Tier 2	PA; QL (60 per 30 days); LA
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	Tier 2	PA; QL (30 per 30 days); LA
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 2	PA; QL (56 per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	Tier 2	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	Tier 2	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Tier 2	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	Tier 2	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Tier 2	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 2	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Tier 2	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	Tier 2	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	Tier 2	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	Tier 2	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Tier 2	QL (2.63 per 84 days)
<i>lacosamide intravenous</i>	Tier 2	QL (1200 per 30 days)
<i>lacosamide oral solution</i>	Tier 2	QL (1200 per 30 days); MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>lacosamide oral tablet</i>	Tier 2	QL (60 per 30 days); MO
<i>lamotrigine oral tablet</i>	Tier 2	MO
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 2	QL (180 per 30 days); MO
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>levetiracetam intravenous</i>	Tier 2	
<i>levetiracetam oral</i>	Tier 2	MO
LIBERVANT	Tier 2	QL (10 per 30 days)
<i>lithium</i>	Tier 2	MO
<i>lithium carbonate er</i>	Tier 1	MO
<i>lithium carbonate oral</i>	Tier 1	MO
LORAZEPAM INTENSOL	Tier 2	QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 2	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 2	QL (150 per 30 days)
<i>loxapine succinate oral</i>	Tier 2	MO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>lurasidone hcl oral tablet 80 mg</i>	Tier 2	QL (60 per 30 days); MO
LYBALVI	Tier 2	QL (30 per 30 days); MO
MARPLAN	Tier 2	MO
<i>memantine hcl er</i>	Tier 2	PA; QL (30 per 30 days); MO
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	PA; QL (300 per 30 days); MO
<i>memantine hcl oral tablet 10 mg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>memantine hcl oral tablet 5 mg</i>	Tier 2	PA; QL (90 per 30 days); MO
<i>menstrual pain relief tablet 500-25-15 mg oral</i>	Tier 4	[*]
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>methsuximide</i>	Tier 2	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>methylphenidate hcl oral tablet</i>	Tier 2	PA; QL (90 per 30 days); MO
<i>migraine relief tablet 250-250-65 mg oral</i>	Tier 4	[*]
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	Tier 2	MO
<i>mirtazapine oral tablet 45 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>mirtazapine oral tablet dispersible</i>	Tier 2	QL (30 per 30 days); MO
<i>modafinil oral tablet 100 mg</i>	Tier 2	PA; QL (30 per 30 days); MO
<i>modafinil oral tablet 200 mg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>molindone hcl</i>	Tier 2	MO
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl injection solution cartridge</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 1	
<i>naloxone hcl nasal</i>	Tier 2	
<i>naltrexone hcl oral</i>	Tier 2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 2	MO
NAYZILAM	Tier 2	
<i>nefazodone hcl</i>	Tier 2	MO
NEUPRO	Tier 2	QL (30 per 30 days); MO
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	Tier 4	[*]
<i>nicotine mini lozenge 2 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine mini lozenge 4 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	Tier 4	[*]
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	Tier 4	[*]
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	Tier 4	[*]
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine polacrilex lozenge 4 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine polacrilex mini lozenge 2 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal</i>	Tier 4	[*]
<i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal</i>	Tier 4	[*]
<i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i>	Tier 4	[*]
NICOTROL NS	Tier 2	QL (120 per 30 days)
<i>nortriptyline hcl oral</i>	Tier 2	MO
NUDEXTA	Tier 2	PA; QL (60 per 30 days); MO
NUPLAZID ORAL CAPSULE	Tier 2	PA; QL (30 per 30 days); LA
NUPLAZID ORAL TABLET 10 MG	Tier 2	PA; QL (30 per 30 days); LA
NURTEC	Tier 2	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	Tier 1	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	MO
<i>olanzapine oral tablet 20 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	Tier 1	MO
<i>olanzapine oral tablet dispersible 20 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	Tier 2	QL (90 per 30 days); MO
<i>oxcarbazepine</i>	Tier 2	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (30 per 30 days); MO



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>paroxetine hcl oral suspension</i>	Tier 2	QL (900 per 30 days); MO
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	Tier 2	QL (45 per 30 days); MO
<i>paroxetine hcl oral tablet 20 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>paroxetine hcl oral tablet 30 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>perphenazine oral</i>	Tier 1	MO
PERSERIS	Tier 2	QL (1 per 28 days); MO
<i>phenelzine sulfate oral</i>	Tier 2	MO
<i>phenobarbital oral elixir</i>	Tier 2	PA; QL (3000 per 30 days); MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	Tier 2	PA; QL (210 per 30 days); MO
PHENYTEK	Tier 2	MO
PHENYTOIN INFATABS	Tier 2	MO
<i>phenytoin oral</i>	Tier 2	MO
<i>phenytoin sodium extended</i>	Tier 2	MO
<i>pimozide</i>	Tier 2	MO
<i>pramipexole dihydrochloride</i>	Tier 2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	MO
<i>pregabalin oral capsule 200 mg</i>	Tier 2	QL (90 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	Tier 2	QL (900 per 30 days); MO
<i>primidone oral</i>	Tier 2	MO
<i>protriptyline hcl</i>	Tier 2	PA; MO
<i>pyridostigmine bromide oral solution</i>	Tier 2	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
<i>qc pain reliever pm ex st tablet 25-500 mg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 100 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>quetiapine fumarate oral tablet 150 mg</i>	Tier 1	QL (150 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>quetiapine fumarate oral tablet 25 mg</i>	Tier 1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	Tier 1	QL (80 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	Tier 1	QL (480 per 30 days); MO
<i>ramelteon</i>	Tier 2	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	Tier 2	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 2	QL (60 per 30 days); MO
REXULTI ORAL TABLET 3 MG, 4 MG	Tier 2	QL (30 per 30 days); MO
<i>riluzole</i>	Tier 2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 2	QL (2 per 28 days)
<i>risperidone microspheres er</i>	Tier 2	QL (2 per 28 days)
<i>risperidone oral solution</i>	Tier 1	QL (480 per 30 days); MO
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	Tier 1	QL (960 per 30 days); MO
<i>risperidone oral tablet 1 mg</i>	Tier 1	QL (480 per 30 days); MO
<i>risperidone oral tablet 2 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>risperidone oral tablet 3 mg, 4 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>risperidone oral tablet dispersible 0.25 mg</i>	Tier 1	QL (1920 per 30 days); MO
<i>risperidone oral tablet dispersible 0.5 mg</i>	Tier 1	QL (960 per 30 days); MO
<i>risperidone oral tablet dispersible 1 mg</i>	Tier 1	QL (480 per 30 days); MO
<i>risperidone oral tablet dispersible 2 mg</i>	Tier 1	QL (240 per 30 days); MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>risperidone oral tablet dispersible 3 mg</i>	Tier 1	QL (150 per 30 days); MO
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>rivastigmine</i>	Tier 2	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	Tier 2	QL (60 per 30 days); MO
<i>rizatriptan benzoate</i>	Tier 2	QL (12 per 30 days)
<i>ropinirole hcl</i>	Tier 2	MO
ROWEEPRA ORAL TABLET 500 MG	Tier 2	MO
<i>rufinamide oral suspension</i>	Tier 2	PA; QL (2400 per 30 days); MO
<i>rufinamide oral tablet 200 mg</i>	Tier 2	PA; QL (480 per 30 days); MO
<i>rufinamide oral tablet 400 mg</i>	Tier 2	PA; QL (240 per 30 days); MO
RYTARY	Tier 2	ST; MO
SAVELLA	Tier 2	QL (60 per 30 days); MO
SAVELLA TITRATION PACK	Tier 2	
SECUADO	Tier 2	QL (30 per 30 days); MO
<i>selegiline hcl oral</i>	Tier 2	MO
<i>sertraline hcl oral concentrate</i>	Tier 2	QL (300 per 30 days); MO
<i>sertraline hcl oral tablet 100 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>sertraline hcl oral tablet 25 mg</i>	Tier 2	QL (240 per 30 days); MO
<i>sertraline hcl oral tablet 50 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>sleep aid liquid 50 mg/30ml oral</i>	Tier 4	[*]
<i>sleep-aid capsule 25 mg oral</i>	Tier 4	[*]
<i>sleep-aid capsule 50 mg oral</i>	Tier 4	[*]
<i>sleep-aid tablet 25 mg oral</i>	Tier 4	[*]
SPRAVATO (56 MG DOSE)	Tier 2	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	Tier 2	PA; QL (24 per 28 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	Tier 2	QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	Tier 2	QL (120 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
SUBVENITE	Tier 2	MO
<i>sumatriptan nasal</i>	Tier 2	
<i>sumatriptan succinate oral</i>	Tier 2	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 2	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	Tier 2	QL (6 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	Tier 2	PA; QL (60 per 30 days); MO
SYMPAZAN ORAL FILM 5 MG	Tier 2	PA; QL (30 per 30 days); MO
<i>tasimelteon</i>	Tier 2	PA; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	Tier 2	PA; QL (14 per 7 days); LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	Tier 2	PA; QL (60 per 30 days); LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	Tier 2	PA; LA
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 2	QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 2	PA; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 2	PA; QL (120 per 30 days)
<i>thioridazine hcl oral</i>	Tier 1	MO
<i>thiothixene oral</i>	Tier 1	MO
<i>tiagabine hcl</i>	Tier 2	MO
<i>tizanidine hcl oral tablet</i>	Tier 2	
<i>tolcapone</i>	Tier 2	PA; QL (180 per 30 days); MO
<i>topiramate oral</i>	Tier 2	MO
<i>tranylcypromine sulfate</i>	Tier 2	MO
<i>trazodone hcl oral</i>	Tier 2	MO
<i>trifluoperazine hcl oral</i>	Tier 1	MO
<i>trihexyphenidyl hcl oral solution</i>	Tier 2	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	Tier 2	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>trimipramine maleate oral</i>	Tier 2	MO
TRINTELLIX	Tier 2	QL (30 per 30 days); MO
TYSABRI	Tier 2	PA; LA
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	Tier 2	QL (0.28 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	Tier 2	QL (0.35 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	Tier 2	QL (0.42 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	Tier 2	QL (0.56 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	Tier 2	QL (0.7 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	Tier 2	QL (0.14 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	Tier 2	QL (0.21 per 30 days)
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	Tier 2	
<i>valproic acid oral capsule</i>	Tier 2	MO
<i>valproic acid oral solution</i>	Tier 2	MO
VALTOCO 10 MG DOSE	Tier 2	
VALTOCO 15 MG DOSE	Tier 2	
VALTOCO 20 MG DOSE	Tier 2	
VALTOCO 5 MG DOSE	Tier 2	
<i>varenicline tartrate (starter)</i>	Tier 2	PA
<i>varenicline tartrate oral tablet 0.5 mg</i>	Tier 2	PA; QL (60 per 30 days)
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	Tier 2	PA; QL (56 per 28 days)
<i>varenicline tartrate(continue)</i>	Tier 2	PA; QL (56 per 28 days)
<i>venlafaxine besylate er</i>	Tier 2	QL (60 per 30 days); MO
<i>venlafaxine hcl</i>	Tier 2	QL (90 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on *page number 12*.

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	Tier 2	QL (180 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Tier 2	QL (90 per 30 days); MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	Tier 2	MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	Tier 2	QL (90 per 30 days); MO
VERSACLOZ	Tier 2	QL (600 per 30 days)
<i>vigabatrin</i>	Tier 2	PA; QL (180 per 30 days); LA
VIGADRONE ORAL PACKET	Tier 2	PA; QL (180 per 30 days); LA
VIGADRONE ORAL TABLET	Tier 2	PA; QL (180 per 30 days)
VIGPODER	Tier 2	PA; QL (180 per 30 days)
<i>vilazodone hcl</i>	Tier 2	ST; QL (30 per 30 days); MO
VRAYLAR ORAL CAPSULE	Tier 2	QL (30 per 30 days); MO
WAKIX	Tier 2	PA; QL (60 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 2	QL (56 per 28 days); MO
XCOPRI (350 MG DAILY DOSE)	Tier 2	QL (56 per 28 days); MO
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (30 per 30 days); MO
XCOPRI ORAL TABLET 150 MG, 200 MG	Tier 2	QL (60 per 30 days); MO
XCOPRI ORAL TABLET THERAPY PACK	Tier 2	QL (56 per 365 days)
<i>zaleplon oral capsule 10 mg</i>	Tier 2	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	Tier 2	QL (30 per 30 days)
ZENZEDI ORAL TABLET 10 MG	Tier 2	QL (180 per 30 days); MO
ZENZEDI ORAL TABLET 5 MG	Tier 2	QL (90 per 30 days); MO
<i>ziprasidone hcl oral capsule 20 mg</i>	Tier 1	QL (240 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>ziprasidone hcl oral capsule 40 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	Tier 2	QL (6 per 3 days)
<i>zolmitriptan oral</i>	Tier 2	QL (9 per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 2	QL (30 per 30 days)
ZONISADE	Tier 2	MO
<i>zonisamide oral</i>	Tier 2	MO
ZTALMY	Tier 2	QL (1100 per 30 days)
ZURZUVAE	Tier 2	
ZYPREXA RELPREVV	Tier 2	QL (2 per 28 days)

## DERMATOLOGICAL AGENTS

<i>a&amp;d ointment external</i>	Tier 4	[*]
ACCUTANE	Tier 2	
<i>acitretin</i>	Tier 2	
<i>acne medication 10 gel 10 % external</i>	Tier 4	[*]
<i>acne medication 10 lotion 10 % external</i>	Tier 4	[*]
<i>acne medication 5 gel 5 % external (otc)</i>	Tier 4	[*]
<i>acne medication 5 lotion 5 % external</i>	Tier 4	[*]
<i>acyclovir external ointment</i>	Tier 2	QL (30 per 30 days)
<i>adapalene external gel 0.3 %</i>	Tier 2	
<i>adapalene gel 0.1 % external (otc)</i>	Tier 4	[*]
<i>ala-cort external cream</i>	Tier 2	
<i>alclometasone dipropionate</i>	Tier 2	
<i>amcinonide external cream</i>	Tier 2	
<i>amcinonide external ointment</i>	Tier 2	
<i>ammonium lactate external</i>	Tier 2	
AMNESTEEM	Tier 2	
<i>antifungal clotrimazole cream 1 % external</i>	Tier 4	[*]
<i>antiseptic skin cleanser solution 4 % external</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>athletes foot (clotrimazole) cream 1 % external</i>	Tier 4	[*]
<i>athletes foot powder spray aerosol powder 1 % external</i>	Tier 4	[*]
<i>athletes foot powder spray aerosol powder 2 % external</i>	Tier 4	[*]
<i>bacitracin ointment 500 unit/gm external</i>	Tier 4	[*]
<i>bacitracin zinc ointment 500 unit/gm external</i>	Tier 4	[*]
<i>bacitracin zinc-aloe ointment 500 unit/gm external</i>	Tier 4	[*]
<i>benzoyl peroxide gel 10 % external (otc)</i>	Tier 4	[*]
<i>benzoyl peroxide gel 2.5 % external (otc)</i>	Tier 4	[*]
<i>benzoyl peroxide gel 5 % external (otc)</i>	Tier 4	[*]
<i>benzoyl peroxide liquid 10 % external (otc)</i>	Tier 4	[*]
<i>benzoyl peroxide wash liquid 10 % external (otc)</i>	Tier 4	[*]
<i>benzoyl peroxide wash liquid 5 % external (otc)</i>	Tier 4	[*]
<i>benzoyl peroxide-erythromycin</i>	Tier 2	
<i>betamethasone dipropionate aug external cream</i>	Tier 2	
<i>betamethasone dipropionate aug external lotion</i>	Tier 2	
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	
<i>betamethasone dipropionate external</i>	Tier 2	
<i>betamethasone valerate external cream</i>	Tier 2	
<i>betamethasone valerate external lotion</i>	Tier 2	
<i>betamethasone valerate external ointment</i>	Tier 2	
<i>bexarotene external</i>	Tier 2	PA; QL (60 per 30 days)
<i>blue gel gel 2 % external</i>	Tier 4	[*]
<i>calamine clear lotion 1-0.1 % external</i>	Tier 4	[*]
<i>calamine plus lotion 1-8 % external</i>	Tier 4	[*]
<i>calcipotriene external cream</i>	Tier 2	QL (120 per 30 days)
<i>calcipotriene external ointment</i>	Tier 2	QL (120 per 30 days)



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>calcipotriene external solution</i>	Tier 2	QL (60 per 30 days)
CALCITRENE	Tier 2	QL (120 per 30 days)
<i>caldyphen clear lotion 1-0.1 % external</i>	Tier 4	[*]
<i>capsaicin cream 0.025 % external</i>	Tier 4	[*]
<i>chest rub ointment external</i>	Tier 4	[*]
<i>chlorhexidine gluconate mouth/throat</i>	Tier 2	
CICLODAN EXTERNAL SOLUTION	Tier 2	
<i>ciclopirox external</i>	Tier 2	
<i>ciclopirox olamine external cream</i>	Tier 2	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 2	
CLARAVIS	Tier 2	
CLINDACIN	Tier 2	QL (100 per 30 days)
CLINDACIN ETZ EXTERNAL SWAB	Tier 2	
CLINDACIN-P	Tier 2	
<i>clindamycin phosphate external gel</i>	Tier 2	
<i>clindamycin phosphate external lotion</i>	Tier 2	QL (120 per 30 days)
<i>clindamycin phosphate external solution</i>	Tier 2	QL (120 per 30 days)
<i>clindamycin phosphate external swab</i>	Tier 2	
<i>clobetasol propionate e</i>	Tier 2	QL (120 per 30 days)
<i>clobetasol propionate external cream</i>	Tier 2	QL (120 per 30 days)
<i>clobetasol propionate external solution</i>	Tier 2	QL (50 per 30 days)
<i>clotrimazole anti-fungal cream 1 % external (otc)</i>	Tier 4	[*]
<i>clotrimazole cream 1 % external (otc)</i>	Tier 4	[*]
<i>clotrimazole external cream 1 %</i>	Tier 2	
<i>clotrimazole external solution 1 %</i>	Tier 2	
<i>clotrimazole mouth/throat troche</i>	Tier 2	QL (150 per 30 days)
<i>clotrimazole solution 1 % external (otc)</i>	Tier 4	[*]
<i>clotrimazole-betamethasone external cream</i>	Tier 2	QL (120 per 30 days)
COATS ALOE CREAM 0.5 % EXTERNAL	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
COATS ALOE GEL 0.5 % EXTERNAL	Tier 4	[*]
COATS ALOE LOTION 0.5 % EXTERNAL	Tier 4	[*]
<i>corn &amp; callus remover liquid 17 % external</i>	Tier 4	[*]
COZIMA CREAM 24 % EXTERNAL	Tier 4	[*]
<i>desoximetasone external cream</i>	Tier 2	QL (100 per 30 days)
<i>desoximetasone external gel</i>	Tier 2	
<i>desoximetasone external ointment</i>	Tier 2	
<i>diaper rash ointment 40 % external</i>	Tier 4	[*]
<i>dibucaine ointment 1 % external</i>	Tier 4	[*]
<i>docosanol cream 10 % external (otc)</i>	Tier 4	[*]
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	Tier 2	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 2	PA; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	Tier 2	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	Tier 2	PA; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 2	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 2	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 2	PA; QL (8 per 28 days)
<i>ery</i>	Tier 2	
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 2	
<i>fluocinolone acetonide body</i>	Tier 2	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	Tier 2	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	Tier 2	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	Tier 2	QL (240 per 30 days)

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>fluocinonide external cream 0.05 %</i>	Tier 2	QL (240 per 30 days)
<i>fluocinonide external gel</i>	Tier 2	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	Tier 2	QL (240 per 30 days)
<i>fluocinonide external solution</i>	Tier 2	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	Tier 2	
<i>fluorouracil external solution</i>	Tier 2	
<i>fluticasone propionate external</i>	Tier 2	
FUNGOID TINCTURE SOLUTION 2 % EXTERNAL	Tier 4	[*]
<i>gentamicin sulfate external</i>	Tier 2	QL (30 per 30 days)
<i>gnp lice treatment liquid 1 % external</i>	Tier 4	[*]
<i>halobetasol propionate external cream</i>	Tier 2	
<i>halobetasol propionate external ointment</i>	Tier 2	
<i>hemorrhoidal cream 1-0.25-14.4-15 % external</i>	Tier 4	[*]
<i>hemorrhoidal ointment 0.25-14-74.9 % rectal</i>	Tier 4	[*]
<i>hemorrhoidal suppository 0.25-88.44 % rectal</i>	Tier 4	[*]
<i>hydrocortisone (perianal)</i>	Tier 2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 2	
<i>hydrocortisone external lotion 2.5 %</i>	Tier 2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 2	
<i>hydrocortisone valerate</i>	Tier 2	
<i>imiquimod external cream 5 %</i>	Tier 2	
<i>isotretinoin oral</i>	Tier 2	
<i>ketoconazole external cream</i>	Tier 2	QL (120 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 2	QL (120 per 30 days)
KLAYESTA	Tier 2	
KOURZEQ	Tier 2	
<i>lice killing shampoo 0.33-4 % external</i>	Tier 4	[*]
<i>lice treatment creme rinse liquid 1 % external</i>	Tier 4	[*]
<i>lindane external shampoo</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>mafenide acetate external</i>	Tier 2	
<i>malathion external</i>	Tier 2	
<i>medi-pads pad 50 % external</i>	Tier 4	[*]
<i>medicated callus removers pad 40 % external</i>	Tier 4	[*]
<i>medicated corn removers pad 40 % external</i>	Tier 4	[*]
<i>methoxsalen rapid</i>	Tier 2	
<i>metronidazole external cream</i>	Tier 2	
<i>metronidazole external gel 0.75 %</i>	Tier 2	
<i>metronidazole external lotion</i>	Tier 2	
<i>miconazole nitrate cream 2 % external (otc)</i>	Tier 4	[*]
<i>mometasone furoate external</i>	Tier 2	
<i>mupirocin calcium</i>	Tier 2	QL (30 per 30 days)
<i>mupirocin external</i>	Tier 2	QL (120 per 30 days)
MYORISAN	Tier 2	
<i>nitroglycerin rectal</i>	Tier 2	QL (30 per 30 days)
NYAMYC	Tier 2	
<i>nystatin external</i>	Tier 2	
<i>nystatin mouth/throat</i>	Tier 2	
<i>nystatin-triamcinolone external cream</i>	Tier 2	
NYSTOP	Tier 2	
ORALONE	Tier 2	
<i>pain relieving cream external</i>	Tier 4	[*]
PANRETIN	Tier 2	
<i>penciclovir</i>	Tier 2	QL (5 per 30 days)
PERIOGARD	Tier 2	
<i>permethrin external cream</i>	Tier 2	
<i>pilocarpine hcl oral</i>	Tier 2	MO
<i>pimecrolimus</i>	Tier 2	PA; QL (100 per 30 days)
<i>podofilox external solution</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>poly bacitracin ointment 500-10000 unit/gm external</i>	Tier 4	[*]
<i>povidone-iodine solution 10 % external</i>	Tier 4	[*]
<i>pramoxine hcl (perianal) foam 1 % external</i>	Tier 4	[*]
PROCTO-MED HC EXTERNAL	Tier 2	
PROCTOSOL HC EXTERNAL	Tier 2	
PROCTOZONE-HC EXTERNAL	Tier 2	
RECTIV	Tier 2	QL (30 per 30 days)
SANTYL	Tier 2	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>silver sulfadiazine external</i>	Tier 2	
SSD (SILVER SULFADIAZINE)	Tier 2	
<i>sulfacetamide sodium (acne)</i>	Tier 2	
SULFAMYLON EXTERNAL CREAM	Tier 2	
<i>tacrolimus external ointment</i>	Tier 2	PA; QL (100 per 30 days)
<i>tazarotene external cream 0.1 %</i>	Tier 2	PA
<i>tazarotene external gel</i>	Tier 2	PA
<i>terbinafine hcl cream 1 % external</i>	Tier 4	[*]
<i>tolnaftate cream 1 % external</i>	Tier 4	[*]
<i>tolnaftate powder 1 % external</i>	Tier 4	[*]
<i>tretinoin external cream</i>	Tier 2	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 2	PA; QL (45 per 30 days)
<i>triamcinolone acetonide external cream</i>	Tier 2	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	
<i>triamcinolone acetonide mouth/throat</i>	Tier 2	
TRIDERM EXTERNAL CREAM	Tier 2	QL (454 per 30 days)
<i>triple antibiotic ointment 3.5-400-5000 external</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>triple antibiotic ointment external</i>	Tier 4	[*]
<i>triple antibiotic plus ointment 1 % external</i>	Tier 4	[*]
<i>triple antibiotic+pain relief ointment 1 % external</i>	Tier 4	[*]
VALCHLOR	Tier 2	PA; LA
VANALICE GEL 0.3-3.5 % EXTERNAL	Tier 4	[*]
<i>wart remover maximum strength liquid 17 % external</i>	Tier 4	[*]
<i>wart remover maximum strength strip 40 % external</i>	Tier 4	[*]
Z-BUM CREAM 22 % EXTERNAL	Tier 4	[*]
ZENATANE	Tier 2	
<i>zinc oxide ointment 20 % external</i>	Tier 4	[*]
<i>zinc oxide ointment 25 % external</i>	Tier 4	[*]
<b>ELECTROLYTES / MINERALS / METALS / VITAMINS</b>		
<i>600+d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>a thru z advanced tablet oral</i>	Tier 4	[*]
<i>a thru z select 50+ advanced tablet oral</i>	Tier 4	[*]
<i>a thru z select advanced tablet oral</i>	Tier 4	[*]
<i>a thru z select tablet oral</i>	Tier 4	[*]
<i>a thru z select ultimate women tablet oral</i>	Tier 4	[*]
<i>a thru z ultimate mens tablet oral</i>	Tier 4	[*]
<i>a-10000 capsule 3 mg (10000 ut) oral</i>	Tier 4	[*]
ABANEU-SL TABLET SUBLINGUAL 600-600 MCG SUBLINGUAL	Tier 3	[*]
ACCRUFER CAPSULE 30 MG ORAL	Tier 3	[*]
ADVANTAGE CARE ELECTROLYTE PED SOLUTION ORAL	Tier 4	[*]
APETEX ELIXIR ORAL	Tier 4	[*]
APETIGEN ELIXIR ORAL	Tier 4	[*]
APETIGEN-PLUS SOLUTION ORAL	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
APETIGEN-PLUS TABLET ORAL	Tier 4	[*]
<i>aqueous vitamin e solution 15 mg/0.67ml oral</i>	Tier 4	[*]
<i>ascorbic acid powder oral</i>	Tier 4	[*]
<i>ascorbic acid tablet 500 mg oral</i>	Tier 4	[*]
<i>b complex (folic acid) tablet oral</i>	Tier 4	[*]
<i>b complex capsule oral</i>	Tier 4	[*]
<i>b complex formula 1 (lipotrop) tablet oral</i>	Tier 4	[*]
<i>b complex vitamins (w/ fa) capsule oral</i>	Tier 4	[*]
<i>b complex vitamins capsule oral</i>	Tier 4	[*]
<i>b complex-c tablet oral</i>	Tier 4	[*]
<i>b complex-folic acid tablet 500-5-200 mcg-mg-mcg oral</i>	Tier 4	[*]
<i>b-1 tablet 100 mg oral</i>	Tier 4	[*]
<i>b-1 tablet 250 mg oral</i>	Tier 4	[*]
B-12 DOTS TABLET DISPERSIBLE 500 MCG ORAL	Tier 4	[*]
<i>b-12 tablet 100 mcg oral</i>	Tier 4	[*]
<i>b-12 tablet 1000 mcg oral</i>	Tier 4	[*]
<i>b-12 tablet 50 mcg oral</i>	Tier 4	[*]
<i>b-12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>b-12 tablet extended release 1000 mcg oral</i>	Tier 4	[*]
<i>b-12 tablet sublingual 2500 mcg sublingual</i>	Tier 4	[*]
<i>b-12 tr tablet extended release 1000 mcg oral</i>	Tier 4	[*]
<i>b-12 tr tablet extended release 2000 mcg oral</i>	Tier 4	[*]
<i>b-2 tablet 100 mg oral</i>	Tier 4	[*]
<i>b-2 tablet 50 mg oral</i>	Tier 4	[*]
<i>b-6 tablet 100 mg oral</i>	Tier 4	[*]
<i>b-6 tablet 50 mg oral</i>	Tier 4	[*]
<i>b-complex (folic acid) tablet oral</i>	Tier 4	[*]
<i>b-complex-c tablet oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>b-complex/b-12 tablet oral</i>	Tier 4	[*]
<i>b6 natural tablet 100 mg oral</i>	Tier 4	[*]
BACMIN TABLET ORAL	Tier 3	[*]
<i>balance b-100 tablet oral</i>	Tier 4	[*]
<i>balance b-50 tablet oral</i>	Tier 4	[*]
<i>beta carotene capsule 25000 unit oral</i>	Tier 4	[*]
<i>beta carotene provitamin a capsule 25000 unit oral</i>	Tier 4	[*]
<i>biocal capsule oral</i>	Tier 4	[*]
<i>biopetit elixir oral</i>	Tier 4	[*]
<i>biotin capsule 5 mg oral</i>	Tier 4	[*]
<i>biotin capsule 5000 mcg oral</i>	Tier 4	[*]
<i>biotin maximum strength capsule 5000 mcg oral</i>	Tier 4	[*]
<i>biotin tablet 1000 mcg oral</i>	Tier 4	[*]
BPROTECTED MULTI-VITE LIQUID ORAL	Tier 4	[*]
BPROTECTED PEDIA IRON SOLUTION 75 (15 FE) MG/ML ORAL	Tier 4	[*]
BPROTECTED PEDIA TRI-VITE SOLUTION 35-412.5-10 ORAL	Tier 4	[*]
<i>c 1000 tablet 1000 mg oral</i>	Tier 4	[*]
<i>c 1000-bioflavonoids-rose hips capsule 1000-25 mg oral</i>	Tier 4	[*]
<i>c 500 tablet 500 mg oral</i>	Tier 4	[*]
<i>c complex tablet extended release oral</i>	Tier 4	[*]
<i>c-1000 tablet 1000 mg oral</i>	Tier 4	[*]
<i>c-1000 tablet extended release 1000 mg oral</i>	Tier 4	[*]
<i>c-1000/rose hips tablet 1000 mg oral</i>	Tier 4	[*]
<i>c-250 tablet 250 mg oral</i>	Tier 4	[*]
<i>c-500 tablet 500 mg oral</i>	Tier 4	[*]
<i>c-500 tablet chewable 500 mg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>c-500 tablet extended release 500 mg oral</i>	Tier 4	[*]
<i>c-500/rose hips tablet 500 mg oral</i>	Tier 4	[*]
<i>c-chewable tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>cal-mag-zinc-d tablet oral</i>	Tier 4	[*]
<i>calcium + vitamin d3 tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium + vitamin d3 tablet 600-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 500 + d3 tablet 500-15 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 500+d high potency tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 500+d tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 500+d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 500+d3 tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 500+d3 tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 500/d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600 + d tablet 600-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600 +d high potency tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600 high potency tablet 600 mg oral</i>	Tier 4	[*]
<i>calcium 600 tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]
<i>calcium 600+d high potency tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600+d plus minerals tablet 600-400 mg-unit oral</i>	Tier 4	[*]
<i>calcium 600+d plus minerals tablet chewable 600-400 mg-unit oral</i>	Tier 4	[*]
<i>calcium 600+d tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600+d tablet 600-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600+d3 plus minerals tablet chewable 600-800 mg-unit oral</i>	Tier 4	[*]
<i>calcium 600+d3 tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600+d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>calcium 600+d3 tablet 600-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600/vitamin d tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600/vitamin d tablet chewable 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium 600/vitamin d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>calcium carb-cholecalciferol tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium carb-cholecalciferol tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium carb-cholecalciferol tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium carb-cholecalciferol tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>calcium carb-cholecalciferol tablet 600-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium carb-cholecalciferol tablet chewable 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium carbonate tablet 1250 (500 ca) mg oral</i>	Tier 4	[*]
<i>calcium carbonate tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]
<i>calcium carbonate tablet 600 mg oral</i>	Tier 4	[*]
<i>calcium carbonate tablet chewable 1250 (500 ca) mg oral</i>	Tier 4	[*]
<i>calcium carbonate-vitamin d tablet 600-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium citrate + d tablet 315-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium citrate + d3 maximum tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>calcium citrate + d3 tablet 315-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium citrate malate-vit d tablet 250-2.5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium citrate plus/magnesium tablet oral</i>	Tier 4	[*]
<i>calcium citrate tablet 950 (200 ca) mg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>calcium citrate+d3 tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>calcium citrate-vitamin d tablet 200-3.125 mg-mcg oral</i>	Tier 4	[*]
<i>calcium citrate-vitamin d tablet 315-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium citrate-vitamin d3 tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>calcium for women tablet chewable 500-100-40 oral</i>	Tier 4	[*]
<i>calcium high potency tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]
<i>calcium high potency/vitamin d tablet 600-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium oyster shell tablet 1250 (500 ca) mg oral</i>	Tier 4	[*]
<i>calcium plus vitamin d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>calcium plus vitamin d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>calcium+d3 tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium+d3 tablet 500-15 mg-mcg oral</i>	Tier 4	[*]
<i>calcium+d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>calcium-magnesium tablet 250-155 mg oral</i>	Tier 4	[*]
<i>calcium-magnesium-zinc tablet 333-133-5 mg oral</i>	Tier 4	[*]
<i>calcium-vitamin d3 capsule 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>calcium-vitamin d3 tablet 250-3.125 mg-mcg oral</i>	Tier 4	[*]
<i>calcium/c/d tablet chewable 500-10-250 mg-mg-unit oral</i>	Tier 4	[*]
CALTRATE 600+D PLUS MINERALS TABLET 600-800 MG-UNIT ORAL	Tier 4	[*]
CALTRATE 600+D3 SOFT TABLET CHEWABLE 600-20 MG-MCG ORAL	Tier 4	[*]
CALTRATE 600+D3 TABLET 600-20 MG-MCG ORAL	Tier 4	[*]
<i>carglumic acid oral tablet soluble</i>	Tier 2	PA; LA
CENTRATEX CAPSULE 106-1 MG ORAL	Tier 3	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>centravites 50 plus tablet oral</i>	Tier 4	[*]
CENTRUM ADULTS TABLET ORAL	Tier 4	[*]
CENTRUM LIQUID ORAL	Tier 4	[*]
CENTRUM MEN TABLET ORAL	Tier 4	[*]
CENTRUM SILVER 50+WOMEN TABLET ORAL	Tier 4	[*]
CENTRUM SILVER ADULT 50+ TABLET ORAL	Tier 4	[*]
CENTRUM SILVER TABLET ORAL	Tier 4	[*]
CENTRUM SILVER ULTRA WOMENS TABLET ORAL	Tier 4	[*]
CENTRUM SILVER WOMEN 50+ TABLET ORAL	Tier 4	[*]
CENTRUM SPECIALIST HEART TABLET ORAL	Tier 4	[*]
CENTRUM ULTRA WOMENS TABLET ORAL	Tier 4	[*]
CENTRUM WOMEN TABLET ORAL	Tier 4	[*]
CEREFOLIN TABLET 6-1-50-5 MG ORAL	Tier 3	[*]
CEROVITE SENIOR TABLET ORAL	Tier 4	[*]
CERTAVITE SENIOR TABLET ORAL	Tier 4	[*]
CERTAVITE SENIOR/ANTIOXIDANT TABLET ORAL	Tier 4	[*]
CERTAVITE/ANTIOXIDANTS TABLET ORAL	Tier 4	[*]
<i>chewable calcium tablet chewable 500-200-40 mg-unt-mcg oral</i>	Tier 4	[*]
<i>childrens chewable vitamins tablet chewable oral</i>	Tier 4	[*]
CITRACAL MAXIMUM TABLET 315-6.25 MG-MCG ORAL	Tier 4	[*]
CLINIMIX E/DEXTROSE (2.75/5)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	Tier 2	B/D PA
<i>clinimix e/dextrose (8/10)</i>	Tier 2	B/D PA
<i>clinimix e/dextrose (8/14)</i>	Tier 2	B/D PA

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
CLINIMIX/DEXTROSE (4.25/10)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (5/15)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (5/20)	Tier 2	B/D PA
<i>clinimix/dextrose (6/5)</i>	Tier 2	B/D PA
<i>clinimix/dextrose (8/10)</i>	Tier 2	B/D PA
<i>clinimix/dextrose (8/14)</i>	Tier 2	B/D PA
CLINOLIPID	Tier 2	B/D PA
<i>companion tablet oral</i>	Tier 4	[*]
COMPETE TABLET ORAL	Tier 4	[*]
<i>complex b-100-inositol tablet extended release oral</i>	Tier 4	[*]
<i>coral calcium capsule 185-50-100 mg-mg-unit oral</i>	Tier 4	[*]
CORVITA TABLET ORAL	Tier 3	[*]
CORVITE 150 TABLET ORAL	Tier 3	[*]
<i>corvite fe tablet oral</i>	Tier 3	[*]
CRANBERRY URINARY COMFORT CAPSULE 100-3 MG-UNIT ORAL	Tier 4	[*]
<i>cvs b complex plus c tablet oral</i>	Tier 4	[*]
<i>cvs b-1 tablet 100 mg oral</i>	Tier 4	[*]
<i>cvs b-12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>cvs b6 tablet 100 mg oral</i>	Tier 4	[*]
<i>cvs beta carotene capsule 15 mg oral</i>	Tier 4	[*]
<i>cvs biotin high potency tablet 1000 mcg oral</i>	Tier 4	[*]
<i>cvs calcium + d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>cvs calcium 600 &amp; vitamin d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>cvs calcium 600 + d/minerals tablet chewable 600-800 mg-unit oral</i>	Tier 4	[*]
<i>cvs calcium 600+d tablet 600-20 mg-mcg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>cvs calcium tablet 600 mg oral</i>	Tier 4	[*]
<i>cvs chewable c with rose hips tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>cvs hair/skin/nails tablet oral</i>	Tier 4	[*]
<i>cvs iron tablet 240 (27 fe) mg oral</i>	Tier 4	[*]
<i>cvs iron tablet 325 (65 fe) mg oral</i>	Tier 4	[*]
<i>cvs magnesium tablet 500 mg oral</i>	Tier 4	[*]
<i>cvs ped electrolyte freeze pop solution oral</i>	Tier 4	[*]
<i>cvs pediatric electrolyte solution oral</i>	Tier 4	[*]
<i>cvs selenium tablet 200 mcg oral</i>	Tier 4	[*]
<i>cvs slow release dried iron tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>cvs slow release iron tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>cvs spectravite adult 50+ tablet oral</i>	Tier 4	[*]
<i>cvs spectravite adults tablet oral</i>	Tier 4	[*]
<i>cvs spectravite advanced tablet oral</i>	Tier 4	[*]
<i>cvs spectravite men tablet oral</i>	Tier 4	[*]
<i>cvs spectravite women 50+ tablet oral</i>	Tier 4	[*]
<i>cvs spectravite women tablet oral</i>	Tier 4	[*]
<i>cvs vitamin a capsule 2400 mcg (8000 ut) oral</i>	Tier 4	[*]
<i>cvs vitamin b-12 tablet 1000 mcg oral</i>	Tier 4	[*]
<i>cvs vitamin b-12 tablet extended release 2000 mcg oral</i>	Tier 4	[*]
<i>cvs vitamin b-2 tablet 100 mg oral</i>	Tier 4	[*]
<i>cvs vitamin b12 tablet 1000 mcg oral</i>	Tier 4	[*]
<i>cvs vitamin b12 tablet extended release 1000 mcg oral</i>	Tier 4	[*]
<i>cvs vitamin c tablet 1000 mg oral</i>	Tier 4	[*]
<i>cvs vitamin c tablet 250 mg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>cvs vitamin c tablet 500 mg oral</i>	Tier 4	[*]
<i>cvs vitamin c-rose hips tablet 1000 mg oral</i>	Tier 4	[*]
<i>cvs vitamin c-rose hips tablet 500 mg oral</i>	Tier 4	[*]
<i>cvs vitamin e capsule 180 mg (400 unit) oral</i>	Tier 4	[*]
<i>cvs zinc gluconate tablet 50 mg oral</i>	Tier 4	[*]
<i>daily multiple vitamins tablet oral</i>	Tier 4	[*]
<i>daily value multivitamin tablet oral</i>	Tier 4	[*]
<i>daily vite multivitamin/iron tablet oral</i>	Tier 4	[*]
<i>daily vite tablet oral</i>	Tier 4	[*]
<i>daily vites tablet oral</i>	Tier 4	[*]
<i>dekas essential capsule oral</i>	Tier 4	[*]
<i>dekas essential liquid oral</i>	Tier 4	[*]
DEKAS PLUS CAPSULE ORAL	Tier 4	[*]
DEKAS PLUS LIQUID ORAL	Tier 4	[*]
<i>dextrose in lactated ringers</i>	Tier 2	
<i>dextrose intravenous solution 10 %, 250 mg/ml, 5 %, 50 %, 70 %</i>	Tier 2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	Tier 2	
DIALYVITE 3000 TABLET 3 MG ORAL	Tier 3	[*]
DIALYVITE 5000 TABLET 5 MG ORAL	Tier 3	[*]
DIALYVITE 800 TABLET 0.8 MG ORAL	Tier 4	[*]
DIALYVITE 800/IRON TABLET 29-0.8 MG ORAL	Tier 4	[*]
DIALYVITE SUPREME D TABLET ORAL	Tier 3	[*]
DIALYVITE TABLET ORAL	Tier 3	[*]
DIALYVITE/ZINC TABLET ORAL	Tier 3	[*]
<i>e-400 capsule 180 mg (400 unit) oral</i>	Tier 4	[*]
<i>e-oil oil 100 unt/0.25ml oral</i>	Tier 4	[*]
<i>e400 capsule 180 mg (400 unit) oral</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ELFOLATE PLUS TABLET 3-35-2 MG ORAL	Tier 3	[*]
ENDUR-C TABLET EXTENDED RELEASE 1000 MG ORAL	Tier 4	[*]
ENDUR-C TABLET EXTENDED RELEASE 500 MG ORAL	Tier 4	[*]
ENFAMIL ENFALYTE SOLUTION ORAL	Tier 4	[*]
<i>eq calcium 500+d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>eq calcium 600+d tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>eq calcium citrate+d tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>eq complete multivit adult 50+ tablet oral</i>	Tier 4	[*]
<i>eq complete multivitamin-adult tablet oral</i>	Tier 4	[*]
<i>eq one daily womens health tablet oral</i>	Tier 4	[*]
<i>eq slow-release iron tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>eql b complex 50 tablet oral</i>	Tier 4	[*]
<i>eql b-6 tablet 100 mg oral</i>	Tier 4	[*]
<i>eql calcium citrate/vitamin d tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>eql calcium citrate/vitamin d3 tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>eql calcium/vitamin d tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>eql calcium/vitamin d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>eql one daily womens tablet oral</i>	Tier 4	[*]
<i>eql vitamin b-12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>eql vitamin c tablet 1000 mg oral</i>	Tier 4	[*]
<i>eql vitamin c/rose hips tablet 1000 mg oral</i>	Tier 4	[*]
<i>eql vitamin c/rose hips tablet 500 mg oral</i>	Tier 4	[*]
<i>eql vitamin e capsule 400 unit oral</i>	Tier 4	[*]
ESSENTIA TABLET ORAL	Tier 4	[*]
EZFE 200 CAPSULE 434.8 (200 FE) MG ORAL	Tier 4	[*]



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>fabb tablet 2.2-25-1 mg oral</i>	Tier 3	[*]
<i>fe c tab tablet 100-250 mg oral</i>	Tier 4	[*]
<i>fe-vite iron solution 75 (15 fe) mg/ml oral</i>	Tier 4	[*]
FEOSOL BIFERA TABLET 28 MG ORAL	Tier 4	[*]
FEOSOL TABLET 200 (65 FE) MG ORAL	Tier 4	[*]
FER-IN-SOL SOLUTION 75 (15 FE) MG/ML ORAL	Tier 4	[*]
FERATE TABLET 240 (27 FE) MG ORAL	Tier 4	[*]
FERIVA 21/7 TABLET 75-1 MG ORAL	Tier 3	[*]
FERIVAF A CAPSULE 110-1 MG ORAL	Tier 3	[*]
FEROSUL TABLET 325 (65 FE) MG ORAL	Tier 4	[*]
FERRALET 90 TABLET 90-1 MG ORAL	Tier 3	[*]
<i>ferretts ips solution 40 mg/15ml oral</i>	Tier 4	[*]
<i>ferretts tablet 325 (106 fe) mg oral</i>	Tier 4	[*]
FERREX 150 CAPSULE 150 MG ORAL	Tier 4	[*]
<i>ferric x-150 capsule 150 mg oral</i>	Tier 4	[*]
FERRIMIN 150 TABLET 150 MG ORAL	Tier 4	[*]
<i>ferrous fumarate tablet 324 (106 fe) mg oral</i>	Tier 4	[*]
<i>ferrous gluconate tablet 240 (27 fe) mg oral</i>	Tier 4	[*]
<i>ferrous gluconate tablet 324 (37.5 fe) mg oral</i>	Tier 4	[*]
<i>ferrous gluconate tablet 324 (38 fe) mg oral</i>	Tier 4	[*]
<i>ferrous sulfate er tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>ferrous sulfate solution 220 (44 fe) mg/5ml oral</i>	Tier 4	[*]
<i>ferrous sulfate solution 300 (60 fe) mg/5ml oral</i>	Tier 4	[*]
<i>ferrous sulfate solution 300 mg/6.8ml oral</i>	Tier 4	[*]
<i>ferrous sulfate solution 75 (15 fe) mg/ml oral</i>	Tier 4	[*]
<i>ferrous sulfate tablet 325 (65 fe) mg oral</i>	Tier 4	[*]
<i>ferrous sulfate tablet delayed release 324 (65 fe) mg oral</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>ferrous sulfate tablet delayed release 324 mg oral</i>	Tier 4	[*]
<i>ferrous sulfate tablet delayed release 325 (65 fe) mg oral</i>	Tier 4	[*]
FLINTSTONES COMPLETE TABLET CHEWABLE 18 MG ORAL	Tier 4	[*]
FLINTSTONES COMPLETE TABLET CHEWABLE ORAL	Tier 4	[*]
FLINTSTONES/MY FIRST TABLET CHEWABLE ORAL	Tier 4	[*]
FLORIVA LIQUID 0.25-400 MG-UNIT/ML ORAL	Tier 3	[*]
FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL	Tier 3	[*]
FLORIVA TABLET CHEWABLE 0.25 MG ORAL	Tier 3	[*]
FLORIVA TABLET CHEWABLE 0.5 MG ORAL	Tier 3	[*]
FLORIVA TABLET CHEWABLE 1 MG ORAL	Tier 3	[*]
FOLBEE PLUS CZ TABLET 5 MG ORAL	Tier 3	[*]
<i>folbee plus tablet oral</i>	Tier 3	[*]
<i>folbee tablet 2.5-25-1 mg oral</i>	Tier 3	[*]
FOLBIC TABLET 2.5-25-2 MG ORAL (OTC)	Tier 4	[*]
<i>folic acid solution 5 mg/ml injection</i>	Tier 3	[*]
<i>folic acid tablet 1 mg oral (rx)</i>	Tier 3	[*]
FOLITAB 500 TABLET EXTENDED RELEASE 105-500-0.8 MG ORAL	Tier 4	[*]
<i>folplex 2.2 tablet 2.2-25-0.5 mg oral</i>	Tier 3	[*]
FOLTABS 800 TABLET 800-10-115 MCG-MG-MCG ORAL	Tier 4	[*]
FOLTANX TABLET 3-35-2 MG ORAL	Tier 3	[*]
FOLTRATE TABLET 500-1 MCG-MG ORAL	Tier 3	[*]
FOSFREE TABLET ORAL	Tier 4	[*]
<i>fruit c 500 tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>fruity c tablet chewable 250 mg oral</i>	Tier 4	[*]
<i>full spectrum b/vitamin c tablet 0.8 mg oral</i>	Tier 4	[*]
<i>gnp b-12 tablet sublingual 2500 mcg sublingual</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>gnp biotin capsule 5000 mcg oral</i>	Tier 4	[*]
<i>gnp calcium 500 +d3 tablet 500-15 mg-mcg oral</i>	Tier 4	[*]
<i>gnp calcium 600 +d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>gnp calcium citrate +d3 tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>gnp calcium tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]
<i>gnp childrens chewables/ex c tablet chewable oral</i>	Tier 4	[*]
<i>gnp essential one daily tablet oral</i>	Tier 4	[*]
<i>gnp iron tablet 200 (65 fe) mg oral</i>	Tier 4	[*]
<i>gnp iron tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>gnp little ones childrens tablet chewable oral</i>	Tier 4	[*]
<i>gnp mega multi for men tablet oral</i>	Tier 4	[*]
<i>gnp mega multi for women tablet oral</i>	Tier 4	[*]
<i>gnp one daily mens health 50+ tablet oral</i>	Tier 4	[*]
<i>gnp one daily womens 50+ tablet oral</i>	Tier 4	[*]
<i>gnp vitamin a capsule 3 mg (10000 ut) oral</i>	Tier 4	[*]
<i>gnp vitamin b-1 tablet 100 mg oral</i>	Tier 4	[*]
<i>gnp vitamin b-12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>gnp vitamin b-12 tablet extended release 1000 mcg oral</i>	Tier 4	[*]
<i>gnp vitamin b-6 tablet 100 mg oral</i>	Tier 4	[*]
<i>gnp vitamin c drops lozenge 60 mg mouth/throat</i>	Tier 4	[*]
<i>gnp vitamin c tablet 1000 mg oral</i>	Tier 4	[*]
<i>gnp vitamin c tablet 250 mg oral</i>	Tier 4	[*]
<i>gnp vitamin c tablet 500 mg oral</i>	Tier 4	[*]
<i>gnp vitamin c tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>gnp vitamin c tablet extended release 500 mg oral</i>	Tier 4	[*]
<i>gnp vitamin c w/rose hips tablet 500-37 mg oral</i>	Tier 4	[*]
<i>gnp vitamin c/rose hips tablet 1000 mg oral</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>gnp vitamin e capsule 180 mg (400 unit) oral</i>	Tier 4	[*]
<i>gnp vitamin e capsule 400 unit oral</i>	Tier 4	[*]
<i>goodsense electrolyte solution oral</i>	Tier 4	[*]
GUMMI BEAR MULTIVITAMIN/MIN TABLET CHEWABLE ORAL	Tier 4	[*]
<i>h-e-b oral electrolyte solution oral</i>	Tier 4	[*]
HARD NAILS CAPSULE 2.5 MG ORAL	Tier 4	[*]
<i>healthy kids gummies tablet chewable oral</i>	Tier 4	[*]
HEMOCYTE PLUS CAPSULE 106-1 MG ORAL	Tier 3	[*]
<i>high pot multivitamin/beta-car tablet oral</i>	Tier 4	[*]
<i>high potency multivit/fa tablet oral</i>	Tier 4	[*]
<i>hm biotin capsule 5000 mcg oral</i>	Tier 4	[*]
<i>hm e vitamin capsule 180 mg (400 unit) oral</i>	Tier 4	[*]
<i>hm vitamin b-12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>hm vitamin c tablet chewable 500 mg oral</i>	Tier 4	[*]
ICAPS LUTEIN & ZEAXANTHIN TABLET DELAYED RELEASE ORAL	Tier 4	[*]
ICAPS MV TABLET ORAL	Tier 4	[*]
ICAR SUSPENSION 15 MG/1.25ML ORAL	Tier 4	[*]
ICAR-C TABLET 100-250 MG ORAL	Tier 4	[*]
INFED SOLUTION 50 MG/ML INJECTION	Tier 3	[*]
INTEGRA CAPSULE 62.5-62.5-40-3 MG ORAL	Tier 4	[*]
INTEGRA F CAPSULE 125-1 MG ORAL	Tier 3	[*]
INTEGRA PLUS CAPSULE ORAL	Tier 3	[*]
INTRALIPID	Tier 2	B/D PA
<i>iron (ferrous sulfate) solution 75 (15 fe) mg/ml oral</i>	Tier 4	[*]
<i>iron 100/c tablet 100-250 mg oral</i>	Tier 4	[*]
<i>iron 27 tablet 240 (27 fe) mg oral</i>	Tier 4	[*]
<i>iron high-potency tablet 325 mg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>iron infant &amp; toddler solution 75 (15 fe) mg/ml oral</i>	Tier 4	[*]
<i>iron infant/toddler solution 75 (15 fe) mg/ml oral</i>	Tier 4	[*]
<i>iron slow release tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>iron supplement solution 220 (44 fe) mg/5ml oral</i>	Tier 4	[*]
<i>iron tablet 240 (27 fe) mg oral</i>	Tier 4	[*]
<i>iron tablet 325 (65 fe) mg oral</i>	Tier 4	[*]
<i>iron-vitamin c tablet 100-250 mg oral</i>	Tier 4	[*]
IROSPAN 24/6 ORAL	Tier 3	[*]
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	Tier 2	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	Tier 2	
<i>kcl-lactated ringers-d5w</i>	Tier 2	
KLOR-CON 10	Tier 2	MO
KLOR-CON M10	Tier 1	MO
KLOR-CON M15	Tier 2	MO
KLOR-CON M20	Tier 1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	Tier 1	MO
<i>kobee tablet oral</i>	Tier 4	[*]
<i>kp adults 50+ daily formula tablet oral</i>	Tier 4	[*]
<i>kp b complex-c tablet oral</i>	Tier 4	[*]
<i>kp calcium citrate+d tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>kp ferrous gluconate tablet 324 (37.5 fe) mg oral</i>	Tier 4	[*]
<i>kp ferrous sulfate tablet 325 (65 fe) mg oral</i>	Tier 4	[*]
<i>kp vitamin b-12 tablet 1000 mcg oral</i>	Tier 4	[*]
<i>kp vitamin b-6 tablet 100 mg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>kp vitamin e capsule 45 mg (100 unit) oral</i>	Tier 4	[*]
<i>l-methyl-mc tablet 6-1-50-5 mg oral</i>	Tier 3	[*]
<i>l-methylfolate-b6-b12 tablet 3-35-2 mg oral</i>	Tier 3	[*]
<i>lactated ringers intravenous</i>	Tier 2	
<i>levocarnitine oral solution</i>	Tier 2	B/D PA; MO
<i>levocarnitine oral tablet</i>	Tier 2	B/D PA; MO
<i>levocarnitine sf</i>	Tier 2	B/D PA; MO
LYSIPLEX PLUS LIQUID ORAL	Tier 4	[*]
MAG-TAB SR TABLET EXTENDED RELEASE 84 MG (7MEQ) ORAL	Tier 4	[*]
<i>magnesium capsule 300 mg oral</i>	Tier 4	[*]
<i>magnesium lactate tablet extended release 84 mg (7meq) oral</i>	Tier 4	[*]
<i>magnesium oxide -mg supplement capsule 500 mg oral</i>	Tier 4	[*]
<i>magnesium oxide -mg supplement tablet 420 (252 mg) mg oral</i>	Tier 4	[*]
<i>magnesium oxide -mg supplement tablet 500 mg oral</i>	Tier 4	[*]
<i>magnesium oxide tablet 400 mg oral</i>	Tier 4	[*]
<i>magnesium oxide tablet 420 mg oral</i>	Tier 4	[*]
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	Tier 2	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	Tier 2	
MEGA MULTI MEN TABLET ORAL	Tier 4	[*]
<i>mega multiple/chelated mineral tablet oral</i>	Tier 4	[*]
<i>meijer c tablet 500 mg oral</i>	Tier 4	[*]
MERIBIN CAPSULE 5 MG ORAL	Tier 4	[*]
METAFOLBIC TABLET 6-1-50-5 MG ORAL	Tier 3	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
MG PLUS PROTEIN TABLET 133 MG ORAL	Tier 4	[*]
MONOCAL TABLET 625-22.75 MG ORAL	Tier 4	[*]
MTX SUPPORT TABLET ORAL	Tier 4	[*]
<i>multi complete/iron tablet oral</i>	Tier 4	[*]
<i>multi vitamin tablet oral</i>	Tier 4	[*]
<i>multi-vit/iron/fluoride solution 0.25-10 mg/ml oral</i>	Tier 4	[*]
<i>multi-vitamin hp/minerals capsule oral</i>	Tier 4	[*]
<i>multi-vitamin tablet oral</i>	Tier 4	[*]
<i>multi-vitamin/fluoride solution 0.25 mg/ml oral</i>	Tier 3	[*]
<i>multi-vitamin/fluoride solution 0.5 mg/ml oral</i>	Tier 3	[*]
<i>multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral</i>	Tier 3	[*]
<i>multi-vite liquid oral</i>	Tier 4	[*]
<i>multiple electro type 1 ph 5.5</i>	Tier 2	
<i>multiple vit/minerals/no iron tablet oral</i>	Tier 4	[*]
<i>multiple vitamins tablet oral</i>	Tier 4	[*]
<i>multiple vitamins-iron tablet chewable 15 mg oral</i>	Tier 4	[*]
<i>multiple vitamins/iron tablet oral</i>	Tier 4	[*]
<i>multivitamin &amp; mineral liquid oral</i>	Tier 4	[*]
<i>multivitamin adults 50+ tablet oral</i>	Tier 4	[*]
<i>multivitamin tablet oral</i>	Tier 4	[*]
<i>multivitamin women 50+ tablet oral</i>	Tier 4	[*]
<i>multivitamin/fluoride solution 0.25 mg/ml oral (otc)</i>	Tier 4	[*]
<i>multivitamin/fluoride solution 0.5 mg/ml oral (otc)</i>	Tier 4	[*]
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	Tier 3	[*]
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	Tier 3	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	Tier 3	[*]
MVW COMPLETE FORMULATION CAPSULE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION D3000 CAPSULE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION D3000 TABLET CHEWABLE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION D5000 CAPSULE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION D5000 TABLET CHEWABLE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION MINIS CAPSULE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION SOLUTION ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION TABLET CHEWABLE ORAL	Tier 4	[*]
MYNEPHRON CAPSULE 1 MG ORAL	Tier 3	[*]
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	Tier 3	[*]
<i>natural c/rose hips tablet 1000 mg oral</i>	Tier 4	[*]
<i>natural vitamin e capsule 670 mg (1000 ut) oral</i>	Tier 4	[*]
NEPHPLEX RX TABLET ORAL	Tier 3	[*]
<i>nephro vitamins tablet 0.8 mg oral</i>	Tier 4	[*]
NEPHRO-VITE TABLET 0.8 MG ORAL (OTC)	Tier 4	[*]
NEPHRON FA TABLET ORAL	Tier 3	[*]
<i>neurin-sl tablet sublingual 600-600 mcg sublingual</i>	Tier 3	[*]
NIVA-FOL TABLET 2.5-25-2 MG ORAL	Tier 4	[*]
<i>no iron mult vitamin-minerals tablet oral</i>	Tier 4	[*]
NU-IRON CAPSULE 150 MG ORAL	Tier 4	[*]
NU-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL	Tier 4	[*]
NUTRILIPID	Tier 2	B/D PA



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
NUTRIVIT LIQUID ORAL	Tier 3	[*]
<i>oceanic selenium tablet 200 mcg oral</i>	Tier 4	[*]
<i>oceanic selenium tablet 50 mcg oral</i>	Tier 4	[*]
<i>ocutabs tablet oral</i>	Tier 4	[*]
<i>ocutabs-lutein tablet oral</i>	Tier 4	[*]
<i>omnicap tablet oral</i>	Tier 4	[*]
ONCOVITE TABLET ORAL	Tier 4	[*]
<i>one daily calcium/iron tablet oral</i>	Tier 4	[*]
<i>one daily complete tablet oral</i>	Tier 4	[*]
<i>one daily for men 50+ advanced tablet oral</i>	Tier 4	[*]
<i>one daily for women 50+ adv tablet oral</i>	Tier 4	[*]
<i>one daily for women tablet oral</i>	Tier 4	[*]
<i>one daily maximum tablet oral</i>	Tier 4	[*]
<i>one daily multivitamin/iron tablet oral</i>	Tier 4	[*]
<i>one daily womens 50 plus tablet oral</i>	Tier 4	[*]
<i>one daily womens 50+ tablet oral</i>	Tier 4	[*]
<i>one daily/minerals tablet oral</i>	Tier 4	[*]
ONE-A-DAY ESSENTIAL TABLET ORAL	Tier 4	[*]
ONE-A-DAY MENS 50+ ADVANTAGE TABLET ORAL	Tier 4	[*]
ONE-A-DAY TEEN ADVANTAGE/HER TABLET ORAL	Tier 4	[*]
ONE-A-DAY TEEN ADVANTAGE/HIM TABLET ORAL	Tier 4	[*]
ONE-A-DAY WOMENS FORMULA TABLET ORAL	Tier 4	[*]
<i>one-daily multi-vitamin tablet oral</i>	Tier 4	[*]
ORAZINC CAPSULE 220 (50 ZN) MG ORAL	Tier 4	[*]
ORAZINC TABLET 110 MG ORAL	Tier 4	[*]
OS-CAL CALCIUM + D3 TABLET 500-5 MG-MCG ORAL	Tier 4	[*]
OS-CAL EXTRA D3 TABLET 500-15 MG-MCG ORAL	Tier 4	[*]
OYSCO 500+D TABLET 500-5 MG-MCG ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on *page number 12*.

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>oyster calcium tablet 500 mg oral</i>	Tier 4	[*]
<i>oyster shell calcium + d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium + d3 tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium plus d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium tablet 500 mg oral</i>	Tier 4	[*]
<i>oyster shell calcium w/d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/d tablet 250-3.125 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/d tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/d3 tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/d3 tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/vit d3 tablet 250-3.125 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/vit d3 tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/vitamin d tablet 250-3.125 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/vitamin d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>pc pediatric iron drops solution 75 (15 fe) mg/ml oral</i>	Tier 4	[*]
<i>pc pediatric tri-vitamin drops solution 750-400-35 unit-mg/ml oral</i>	Tier 4	[*]
<i>ped electrolyte freeze pops solution oral</i>	Tier 4	[*]
<i>ped electrolyte freezer pops solution oral</i>	Tier 4	[*]
PEDIALYTE ADVANCED CARE SOLUTION ORAL	Tier 4	[*]
PEDIALYTE FREEZER POPS SOLUTION ORAL	Tier 4	[*]
PEDIALYTE SINGLES SOLUTION ORAL	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
PEDIALYTE SOLUTION ORAL	Tier 4	[*]
<i>pediatric electrolyte solution oral</i>	Tier 4	[*]
PERIDIN-C TABLET 200-50-150 MG ORAL	Tier 4	[*]
PLASMA-LYTE 148	Tier 2	
<i>pnv-dha</i>	Tier 2	
POLY-IRON 150 CAPSULE 150 MG ORAL	Tier 4	[*]
<i>poly-iron 150 forte capsule 150-25-1 mg-mcg-mg oral</i>	Tier 3	[*]
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Tier 3	[*]
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL	Tier 3	[*]
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	Tier 3	[*]
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL	Tier 3	[*]
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL	Tier 3	[*]
POLY-VI-FLOR/IRON TABLET CHEWABLE 0.5-10 MG ORAL	Tier 3	[*]
POLY-VI-SOL SOLUTION ORAL	Tier 4	[*]
POLY-VI-SOL/IRON SOLUTION 11 MG/ML ORAL	Tier 4	[*]
<i>polysaccharide iron complex capsule 150 mg oral</i>	Tier 4	[*]
<i>polysaccharide-iron complex capsule 150 mg oral</i>	Tier 4	[*]
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier 1	MO
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	Tier 2	MO
<i>potassium chloride er oral capsule extended release</i>	Tier 1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	MO
<i>potassium chloride er oral tablet extended release 15 meq</i>	Tier 2	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	Tier 2	

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 20 meq/50ml</i>	Tier 2	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1	MO
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	Tier 2	
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 2	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	Tier 2	
PROFE CAPSULE 391.3 (180 FE) MG ORAL	Tier 4	[*]
PROFERRIN ES TABLET 12 MG ORAL	Tier 4	[*]
PROFERRIN-FORTE TABLET 12-1 MG ORAL	Tier 4	[*]
PROTECTIRON TABLET 60-1 MG ORAL	Tier 4	[*]
<i>pure calcium carbonate tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]
PUREWAY-C TABLET 500 MG ORAL	Tier 4	[*]
<i>pyridoxine hcl tablet 25 mg oral</i>	Tier 4	[*]
<i>pyridoxine hcl tablet 50 mg oral</i>	Tier 4	[*]
QUFLORA FE PEDIATRIC LIQUID 0.25-9.5 MG/ML ORAL	Tier 3	[*]
QUFLORA FE TABLET CHEWABLE 0.25 MG ORAL	Tier 3	[*]
QUFLORA GUMMIES TABLET CHEWABLE 0.125 MG ORAL	Tier 3	[*]
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML ORAL	Tier 3	[*]
QUFLORA PEDIATRIC SOLUTION 0.5 MG/ML ORAL	Tier 3	[*]
QUFLORA PEDIATRIC TABLET CHEWABLE 0.25 MG ORAL	Tier 3	[*]
QUFLORA PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL	Tier 3	[*]
QUFLORA PEDIATRIC TABLET CHEWABLE 1 MG ORAL	Tier 3	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>quintabs-m tablet oral</i>	Tier 4	[*]
<i>ra b-complex tablet oral</i>	Tier 4	[*]
<i>ra b-complex with b-12 tablet oral</i>	Tier 4	[*]
<i>ra b-complex/vitamin c cr tablet extended release oral</i>	Tier 4	[*]
<i>ra balanced b-100 tablet oral</i>	Tier 4	[*]
<i>ra balanced b-50 tablet oral</i>	Tier 4	[*]
<i>ra biotin capsule 2500 mcg oral</i>	Tier 4	[*]
<i>ra calcium 600 tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]
<i>ra calcium 600/vit d/minerals tablet 600-200 mg-unit oral</i>	Tier 4	[*]
<i>ra calcium 600/vitamin d-3 tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>ra calcium cit plus vit d-3 tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>ra calcium-boron tablet 500-1.5 mg oral</i>	Tier 4	[*]
<i>ra central-vite womens mature tablet oral</i>	Tier 4	[*]
RA HI CAL TABLET 500-5 MG-MCG ORAL	Tier 4	[*]
<i>ra high potency iron tablet 27 mg oral</i>	Tier 4	[*]
<i>ra magnesium capsule 500 mg oral</i>	Tier 4	[*]
<i>ra natural magnesium tablet 250 mg oral</i>	Tier 4	[*]
<i>ra one daily maximum tablet oral</i>	Tier 4	[*]
<i>ra pediatric electrolyte solution oral</i>	Tier 4	[*]
<i>ra selenium natural tablet 200 mcg oral</i>	Tier 4	[*]
<i>ra slow release iron tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>ra vitamin a capsule 3 mg (10000 ut) oral</i>	Tier 4	[*]
<i>ra vitamin b-1 tablet 100 mg oral</i>	Tier 4	[*]
<i>ra vitamin b-12 tablet 100 mcg oral</i>	Tier 4	[*]
<i>ra vitamin b-12 tr tablet extended release 1000 mcg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>ra vitamin b-6 tablet 100 mg oral</i>	Tier 4	[*]
<i>ra vitamin b-6 tablet 50 mg oral</i>	Tier 4	[*]
<i>ra vitamin b12 tablet extended release 2000 mcg oral</i>	Tier 4	[*]
<i>ra vitamin c cr tablet extended release 500 mg oral</i>	Tier 4	[*]
<i>ra vitamin c cr tablet extended release oral</i>	Tier 4	[*]
<i>ra vitamin c tablet 250 mg oral</i>	Tier 4	[*]
<i>ra vitamin c tablet 500 mg oral</i>	Tier 4	[*]
<i>ra vitamin c tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>ra vitamin c/rose hips tablet 1000 mg oral</i>	Tier 4	[*]
<i>ra vitamin c/rose hips tablet 500 mg oral</i>	Tier 4	[*]
<i>ra vitamin e capsule 268 mg (400 unit) oral</i>	Tier 4	[*]
<i>ra zinc tablet 50 mg oral</i>	Tier 4	[*]
<i>rena-vite rx tablet 1 mg oral (otc)</i>	Tier 4	[*]
<i>rena-vite tablet oral (otc)</i>	Tier 4	[*]
RENAL CAPSULE 1 MG ORAL	Tier 3	[*]
<i>renal vitamin tablet 0.8 mg oral</i>	Tier 4	[*]
<i>ringers</i>	Tier 2	
<i>se-tan plus capsule 162-115.2-1 mg oral</i>	Tier 3	[*]
<i>selenium tablet 200 mcg oral</i>	Tier 4	[*]
<i>senior tabs tablet oral</i>	Tier 4	[*]
<i>sentry senior tablet oral</i>	Tier 4	[*]
<i>sentry tablet oral</i>	Tier 4	[*]
SLOW FE TABLET EXTENDED RELEASE 45 MG ORAL	Tier 4	[*]
<i>slow release iron tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>slow release iron tablet extended release 47.5 mg oral</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
SLOW-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL	Tier 4	[*]
<i>sm b-complex tablet oral</i>	Tier 4	[*]
<i>sm b-complex/vitamin c tablet oral</i>	Tier 4	[*]
<i>sm b100 complex tablet oral</i>	Tier 4	[*]
<i>sm balanced b-50 tablet oral</i>	Tier 4	[*]
<i>sm biotin capsule 5000 mcg oral</i>	Tier 4	[*]
<i>sm calcium 600+d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>sm calcium 600/vitamin d tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>sm calcium citrate+/vit d3 tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>sm calcium citrate+vit d3 max tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>sm calcium-vitamin d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>sm calcium/vitamin d tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>sm chewable vitamin c tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>sm complete 50+ tablet oral</i>	Tier 4	[*]
<i>sm complete 50+ ultimate women tablet oral</i>	Tier 4	[*]
<i>sm complete tablet oral</i>	Tier 4	[*]
<i>sm hair/skin/nails tablet oral</i>	Tier 4	[*]
<i>sm magnesium oxide tablet 250 mg oral</i>	Tier 4	[*]
<i>sm multiple vitamins/iron tablet oral</i>	Tier 4	[*]
<i>sm one daily womens tablet oral</i>	Tier 4	[*]
<i>sm pediatric electrolyte solution oral</i>	Tier 4	[*]
<i>sm slow release dried iron tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>sm slow release iron tablet extended release 45 mg oral</i>	Tier 4	[*]
<i>sm vitamin b complex/vitamin c tablet oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>sm vitamin b-12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>sm vitamin b1 tablet 100 mg oral</i>	Tier 4	[*]
<i>sm vitamin b12 tr tablet extended release 1000 mcg oral</i>	Tier 4	[*]
<i>sm vitamin b12 tr tablet extended release 2000 mcg oral</i>	Tier 4	[*]
<i>sm vitamin b6 tablet 100 mg oral</i>	Tier 4	[*]
<i>sm vitamin c cr tablet extended release 500 mg oral</i>	Tier 4	[*]
<i>sm vitamin c tablet 1000 mg oral</i>	Tier 4	[*]
<i>sm vitamin c tablet 500 mg oral</i>	Tier 4	[*]
<i>sm vitamin c tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>sm zinc gluconate tablet 50 mg oral</i>	Tier 4	[*]
<i>sodium chloride injection solution 2.5 meq/ml</i>	Tier 2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	Tier 2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 2	MO
<i>sodium fluoride solution 1.1 (0.5 f) mg/ml oral</i>	Tier 3	[*]
<i>sodium fluoride tablet chewable 0.55 (0.25 f) mg oral</i>	Tier 3	[*]
<i>sodium fluoride tablet chewable 1.1 (0.5 f) mg oral</i>	Tier 3	[*]
<i>sodium fluoride tablet chewable 2.2 (1 f) mg oral</i>	Tier 3	[*]
SOLUVITA E SOLUTION 15.8 MG/0.7ML ORAL	Tier 4	[*]
SPECTRAVITE TABLET ORAL	Tier 4	[*]
<i>stress b/zinc tablet oral</i>	Tier 4	[*]
<i>stress formula tablet oral</i>	Tier 4	[*]
<i>stress formula/iron tablet oral</i>	Tier 4	[*]
<i>stress formula/zinc (b-compl) tablet oral</i>	Tier 4	[*]
STROVITE ONE TABLET ORAL	Tier 3	[*]
<i>super b/c capsule oral</i>	Tier 4	[*]



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>super biotin capsule 5000 mcg oral</i>	Tier 4	[*]
<i>super calcium 600 + d 400 tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>super calcium 600 + d3 tablet 600-10 mg-mcg oral</i>	Tier 4	[*]
<i>super calcium tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]
SUPER QUINTS B-50 TABLET ORAL	Tier 4	[*]
<i>super thera vite m tablet oral</i>	Tier 4	[*]
SUPERVITE LIQUID ORAL	Tier 3	[*]
<i>sv vitamin b-12 er tablet extended release 1000 mcg oral</i>	Tier 4	[*]
TAB-A-VITE/IRON/BETA CAROTENE TABLET ORAL	Tier 4	[*]
TANDEM CAPSULE 53-53 MG ORAL	Tier 4	[*]
TANDEM PLUS CAPSULE 162-115.2-1 MG ORAL	Tier 3	[*]
<i>taron forte capsule oral</i>	Tier 3	[*]
THERA M PLUS TABLET ORAL	Tier 4	[*]
<i>thera-m tablet oral</i>	Tier 4	[*]
<i>thera-tabs tablet oral</i>	Tier 4	[*]
<i>therapeutic-m tablet oral</i>	Tier 4	[*]
THERATRUM COMPLETE 50 PLUS TABLET ORAL	Tier 4	[*]
THERATRUM COMPLETE TABLET ORAL	Tier 4	[*]
THEREMS-M TABLET ORAL	Tier 4	[*]
<i>thiamine hcl tablet 100 mg oral</i>	Tier 4	[*]
TRAVASOL	Tier 2	B/D PA
TRI-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Tier 3	[*]
TRI-VI-FLOR SUSPENSION 0.5 MG/ML ORAL	Tier 3	[*]
<i>tri-vite pediatric solution 750-400-35 unit-mg/ml oral</i>	Tier 4	[*]
<i>tri-vite/fluoride solution 0.25 mg/ml oral</i>	Tier 3	[*]
<i>tri-vite/fluoride solution 0.5 mg/ml oral</i>	Tier 3	[*]
<i>triphrocaps capsule 1 mg oral</i>	Tier 3	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 2	B/D PA
<i>v-c forte capsule oral</i>	Tier 3	[*]
VIC-FORTE CAPSULE ORAL	Tier 3	[*]
<i>virt-caps capsule 1 mg oral</i>	Tier 3	[*]
VIRT-GARD TABLET 2.2-25-1 MG ORAL	Tier 3	[*]
<i>vita c/bioflavonoids/rose hips tablet 1000-30-18 mg oral</i>	Tier 4	[*]
VITAL-D RX TABLET 1 MG ORAL	Tier 3	[*]
<i>vitalee tablet oral</i>	Tier 4	[*]
VITALETS CHILDRENS TABLET CHEWABLE ORAL	Tier 4	[*]
<i>vitamin a capsule 2400 mcg (8000 ut) oral</i>	Tier 4	[*]
<i>vitamin a capsule 3 mg (10000 ut) oral</i>	Tier 4	[*]
<i>vitamin b + c complex tablet oral</i>	Tier 4	[*]
<i>vitamin b 12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>vitamin b complex tablet oral</i>	Tier 4	[*]
<i>vitamin b complex-c capsule oral</i>	Tier 4	[*]
<i>vitamin b-1 tablet 250 mg oral</i>	Tier 4	[*]
<i>vitamin b-1 tablet 50 mg oral</i>	Tier 4	[*]
<i>vitamin b-12 er tablet extended release 1000 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 er tablet extended release 2000 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 liquid 1000 mcg/15ml oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet 100 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet 1000 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet 250 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet sublingual 2500 mcg sublingual</i>	Tier 4	[*]
<i>vitamin b-2 tablet 100 mg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>vitamin b-2 tablet 25 mg oral</i>	Tier 4	[*]
<i>vitamin b-2 tablet 50 mg oral</i>	Tier 4	[*]
<i>vitamin b-6 tablet 100 mg oral</i>	Tier 4	[*]
<i>vitamin b-6 tablet 25 mg oral</i>	Tier 4	[*]
<i>vitamin b-6 tablet 50 mg oral</i>	Tier 4	[*]
<i>vitamin b1 tablet 100 mg oral</i>	Tier 4	[*]
<i>vitamin b12 tablet 100 mcg oral</i>	Tier 4	[*]
<i>vitamin b12 tr tablet extended release 2000 mcg oral</i>	Tier 4	[*]
<i>vitamin b6 tablet 100 mg oral</i>	Tier 4	[*]
<i>vitamin b6 tablet 50 mg oral</i>	Tier 4	[*]
<i>vitamin c drops lozenge 60 mg mouth/throat</i>	Tier 4	[*]
<i>vitamin c er capsule extended release 500 mg oral</i>	Tier 4	[*]
<i>vitamin c er tablet extended release 1500 mg oral</i>	Tier 4	[*]
<i>vitamin c er tablet extended release 500 mg oral</i>	Tier 4	[*]
<i>vitamin c liquid 500 mg/5ml oral</i>	Tier 4	[*]
<i>vitamin c powder oral</i>	Tier 4	[*]
<i>vitamin c tablet 1000 mg oral</i>	Tier 4	[*]
<i>vitamin c tablet 250 mg oral</i>	Tier 4	[*]
<i>vitamin c tablet 500 mg oral</i>	Tier 4	[*]
<i>vitamin c tablet chewable 250 mg oral</i>	Tier 4	[*]
<i>vitamin c tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>vitamin c tablet chewable oral</i>	Tier 4	[*]
<i>vitamin c-rose hips er tablet extended release 1000 mg oral</i>	Tier 4	[*]
<i>vitamin c-rose hips er tablet extended release 500 mg oral</i>	Tier 4	[*]
<i>vitamin c-rose hips tablet 1000 mg oral</i>	Tier 4	[*]
<i>vitamin c-rose hips tablet 500 mg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>vitamin c-rose hips tr tablet extended release 500 mg oral</i>	Tier 4	[*]
<i>vitamin c/rose hips tablet 500 mg oral</i>	Tier 4	[*]
<i>vitamin c/rose hips tr tablet extended release 1000 mg oral</i>	Tier 4	[*]
<i>vitamin e blend capsule 400 unit oral</i>	Tier 4	[*]
<i>vitamin e capsule 1000 unit oral</i>	Tier 4	[*]
<i>vitamin e capsule 134 mg (200 unit) oral</i>	Tier 4	[*]
<i>vitamin e capsule 180 mg (400 unit) oral</i>	Tier 4	[*]
<i>vitamin e capsule 400 unit oral</i>	Tier 4	[*]
<i>vitamin e capsule 45 mg (100 unit) oral</i>	Tier 4	[*]
<i>vitamin e capsule 450 mg (1000 ut) oral</i>	Tier 4	[*]
<i>vitamin e capsule 670 mg (1000 ut) oral</i>	Tier 4	[*]
<i>vitamin e high potency capsule 180 mg (400 unit) oral</i>	Tier 4	[*]
<i>vitamin e oil 67 mg/0.25ml oral</i>	Tier 4	[*]
<i>vitamin e solution 15 mg/0.67ml oral</i>	Tier 4	[*]
<i>vitamin e water soluble capsule 180 mg (400 unit) oral</i>	Tier 4	[*]
<i>vitamin e/d-alpha capsule 134 mg (200 unit) oral</i>	Tier 4	[*]
<i>vitamin e/d-alpha natural capsule 268 mg (400 unit) oral</i>	Tier 4	[*]
<i>vitamin supplement e-400 capsule 180 mg (400 unit) oral</i>	Tier 4	[*]
<i>vitamin-b complex tablet oral</i>	Tier 4	[*]
<i>vitamins acd-fluoride solution 0.25 mg/ml oral</i>	Tier 3	[*]
<i>vitatrum tablet oral</i>	Tier 4	[*]
<i>vitrum 50+ senior multi tablet oral</i>	Tier 4	[*]
<i>vp-vite rx tablet 1 mg oral</i>	Tier 3	[*]
<i>wee care suspension 15 mg/1.25ml oral</i>	Tier 4	[*]
<i>wescaps capsule 1 mg oral</i>	Tier 3	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>westab max tablet 2.5-25-2 mg oral</i>	Tier 3	[*]
<i>westab one tablet 2.5-25-1 mg oral</i>	Tier 3	[*]
<i>womens daily form/fa/ca/fe tablet oral</i>	Tier 4	[*]
<i>womens daily formula tablet oral</i>	Tier 4	[*]
YELETS TEENAGE FORMULA TABLET ORAL	Tier 4	[*]
ZINC 15 TABLET 66 MG ORAL	Tier 4	[*]
<i>zinc capsule 220 (50 zn) mg oral</i>	Tier 4	[*]
<i>zinc gluconate tablet 100 mg oral</i>	Tier 4	[*]
<i>zinc gluconate tablet 30 mg oral</i>	Tier 4	[*]
<i>zinc gluconate tablet 50 mg oral</i>	Tier 4	[*]
<i>zinc lozenge 10 mg mouth/throat</i>	Tier 4	[*]
<i>zinc lozenge oral</i>	Tier 4	[*]
<i>zinc sulfate capsule 220 (50 zn) mg oral (otc)</i>	Tier 4	[*]
<i>zinc sulfate tablet 220 (50 zn) mg oral</i>	Tier 4	[*]
<i>zinc tablet 30 mg oral</i>	Tier 4	[*]
<i>zinc tablet 50 mg oral</i>	Tier 4	[*]

## ENDOCRINE AND METABOLIC DISORDER AGENTS

<i>acarbose oral</i>	Tier 1	QL (90 per 30 days); MO
<i>alendronate sodium oral solution</i>	Tier 2	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 2	QL (4 per 28 days); MO
<i>aqueous vitamin d liquid 10 mcg/ml oral</i>	Tier 4	[*]
AURYXIA	Tier 2	PA; MO
BPROTECTED PEDIA D-VITE LIQUID 10 MCG/ML ORAL	Tier 4	[*]
BYDUREON BCISE	Tier 2	PA; QL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA; QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA; QL (1.2 per 30 days)

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
CALCIDOL SOLUTION 200 MCG/ML ORAL	Tier 4	[*]
<i>calcitonin (salmon) injection</i>	Tier 2	B/D PA
<i>calcitonin (salmon) nasal</i>	Tier 2	QL (4 per 30 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 2	B/D PA
<i>calcitriol oral capsule</i>	Tier 2	B/D PA; MO
<i>calcium acetate (phos binder) oral capsule</i>	Tier 2	MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 2	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 2	B/D PA; QL (120 per 30 days)
CYCLOSET	Tier 2	ST; QL (180 per 30 days); MO
D-VI-SOL LIQUID 10 MCG/ML ORAL	Tier 4	[*]
<i>d-vite pediatric liquid 10 mcg/ml oral</i>	Tier 4	[*]
<i>deferasirox oral tablet soluble</i>	Tier 2	PA
<i>diazoxide oral</i>	Tier 2	MO
<i>doxercalciferol oral capsule 0.5 mcg</i>	Tier 2	B/D PA; MO
<i>ergocalciferol capsule 1.25 mg (50000 ut) oral</i>	Tier 3	[*]
<i>ergocalciferol solution 200 mcg/ml oral</i>	Tier 4	[*]
FARXIGA	Tier 2	QL (30 per 30 days); MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Tier 2	PA; QL (3 per 28 days)
<i>glimepiride oral tablet 1 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>glimepiride oral tablet 4 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>glipizide oral tablet 5 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (120 per 30 days); MO
GLUCAGEN HYPOKIT	Tier 1	
<i>glucagon emergency injection kit</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg</i>	Tier 2	QL (480 per 30 days); MO
<i>glyburide oral tablet 2.5 mg</i>	Tier 2	QL (240 per 30 days); MO
<i>glyburide oral tablet 5 mg</i>	Tier 2	QL (120 per 30 days); MO
GLYXAMBI	Tier 2	QL (30 per 30 days); MO
HUMALOG INJECTION	Tier 1	MO
HUMALOG JUNIOR KWIKPEN	Tier 1	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 1	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 1	MO
HUMALOG MIX 75/25	Tier 1	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 1	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 1	MO
HUMULIN 70/30	Tier 1	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 1	MO
HUMULIN N	Tier 1	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 1	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
HUMULIN R	Tier 1	MO
<i>ibandronate sodium oral</i>	Tier 2	QL (1 per 28 days); MO
<i>insulin lispro (1 unit dial)</i>	Tier 1	MO
<i>insulin lispro injection</i>	Tier 1	MO
<i>insulin lispro junior kwikpen</i>	Tier 1	MO
<i>insulin lispro prot &amp; lispro</i>	Tier 1	MO
JANUMET	Tier 2	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	Tier 2	QL (30 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	Tier 2	QL (60 per 30 days); MO
JANUVIA ORAL TABLET 100 MG	Tier 2	QL (30 per 30 days); MO
JANUVIA ORAL TABLET 25 MG	Tier 2	QL (120 per 30 days); MO
JANUVIA ORAL TABLET 50 MG	Tier 2	QL (60 per 30 days); MO
JARDIANCE	Tier 2	QL (30 per 30 days); MO
JENTADUETO	Tier 2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	Tier 2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	Tier 2	QL (30 per 30 days); MO
KERENDIA	Tier 2	QL (30 per 30 days); MO
KIONEX COMBINATION	Tier 2	
KIONEX ORAL SUSPENSION	Tier 2	
LANTUS	Tier 1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 1	MO
LEVEMIR	Tier 1	MO
LOKELMA	Tier 2	MO
LYUMJEV	Tier 1	MO
LYUMJEV KWIKPEN	Tier 1	MO



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	QL (150 per 30 days); MO
<i>metformin hcl oral tablet 850 mg</i>	Tier 1	QL (90 per 30 days); MO
<b>MOUNJARO</b>	Tier 2	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	Tier 1	QL (90 per 30 days); MO
<i>nateglinide oral tablet 60 mg</i>	Tier 1	QL (180 per 30 days); MO
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML</b>	Tier 2	PA; QL (1.5 per 28 days)
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML</b>	Tier 2	PA; QL (3 per 28 days)
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	Tier 2	PA; QL (3 per 28 days)
<b>OZEMPIC (2 MG/DOSE)</b>	Tier 2	PA; QL (3 per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	Tier 2	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	Tier 2	B/D PA
<i>paricalcitol oral</i>	Tier 2	B/D PA; MO
<i>pharmacist choice d-vitamin liquid 400 unit/ml oral</i>	Tier 4	[*]
<i>pioglitazone hcl oral tablet 15 mg</i>	Tier 1	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	Tier 1	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	Tier 1	QL (30 per 30 days); MO
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 2	PA; QL (1 per 180 days)
<i>repaglinide oral tablet 0.5 mg</i>	Tier 1	QL (960 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	Tier 1	QL (480 per 30 days); MO
<i>repaglinide oral tablet 2 mg</i>	Tier 1	QL (240 per 30 days); MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
RYBELSUS ORAL TABLET 14 MG, 7 MG	Tier 2	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	Tier 2	PA; QL (60 per 365 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	Tier 2	QL (540 per 30 days); MO
<i>sevelamer carbonate oral packet 2.4 gm</i>	Tier 2	QL (180 per 30 days); MO
<i>sevelamer carbonate oral tablet</i>	Tier 2	QL (540 per 30 days); MO
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
SPS	Tier 2	
SPS (SODIUM POLYSTYRENE SULF)	Tier 2	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA; QL (11 per 30 days); MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA; QL (6 per 30 days); MO
SYNJARDY	Tier 2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	Tier 2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	Tier 2	QL (30 per 30 days); MO
<i>teriparatide</i>	Tier 2	PA; QL (3 per 28 days)
TOUJEO MAX SOLOSTAR	Tier 2	MO
TOUJEO SOLOSTAR	Tier 2	MO
TRADJENTA	Tier 2	QL (30 per 30 days); MO
<i>trientine hcl</i>	Tier 2	
TRULICITY	Tier 2	PA; QL (2 per 28 days)
TYMLOS	Tier 2	PA; QL (1.56 per 28 days)
VELPHORO	Tier 2	QL (180 per 30 days); MO
VELTASSA	Tier 2	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA; QL (9 per 30 days)
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	Tier 3	[*]
<i>vitamin d (ergocalciferol) capsule 50000 unit oral</i>	Tier 3	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>vitamin d infant liquid 10 mcg/ml oral</i>	Tier 4	[*]
<i>vitamin d liquid 10 mcg/ml oral</i>	Tier 4	[*]
<i>vitamin d3 liquid 10 mcg/ml oral</i>	Tier 4	[*]
XGEVA	Tier 2	PA; QL (5.1 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	Tier 2	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 2	QL (60 per 30 days); MO
<i>zoledronic acid intravenous concentrate</i>	Tier 2	PA
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	Tier 2	PA
<b>GASTROINTESTINAL AGENTS</b>		
ACID GONE SUSPENSION 95-358 MG/15ML ORAL	Tier 4	[*]
<i>acid reducer capsule delayed release 20.6 (20 base) mg oral</i>	Tier 4	[*]
<i>acid reducer complete tablet chewable 10-800-165 mg oral</i>	Tier 4	[*]
<i>acid reducer maximum strength tablet 20 mg oral</i>	Tier 4	[*]
<i>acid reducer tablet 10 mg oral</i>	Tier 4	[*]
ALMACONE DOUBLE STRENGTH SUSPENSION 400-400-40 MG/5ML ORAL	Tier 4	[*]
<i>alosetron hcl</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>aluminum hydroxide gel suspension 320 mg/5ml oral</i>	Tier 4	[*]
<i>antacid calcium tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>antacid extra strength tablet chewable 160-105 mg oral</i>	Tier 4	[*]
<i>antacid extra strength tablet chewable 750 mg oral</i>	Tier 4	[*]
<i>antacid maximum strength suspension 400-400-40 mg/5ml oral</i>	Tier 4	[*]
<i>antacid maximum strength suspension 800-800-80 mg/10ml oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>antacid regular strength suspension 200-200-20 mg/5ml oral</i>	Tier 4	[*]
<i>antacid regular strength tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>antacid suspension 400-400-40 mg/10ml oral</i>	Tier 4	[*]
<i>antacid tablet chewable 750 mg oral</i>	Tier 4	[*]
<i>antacid ultra strength tablet chewable 1000 mg oral</i>	Tier 4	[*]
<i>antacid/antigas suspension 400-400-40 mg/10ml oral</i>	Tier 4	[*]
<i>anti-diarrheal capsule 2 mg oral</i>	Tier 4	[*]
<i>anti-diarrheal solution 1 mg/7.5ml oral</i>	Tier 4	[*]
<i>anti-diarrheal tablet 2 mg oral</i>	Tier 4	[*]
<i>aprepitant oral capsule 125 mg</i>	Tier 2	B/D PA; QL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 2	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 2	B/D PA; QL (10 per 30 days)
<i>balsalazide disodium</i>	Tier 2	
<i>bisacodyl ec tablet delayed release 5 mg oral (otc)</i>	Tier 4	[*]
<i>bisacodyl suppository 10 mg rectal</i>	Tier 4	[*]
<i>bismatrol tablet chewable 262 mg oral</i>	Tier 4	[*]
<i>bismuth subsalicylate tablet chewable 262 mg oral</i>	Tier 4	[*]
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 2	PA
<i>budesonide oral</i>	Tier 2	
<b>CAL-GEST ANTACID TABLET CHEWABLE 500 MG ORAL</b>	Tier 4	[*]
<i>calcium antacid extra strength tablet chewable 750 mg oral</i>	Tier 4	[*]
<i>calcium antacid tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>calcium carbonate antacid suspension 1250 mg/5ml oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>calcium carbonate antacid tablet 648 mg oral</i>	Tier 4	[*]
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	MO
CLEARLAX POWDER 17 GM/SCOOP ORAL	Tier 4	[*]
COMPRO	Tier 2	
<i>constulose</i>	Tier 2	MO
<i>dicyclomine hcl oral</i>	Tier 2	
<i>diphenoxylate-atropine oral liquid</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
<i>docusate calcium capsule 240 mg oral</i>	Tier 4	[*]
<i>docusate sodium capsule 100 mg oral</i>	Tier 4	[*]
DOCUSOL KIDS ENEMA 100 MG/5ML RECTAL	Tier 4	[*]
DOCUSOL PLUS MINI-ENEMA ENEMA 20-283 MG RECTAL	Tier 4	[*]
DRIMINATE TABLET 50 MG ORAL	Tier 4	[*]
<i>dronabinol</i>	Tier 2	B/D PA; QL (120 per 30 days)
<i>enema enema 7-19 gm/118ml rectal</i>	Tier 4	[*]
ENEMEEZ MINI ENEMA 283 MG/5ML RECTAL	Tier 4	[*]
ENEMEEZ PLUS ENEMA 20-283 MG RECTAL	Tier 4	[*]
<i>enulose</i>	Tier 2	MO
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	Tier 4	[*]
<i>esomeprazole magnesium tablet delayed release 20 mg oral (otc)</i>	Tier 4	[*]
<i>famotidine (pf)</i>	Tier 2	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	Tier 2	
<i>famotidine maximum strength tablet 20 mg oral</i>	Tier 4	[*]
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	MO
<i>famotidine orig st tablet 10 mg oral</i>	Tier 4	[*]
<i>famotidine premixed</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>famotidine tablet 10 mg oral</i>	Tier 4	[*]
<i>fiber tablet 625 mg oral</i>	Tier 4	[*]
<i>fiber-lax tablet 625 mg oral</i>	Tier 4	[*]
FLEET PEDIATRIC ENEMA 3.5-9.5 GM/59ML RECTAL	Tier 4	[*]
FUSION CAPSULE 65-65-25-30 MG ORAL	Tier 4	[*]
FUSION PLUS CAPSULE ORAL	Tier 3	[*]
<i>gas relief extra strength capsule 125 mg oral</i>	Tier 4	[*]
<i>gas relief extra strength tablet chewable 125 mg oral</i>	Tier 4	[*]
<i>gas relief infants suspension 20 mg/0.3ml oral</i>	Tier 4	[*]
<i>gas relief tablet chewable 80 mg oral</i>	Tier 4	[*]
<i>gas relief ultra strength capsule 180 mg oral</i>	Tier 4	[*]
GATTEX	Tier 2	PA; LA
<i>gavilax powder 17 gm/scoop oral</i>	Tier 4	[*]
GAVILYTE-C	Tier 2	
GAVILYTE-G	Tier 2	
GAVILYTE-N WITH FLAVOR PACK	Tier 2	
<i>generlac</i>	Tier 2	MO
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	Tier 2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>gnp omeprazole tablet delayed release 20 mg oral</i>	Tier 4	[*]
GOODSENSE CLEARLAX POWDER 17 GM/SCOOP ORAL	Tier 4	[*]
<i>heartburn relief ex st suspension 254-237.5 mg/5ml oral</i>	Tier 4	[*]
<i>hydrocortisone oral</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet</i>	Tier 2	MO
<i>hyoscyamine sulfate oral tablet dispersible</i>	Tier 2	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>hyoscyamine sulfate sublingual</i>	Tier 2	MO
<i>lactulose encephalopathy</i>	Tier 2	MO
<i>lactulose oral solution</i>	Tier 2	MO
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	Tier 4	[*]
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	MO
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 2	QL (30 per 30 days); MO
LINZESS	Tier 2	QL (30 per 30 days); MO
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>loperamide hcl solution 1 mg/7.5ml oral</i>	Tier 4	[*]
<i>loperamide-simethicone tablet 2-125 mg oral</i>	Tier 4	[*]
<i>lubiprostone</i>	Tier 2	QL (60 per 30 days); MO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 2	
<i>meclizine hcl tablet 12.5 mg oral (otc)</i>	Tier 4	[*]
<i>meclizine hcl tablet chewable 25 mg oral (otc)</i>	Tier 4	[*]
<i>mesalamine er</i>	Tier 2	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 2	MO
<i>mesalamine rectal</i>	Tier 2	
<i>mesalamine-cleanser</i>	Tier 2	
<i>metoclopramide hcl injection</i>	Tier 2	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 2	
<i>milk of magnesia suspension 400 mg/5ml oral</i>	Tier 4	[*]
<i>milk of magnesia suspension 7.75 % oral</i>	Tier 4	[*]
<i>mintox maximum strength suspension 400-400-40 mg/5ml oral</i>	Tier 4	[*]
MINTOX PLUS TABLET CHEWABLE 200-200-25 MG ORAL	Tier 4	[*]
<i>misoprostol oral</i>	Tier 2	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>motion sickness relief tablet 25 mg oral</i>	Tier 4	[*]
<i>motion sickness relief tablet 50 mg oral</i>	Tier 4	[*]
<b>MOVANTIK</b>	Tier 2	QL (30 per 30 days)
<i>omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral</i>	Tier 4	[*]
<i>omeprazole magnesium tablet delayed release 20 mg oral</i>	Tier 4	[*]
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>omeprazole tablet delayed release 20 mg oral</i>	Tier 4	[*]
<i>omeprazole tablet delayed release dispersible 20 mg oral</i>	Tier 4	[*]
<i>ondansetron hcl injection</i>	Tier 2	
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 2	B/D PA; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	B/D PA; QL (90 per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	Tier 2	B/D PA; QL (30 per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 2	B/D PA; QL (90 per 30 days)
<i>pantoprazole sodium intravenous</i>	Tier 2	
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 1	MO
<i>peg 3350 packet 17 gm oral</i>	Tier 4	[*]
<i>peg 3350 powder 17 gm/scoop oral</i>	Tier 4	[*]
<i>peg 3350-kcl-na bicarb-nacl</i>	Tier 2	
<i>peg-3350/electrolytes</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat</i>	Tier 2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	Tier 2	
<i>polyethylene glycol 3350 packet 17 gm oral (otc)</i>	Tier 4	[*]
<i>polyethylene glycol 3350 powder 17 gm/scoop oral (otc)</i>	Tier 4	[*]
<i>prochlorperazine</i>	Tier 2	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	Tier 2	



Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>prochlorperazine maleate oral</i>	Tier 2	MO
<i>promethazine hcl oral tablet</i>	Tier 2	
<i>scopolamine</i>	Tier 2	QL (10 per 28 days)
<i>senna-lax tablet 8.6 mg oral</i>	Tier 4	[*]
<i>simethicone drops infants suspension 20 mg/0.3ml oral</i>	Tier 4	[*]
<i>simethicone tablet chewable 80 mg oral</i>	Tier 4	[*]
<i>simethicone ultra strength capsule 180 mg oral</i>	Tier 4	[*]
<i>sm anti-diarrheal tablet 2 mg oral</i>	Tier 4	[*]
<i>smooth antacid extra strength tablet chewable 750 mg oral</i>	Tier 4	[*]
<i>sodium bicarbonate tablet 325 mg oral</i>	Tier 4	[*]
<i>sodium bicarbonate tablet 650 mg oral</i>	Tier 4	[*]
<i>stomach relief extra strength suspension 525 mg/15ml oral</i>	Tier 4	[*]
<i>stomach relief suspension 525 mg/30ml oral</i>	Tier 4	[*]
<i>stomach relief tablet 262 mg oral</i>	Tier 4	[*]
<i>stomach relief tablet chewable 262 mg oral</i>	Tier 4	[*]
<i>stomach relief ultra suspension 525 mg/15ml oral</i>	Tier 4	[*]
<i>sucrafate oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral</i>	Tier 2	MO
<i>ursodiol oral capsule 300 mg</i>	Tier 2	MO
<i>ursodiol oral tablet</i>	Tier 2	MO
XERMELO	Tier 2	PA; QL (90 per 30 days); LA
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<i>betaine</i>	Tier 2	LA
CREON	Tier 2	MO
<i>cromolyn sodium oral</i>	Tier 2	MO
CYSTAGON	Tier 2	LA
FABRAZYME	Tier 2	PA; LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
JAVYGTOR ORAL TABLET	Tier 2	PA
LUMIZYME	Tier 2	PA; LA
<i>miglustat</i>	Tier 2	PA; LA
NAGLAZYME	Tier 2	PA; LA
<i>nitisinone</i>	Tier 2	PA
ORFADIN ORAL CAPSULE 20 MG	Tier 2	PA; LA
ORFADIN ORAL SUSPENSION	Tier 2	PA; LA
PROLASTIN-C	Tier 2	PA; LA
RAVICTI	Tier 2	PA; QL (525 per 30 days); LA
<i>sapropterin dihydrochloride oral tablet</i>	Tier 2	PA
<i>sodium phenylbutyrate oral tablet</i>	Tier 2	PA
VPRIV	Tier 2	PA
YARGESA	Tier 2	PA; LA
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	Tier 2	MO
<b>GENITOURINARY AGENTS</b>		
<i>alfuzosin hcl er</i>	Tier 2	MO
<i>bethanechol chloride oral</i>	Tier 2	
<i>clindamycin phosphate vaginal</i>	Tier 2	
<i>clotrimazole cream 1 % vaginal</i>	Tier 4	[*]
<i>dutasteride oral</i>	Tier 2	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	Tier 2	QL (30 per 30 days); MO
<i>fesoterodine fumarate er</i>	Tier 2	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO
GEMTESA	Tier 2	QL (30 per 30 days); MO
K-PHOS-NEUTRAL TABLET 155-852-130 MG ORAL	Tier 3	[*]
<i>metronidazole vaginal</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>miconazole 3 combo-supp kit 200 &amp; 2 mg-% (9gm) vaginal</i>	Tier 4	[*]
<i>miconazole 3 vaginal suppository</i>	Tier 2	
<i>miconazole nitrate cream 2 % vaginal</i>	Tier 4	[*]
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier 2	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 2	QL (30 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>oxybutynin chloride oral solution</i>	Tier 2	QL (600 per 30 days); MO
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Tier 2	QL (90 per 30 days); MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>penicillamine oral tablet</i>	Tier 2	
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	Tier 3	[*]
PHOSPHO-TRIN 250 NEUTRAL TABLET 155-852-130 MG ORAL	Tier 3	[*]
PHOSPHO-TRIN K500 TABLET 500 MG ORAL	Tier 3	[*]
<i>phosphorous tablet 155-852-130 mg oral</i>	Tier 3	[*]
<i>potassium citrate er</i>	Tier 2	
<i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i>	Tier 3	[*]
<i>sm miconazole 7 cream 2 % vaginal</i>	Tier 4	[*]
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i>	Tier 3	[*]
<i>solifenacin succinate</i>	Tier 2	QL (30 per 30 days); MO
<i>tamsulosin hcl</i>	Tier 2	MO
<i>terconazole</i>	Tier 2	
<i>tioconazole-1 ointment 6.5 % vaginal</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>tolterodine tartrate</i>	Tier 2	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	Tier 2	QL (30 per 30 days); MO
<i>tricitrates solution 550-500-334 mg/5ml oral</i>	Tier 3	[*]
VANDAZOLE	Tier 2	
<i>wes-phos 250 neutral tablet 155-852-130 mg oral</i>	Tier 4	[*]

## HORMONAL AGENTS

AFIRMELLE	Tier 2	MO
ALTAVERA	Tier 2	MO
<i>alyacen 1/35</i>	Tier 2	MO
<i>alyacen 7/7/7</i>	Tier 2	MO
APRI	Tier 2	MO
ARANELLE	Tier 2	MO
AUBRA EQ	Tier 2	MO
AUROVELA 1.5/30	Tier 2	MO
AUROVELA 1/20	Tier 2	MO
AUROVELA FE 1.5/30	Tier 2	MO
AUROVELA FE 1/20	Tier 2	MO
AVIANE	Tier 2	MO
AYUNA	Tier 2	MO
AZURETTE	Tier 2	MO
BALZIVA	Tier 2	MO
BLISOVI FE 1.5/30	Tier 2	MO
BLISOVI FE 1/20	Tier 2	MO
<i>briellyn</i>	Tier 2	MO
<i>cabergoline</i>	Tier 2	
CAMILA	Tier 2	MO
CHATEAL EQ	Tier 2	MO
CRYSSELLE-28	Tier 2	MO
CYRED EQ	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>danazol oral</i>	Tier 2	
DASETTA 1/35	Tier 2	MO
DASETTA 7/7/7	Tier 2	MO
DEBLITANE	Tier 2	MO
DELYLA	Tier 2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier 2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 2	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Tier 2	MO
<i>desmopressin ace spray refrig</i>	Tier 2	MO
<i>desmopressin acetate injection</i>	Tier 2	
<i>desmopressin acetate oral</i>	Tier 2	MO
<i>desmopressin acetate pf</i>	Tier 2	
<i>desmopressin acetate spray</i>	Tier 2	MO
<i>desogestrel-ethinyl estradiol</i>	Tier 2	MO
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet</i>	Tier 2	
<i>dexamethasone sod phos +rfid</i>	Tier 2	
<i>dexamethasone sod phosphate pf injection solution</i>	Tier 2	
<i>dexamethasone sodium phosphate injection</i>	Tier 2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Tier 2	MO
DUAVEE	Tier 2	PA; QL (30 per 30 days); MO
ECONTRA EZ TABLET 1.5 MG ORAL	Tier 4	[*]
ELINEST	Tier 2	MO
ELURYNG	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
EMZAHH	Tier 2	MO
ENILLORING	Tier 2	MO
ENPRESSE-28	Tier 2	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 2	MO
ERRIN	Tier 2	MO
ESTARYLLA	Tier 2	MO
<i>estradiol oral</i>	Tier 2	MO
<i>estradiol transdermal patch weekly</i>	Tier 2	PA; QL (4 per 28 days); MO
<i>estradiol vaginal cream</i>	Tier 2	MO
<i>ethynodiol diac-eth estradiol</i>	Tier 2	MO
<i>etonogestrel-ethinyl estradiol</i>	Tier 2	MO
EUTHYROX	Tier 1	MO
FALMINA	Tier 2	MO
FEMYNOR	Tier 2	MO
<i>fludrocortisone acetate oral</i>	Tier 2	MO
GALLIFREY	Tier 2	MO
HAILEY 1.5/30	Tier 2	MO
HAILEY FE 1.5/30	Tier 2	MO
HAILEY FE 1/20	Tier 2	MO
HALOETTE	Tier 2	MO
HEATHER	Tier 2	MO
ICLEVIA	Tier 2	MO
INCASSIA	Tier 2	MO
INCRELEX	Tier 2	PA; LA
INTROVALE	Tier 2	MO
ISIBLOOM	Tier 2	MO
JENCYCLA	Tier 2	MO
JOLESSA	Tier 2	MO
JULEBER	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on *page number 12*.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
JUNEL 1.5/30	Tier 2	MO
JUNEL 1/20	Tier 2	MO
JUNEL FE 1.5/30	Tier 2	MO
JUNEL FE 1/20	Tier 2	MO
KALLIGA	Tier 2	MO
KARIVA	Tier 2	MO
KELNOR 1/35	Tier 2	MO
KELNOR 1/50	Tier 2	MO
KORLYM	Tier 2	PA; LA
KURVELO	Tier 2	MO
<i>lanreotide acetate</i>	Tier 2	PA
LARIN 1.5/30	Tier 2	MO
LARIN 1/20	Tier 2	MO
LARIN FE 1.5/30	Tier 2	MO
LARIN FE 1/20	Tier 2	MO
LEENA	Tier 2	MO
LESSINA	Tier 2	MO
LEVO-T	Tier 1	MO
LEVONEST	Tier 2	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Tier 2	MO
<i>levonorgestrel tablet 1.5 mg oral (otc)</i>	Tier 4	[*]
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 2	MO
LEVORA 0.15/30 (28)	Tier 2	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
LEVOXYL	Tier 1	MO
<i>liothyronine sodium oral</i>	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
LOESTRIN 1.5/30 (21)	Tier 2	MO
LOESTRIN 1/20 (21)	Tier 2	MO
LOESTRIN FE 1.5/30	Tier 2	MO
LOESTRIN FE 1/20	Tier 2	MO
LOW-OGESTREL	Tier 2	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	Tier 2	PA; QL (1 per 28 days)
LUTERA	Tier 2	MO
LYLEQ	Tier 2	MO
LYZA	Tier 2	MO
<i>marlissa</i>	Tier 2	MO
<i>medroxyprogesterone acetate intramuscular</i>	Tier 2	
<i>medroxyprogesterone acetate oral</i>	Tier 2	MO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 2	PA; MO
MENEST	Tier 2	PA; MO
<i>methimazole oral</i>	Tier 2	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 2	
<i>methylprednisolone oral</i>	Tier 2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	Tier 2	
MICROGESTIN 1.5/30	Tier 2	MO
MICROGESTIN 1/20	Tier 2	MO
MICROGESTIN 24 FE	Tier 2	MO
MICROGESTIN FE 1.5/30	Tier 2	MO
MICROGESTIN FE 1/20	Tier 2	MO
<i>mifepristone oral tablet 300 mg</i>	Tier 2	PA; LA
MILI	Tier 2	MO
MONO-LINYAH	Tier 2	MO
MY WAY TABLET 1.5 MG ORAL (OTC)	Tier 4	[*]



Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
NECON 0.5/35 (28)	Tier 2	MO
NEW DAY TABLET 1.5 MG ORAL	Tier 4	[*]
NORA-BE	Tier 2	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 2	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	Tier 2	MO
<i>norethindrone acetate oral</i>	Tier 2	MO
<i>norethindrone oral</i>	Tier 2	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tier 2	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	MO
NORLYDA	Tier 2	MO
NORLYROC	Tier 2	MO
NORTREL 0.5/35 (28)	Tier 2	MO
NORTREL 1/35 (21)	Tier 2	MO
NORTREL 1/35 (28)	Tier 2	MO
NORTREL 7/7/7	Tier 2	MO
NYLIA 1/35	Tier 2	MO
NYLIA 7/7/7	Tier 2	MO
OCELLA	Tier 2	MO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 2	PA
<i>octreotide acetate subcutaneous</i>	Tier 2	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 2	PA; LA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 2	PA; LA

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
OPCICON ONE-STEP TABLET 1.5 MG ORAL	Tier 4	[*]
ORSYTHIA	Tier 2	MO
<i>oxandrolone oral tablet 10 mg</i>	Tier 2	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	Tier 2	PA; QL (240 per 30 days)
PHILITH	Tier 2	MO
PIMTREA	Tier 2	MO
PIRMELLA 1/35	Tier 2	MO
PORTIA-28	Tier 2	MO
<i>prednisolone oral solution</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 2	
PREDNISONE INTENSOL	Tier 2	
<i>prednisone oral</i>	Tier 2	
PREMARIN ORAL	Tier 2	PA; MO
PREMARIN VAGINAL	Tier 2	MO
PREMPRO ORAL TABLET 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	PA; MO
<i>progesterone oral</i>	Tier 2	MO
<i>propylthiouracil oral</i>	Tier 2	MO
<i>raloxifene hcl</i>	Tier 2	QL (30 per 30 days); MO
RECLIPSEN	Tier 2	MO
SETLAKIN	Tier 2	MO
SHAROBEL	Tier 2	MO
SIGNIFOR	Tier 2	PA; LA
SIMLIYA	Tier 2	MO
SOMATULINE DEPOT	Tier 2	PA
SOMAVERT	Tier 2	PA; LA
SPRINTEC 28	Tier 2	MO
SRONYX	Tier 2	MO

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
SYEDA	Tier 2	MO
SYNAREL	Tier 2	PA
SYNTHROID	Tier 2	MO
TARINA FE 1/20 EQ	Tier 2	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	Tier 2	PA; MO
<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	Tier 2	MO
<i>testosterone enanthate intramuscular solution</i>	Tier 2	PA; MO
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Tier 2	PA; QL (150 per 30 days); MO
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	Tier 2	PA; QL (112.5 per 30 days); MO
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	Tier 2	PA; QL (300 per 30 days); MO
TRI FEMYNOR	Tier 2	MO
TRI-ESTARYLLA	Tier 2	MO
TRI-LINYAH	Tier 2	MO
TRI-MILI	Tier 2	MO
TRI-NYMYO	Tier 2	MO
TRI-SPRINTEC	Tier 2	MO
TRI-VYLIBRA	Tier 2	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 2	
TRIVORA (28)	Tier 2	MO
TURQOZ	Tier 2	MO
UNITHROID	Tier 1	MO
VELIVET	Tier 2	MO
VIENVA	Tier 2	MO
<i>viorele</i>	Tier 2	MO
VOLNEA	Tier 2	MO

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Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
VYFEMLA	Tier 2	MO
VYLIBRA	Tier 2	MO
WERA	Tier 2	MO
ZOVIA 1/35 (28)	Tier 2	MO
ZUMANDIMINE	Tier 2	MO
<b>IMMUNOLOGICAL AGENTS</b>		
ABRYSCO	Tier 2	
ACTHIB	Tier 1	
ACTIMMUNE	Tier 2	PA; LA
ADACEL	Tier 1	
ARCALYST	Tier 2	PA
AREXVY	Tier 2	
ASTAGRAF XL	Tier 2	B/D PA
<i>azathioprine oral tablet 50 mg</i>	Tier 2	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	Tier 2	
BENLYSTA	Tier 2	PA
BEXSERO	Tier 2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	
COSENTYX (300 MG DOSE)	Tier 2	PA; QL (8 per 28 days); LA
COSENTYX SENSOREADY (300 MG)	Tier 2	PA; QL (8 per 28 days); LA
COSENTYX SENSOREADY PEN	Tier 2	PA; QL (8 per 28 days); LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 2	PA; QL (8 per 28 days); LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 2	PA; QL (2 per 28 days)
<i>cyclosporine modified</i>	Tier 2	B/D PA
<i>cyclosporine oral capsule</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on *page number 12*.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 1	
<i>diphtheria-tetanus toxoids dt</i>	Tier 2	
ENBREL MINI	Tier 2	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 2	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 2	PA; QL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier 2	PA; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 2	PA; QL (8 per 28 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 1	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Tier 1	B/D PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 2	B/D PA
GAMUNEX-C	Tier 2	PA
GARDASIL 9	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 2	B/D PA
GENGRAF ORAL SOLUTION	Tier 2	B/D PA
HAVRIX	Tier 1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 2	B/D PA
HIBERIX INJECTION	Tier 1	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 2	PA; QL (4 per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 2	PA; QL (2 per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 2	PA; QL (4 per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 2	PA; QL (2 per 28 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 2	PA; QL (2 per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 2	PA; QL (4 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	Tier 2	PA; QL (4 per 28 days)
HUMIRA PEN-PEDIATRIC UC START	Tier 2	PA; QL (8 per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 2	PA; QL (4 per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 2	PA; QL (6 per 365 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 2	PA; QL (6 per 365 days)
HUMIRA-PSORIASIS/UEVIT STARTER	Tier 2	PA; QL (6 per 365 days)
HYPERRAB	Tier 2	
ILARIS SUBCUTANEOUS SOLUTION	Tier 2	PA; LA
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	Tier 2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2	
INFANRIX	Tier 2	
<i>infliximab</i>	Tier 2	PA
IPOL	Tier 1	
IXCHIQ	Tier 2	
IXIARO	Tier 2	
JYLAMVO	Tier 2	
JYNNEOS	Tier 2	B/D PA
<i>kedrab injection</i>	Tier 2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	
<i>leflunomide oral</i>	Tier 2	QL (30 per 30 days); MO
M-M-R II INJECTION	Tier 1	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
MENACTRA INTRAMUSCULAR SOLUTION	Tier 2	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 2	
MENVEO	Tier 2	
<i>methotrexate oral</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 2	
<i>methotrexate sodium injection solution reconstituted</i>	Tier 2	
<i>methotrexate sodium oral</i>	Tier 2	
MRESVIA	Tier 2	
<i>mycophenolate mofetil oral</i>	Tier 2	B/D PA
<i>mycophenolate sodium</i>	Tier 2	B/D PA
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Tier 2	B/D PA
MYHIBBIN	Tier 2	B/D PA
NULOJIX	Tier 2	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	Tier 2	PA
OTEZLA ORAL TABLET	Tier 2	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	Tier 2	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	
PENBRAYA	Tier 2	
PENTACEL	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
PREHEVBRIO	Tier 2	B/D PA
PRIORIX	Tier 2	
PROGRAF INTRAVENOUS	Tier 2	B/D PA
PROGRAF ORAL PACKET	Tier 2	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2	
QUADRACEL	Tier 2	
RABAVERT	Tier 2	
RECOMBIVAX HB	Tier 1	B/D PA
REMICADE	Tier 2	PA
REZUROCK	Tier 2	PA; LA
RIDAURA	Tier 2	MO
RINVOQ	Tier 2	PA; QL (30 per 30 days)
RINVOQ LQ	Tier 2	PA; QL (360 per 30 days)
ROTARIX	Tier 2	
ROTATEQ ORAL SOLUTION	Tier 1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 2	
<i>sirolimus oral</i>	Tier 2	B/D PA
SKYRIZI INTRAVENOUS	Tier 2	PA; QL (10 per 28 days)
SKYRIZI PEN	Tier 2	PA; QL (6 per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Tier 2	PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 2	PA; QL (2.4 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA; QL (6 per 365 days)
STELARA INTRAVENOUS	Tier 2	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 2	PA; QL (1 per 28 days); LA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA; QL (1 per 28 days)



Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>tacrolimus oral</i>	Tier 2	B/D PA
TDVAX	Tier 1	
TENIVAC	Tier 2	
TICOVAC	Tier 2	
TREXALL	Tier 2	ST
TRUMENBA	Tier 2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 2	
VAXCHORA	Tier 2	
XATMEP	Tier 2	ST
YF-VAX	Tier 2	

## INFECTIOUS DISEASE AGENTS

<i>abacavir sulfate oral solution</i>	Tier 2	QL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	Tier 2	QL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	Tier 2	QL (30 per 30 days)
ABELCET	Tier 2	B/D PA
<i>acyclovir oral</i>	Tier 2	MO
<i>acyclovir sodium intravenous solution</i>	Tier 2	B/D PA
<i>adefovir dipivoxil</i>	Tier 2	PA
<i>albendazole oral</i>	Tier 2	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	Tier 2	
<i>amoxicillin oral capsule</i>	Tier 2	
<i>amoxicillin oral suspension reconstituted</i>	Tier 2	
<i>amoxicillin oral tablet</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate er</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral</i>	Tier 2	
<i>amphotericin b intravenous</i>	Tier 2	B/D PA
<i>amphotericin b liposome</i>	Tier 2	B/D PA
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	Tier 2	
<i>ampicillin sodium intravenous</i>	Tier 2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 2	
<i>ampicillin-sulbactam sodium intravenous</i>	Tier 2	
APTIVUS ORAL CAPSULE	Tier 2	QL (120 per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 2	QL (60 per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 2	QL (30 per 30 days)
<i>atovaquone oral</i>	Tier 2	PA
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Tier 2	
<i>azithromycin intravenous</i>	Tier 2	
<i>azithromycin oral suspension reconstituted</i>	Tier 2	
<i>azithromycin oral tablet</i>	Tier 2	
<i>aztreonam</i>	Tier 2	
BARACLUDE ORAL SOLUTION	Tier 2	PA
BICILLIN C-R	Tier 2	
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	QL (30 per 30 days); MO
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	Tier 2	QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	Tier 2	QL (6 per 28 days)
<i>cefaclor er</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>cefaclor oral capsule</i>	Tier 2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	Tier 2	
<i>cefadroxil</i>	Tier 2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg</i>	Tier 2	
<i>cefazolin sodium intravenous solution reconstituted</i>	Tier 2	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 3-4 gm/150ml-%</i>	Tier 2	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)</i>	Tier 2	
<i>cefdinir</i>	Tier 2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	Tier 2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	Tier 2	
<i>cefixime oral capsule</i>	Tier 2	
<i>cefoxitin sodium intravenous</i>	Tier 2	
<i>cefpodoxime proxetil</i>	Tier 2	
<i>cefprozil</i>	Tier 2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	Tier 2	
<i>ceftazidime intravenous</i>	Tier 2	
<i>ceftriaxone sodium in dextrose</i>	Tier 2	
<i>ceftriaxone sodium injection</i>	Tier 2	
<i>ceftriaxone sodium intravenous</i>	Tier 2	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	Tier 2	
<i>cefuroxime axetil oral tablet</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	Tier 2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cephalexin oral suspension reconstituted</i>	Tier 2	
<i>chloroquine phosphate oral</i>	Tier 1	MO
CIMDUO	Tier 2	QL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	Tier 2	
<i>clarithromycin er</i>	Tier 2	
<i>clarithromycin oral</i>	Tier 2	
<i>clindamycin hcl oral</i>	Tier 2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9000 mg/60ml</i>	Tier 2	
COARTEM	Tier 2	
<i>colistimethate sodium (cba)</i>	Tier 2	
COMPLERA	Tier 2	QL (30 per 30 days)
<i>dapsone oral</i>	Tier 2	MO
<i>daptomycin</i>	Tier 2	
<i>darunavir</i>	Tier 2	QL (60 per 30 days)
DELSTRIGO	Tier 2	QL (30 per 30 days)
<i>demeclocycline hcl oral</i>	Tier 2	
DESCOVY	Tier 2	QL (30 per 30 days)
<i>dicloxacillin sodium</i>	Tier 2	
DIFICID	Tier 2	PA
DOVATO	Tier 2	QL (30 per 30 days)
DOXY 100	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>doxycycline hyclate intravenous</i>	Tier 2	
<i>doxycycline hyclate oral capsule</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 2	
E.E.S. 400 ORAL TABLET	Tier 2	
EDURANT	Tier 2	QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	Tier 2	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	Tier 2	QL (360 per 30 days)
<i>efavirenz oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	Tier 2	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	Tier 2	QL (30 per 30 days)
<i>emtricitabine</i>	Tier 2	QL (30 per 30 days)
<i>emtricitabine-tenofovir df</i>	Tier 2	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	Tier 2	QL (850 per 30 days)
<i>entecavir</i>	Tier 2	PA
EPCLUSA ORAL PACKET 150-37.5 MG	Tier 2	PA; QL (30 per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	Tier 2	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	Tier 2	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	Tier 2	PA; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	Tier 2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 2	PA
<i>ertapenem sodium</i>	Tier 2	
ERY-TAB	Tier 2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 2	
<i>erythromycin base oral tablet delayed release</i>	Tier 2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>erythromycin lactobionate</i>	Tier 2	
<i>erythromycin oral</i>	Tier 2	
<i>ethambutol hcl oral</i>	Tier 2	
<i>etravirine oral tablet 100 mg</i>	Tier 2	QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i>	Tier 2	QL (60 per 30 days)
EVOTAZ	Tier 2	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	Tier 2	QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	Tier 2	QL (21 per 7 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	Tier 2	
<i>fluconazole oral</i>	Tier 2	
<i>flucytosine oral</i>	Tier 2	
<i>fosamprenavir calcium</i>	Tier 2	QL (120 per 30 days)
<i>fosfomycin tromethamine</i>	Tier 2	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 2	QL (60 per 30 days)
<i>ganciclovir sodium intravenous solution reconstituted</i>	Tier 2	B/D PA
<i>gentamicin sulfate injection</i>	Tier 2	
GENVOYA	Tier 2	QL (30 per 30 days)
<i>griseofulvin microsize oral suspension</i>	Tier 2	
<i>griseofulvin ultramicrosize</i>	Tier 2	
HARVONI	Tier 2	PA; QL (28 per 28 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	MO
<i>imipenem-cilastatin</i>	Tier 2	
INTELENCE ORAL TABLET 25 MG	Tier 2	QL (480 per 30 days)
ISENTRESS HD	Tier 2	QL (60 per 30 days)
ISENTRESS ORAL PACKET	Tier 2	QL (180 per 30 days)
ISENTRESS ORAL TABLET	Tier 2	QL (120 per 30 days)

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 2	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 2	QL (720 per 30 days)
<i>isoniazid oral</i>	Tier 2	MO
<i>itraconazole oral capsule</i>	Tier 2	PA
<i>ivermectin oral</i>	Tier 2	PA
JULUCA	Tier 2	QL (30 per 30 days)
<i>ketoconazole oral</i>	Tier 2	
LAGEVRIO	Tier 2	QL (40 per 90 days)
<i>lamivudine oral solution</i>	Tier 2	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 2	
<i>lamivudine oral tablet 150 mg</i>	Tier 2	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Tier 2	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	Tier 2	QL (60 per 30 days)
<i>levofloxacin in d5w</i>	Tier 2	
<i>levofloxacin intravenous</i>	Tier 2	
<i>levofloxacin oral tablet</i>	Tier 2	
LEXIVA ORAL SUSPENSION	Tier 2	QL (1800 per 30 days)
<i>linezolid in sodium chloride</i>	Tier 2	
<i>linezolid intravenous solution 600 mg/300ml</i>	Tier 2	
<i>linezolid oral suspension reconstituted</i>	Tier 2	PA; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	Tier 2	PA; QL (56 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	Tier 2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 2	QL (120 per 30 days)
<i>maraviroc</i>	Tier 2	QL (120 per 30 days)
<i>mefloquine hcl</i>	Tier 2	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	Tier 2	
<i>methenamine hippurate</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>metronidazole intravenous solution 500 mg/100ml</i>	Tier 2	
<i>metronidazole oral</i>	Tier 2	
<i>micafungin sodium</i>	Tier 2	
<i>minocycline hcl oral</i>	Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 2	
<i>moxifloxacin hcl in nacl</i>	Tier 2	
<i>moxifloxacin hcl oral</i>	Tier 2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 2	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	Tier 2	
<i>neomycin sulfate oral</i>	Tier 2	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 2	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	Tier 2	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	Tier 2	QL (60 per 30 days)
<i>nitazoxanide oral</i>	Tier 2	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>nitrofurantoin monohyd macro</i>	Tier 2	
NORVIR ORAL PACKET	Tier 2	QL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	Tier 2	PA; MO
<i>nystatin oral tablet</i>	Tier 2	
ODEFSEY	Tier 2	QL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 2	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (1080 per 365 days)
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 2	



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>oxacillin sodium intravenous</i>	Tier 2	
<i>paromomycin sulfate oral</i>	Tier 2	
PAXLOVID (150/100)	Tier 2	QL (20 per 90 days)
PAXLOVID (300/100)	Tier 2	QL (30 per 90 days)
<i>penicillin g pot in dextrose</i>	Tier 2	
<i>penicillin g potassium</i>	Tier 2	
<i>penicillin g sodium</i>	Tier 2	
<i>penicillin v potassium</i>	Tier 2	
<i>pentamidine isethionate inhalation</i>	Tier 2	B/D PA
<i>pentamidine isethionate injection</i>	Tier 2	
PFIZERPEN	Tier 2	
PIFELTRO	Tier 2	QL (30 per 30 days)
<i>piperacillin sod-tazobactam</i>	Tier 2	
<i>posaconazole oral</i>	Tier 2	PA; MO
<i>praziquantel oral</i>	Tier 2	
PREVYMIS ORAL	Tier 2	QL (30 per 30 days)
PREZCOBIX	Tier 2	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	Tier 2	QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (300 per 30 days)
PRIFTIN	Tier 2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 2	
<i>pyrazinamide oral</i>	Tier 2	
<i>pyrimethamine oral</i>	Tier 2	
<i>quinine sulfate oral</i>	Tier 2	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
REYATAZ ORAL PACKET	Tier 2	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
<i>rifabutin</i>	Tier 2	
<i>rifampin intravenous</i>	Tier 2	
<i>rifampin oral</i>	Tier 2	
<i>rimantadine hcl</i>	Tier 2	
<i>ritonavir</i>	Tier 2	QL (360 per 30 days)
RUKOBIA	Tier 2	QL (60 per 30 days); MO
SELZENTRY ORAL SOLUTION	Tier 2	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	Tier 2	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	Tier 2	QL (60 per 30 days)
SIRTURO	Tier 2	PA; LA
<i>sofosbuvir-velpatasvir</i>	Tier 2	PA; QL (30 per 30 days)
<i>streptomycin sulfate intramuscular</i>	Tier 2	
STRIBILD	Tier 2	QL (30 per 30 days)
<i>sulfadiazine oral</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim intravenous</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 2	
SUNLENCA ORAL	Tier 2	LA
SUNLENCA SUBCUTANEOUS	Tier 2	QL (3 per 168 days); MO
SYMTUZA	Tier 2	QL (30 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	Tier 2	
TEFLARO	Tier 2	
<i>tenofovir disoproxil fumarate</i>	Tier 2	QL (30 per 30 days)

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>terbinafine hcl oral</i>	Tier 2	
<i>tetracycline hcl oral capsule</i>	Tier 2	
<i>tigecycline</i>	Tier 2	
TIVICAY ORAL TABLET 10 MG	Tier 2	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier 2	QL (60 per 30 days)
TIVICAY PD	Tier 2	QL (360 per 30 days)
<i>tobramycin sulfate injection</i>	Tier 2	
TRECTOR	Tier 2	
<i>trifluridine ophthalmic</i>	Tier 2	
<i>trimethoprim oral</i>	Tier 2	
TRIUMEQ	Tier 2	QL (30 per 30 days)
TRIUMEQ PD	Tier 2	QL (180 per 30 days)
TRIZIVIR	Tier 2	QL (60 per 30 days)
TROGARZO	Tier 2	PA; QL (23.94 per 28 days); LA
TYBOST	Tier 2	QL (30 per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	Tier 2	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Tier 2	QL (60 per 30 days)
<i>valganciclovir hcl oral tablet</i>	Tier 2	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	Tier 2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	Tier 2	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	Tier 2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>vancomycin hcl oral capsule</i>	Tier 2	PA; QL (240 per 30 days)
VEMLIDY	Tier 2	PA; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG	Tier 2	QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	Tier 2	QL (120 per 30 days)
VIREAD ORAL POWDER	Tier 2	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (30 per 30 days)
<i>voriconazole intravenous</i>	Tier 2	PA
<i>voriconazole oral suspension reconstituted</i>	Tier 2	PA; QL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	Tier 2	PA; QL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	Tier 2	PA; QL (120 per 30 days)
VOSEVI	Tier 2	PA; QL (30 per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; QL (84 per 28 days); MO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 2	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 2	
<i>zidovudine oral capsule</i>	Tier 2	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	Tier 2	QL (1920 per 30 days)
<i>zidovudine oral tablet</i>	Tier 2	QL (60 per 30 days)
ZIRGAN	Tier 2	

### **MISCELLANEOUS THERAPEUTIC AGENTS**

<i>12 hour nasal decongestant solution 0.05 % nasal</i>	Tier 4	[*]
<i>12 hour nasal decongestant tablet extended release 12 hour 120 mg oral</i>	Tier 4	[*]
<i>12hr allergy &amp; congestion tablet extended release 12 hour 60-120 mg oral</i>	Tier 4	[*]
<i>1st tier unilet comfortouch</i>	Tier 4	[*]
ACCU-CHEK AVIVA PLUS STRIP IN VITRO	Tier 4	[*]
ACCU-CHEK FASTCLIX LANCET KIT	Tier 4	[*]
ACCU-CHEK FASTCLIX LANCETS	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ACCU-CHEK GUIDE STRIP IN VITRO	Tier 4	[*]
ACCU-CHEK SAFE-T PRO LANCETS	Tier 4	[*]
ACCU-CHEK SMARTVIEW STRIP IN VITRO	Tier 4	[*]
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 4	[*]
ACCU-CHEK SOFTCLIX LANCETS	Tier 4	[*]
ACCU-TREND GLUCOSE STRIP IN VITRO	Tier 4	[*]
ACE AEROSOL CLOUD ENHANCER	Tier 3	[*]
<i>acetaminophen suppository 120 mg rectal</i>	Tier 4	[*]
<i>acetaminophen suppository 650 mg rectal</i>	Tier 4	[*]
<i>acetaminophen tablet 325 mg oral</i>	Tier 4	[*]
<i>acetylcysteine intravenous</i>	Tier 2	
<i>acti-lance 28g</i>	Tier 4	[*]
<i>acti-lance lite lancets 28g</i>	Tier 4	[*]
<i>acti-lance special lancets 17g</i>	Tier 4	[*]
<i>acti-lance universal 23g</i>	Tier 4	[*]
<i>adult mask large</i>	Tier 3	[*]
ADVOCATE LANCETS	Tier 4	[*]
ADVOCATE LANCETS 30G	Tier 4	[*]
ADVOCATE LANCING DEVICE	Tier 4	[*]
ADVOCATE RAPID-SAFE LANCING	Tier 4	[*]
ADVOCATE REDI-CODE STRIP IN VITRO	Tier 4	[*]
ADVOCATE REDI-CODE+ TEST STRIP IN VITRO	Tier 4	[*]
ADVOCATE SAFETY LANCETS	Tier 4	[*]
ADVOCATE SAFETY LANCETS 26G	Tier 4	[*]
ADVOCATE TEST STRIP IN VITRO	Tier 4	[*]
AEROCHAMBER MINI CHAMBER DEVICE	Tier 3	[*]
AEROCHAMBER MV	Tier 3	[*]
AEROCHAMBER PLUS FLO-VU	Tier 3	[*]
AEROCHAMBER PLUS FLO-VU LARGE	Tier 3	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
AEROCHAMBER PLUS FLO-VU MEDIUM	Tier 3	[*]
AEROCHAMBER PLUS FLO-VU SMALL	Tier 3	[*]
AEROCHAMBER PLUS FLO-VU W/MASK	Tier 3	[*]
AEROCHAMBER PLUS FLOW VU	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS CHAMBR	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS/LARGE	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS/MEDIUM	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS/SMALL	Tier 3	[*]
AEROTRACH PLUS	Tier 3	[*]
AEROVENT PLUS DEVICE	Tier 3	[*]
AGAMATRIX AMP TEST STRIP IN VITRO	Tier 4	[*]
AGAMATRIX JAZZ TEST STRIP IN VITRO	Tier 4	[*]
AGAMATRIX PRESTO TEST STRIP IN VITRO	Tier 4	[*]
AGAMATRIX ULTRA-THIN LANCETS	Tier 4	[*]
ALAHIST CF TABLET 10-2-20 MG ORAL	Tier 4	[*]
<i>alahist dm liquid 7.5-2-15 mg/5ml oral</i>	Tier 4	[*]
<i>alahist pe tablet 2-7.5 mg oral</i>	Tier 4	[*]
ALCOHOL SWABS	Tier 1	MO
<i>all day pain relief tablet 220 mg oral</i>	Tier 4	[*]
<i>all day relief tablet 220 mg oral</i>	Tier 4	[*]
<i>all-nite cold &amp; flu nighttime liquid 30-12.5-650 mg/30ml oral</i>	Tier 4	[*]
<i>allergy multi-symptom tablet 2-5-325 mg oral</i>	Tier 4	[*]
<i>allergy relief d tablet extended release 12 hour 5-120 mg oral</i>	Tier 4	[*]
<i>allergy relief d-12 tablet extended release 12 hour 5-120 mg oral</i>	Tier 4	[*]
<i>allergy relief d-24 tablet extended release 24 hour 10-240 mg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>antifungal powder 2 % external</i>	Tier 4	[*]
<i>antihistamine &amp; nasal deconges tablet extended release 12 hour 60-120 mg oral</i>	Tier 4	[*]
AQUALANCE LANCETS 30G	Tier 4	[*]
<i>arthritis pain reliever gel 1 % external</i>	Tier 4	[*]
ASSURE 4 TEST STRIP IN VITRO	Tier 4	[*]
<i>assure comfort lancets 28g</i>	Tier 4	[*]
ASSURE HAEMOLANCE PLUS HIGH	Tier 4	[*]
ASSURE HAEMOLANCE PLUS LOW	Tier 4	[*]
ASSURE HAEMOLANCE PLUS MICRO	Tier 4	[*]
ASSURE HAEMOLANCE PLUS NORMAL	Tier 4	[*]
ASSURE HAEMOLANCE PLUS PED	Tier 4	[*]
ASSURE LANCE LANCETS	Tier 4	[*]
ASSURE LANCE LANCETS 21G	Tier 4	[*]
ASSURE LANCE PLUS SAFETY 25G	Tier 4	[*]
ASSURE LANCE PLUS SAFETY 30G	Tier 4	[*]
ASSURE LANCE SAFETY LANCET 28G	Tier 4	[*]
ASSURE PLATINUM STRIP IN VITRO	Tier 4	[*]
ASSURE PRISM MULTI TEST STRIP IN VITRO	Tier 4	[*]
AUTO-LANCET MINI	Tier 4	[*]
AUTOLET LANCING DEVICE	Tier 4	[*]
AUTOLET PLUS	Tier 4	[*]
BD LANCET ULTRAFINE 30G	Tier 4	[*]
BD LANCET ULTRAFINE 33G	Tier 4	[*]
BD MICROTAINER LANCETS	Tier 4	[*]
<i>benzonatate capsule 100 mg oral</i>	Tier 3	[*]
<i>benzonatate capsule 150 mg oral</i>	Tier 3	[*]
<i>benzonatate capsule 200 mg oral</i>	Tier 3	[*]
<i>blood glucose test strip in vitro</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>blood glucose test strips 333 strip in vitro</i>	Tier 4	[*]
BLULINK GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
BREATHERITE VALVED MDI CHAMBER DEVICE	Tier 3	[*]
<i>careone advanced lancing dev</i>	Tier 4	[*]
CAREONE BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
CAREONE LANCET SUPER THIN 30G	Tier 4	[*]
CARESENS N GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
CARETOUCH LANCING/EJECTOR	Tier 4	[*]
CARETOUCH SAFETY LANCETS	Tier 4	[*]
CARETOUCH SAFETY LANCETS 26G	Tier 4	[*]
CARETOUCH TEST STRIP IN VITRO	Tier 4	[*]
CARETOUCH TWIST LANCETS 28G	Tier 4	[*]
CARETOUCH TWIST LANCETS 30G	Tier 4	[*]
CARETOUCH TWIST LANCETS 33G	Tier 4	[*]
CARETOUCH TWIST MC LANCETS 30G	Tier 4	[*]
<i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral</i>	Tier 4	[*]
<i>chest congestion relief dm syrup 10-100 mg/5ml oral</i>	Tier 4	[*]
<i>chest congestion relief dm tablet 20-400 mg oral</i>	Tier 4	[*]
<i>chest congestion relief liquid 100 mg/5ml oral</i>	Tier 4	[*]
<i>chest congestion relief pe tablet 10-400 mg oral</i>	Tier 4	[*]
<i>chest congestion relief tablet 400 mg oral</i>	Tier 4	[*]
<i>childrens ibuprofen suspension 100 mg/5ml oral</i>	Tier 4	[*]
CHLO TUSS LIQUID 30-1-12.5 MG/5ML ORAL	Tier 4	[*]
CLEVER CHEK AUTO-CODE TEST STRIP IN VITRO	Tier 4	[*]
CLEVER CHEK AUTO-CODE VOICE STRIP IN VITRO	Tier 4	[*]
CLEVER CHEK LANCETS	Tier 4	[*]
CLEVER CHEK TEST STRIP IN VITRO	Tier 4	[*]



Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
CLEVER CHOICE AUTO-CODE TEST STRIP IN VITRO	Tier 4	[*]
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	Tier 3	[*]
CLEVER CHOICE LANCETS 23G	Tier 4	[*]
CLEVER CHOICE LANCETS 28G	Tier 4	[*]
CLEVER CHOICE MICRO TEST STRIP IN VITRO	Tier 4	[*]
CLEVER CHOICE NO CODING STRIP IN VITRO	Tier 4	[*]
CLEVER CHOICE TALK SYSTEM STRIP IN VITRO	Tier 4	[*]
COAGUCHEK LANCETS	Tier 4	[*]
<i>cold &amp; allergy childrens liquid 2-5 mg/10ml oral</i>	Tier 4	[*]
<i>cold &amp; cough childrens liquid 2.5-1-5 mg/5ml oral</i>	Tier 4	[*]
<i>cold &amp; flu nightttime relief capsule 15-6.25-325 mg oral</i>	Tier 4	[*]
<i>cold &amp; flu relief daytime capsule 10-5-325 mg oral</i>	Tier 4	[*]
<i>cold &amp; flu relief nightttime capsule 15-6.25-325 mg oral</i>	Tier 4	[*]
<i>cold/flu daytime relief capsule 10-5-325 mg oral</i>	Tier 4	[*]
COLEMAN BOTANICALS INSECT REP LIQUID EXTERNAL	Tier 4	[*]
COLEMAN INSECT REPEL HIGH&DRY AEROSOL 25 % EXTERNAL	Tier 4	[*]
COLEMAN SKINSMART INSECT REPEL AEROSOL EXTERNAL	Tier 4	[*]
COLEMAN SKINSMART INSECT REPEL LIQUID EXTERNAL	Tier 4	[*]
<i>comfort assured lancets 28g</i>	Tier 4	[*]
<i>comfort assured lancets 33g</i>	Tier 4	[*]
<i>comfort lancets</i>	Tier 4	[*]
COMPACT SPACE CHAMBER DEVICE	Tier 3	[*]
COMPACT SPACE CHAMBER/LG MASK DEVICE	Tier 3	[*]
COMPACT SPACE CHAMBER/MED MASK DEVICE	Tier 3	[*]
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 3	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
CONTOUR NEXT TEST STRIP IN VITRO	Tier 4	[*]
CONTOUR TEST STRIP IN VITRO	Tier 4	[*]
COOL BLOOD GLUCOSE TEST STRIPS STRIP IN VITRO	Tier 4	[*]
<i>cough &amp; cold hbp tablet 4-30 mg oral</i>	Tier 4	[*]
<i>cough dm childrens suspension extended release 30 mg/5ml oral</i>	Tier 4	[*]
<i>cough dm suspension extended release 30 mg/5ml oral</i>	Tier 4	[*]
<i>cromolyn sodium aerosol solution 5.2 mg/act nasal</i>	Tier 4	[*]
CUTTER BACKWOODS AEROSOL EXTERNAL	Tier 4	[*]
CUTTER BACKWOODS DRY AEROSOL EXTERNAL	Tier 4	[*]
CUTTER BACKWOODS LIQUID EXTERNAL	Tier 4	[*]
CUTTER LEMON EUCALYPTUS LIQUID EXTERNAL	Tier 4	[*]
CVS ADVANCED GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
<i>cvs glucose meter test strips strip in vitro</i>	Tier 4	[*]
<i>cvs lancets micro thin 33g</i>	Tier 4	[*]
<i>cvs lancets thin 26g</i>	Tier 4	[*]
<i>cvs lancets ultra thin 30g</i>	Tier 4	[*]
<i>cvs lancets ultra-thin 30g</i>	Tier 4	[*]
<i>cvs lancing device</i>	Tier 4	[*]
<i>daytime cold &amp; flu relief liquid 10-5-325 mg/15ml oral</i>	Tier 4	[*]
<i>deconex dmx tablet 10-17.5-400 mg oral</i>	Tier 4	[*]
DECONEX IR TABLET 10-385 MG ORAL	Tier 4	[*]
<i>deep sea nasal spray solution 0.65 % nasal</i>	Tier 4	[*]
<i>dexbrompheniramine-phenyleph tablet 2-10 mg oral</i>	Tier 4	[*]
<i>dextromethorphan hbr capsule 15 mg oral</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>dextromethorphan polistirex er suspension extended release 30 mg/5ml oral</i>	Tier 4	[*]
<i>diatrue plus test strip in vitro</i>	Tier 4	[*]
DIMAPHEN DM COLD/COUGH LIQUID 2.5-1-5 MG/ 5ML ORAL	Tier 4	[*]
<i>doxylamine-phenylephrine tablet 7.5-10 mg oral</i>	Tier 4	[*]
DROPLET GENTEEL LANCING DEVICE	Tier 4	[*]
DROPLET LANCETS ULTRA THIN 30G	Tier 4	[*]
DROPLET LANCING DEVICE	Tier 4	[*]
DROPLET PERSONAL LANCETS 30G	Tier 4	[*]
DRUG MART LANCING DEVICE	Tier 4	[*]
DRUG MART ON-THE-GO LANCET 30G	Tier 4	[*]
DRUG MART UNILET LANCETS 28G	Tier 4	[*]
DRUG MART UNILET LANCETS 30G	Tier 4	[*]
DRUG MART UNILET LANCETS 33G	Tier 4	[*]
DURAFLU TABLET 60-20-200-325 MG ORAL	Tier 4	[*]
E-Z JECT LANCET MICRO-THIN 33G	Tier 4	[*]
E-Z JECT LANCET SUPER THIN 30G	Tier 4	[*]
E-Z JECT LANCETS	Tier 4	[*]
E-Z JECT LANCETS 21G	Tier 4	[*]
E-Z JECT LANCETS THIN 26G	Tier 4	[*]
EASIVENT	Tier 3	[*]
EASIVENT MASK LARGE	Tier 3	[*]
EASIVENT MASK MEDIUM	Tier 3	[*]
EASIVENT MASK SMALL	Tier 3	[*]
<i>easy comfort lancets</i>	Tier 4	[*]
<i>easy comfort lancets twist top</i>	Tier 4	[*]
<i>easy mini eject lancing device</i>	Tier 4	[*]
<i>easy plus ii glucose test strip in vitro</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
EASY STEP TEST STRIP IN VITRO	Tier 4	[*]
<i>easy talk blood glucose test strip in vitro</i>	Tier 4	[*]
<i>easy talk plus ii test strips strip in vitro</i>	Tier 4	[*]
EASY TOUCH LANCETS 21G	Tier 4	[*]
EASY TOUCH LANCETS 23G	Tier 4	[*]
EASY TOUCH LANCETS 26G	Tier 4	[*]
EASY TOUCH LANCETS 28G	Tier 4	[*]
EASY TOUCH LANCETS 28G/TWIST	Tier 4	[*]
EASY TOUCH LANCETS 30G	Tier 4	[*]
EASY TOUCH LANCETS 30G/TWIST	Tier 4	[*]
EASY TOUCH LANCETS 32G	Tier 4	[*]
EASY TOUCH LANCETS 32G/TWIST	Tier 4	[*]
EASY TOUCH LANCETS 33G/TWIST	Tier 4	[*]
EASY TOUCH LANCING DEVICE	Tier 4	[*]
EASY TOUCH SAFETY LANCETS 21G	Tier 4	[*]
EASY TOUCH SAFETY LANCETS 23G	Tier 4	[*]
EASY TOUCH SAFETY LANCETS 26G	Tier 4	[*]
EASY TOUCH SAFETY LANCETS 28G	Tier 4	[*]
EASY TOUCH TEST STRIP IN VITRO	Tier 4	[*]
<i>easy trak blood glucose test strip in vitro</i>	Tier 4	[*]
<i>easy trak ii glucose test strip in vitro</i>	Tier 4	[*]
EASYGLUCO STRIP IN VITRO	Tier 4	[*]
EASYMAX 15 TEST STRIP IN VITRO	Tier 4	[*]
EASYMAX TEST STRIP IN VITRO	Tier 4	[*]
<i>ed a-hist dm tablet 10-4-10 mg oral</i>	Tier 4	[*]
ED A-HIST LIQUID 4-10 MG/5ML ORAL (OTC)	Tier 4	[*]
ED A-HIST TABLET 4-10 MG ORAL	Tier 4	[*]
<i>ed bron gp liquid 5-100 mg/5ml oral</i>	Tier 4	[*]
<i>ed-a-hist dm liquid 10-4-15 mg/5ml oral (otc)</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>ed-apap liquid 160 mg/5ml oral</i>	Tier 4	[*]
<i>element compact test strip in vitro</i>	Tier 4	[*]
ELEMENT TEST STRIP IN VITRO	Tier 4	[*]
EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
EMBRACE EVO BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
EMBRACE LANCETS ULTRA THIN 30G	Tier 4	[*]
<i>embrace lancing device/ejector</i>	Tier 4	[*]
EMBRACE PRESSURE ACTIVATED 21G	Tier 4	[*]
EMBRACE PRESSURE ACTIVATED 28G	Tier 4	[*]
EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
ENDACOF-DM LIQUID 2.5-1-5 MG/5ML ORAL	Tier 4	[*]
ENLYTE CAPSULE ORAL	Tier 3	[*]
<i>eq blood glucose test strip in vitro</i>	Tier 4	[*]
<i>eq space chamber anti-static device</i>	Tier 3	[*]
<i>eqi color lancets micro 33g</i>	Tier 4	[*]
EVOLUTION AUTOCODE STRIP IN VITRO	Tier 4	[*]
EZ-LETS LANCETS 26G	Tier 4	[*]
<i>fexofenadine-pseudoephed er tablet extended release 12 hour 60-120 mg oral (otc)</i>	Tier 4	[*]
FIFTY50 GLUCOSE TEST 2.0 STRIP IN VITRO	Tier 4	[*]
FIFTY50 SAFETY SEAL LANCETS	Tier 4	[*]
FIFTY50 UNILET LANCETS 33G	Tier 4	[*]
FINE 30	Tier 4	[*]
FINGERSTIX LANCETS	Tier 4	[*]
FLEXICHAMBER ADULT MASK/SMALL	Tier 3	[*]
FLEXICHAMBER CHILD MASK/LARGE	Tier 3	[*]
FLEXICHAMBER CHILD MASK/SMALL	Tier 3	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
FLEXICHAMBER DEVICE	Tier 3	[*]
<i>flu hbp tablet 10-325-2 mg oral</i>	Tier 4	[*]
FORA 6 CONNECT STRIP IN VITRO	Tier 4	[*]
FORA BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA D15G BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA D20 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA D40/G31 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA G30/PREM V10 GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA GD20 TEST STRIP IN VITRO	Tier 4	[*]
FORA GD50 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA GTEL BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA LANCETS	Tier 4	[*]
FORA LANCING DEVICE	Tier 4	[*]
FORA TN'G ADVANCE PRO STRIP IN VITRO	Tier 4	[*]
FORA TN'G/TN'G VOICE STRIP IN VITRO	Tier 4	[*]
FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA V12 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA V20 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORACARE GD40 TEST STRIP IN VITRO	Tier 4	[*]
FORACARE PREMIUM V10 TEST STRIP IN VITRO	Tier 4	[*]
FORACARE TEST N GO TEST STRIP IN VITRO	Tier 4	[*]
FORTISCARE G1 TEST STRIP STRIP IN VITRO	Tier 4	[*]
FORTISCARE TEST STRIP IN VITRO	Tier 4	[*]
<i>freds pharmacy autolet lancing</i>	Tier 4	[*]
<i>freds pharmacy unilet lanc 28g</i>	Tier 4	[*]
<i>freds pharmacy unilet lanc 30g</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
FREESTYLE INSULINX TEST STRIP IN VITRO	Tier 4	[*]
FREESTYLE LANCETS	Tier 4	[*]
FREESTYLE LITE TEST STRIP IN VITRO	Tier 4	[*]
FREESTYLE PRECISION NEO TEST STRIP IN VITRO	Tier 4	[*]
FREESTYLE TEST STRIP IN VITRO	Tier 4	[*]
FREESTYLE UNISTICK II LANCETS	Tier 4	[*]
GAUZE STERILE PADS 2	Tier 1	MO
<i>ge100 blood glucose test strip in vitro</i>	Tier 4	[*]
GENTEEL BUTTERFLY TOUCH LANCET	Tier 4	[*]
<i>ght test strip in vitro</i>	Tier 4	[*]
<i>global inject ease lancets 28g</i>	Tier 4	[*]
<i>global inject ease lancets 30g</i>	Tier 4	[*]
<i>global lancing device</i>	Tier 4	[*]
GLUCOCARD 01 SENSOR PLUS STRIP IN VITRO	Tier 4	[*]
GLUCOCARD EXPRESSION TEST STRIP IN VITRO	Tier 4	[*]
GLUCOCARD SHINE TEST STRIP IN VITRO	Tier 4	[*]
GLUCOCARD VITAL TEST STRIP IN VITRO	Tier 4	[*]
GLUCOCOM LANCETS 28G	Tier 4	[*]
GLUCOCOM LANCETS 30G	Tier 4	[*]
GLUCOCOM LANCETS 33G	Tier 4	[*]
GLUCOCOM TEST STRIP IN VITRO	Tier 4	[*]
GLUCONAVII BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
<i>glucose meter test strip in vitro</i>	Tier 4	[*]
<i>gnp easy touch glucose test strip in vitro</i>	Tier 4	[*]
<i>gnp ibuprofen tablet 200 mg oral</i>	Tier 4	[*]
<i>gnp lancets 21g</i>	Tier 4	[*]
<i>gnp lancets thin 26g</i>	Tier 4	[*]
GNP LANCING SYSTEM DEVICE	Tier 4	[*]
<i>gnp sterile lancets 33g</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
GNP TRUE METRIX GLUCOSE STRIPS STRIP IN VITRO	Tier 4	[*]
GNP TRUETRACK TEST STRIPS STRIP IN VITRO	Tier 4	[*]
GOJJI BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
GOJJI LANCING DEVICE/CLEAR CAP	Tier 4	[*]
GOJJI STERILE LANCETS	Tier 4	[*]
<i>goodsense blood glucose strip in vitro</i>	Tier 4	[*]
<i>goodsense color lancets 33g</i>	Tier 4	[*]
<i>goodsense ibuprofen childrens suspension 100 mg/5ml oral</i>	Tier 4	[*]
<i>goodsense ibuprofen infants suspension 50 mg/ 1.25ml oral</i>	Tier 4	[*]
<i>goodsense ibuprofen tablet 200 mg oral</i>	Tier 4	[*]
<i>goodsense lancets 26g univ</i>	Tier 4	[*]
<i>goodsense lancets 30g</i>	Tier 4	[*]
<i>goodsense lancets 30g univ</i>	Tier 4	[*]
<i>goodsense lancets 33g</i>	Tier 4	[*]
<i>goodsense lancets 33g univ</i>	Tier 4	[*]
<i>guaifenesin er tablet extended release 12 hour 600 mg oral (otc)</i>	Tier 4	[*]
<i>guaifenesin-codeine solution 100-10 mg/5ml oral (otc)</i>	Tier 4	[*]
<i>h-e-b incontrol adv lancing</i>	Tier 4	[*]
<i>h-e-b incontrol lancets 28g</i>	Tier 4	[*]
<i>h-e-b incontrol lancets 30g</i>	Tier 4	[*]
<i>h-e-b incontrol lancets 33g</i>	Tier 4	[*]
<i>head congestion/mucus tablet 5-325-200 mg oral</i>	Tier 4	[*]
HEALTH CARE LANCING DEVICE	Tier 4	[*]
<i>healthy accents lancing device</i>	Tier 4	[*]
<i>healthy accents unilet lancets</i>	Tier 4	[*]
HISTEX-DM SYRUP 10-2.5-20 MG/5ML ORAL	Tier 4	[*]



Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
HW EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
HW EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
<i>hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral</i>	Tier 3	[*]
<i>hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral</i>	Tier 3	[*]
<i>hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral</i>	Tier 3	[*]
<i>hydromet solution 5-1.5 mg/5ml oral</i>	Tier 3	[*]
HYPOLANCE AST LANCING KIT	Tier 4	[*]
<i>ibuprofen capsule 200 mg oral</i>	Tier 4	[*]
<i>ibuprofen childrens suspension 100 mg/5ml oral</i>	Tier 4	[*]
<i>ibuprofen junior strength tablet chewable 100 mg oral</i>	Tier 4	[*]
<i>ibuprofen tablet 200 mg oral</i>	Tier 4	[*]
IGALMI	Tier 2	QL (30 per 30 days)
IGLUCOSE TEST STRIPS STRIP IN VITRO	Tier 4	[*]
<i>infants ibuprofen suspension 50 mg/1.25ml oral</i>	Tier 4	[*]
INFINITY BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
INFINITY VOICE STRIP IN VITRO	Tier 4	[*]
INSPIRACHAMBER/LARGE DEVICE	Tier 3	[*]
INSPIRACHAMBER/MEDIUM DEVICE	Tier 3	[*]
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 3	[*]
INSPIRACHAMBER/SMALL DEVICE	Tier 3	[*]
INSULIN PEN NEEDLE	Tier 1	QL (200 per 30 days); MO
INSULIN SYRINGE	Tier 1	QL (200 per 30 days); MO
IOSAT TABLET 130 MG ORAL	Tier 4	[*]
IOSAT TABLET 65 MG ORAL	Tier 4	[*]
KOSELUGO	Tier 2	PA
KROGER AUTOLET LANCING DEVICE	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on *page number 12*.

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i> Kroger blood glucose test strip in vitro</i>	Tier 4	[*]
KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
KROGER HEALTHPRO LANCET 26G	Tier 4	[*]
<i> Kroger lancets 21g</i>	Tier 4	[*]
<i> Kroger lancets micro thin 33g</i>	Tier 4	[*]
<i> Kroger lancets thin 26g</i>	Tier 4	[*]
<i> Kroger lancets ultrathin 30g</i>	Tier 4	[*]
<i> Kroger lancing device</i>	Tier 4	[*]
<i> Kroger premium glucose test strip in vitro</i>	Tier 4	[*]
<i> lactated ringers irrigation</i>	Tier 2	
<i> lancet device with ejector</i>	Tier 4	[*]
<i> lancets</i>	Tier 4	[*]
<i> lancets 30g</i>	Tier 4	[*]
<i> lancets micro thin 33g</i>	Tier 4	[*]
<i> lancets super thin 28g</i>	Tier 4	[*]
<i> lancets thin</i>	Tier 4	[*]
LANCETS ULTRA THIN	Tier 4	[*]
<i> lancets ultra thin 30g</i>	Tier 4	[*]
<i> lancing device</i>	Tier 4	[*]
<i> leader advanced lancing device</i>	Tier 4	[*]
<i> lite touch lancets</i>	Tier 4	[*]
LITE TOUCH LANCING PEN	Tier 4	[*]
LITETOUCH LANCETS	Tier 4	[*]
LITETOUCH MASK LARGE	Tier 3	[*]
LITETOUCH MASK MEDIUM	Tier 3	[*]
LITETOUCH MASK SMALL	Tier 3	[*]
<i> live better adv lancing device</i>	Tier 4	[*]
<i> live better lancet ultra thin</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
LOHIST-D LIQUID 2-30 MG/5ML ORAL	Tier 4	[*]
<i>lohist-dm syrup 5-2-10 mg/5ml oral</i>	Tier 4	[*]
<i>longs lancets thin</i>	Tier 4	[*]
<i>longs lancets ultra thin</i>	Tier 4	[*]
<i>loratadine-d 12hr tablet extended release 12 hour 5-120 mg oral</i>	Tier 4	[*]
<i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral</i>	Tier 4	[*]
<i>m-end dmx liquid 20-0.667-10 mg/5ml oral</i>	Tier 4	[*]
<i>m-pap liquid 160 mg/5ml oral</i>	Tier 4	[*]
<i>mapap arthritis pain tablet extended release 650 mg oral</i>	Tier 4	[*]
<i>mapap capsule 500 mg oral</i>	Tier 4	[*]
MAPAP CHILDRENS TABLET CHEWABLE 80 MG ORAL	Tier 4	[*]
MAPAP COLD FORMULA MULTI-SYMPT TABLET 10-5-325 MG ORAL	Tier 4	[*]
MEDLANCE LITE 25G	Tier 4	[*]
MEDLANCE PLUS EXTRA 21G	Tier 4	[*]
MEDLANCE PLUS LANCETS	Tier 4	[*]
MEDLANCE PLUS LITE 25G	Tier 4	[*]
MEDLANCE PLUS SPECIAL 0.8MM	Tier 4	[*]
MEDLANCE PLUS SUPERLITE 30G	Tier 4	[*]
MEDLANCE PLUS UNIVERSAL 21G	Tier 4	[*]
MEDLANCE UNIVERSAL 21G	Tier 4	[*]
<i>meijer blood glucose test strip in vitro</i>	Tier 4	[*]
MEIJER LANCETS THIN	Tier 4	[*]
MEIJER LANCETS UNIVERSAL 33G	Tier 4	[*]
MEIJER SUPER THIN LANCETS	Tier 4	[*]
MICROCHAMBER	Tier 3	[*]
MICROCHAMBER DEVICE	Tier 3	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on *page number 12*.

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
MICRODOT TEST STRIP IN VITRO	Tier 4	[*]
MICROLET LANCETS	Tier 4	[*]
MICROLET NEXT LANCING DEVICE	Tier 4	[*]
MICROSPACER	Tier 3	[*]
<i>mini lancing device</i>	Tier 4	[*]
MM EASY TOUCH GLUCOSE STRIP IN VITRO	Tier 4	[*]
MM LANCING DEVICE	Tier 4	[*]
MM TWIST LANCETS	Tier 4	[*]
MONOLET LANCETS	Tier 4	[*]
<i>mucus &amp; chest congestion liquid 100 mg/5ml oral</i>	Tier 4	[*]
<i>mucus relief childrens liquid 2.5-5-100 mg/5ml oral</i>	Tier 4	[*]
<i>mucus relief d tablet extended release 12 hour 60-600 mg oral</i>	Tier 4	[*]
<i>mucus relief dm cough tablet 20-400 mg oral</i>	Tier 4	[*]
<i>mucus relief dm liquid 20-400 mg/20ml oral</i>	Tier 4	[*]
<i>mucus relief dm max liquid 20-400 mg/20ml oral</i>	Tier 4	[*]
<i>mucus relief dm max tablet extended release 12 hour 60-1200 mg oral</i>	Tier 4	[*]
<i>mucus relief dm tablet extended release 12 hour 30-600 mg oral</i>	Tier 4	[*]
<i>mucus relief er tablet extended release 12 hour 600 mg oral</i>	Tier 4	[*]
<i>mucus relief max st tablet extended release 12 hour 1200 mg oral</i>	Tier 4	[*]
<i>mucus relief pe sinus tablet 10-400 mg oral</i>	Tier 4	[*]
<i>mucus relief tablet extended release 12 hour 600 mg oral</i>	Tier 4	[*]
<i>multi symptom flu/severe cold packet 20-10-500 mg oral</i>	Tier 4	[*]
MULTI-LANCET DEVICE 2 KIT	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
MYGLUCOHEALTH LANCETS 30G	Tier 4	[*]
MYGLUCOHEALTH TEST STRIP IN VITRO	Tier 4	[*]
<i>nasal decongestant pe tablet 10 mg oral</i>	Tier 4	[*]
<i>nasal decongestant spray solution 0.05 % nasal</i>	Tier 4	[*]
<i>nasal decongestant tablet 30 mg oral</i>	Tier 4	[*]
<i>nasal relief solution 0.05 % nasal</i>	Tier 4	[*]
<i>nasal spray no drip solution 0.05 % nasal</i>	Tier 4	[*]
NASOPEN PE LIQUID 50-10 MG/15ML ORAL	Tier 4	[*]
NATRAPEL 12-HOUR TICK/INSECT AEROSOL 20 % EXTERNAL	Tier 4	[*]
<i>neomycin-polymyxin b gu</i>	Tier 2	
NEUTEK 2TEK TEST STRIP IN VITRO	Tier 4	[*]
<i>nighttime cold/flu relief liquid 15-6.25-325 mg/15ml oral</i>	Tier 4	[*]
<i>nighttime cough liquid 12.5-30 mg/30ml oral</i>	Tier 4	[*]
NINJACOF LIQUID 12.5-12.5 MG/5ML ORAL	Tier 4	[*]
<i>nohist-dm liquid 10-4-15 mg/5ml oral (otc)</i>	Tier 4	[*]
<i>nohist-lq liquid 4-10 mg/5ml oral</i>	Tier 4	[*]
NOVA MAX GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
NOVA SAFETY LANCETS 23G	Tier 4	[*]
NOVA SAFETY LANCETS 28G	Tier 4	[*]
NOVA SUREFLEX LANCETS	Tier 4	[*]
NOVA SUREFLEX LANCING DEVICE	Tier 4	[*]
OFF DEEP WOODS AEROSOL EXTERNAL	Tier 4	[*]
OFF DEEP WOODS DRY AEROSOL EXTERNAL	Tier 4	[*]
OFF DEEP WOODS LIQUID EXTERNAL	Tier 4	[*]
OFF DEEP WOODS SPORTSMEN AEROSOL 30 % EXTERNAL	Tier 4	[*]
OFF DEEP WOODS SPORTSMEN LIQUID EXTERNAL	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ON CALL EXPRESS BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
<i>one-way valved expiratory mouthpiece</i>	Tier 4	[*]
<i>one-way valved inspiratory mouthpiece</i>	Tier 4	[*]
ONETOUCH DELICA LANCETS 33G	Tier 4	[*]
ONETOUCH DELICA PLUS LANCET30G	Tier 4	[*]
ONETOUCH DELICA PLUS LANCET33G	Tier 4	[*]
ONETOUCH DELICA PLUS LANCING	Tier 4	[*]
ONETOUCH DELICA SAFETY LANCING	Tier 4	[*]
ONETOUCH SURESOFT LANCING DEV	Tier 4	[*]
ONETOUCH ULTRA STRIP IN VITRO	Tier 4	[*]
ONETOUCH ULTRA TEST STRIP IN VITRO	Tier 4	[*]
ONETOUCH ULTRASOFT LANCETS	Tier 4	[*]
ONETOUCH VERIO STRIP IN VITRO	Tier 4	[*]
OPTICHAMBER DIAMOND	Tier 3	[*]
OPTICHAMBER DIAMOND-LG MASK DEVICE	Tier 3	[*]
OPTICHAMBER DIAMOND-MD MASK	Tier 3	[*]
OPTICHAMBER DIAMOND-SM MASK	Tier 3	[*]
OPTIUMEZ TEST STRIP IN VITRO	Tier 4	[*]
PANDA MASK LARGE	Tier 4	[*]
PANDA MASK MEDIUM	Tier 4	[*]
PANDA MASK SMALL	Tier 4	[*]
PARI VORTEX ADULT MASK	Tier 4	[*]
<i>pc lancets super thin 30g</i>	Tier 4	[*]
PEDIACLEAR 8 CHILDRENS LIQUID 12.5 MG/15ML ORAL	Tier 4	[*]
<i>pediatric medium mask</i>	Tier 4	[*]
PEDIATRIC PANDA MASK	Tier 4	[*]
<i>pediatric small mask</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>petrolatum ointment 42 % external</i>	Tier 4	[*]
PHARMACIST CHOICE AUTOCODE STRIP IN VITRO	Tier 4	[*]
PHARMACIST CHOICE LANCETS	Tier 4	[*]
<i>pharmacist choice no coding strip in vitro</i>	Tier 4	[*]
<i>phenylephrine hcl tablet 10 mg oral</i>	Tier 4	[*]
<i>phenylephrine-dm-gg liquid 10-18-200 mg/15ml oral</i>	Tier 4	[*]
<i>phenylephrine-dm-gg tablet 10-17.5-385 mg oral</i>	Tier 4	[*]
PIP BLOOD GLUCOSE TEST STRIP STRIP IN VITRO	Tier 4	[*]
<i>pip lancets 28g</i>	Tier 4	[*]
<i>pip lancets 30g</i>	Tier 4	[*]
POCKET CHAMBER DEVICE	Tier 3	[*]
POLY HIST FORTE TABLET 10.5-10 MG ORAL	Tier 4	[*]
<i>poly-hist dm liquid 5-25-10 mg/5ml oral</i>	Tier 4	[*]
POLY-VENT DM TABLET 60-20-380 MG ORAL	Tier 4	[*]
POLY-VENT IR TABLET 60-380 MG ORAL	Tier 4	[*]
<i>polytussin dm liquid 7.5-2-15 mg/5ml oral</i>	Tier 4	[*]
PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
<i>preferred plus lancets thin</i>	Tier 4	[*]
<i>premium blood glucose test strip in vitro</i>	Tier 4	[*]
<i>pro comfort lancets 30g</i>	Tier 4	[*]
<i>pro comfort lancets 31g</i>	Tier 4	[*]
<i>pro voice v8/v9 glucose strip in vitro</i>	Tier 4	[*]
PRODIGY LANCETS 28G	Tier 4	[*]
PRODIGY LANCING DEVICE	Tier 4	[*]
PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO	Tier 4	[*]
PRODIGY SAFETY LANCETS 26G	Tier 4	[*]
PRODIGY TWIST TOP LANCETS 28G	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>promethazine-codeine solution 6.25-10 mg/5ml oral</i>	Tier 3	[*]
<i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>	Tier 3	[*]
<i>pse-dexchlorphen-chlophedianol liquid 30-1-12.5 mg/5ml oral</i>	Tier 4	[*]
<i>pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)</i>	Tier 3	[*]
<i>pseudoephedrine hcl er tablet extended release 12 hour 120 mg oral</i>	Tier 4	[*]
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	Tier 4	[*]
<i>pseudoephedrine hcl tablet 60 mg oral (otc)</i>	Tier 4	[*]
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 120-1200 mg oral</i>	Tier 4	[*]
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 60-600 mg oral</i>	Tier 4	[*]
<i>pure comfort lancets 30g</i>	Tier 4	[*]
<i>px advanced lancing device</i>	Tier 4	[*]
<i>px lancets microthin 33g</i>	Tier 4	[*]
<i>px lancets ultra thin</i>	Tier 4	[*]
<i>px lancets ultra thin 28g</i>	Tier 4	[*]
<i>qc advanced lancing device</i>	Tier 4	[*]
<i>qc lancets super thin 30g</i>	Tier 4	[*]
<i>qc naproxen sodium tablet 220 mg oral</i>	Tier 4	[*]
<i>qc unilet lancets 28g</i>	Tier 4	[*]
<i>qc unilet lancets micro thin</i>	Tier 4	[*]
QUINTET AC BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
QUINTET BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
RA E-ZJECT LANCETS 28G	Tier 4	[*]
RA E-ZJECT LANCETS THIN 26G	Tier 4	[*]
RA E-ZJECT LANCETS THIN 28G	Tier 4	[*]
RA E-ZJECT LANCETS ULTRA THIN	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on *page number 12*.



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
READYLANCE SAFETY LANCETS	Tier 4	[*]
REFUAH PLUS BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
RELION BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
RELION CONFIRM/MICRO TEST STRIP IN VITRO	Tier 4	[*]
RELION LANCET DEVICES 30G	Tier 4	[*]
RELION LANCETS MICRO-THIN 33G	Tier 4	[*]
RELION LANCETS THIN 26G	Tier 4	[*]
RELION LANCETS ULTRA-THIN 30G	Tier 4	[*]
RELION LANCING DEVICE	Tier 4	[*]
RELION LANCING DEVICE KIT	Tier 4	[*]
RELION PREMIER TEST STRIP IN VITRO	Tier 4	[*]
RELION PRIME TEST STRIP IN VITRO	Tier 4	[*]
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO	Tier 4	[*]
RELION ULTIMA TEST STRIP IN VITRO	Tier 4	[*]
RELION ULTRA THIN LANCETS 30G	Tier 4	[*]
RELION ULTRA THIN PLUS LANCETS	Tier 4	[*]
REPEL HUNTERS FORMULA AEROSOL EXTERNAL	Tier 4	[*]
REPEL LEMON EUCALYPTUS AEROSOL EXTERNAL	Tier 4	[*]
REPEL SPORTSMEN AEROSOL EXTERNAL	Tier 4	[*]
REPEL SPORTSMEN DRY AEROSOL EXTERNAL	Tier 4	[*]
REPEL SPORTSMEN MAX AEROSOL 40 % EXTERNAL	Tier 4	[*]
REXALL BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
REXALL LANCETS ULTRA THIN 30G	Tier 4	[*]
RIGHTEST GD500 LANCING DEVICE	Tier 4	[*]
RIGHTEST GL300 LANCETS	Tier 4	[*]
RIGHTEST GS100 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
RIGHTEST GS300 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
RIGHTEST GS550 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
RIGHTEST GT333 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
RIGHTEST GT333 GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
<i>ringers irrigation</i>	Tier 2	
RITEFLO DEVICE	Tier 3	[*]
<i>robafen cf multi-symptom cold liquid 5-10-100 mg/5ml oral</i>	Tier 4	[*]
ROBAFEN MUCUS/CHEST CONGESTION LIQUID 200 MG/10ML ORAL	Tier 4	[*]
<i>ru-hist d tablet 4-10 mg oral</i>	Tier 4	[*]
<i>rymed tablet 2-10 mg oral</i>	Tier 4	[*]
<i>rynex dm liquid 2.5-1-5 mg/5ml oral</i>	Tier 4	[*]
<i>rynex pe elixir 1-2.5 mg/5ml oral</i>	Tier 4	[*]
<i>rynex pse liquid 1-15 mg/5ml oral</i>	Tier 4	[*]
S2 (RACEPINEPHRINE) NEBULIZATION SOLUTION 2.25 % INHALATION	Tier 4	[*]
<i>safety lancet 30g/pressure act</i>	Tier 4	[*]
SAFETY LANCETS	Tier 4	[*]
SAFETY LANCETS 21G	Tier 4	[*]
<i>safety lancets 28g</i>	Tier 4	[*]
<i>saps health plus lancets</i>	Tier 4	[*]
<i>saps health twist top lancets</i>	Tier 4	[*]
<i>saps twist top lancets</i>	Tier 4	[*]
SAWYER INSECT REPELLENT LIQUID 20 % EXTERNAL	Tier 4	[*]
<i>severe cold &amp; flu tablet 5-10-200-325 mg oral</i>	Tier 4	[*]
<i>severe cold/cough packet 25-10-650 mg oral</i>	Tier 4	[*]
SHOPKO AUTOLET LANCING DEVICE	Tier 4	[*]
SHOPKO ON-THE-GO LANCETS 30G	Tier 4	[*]
SHOPKO UNILET LANCETS 28G	Tier 4	[*]
SHOPKO UNILET LANCETS 30G	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
SIDESTREAM PEDIATRIC FACE MASK (OTC)	Tier 4	[*]
SIDESTREAM PEDIATRIC FACE MASK (RX)	Tier 3	[*]
<i>silicone mask/infant</i>	Tier 3	[*]
<i>silicone mask/pediatric</i>	Tier 3	[*]
SIMPLE DIAGNOSTICS LANCING DEV	Tier 4	[*]
<i>sinus + headache tablet 5-325 mg oral</i>	Tier 4	[*]
<i>sinus congestion/pain tablet 5-325 mg oral</i>	Tier 4	[*]
<i>sinus pressure + pain tablet 5-325 mg oral</i>	Tier 4	[*]
<i>sinus relief congestion-pain tablet 5-325-200 mg oral</i>	Tier 4	[*]
<i>sinus relief extra strength solution 1 % nasal</i>	Tier 4	[*]
<i>sm ibuprofen tablet 200 mg oral</i>	Tier 4	[*]
<i>sm lancets 33g</i>	Tier 4	[*]
<i>sm lorata-dine d tablet extended release 24 hour 10-240 mg oral</i>	Tier 4	[*]
<i>sm nasal spray 12 hour solution 0.05 % nasal</i>	Tier 4	[*]
<i>sm tussin cough/chest congest syrup 100-10 mg/ 5ml oral</i>	Tier 4	[*]
SMART DIABETES VANTAGE LANCING	Tier 4	[*]
SMART SENSE COLOR LANCETS 33G	Tier 4	[*]
SMART SENSE PREMIUM TEST STRIP IN VITRO	Tier 4	[*]
SMART SENSE STANDARD LANCETS	Tier 4	[*]
SMART SENSE SUPER THIN LANCETS	Tier 4	[*]
SMART SENSE THIN LANCETS 26G	Tier 4	[*]
SMART SENSE VALUE TEST STRIP IN VITRO	Tier 4	[*]
SMARTEST BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
SMARTEST LANCETS 28G	Tier 4	[*]
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
SOLUS V2 LANCETS 28G	Tier 4	[*]
SOLUS V2 LANCING DEVICE	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
SOLUS V2 TEST STRIP IN VITRO	Tier 4	[*]
SOLUS V2 TWIST LANCETS 30G	Tier 4	[*]
STERILANCE PA	Tier 4	[*]
STERILANCE TL	Tier 4	[*]
<i>sterile water for irrigation</i>	Tier 2	
<i>sudogest 12 hour tablet extended release 12 hour 120 mg oral</i>	Tier 4	[*]
SUDOGEST MAXIMUM STRENGTH TABLET 30 MG ORAL	Tier 4	[*]
SUDOGEST TABLET 30 MG ORAL	Tier 4	[*]
SUDOGEST TABLET 60 MG ORAL (OTC)	Tier 4	[*]
<i>sure comfort lancets 18g</i>	Tier 4	[*]
<i>sure comfort lancets 21g</i>	Tier 4	[*]
<i>sure comfort lancets 23g</i>	Tier 4	[*]
<i>sure comfort lancets 28g</i>	Tier 4	[*]
<i>sure comfort lancets 30g</i>	Tier 4	[*]
<i>sure comfort lancing pen</i>	Tier 4	[*]
SUSPENDOL-S LIQUID	Tier 4	[*]
SYNAGIS	Tier 2	PA
TECHLITE LANCETS	Tier 4	[*]
TECHLITE LANCETS 30G	Tier 4	[*]
<i>tgt blood glucose test strip in vitro</i>	Tier 4	[*]
<i>tgt lancet micro thin 33g</i>	Tier 4	[*]
<i>tgt lancet thin 26g</i>	Tier 4	[*]
<i>tgt lancet ultra thin 30g</i>	Tier 4	[*]
<i>tgt lancing device</i>	Tier 4	[*]
TIS-U-SOL	Tier 2	
<i>topcare lancets micro-thin 33g</i>	Tier 4	[*]
<i>travel lancets</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
TRAVEL LANCETS ADVANCED 28G	Tier 4	[*]
<i>true comfort safety lancets</i>	Tier 4	[*]
<i>true comfort twist top lancets</i>	Tier 4	[*]
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
TRUE METRIX PRO BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
TRUEDRAW LANCING DEVICE	Tier 4	[*]
TRUEPLUS LANCETS 28G	Tier 4	[*]
TRUEPLUS LANCETS 30G	Tier 4	[*]
TRUEPLUS LANCETS 33G	Tier 4	[*]
TRUEPLUS SAFETY LANCETS 28G	Tier 4	[*]
TRUETEST TEST STRIP IN VITRO	Tier 4	[*]
TRUETRACK TEST STRIP IN VITRO	Tier 4	[*]
<i>tussin cf severe multi-symptom liquid 5-10-200-325 mg/10ml oral</i>	Tier 4	[*]
<i>tussin dm liquid 100-10 mg/5ml oral</i>	Tier 4	[*]
<i>tussin dm max adult liquid 5-100 mg/5ml oral</i>	Tier 4	[*]
<i>tussin mucus+chest congestion liquid 100 mg/5ml oral</i>	Tier 4	[*]
<i>tussin multi-symptom cold cf liquid 5-10-100 mg/5ml oral</i>	Tier 4	[*]
ULTI-LANCE AUTOMATIC	Tier 4	[*]
ULTILET CLASSIC LANCETS	Tier 4	[*]
ULTILET LANCETS	Tier 4	[*]
ULTILET SAFETY LANCETS 23G	Tier 4	[*]
<i>ultra thin lancets 31g</i>	Tier 4	[*]
<i>ultra-care lancets 30g</i>	Tier 4	[*]
ULTRA-THIN II LANCETS	Tier 4	[*]
ULTRATHON INSECT REPELLENT 8 AEROSOL 25 % EXTERNAL	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
UNILET COMFORTOUCH LANCET	Tier 4	[*]
UNILET EXCELITE	Tier 4	[*]
UNILET EXCELITE II	Tier 4	[*]
UNILET G.P. SUPERLITE LANCET	Tier 4	[*]
UNILET GP 28 ULTRA THIN	Tier 4	[*]
UNILET LANCET	Tier 4	[*]
UNILET MICRO-THIN 33G	Tier 4	[*]
UNILET SUPER-THIN 30G	Tier 4	[*]
UNILET ULTRA-THIN 28G	Tier 4	[*]
UNISTIK 2	Tier 4	[*]
UNISTIK 2 COMFORT	Tier 4	[*]
UNISTIK 2 EXTRA	Tier 4	[*]
UNISTIK 2 NORMAL	Tier 4	[*]
UNISTIK 2 SUPER	Tier 4	[*]
UNISTIK 3 COMFORT	Tier 4	[*]
UNISTIK 3 EXTRA	Tier 4	[*]
UNISTIK 3 GENTLE	Tier 4	[*]
UNISTIK 3 NEONATAL	Tier 4	[*]
UNISTIK 3 NORMAL	Tier 4	[*]
UNISTIK CZT COMFORT	Tier 4	[*]
UNISTIK CZT NORMAL	Tier 4	[*]
UNISTIK NORMAL	Tier 4	[*]
UNISTIK PRO SAFETY LANCET	Tier 4	[*]
UNISTIK SAFETY LANCETS 28G	Tier 4	[*]
UNISTIK SAFETY LANCETS 30G	Tier 4	[*]
UNISTIK TOUCH SAFETY LANC 21G	Tier 4	[*]
UNISTIK TOUCH SAFETY LANC 23G	Tier 4	[*]
UNISTIK TOUCH SAFETY LANC 28G	Tier 4	[*]
UNISTIK TOUCH SAFETY LANC 30G	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on *page number 12*.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
UNISTRIP1 GENERIC STRIP IN VITRO	Tier 4	[*]
UNIVERSAL 1 LANCETS THIN 26G	Tier 4	[*]
UNIVERSAL 1 LANCETS ULTRA THIN	Tier 4	[*]
<i>value plus lancing device</i>	Tier 4	[*]
<i>valumark lancet super thin 30g</i>	Tier 4	[*]
<i>valumark lancet ultra thin 28g</i>	Tier 4	[*]
VANACOF DM LIQUID 10-18-200 MG/15ML ORAL	Tier 4	[*]
VANACOF DMX LIQUID 10-18-396 MG/15ML ORAL	Tier 4	[*]
VANACOF LIQUID 30-1-12.5 MG/5ML ORAL	Tier 4	[*]
VANATAB DM TABLET 5-9-198 MG ORAL	Tier 4	[*]
<i>vapor steam liquid 6.2 % inhalation</i>	Tier 4	[*]
VIDA MIA AUTOLET LANCING DEV	Tier 4	[*]
VIDA MIA UNILET LANCETS 28G	Tier 4	[*]
VIDA MIA UNILET LANCETS 30G	Tier 4	[*]
VIVAGUARD INO TEST STRIPS STRIP IN VITRO	Tier 4	[*]
VIVAGUARD LANCETS	Tier 4	[*]
VIVAGUARD LANCING DEVICE	Tier 4	[*]
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 3	[*]
<i>walgreens adv travel lancets</i>	Tier 4	[*]
<i>walgreens lancets micro thin</i>	Tier 4	[*]
<i>walgreens lancets super thin</i>	Tier 4	[*]
WALGREENS THIN LANCETS	Tier 4	[*]
WALGREENS ULTRA THIN LANCETS	Tier 4	[*]
<i>westussin dm syrup 1-10-5 mg/5ml oral</i>	Tier 4	[*]
<i>zevrx twist top lancets 30g</i>	Tier 4	[*]
<b>OPHTHALMIC AGENTS</b>		
<i>acetazolamide er</i>	Tier 2	MO
<i>ak-poly-bac</i>	Tier 2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 2	MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>apraclonidine hcl</i>	Tier 2	
<i>artificial tears solution 0.5-0.6 % ophthalmic</i>	Tier 4	[*]
<i>atropine sulfate ophthalmic ointment</i>	Tier 2	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 2	MO
<i>azelastine hcl ophthalmic</i>	Tier 2	
<i>bacitra-neomycin-polymyxin-hc</i>	Tier 2	
<i>bacitracin ophthalmic</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 2	
<i>betaxolol hcl ophthalmic</i>	Tier 2	MO
BETIMOL	Tier 2	MO
<i>bimatoprost ophthalmic</i>	Tier 2	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 2	MO
<i>brimonidine tartrate-timolol</i>	Tier 1	MO
<i>brinzolamide</i>	Tier 2	MO
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	Tier 2	
BROMSITE	Tier 2	
<i>carteolol hcl</i>	Tier 2	MO
<i>ciprofloxacin hcl ophthalmic</i>	Tier 2	
COMBIGAN	Tier 2	MO
<i>cromolyn sodium ophthalmic</i>	Tier 2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	MO
CYSTARAN	Tier 2	LA
<i>dexamethasone sodium phosphate ophthalmic</i>	Tier 2	
<i>diclofenac sodium ophthalmic</i>	Tier 2	
<i>dorzolamide hcl ophthalmic</i>	Tier 2	MO
<i>dorzolamide hcl-timolol mal</i>	Tier 2	MO



<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>dry eye relief drops solution 0.2-0.2-1 % ophthalmic</i>	Tier 4	[*]
<i>dry eye relief gel 0.4-0.3 % ophthalmic</i>	Tier 4	[*]
<i>dry eye relief gel 1 % ophthalmic</i>	Tier 4	[*]
<i>erythromycin ophthalmic</i>	Tier 2	QL (3.5 per 30 days)
<i>eye allergy itch relief solution 0.2 % ophthalmic</i>	Tier 4	[*]
<i>eye allergy itch/redness rel solution 0.1 % ophthalmic</i>	Tier 4	[*]
<i>eye drops advanced relief solution 0.05-0.1-1-1 % ophthalmic</i>	Tier 4	[*]
<i>eye drops solution 0.05 % ophthalmic</i>	Tier 4	[*]
<i>eye itch relief solution 0.035 % ophthalmic</i>	Tier 4	[*]
<i>eye wash solution ophthalmic</i>	Tier 4	[*]
<i>fluorometholone ophthalmic</i>	Tier 2	
<i>flurbiprofen sodium</i>	Tier 2	
GENTAK OPHTHALMIC OINTMENT	Tier 2	
<i>gentamicin sulfate ophthalmic solution</i>	Tier 2	
ILEVRO	Tier 2	
<i>ketorolac tromethamine ophthalmic</i>	Tier 2	
<i>ketotifen fumarate solution 0.035 % ophthalmic</i>	Tier 4	[*]
LASTACAPT SOLUTION 0.25 % OPHTHALMIC (OTC)	Tier 4	[*]
<i>latanoprost ophthalmic</i>	Tier 2	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>lubricant eye drops (pf) solution 0.4-0.3 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye drops pf solution 0.5 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye drops solution 0.4-0.3 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye drops solution 0.5 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye drops solution 0.6 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye nighttime ointment ophthalmic</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>lubricating eye drops solution 0.4-0.3 % ophthalmic</i>	Tier 4	[*]
<i>lubricating plus eye drops solution 0.5 % ophthalmic</i>	Tier 4	[*]
<i>lubricating tears eye drops solution 0.1-0.3 % ophthalmic</i>	Tier 4	[*]
<i>lubrifresh p.m. ointment ophthalmic</i>	Tier 4	[*]
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2	MO
<i>methazolamide oral</i>	Tier 2	MO
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 2	
MURO 128 SOLUTION 2 % OPHTHALMIC	Tier 4	[*]
MURO 128 SOLUTION 5 % OPHTHALMIC	Tier 4	[*]
NATACYN	Tier 2	
NEO-POLYCIN	Tier 2	
NEO-POLYCIN HC	Tier 2	
<i>neomycin-bacitracin zn-polymyx</i>	Tier 2	
<i>neomycin-polymyxin-dexameth</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 2	
<i>ofloxacin ophthalmic</i>	Tier 2	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Tier 2	
<i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i>	Tier 4	[*]
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	Tier 4	[*]
PATADAY SOLUTION 0.2 % OPHTHALMIC (OTC)	Tier 4	[*]
PATADAY SOLUTION 0.7 % OPHTHALMIC	Tier 4	[*]
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MO
POLYCIN	Tier 2	
<i>polymyxin b-trimethoprim</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>polyvinyl alcohol solution 1.4 % ophthalmic (otc)</i>	Tier 4	[*]
<i>prednisolone acetate ophthalmic</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic</i>	Tier 2	
REDNESS RELIEF SOLUTION 0.012-0.25 % OPTHALMIC	Tier 4	[*]
REFRESH CELLUVISC GEL 1 % OPTHALMIC	Tier 4	[*]
REFRESH LACRI-LUBE OINTMENT OPTHALMIC	Tier 4	[*]
REFRESH OPTIVE MEGA-3 SOLUTION 0.5-1-0.5 % OPTHALMIC	Tier 4	[*]
REFRESH PLUS SOLUTION 0.5 % OPTHALMIC	Tier 4	[*]
RESTASIS	Tier 2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	Tier 2	QL (5.5 per 28 days); MO
RHOPRESSA	Tier 2	MO
ROCKLATAN	Tier 2	MO
SIMBRINZA	Tier 2	MO
<i>sodium chloride (hypertonic) ointment 5 % ophthalmic</i>	Tier 4	[*]
<i>sodium chloride (hypertonic) solution 5 % ophthalmic</i>	Tier 4	[*]
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 2	
<i>timolol maleate (once-daily)</i>	Tier 2	MO
<i>timolol maleate ophthalmic</i>	Tier 2	MO
<i>tobramycin ophthalmic</i>	Tier 2	
<i>tobramycin-dexamethasone</i>	Tier 2	
<i>travoprost (bak free)</i>	Tier 2	MO
<i>ultra lubricating eye drops pf solution 0.4-0.3 % ophthalmic</i>	Tier 4	[*]
<i>ultra lubricating eye drops solution 0.4-0.3 % ophthalmic</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
VYZULTA	Tier 2	MO
XIIDRA	Tier 2	QL (60 per 30 days); MO
<b>OTIC AGENTS</b>		
<i>acetic acid otic</i>	Tier 2	
<i>ciprofloxacin-dexamethasone</i>	Tier 2	
CORTISPORIN-TC	Tier 2	
<i>ear drops solution 6.5 % otic</i>	Tier 4	[*]
<i>earwax removal solution 6.5 % otic</i>	Tier 4	[*]
FLAC	Tier 2	
<i>fluocinolone acetonide otic</i>	Tier 2	
<i>hydrocortisone-acetic acid</i>	Tier 2	
<i>neomycin-polymyxin-hc otic</i>	Tier 2	
<i>ofloxacin otic</i>	Tier 2	
<b>RESPIRATORY TRACT/PULMONARY AGENTS</b>		
<i>12hr allergy relief tablet 60 mg oral</i>	Tier 4	[*]
<i>24hr allergy relief tablet 180 mg oral</i>	Tier 4	[*]
<i>acetylcysteine inhalation</i>	Tier 1	B/D PA
ADEMPAS	Tier 2	PA; LA
ADVAIR HFA	Tier 2	QL (12 per 30 days); MO
ALA-HIST IR TABLET 2 MG ORAL	Tier 4	[*]
<i>albuterol sulfate hfa</i>	Tier 1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	Tier 1	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate oral</i>	Tier 1	MO
<i>all day allergy childrens solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>all day allergy tablet 10 mg oral</i>	Tier 4	[*]
<i>aller-chlor tablet 4 mg oral</i>	Tier 4	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>allergy childrens liquid 12.5 mg/5ml oral</i>	Tier 4	[*]
<i>allergy childrens solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>allergy rel child (loratadine) solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>allergy relief (loratadine) tablet 10 mg oral</i>	Tier 4	[*]
<i>allergy relief capsule 25 mg oral</i>	Tier 4	[*]
<i>allergy relief childrens liquid 12.5 mg/5ml oral</i>	Tier 4	[*]
<i>allergy relief childrens solution 1 mg/ml oral</i>	Tier 4	[*]
<i>allergy relief suspension 50 mcg/act nasal</i>	Tier 4	[*]
<i>allergy relief tablet 10 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet 180 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet 25 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet 4 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet 5 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet chewable 25 mg oral</i>	Tier 4	[*]
<i>allergy relief/indoor/outdoor tablet 10 mg oral</i>	Tier 4	[*]
<i>allergy tablet 4 mg oral</i>	Tier 4	[*]
<i>ambrisentan oral tablet 10 mg</i>	Tier 2	PA; QL (30 per 30 days); LA
<i>ambrisentan oral tablet 5 mg</i>	Tier 2	PA; QL (60 per 30 days); LA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL (60 per 30 days); MO
ARNUITY ELLIPTA	Tier 2	QL (30 per 30 days); MO
ATROVENT HFA	Tier 2	QL (26 per 30 days); MO
<i>azelastine hcl nasal</i>	Tier 2	QL (30 per 25 days)
BANOPHEN CAPSULE 25 MG ORAL	Tier 4	[*]
BANOPHEN CAPSULE 50 MG ORAL	Tier 4	[*]
<i>bosentan</i>	Tier 2	PA; QL (60 per 30 days); LA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 2	QL (60 per 30 days); MO

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>breyna</i>	Tier 2	QL (30.9 per 30 days); MO
BRONCHITOL	Tier 2	LA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 2	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 1 mg/2ml</i>	Tier 2	B/D PA; QL (60 per 30 days); MO
<i>budesonide suspension 32 mcg/act nasal (otc)</i>	Tier 4	[*]
<i>budesonide-formoterol fumarate</i>	Tier 2	QL (30.6 per 30 days); MO
<i>carbinoxamine maleate oral solution</i>	Tier 2	PA
CAYSTON	Tier 2	PA; LA
<i>cetirizine hcl allergy child solution 5 mg/5ml oral (otc)</i>	Tier 4	[*]
<i>cetirizine hcl childrens alrgy solution 1 mg/ml oral</i>	Tier 4	[*]
<i>cetirizine hcl tablet 10 mg oral</i>	Tier 4	[*]
<i>cetirizine hcl tablet 5 mg oral</i>	Tier 4	[*]
<i>cetirizine hcl tablet chewable 10 mg oral</i>	Tier 4	[*]
<i>cetirizine hcl tablet chewable 5 mg oral</i>	Tier 4	[*]
<i>childrens loratadine solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 2	PA
COMBIVENT RESPIMAT	Tier 2	QL (8 per 30 days); MO
<i>complete allergy medicine capsule 25 mg oral</i>	Tier 4	[*]
<i>cromolyn sodium inhalation</i>	Tier 1	B/D PA; MO
<i>cyproheptadine hcl oral tablet</i>	Tier 2	
<i>diphenhydramine hcl capsule 25 mg oral (otc)</i>	Tier 4	[*]
<i>diphenhydramine hcl capsule 50 mg oral (otc)</i>	Tier 4	[*]
<i>diphenhydramine hcl injection</i>	Tier 2	
<i>diphenhydramine hcl liquid 12.5 mg/5ml oral</i>	Tier 4	[*]
<i>diphenhydramine hcl tablet 25 mg oral</i>	Tier 4	[*]
<i>ed chlorped jr syrup 2 mg/5ml oral</i>	Tier 4	[*]
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	Tier 2	

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	Tier 1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (2 per 28 days)
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	Tier 4	[*]
<i>fexofenadine hcl tablet 60 mg oral (otc)</i>	Tier 4	[*]
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 2	QL (75 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	Tier 2	QL (60 per 30 days); MO
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	Tier 2	QL (240 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	Tier 2	QL (12 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	Tier 2	QL (24 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	Tier 2	QL (11 per 30 days); MO
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 2	QL (16 per 30 days)
<i>fluticasone propionate suspension 50 mcg/act nasal (otc)</i>	Tier 4	[*]
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 2	QL (60 per 30 days); MO
<i>gnp all day allergy tablet 10 mg oral</i>	Tier 4	[*]
<i>gnp loratadine solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>gnp loratadine tablet 10 mg oral</i>	Tier 4	[*]
HISTEX PD LIQUID 0.938 MG/ML ORAL	Tier 4	[*]
HISTEX SYRUP 2.5 MG/5ML ORAL	Tier 4	[*]
<i>hydroxyzine hcl oral tablet</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Tier 2	
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION	Tier 3	[*]

<b>Name of drug</b>	<b>What the drug will cost you (Tier level)</b>	<b>Necessary actions, restrictions or limits on use</b>
<i>ipratropium bromide inhalation</i>	Tier 1	B/D PA; MO
<i>ipratropium bromide nasal</i>	Tier 2	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	Tier 2	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL TABLET	Tier 2	PA; QL (60 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier 1	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	Tier 1	QL (45 per 30 days); MO
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>loratadine childrens solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>loratadine solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>loratadine tablet 10 mg oral</i>	Tier 4	[*]
<i>montelukast sodium oral</i>	Tier 1	MO
<i>nasal allergy 24 hour aerosol 55 mcg/act nasal</i>	Tier 4	[*]
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 2	PA; QL (3 per 28 days); LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA; QL (3 per 28 days); LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 2	PA; QL (0.4 per 28 days); LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 2	PA; QL (3 per 28 days); LA
OFEV	Tier 2	PA; QL (60 per 30 days)
OPSUMIT	Tier 2	PA; QL (30 per 30 days); LA
ORKAMBI ORAL TABLET	Tier 2	PA; QL (120 per 30 days)
PEDIACLEAR PD CHILDRENS LIQUID 0.625 MG/ML ORAL	Tier 4	[*]
<i>pirfenidone oral tablet 267 mg</i>	Tier 2	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	Tier 2	PA; QL (90 per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 2	B/D PA



Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	Tier 2	QL (11 per 30 days); MO
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	Tier 2	QL (22 per 30 days); MO
<i>roflumilast</i>	Tier 2	PA; QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL (60 per 30 days); MO
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA; QL (360 per 30 days)
<i>sm loratadine solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>sodium chloride nebulization solution 0.9 % inhalation (rx)</i>	Tier 3	[*]
<i>sodium chloride nebulization solution 3 % inhalation</i>	Tier 3	[*]
<i>sodium chloride nebulization solution 7 % inhalation</i>	Tier 3	[*]
SPIRIVA HANDHALER	Tier 2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	Tier 2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	Tier 2	QL (4 per 30 days); MO
<i>terbutaline sulfate injection</i>	Tier 1	
<i>terbutaline sulfate oral</i>	Tier 1	MO
<i>theophylline er</i>	Tier 2	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 2	B/D PA; QL (280 per 28 days)
TRACLEER ORAL TABLET SOLUBLE	Tier 2	PA; QL (120 per 30 days); LA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2	QL (60 per 30 days); MO
<i>triamcinolone acetonide aerosol 55 mcg/act nasal (otc)</i>	Tier 4	[*]
<i>triprolidine hcl liquid 0.938 mg/ml oral (otc)</i>	Tier 4	[*]
UPTRAVI ORAL	Tier 2	PA; QL (60 per 30 days); LA
UPTRAVI TITRATION	Tier 2	PA; LA

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
VENTAVIS	Tier 2	PA; QL (270 per 30 days)
VENTOLIN HFA	Tier 2	MO
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 2	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	Tier 2	PA; QL (8 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Tier 2	PA; QL (4 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 2	PA; QL (8 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 2	PA; QL (4 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 2	PA; QL (8 per 28 days); LA
<i>zafirlukast</i>	Tier 1	MO

## D. Index of Covered Drugs

<b>1</b>	ACCU-CHEK FASTCLIX	<i>acyclovir sodium</i> ..... 120
12 hour nasal	LANCETS ..... 131	ADACEL ..... 115
decongestant ..... 131	ACCU-CHEK GUIDE ..... 132	<i>adapalene</i> ..... 54
12hr allergy & congestion ..... 131	ACCU-CHEK SAFE-T PRO	<i>adefovir dipivoxil</i> ..... 120
LANCETS ..... 132	LANCETS ..... 132	ADEMPAS ..... 163
12hr allergy relief ..... 163	ACCU-CHEK	ADRIAMYCIN ..... 16
1st tier unilet	SMARTVIEW ..... 132	<i>adult aspirin regimen</i> .... 36
comfortouch ..... 131	ACCU-CHEK SOFTCLIX	<i>adult mask large</i> ..... 132
<b>2</b>	LANCET DEV ..... 132	ADVAIR HFA ..... 163
24hr allergy relief ..... 163	ACCU-CHEK SOFTCLIX	ADVANTAGE CARE
<b>6</b>	LANCETS ..... 132	ELECTROLYTE PED ..... 61
600+d3 ..... 61	ACCU-CHEK SOFTCLIX	ADVOCATE LANCETS ... 132
<b>A</b>	LANCETS ..... 132	ADVOCATE LANCETS
<i>a thru z advanced</i> ..... 61	ACCUTANE ..... 54	30G ..... 132
<i>a thru z select</i> ..... 61	ACCUTREND	ADVOCATE LANCING
<i>a thru z select 50+</i>	GLUCOSE ..... 132	DEVICE ..... 132
<i>advanced</i> ..... 61	ACE AEROSOL CLOUD	ADVOCATE RAPID-SAFE
<i>a thru z select</i>	ENHANCER ..... 132	LANCING ..... 132
<i>advanced</i> ..... 61	<i>acebutolol hcl</i> ..... 29	ADVOCATE REDI-
<i>a thru z select ultimate</i>	<i>acetaminophen</i> ..... 132	CODE ..... 132
<i>women</i> ..... 61	<i>acetaminophen-</i>	ADVOCATE REDI-CODE+
<i>a thru z ultimate</i>	<i>codeine</i> ..... 13	TEST ..... 132
<i>mens</i> ..... 61	<i>acetazolamide</i> ..... 29	ADVOCATE SAFETY
<i>a&amp;d</i> ..... 54	<i>acetazolamide er</i> ..... 158	LANCETS ..... 132
<i>a-10000</i> ..... 61	<i>acetic acid</i> ..... 163	ADVOCATE SAFETY
<i>abacavir sulfate</i> ..... 120	<i>acetylcysteine</i> ..... 132	LANCETS 26G ..... 132
<i>abacavir sulfate-</i>	ACID GONE ..... 98	ADVOCATE TEST ..... 132
<i>lamivudine</i> ..... 120	<i>acid reducer</i>	AEROCHAMBER MINI
ABANEU-SL ..... 61	<i>complete</i> ..... 98	CHAMBER ..... 132
ABELCET ..... 120	<i>acid reducer maximum</i>	AEROCHAMBER MV ..... 132
ABILIFY ASIMTUFII ..... 36	<i>strength</i> ..... 98	AEROCHAMBER PLUS FLO-
ABILIFY MAINTENA ..... 36	<i>acitretin</i> ..... 54	VU ..... 132
<i>abiraterone acetate</i> ..... 15	<i>acne medication 10</i> ..... 54	AEROCHAMBER PLUS FLO-
ABRYSVO ..... 115	<i>acne medication 5</i> ..... 54	VU LARGE ..... 132
<i>acamprosate calcium</i> .... 36	ACTHIB ..... 115	AEROCHAMBER PLUS FLO-
<i>acarbose</i> ..... 92	<i>acti-lance 28g</i> ..... 132	VU MEDIUM ..... 133
ACCRUFER ..... 61	<i>acti-lance lite lancets</i>	AEROCHAMBER PLUS FLO-
ACCU-CHEK AVIVA	<i>28g</i> ..... 132	VU SMALL ..... 133
PLUS ..... 131	<i>acti-lance special lancets</i>	AEROCHAMBER PLUS FLO-
ACCU-CHEK FASTCLIX	<i>17g</i> ..... 132	VU W/MASK ..... 133
LANCET ..... 131	<i>acti-lance universal</i>	AEROCHAMBER PLUS FLOW
	<i>23g</i> ..... 132	VU ..... 133
	ACTIMMUNE ..... 115	
	<i>acyclovir</i> ..... 54	



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AEROCHAMBER Z-STAT PLUS .....	133	<i>all-nite cold &amp; flu nighttime .....</i>	133	<i>amlodipine besylate-valsartan .....</i>	29
AEROCHAMBER Z-STAT PLUS CHAMBR .....	133	<i>aller-chlor .....</i>	163	<i>amlodipine-olmesartan .....</i>	29
AEROCHAMBER Z-STAT PLUS/LARGE .....	133	<i>allergy .....</i>	164	<i>amlodipine-valsartan-hctz .....</i>	29
AEROCHAMBER Z-STAT PLUS/MEDIUM .....	133	<i>allergy childrens .....</i>	164	<i>ammonium lactate .....</i>	54
AEROCHAMBER Z-STAT PLUS/SMALL .....	133	<i>allergy multi-symptom .....</i>	133	AMNESTEEM .....	54
AEROTRACH PLUS .....	133	<i>allergy rel child (loratadine) .....</i>	164	<i>amoxapine .....</i>	36
AEROVENT PLUS .....	133	<i>allergy relief .....</i>	164	<i>amoxicillin .....</i>	120
AFIRMELLE .....	107	<i>allergy relief (loratadine) .....</i>	164	<i>amoxicillin-pot clavulanate .....</i>	121
AGAMATRIX AMP TEST .....	133	<i>allergy relief childrens .....</i>	164	<i>amoxicillin-pot clavulanate er .....</i>	121
AGAMATRIX JAZZ TEST .....	133	<i>allergy relief d .....</i>	133	<i>amphetamine-dextroamphetamine .....</i>	37
AGAMATRIX PRESTO TEST .....	133	<i>allergy relief d-12 .....</i>	133	<i>amphotericin b .....</i>	121
AGAMATRIX ULTRA-THIN LANCETS .....	133	<i>allergy relief d-24 .....</i>	133	<i>amphotericin b liposome .....</i>	121
AIMOVIG .....	36	<i>allergy relief/indoor/outdoor ...</i>	164	<i>ampicillin .....</i>	121
<i>ak-poly-bac .....</i>	158	<i>allopurinol .....</i>	13	<i>ampicillin sodium .....</i>	121
AKEEGA .....	16	ALMACONE DOUBLE STRENGTH .....	98	<i>ampicillin-sulbactam sodium .....</i>	121
<i>ala-cort .....</i>	54	<i>alose tron hcl .....</i>	98	<i>anagrelide hcl .....</i>	26
ALA-HIST IR .....	163	ALPHAGAN P .....	158	<i>anastrozole .....</i>	16
ALAHIST CF .....	133	<i>alprazolam .....</i>	36	ANORO ELLIPTA .....	164
<i>alahist dm .....</i>	133	ALTAVERA .....	107	<i>antacid .....</i>	99
<i>alahist pe .....</i>	133	<i>aluminum hydroxide gel .....</i>	98	<i>antacid calcium .....</i>	98
<i>albendazole .....</i>	120	ALUNBRIG .....	16	<i>antacid extra strength .....</i>	98
<i>albuterol sulfate .....</i>	163	<i>alyacen 1/35 .....</i>	107	<i>antacid maximum strength .....</i>	98
<i>albuterol sulfate hfa ....</i>	163	<i>alyacen 7/7/7 .....</i>	107	<i>antacid regular strength .....</i>	99
<i>alclometasone dipropionate .....</i>	54	<i>amantadine hcl .....</i>	36	<i>antacid ultra strength ....</i>	99
ALCOHOL SWABS .....	133	<i>ambrisentan .....</i>	164	<i>antacid/antigas .....</i>	99
ALECENSA .....	16	<i>amcinonide .....</i>	54	<i>anti-diarrheal .....</i>	99
<i>alendronate sodium .....</i>	92	<i>amikacin sulfate .....</i>	120	<i>antifungal .....</i>	134
<i>alfuzosin hcl er .....</i>	105	<i>amiloride hcl .....</i>	29	<i>antifungal clotrimazole .....</i>	54
<i>aliskiren fumarate .....</i>	29	<i>amiloride-hydrochlorothiazide .....</i>	29	<i>antihistamine &amp; nasal deconges .....</i>	134
<i>all day allergy .....</i>	163	<i>amiodarone hcl .....</i>	29	<i>antiseptic skin cleanser .....</i>	54
<i>all day allergy childrens .....</i>	163	<i>amitriptyline hcl .....</i>	36		
<i>all day pain relief .....</i>	133	<i>amlodipine besy-benazepril hcl .....</i>	29		
<i>all day relief .....</i>	133	<i>amlodipine besylate ....</i>	29		



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APETEX .....	61	ASSURE LANCE PLUS		AYUNA .....	107
APETIGEN .....	61	SAFETY 25G .....	134	AYVAKIT .....	16
APETIGEN-PLUS .....	61	ASSURE LANCE PLUS		<i>azacitidine</i> .....	16
<i>apomorphine hcl</i> .....	37	SAFETY 30G .....	134	<i>azathioprine</i> .....	115
<i>apraclonidine hcl</i> .....	159	ASSURE LANCE SAFETY		<i>azelastine hcl</i> .....	159
<i>aprepitant</i> .....	99	LANCET 28G .....	134	<i>azithromycin</i> .....	121
APRI .....	107	ASSURE PLATINUM .....	134	<i>aztreonam</i> .....	121
APTIOM .....	37	ASSURE PRISM MULTI		AZURETTE .....	107
APTIVUS .....	121	TEST .....	134	<b>B</b>	
AQUALANCE LANCETS		ASTAGRAF XL .....	115	<i>b complex</i> .....	62
30G .....	134	<i>atazanavir sulfate</i> .....	121	<i>b complex (folic acid)</i> ...	62
<i>aqueous vitamin d</i> .....	92	<i>atenolol</i> .....	29	<i>b complex formula 1</i>	
<i>aqueous vitamin e</i> .....	62	<i>atenolol-</i>		<i>(lipotrop)</i> .....	62
ARANELLE .....	107	<i>chlorthalidone</i> .....	29	<i>b complex vitamins</i> .....	62
ARCALYST .....	115	<i>athletes foot</i>		<i>b complex vitamins (w/</i>	
AREXVY .....	115	<i>(clotrimazole)</i> .....	55	<i>fa)</i> .....	62
<i>aripiprazole</i> .....	37	<i>athletes foot powder</i>		<i>b complex-c</i> .....	62
ARNUIITY ELLIPTA .....	164	<i>spray</i> .....	55	<i>b complex-folic acid</i> ....	62
<i>arthritis pain</i>		<i>atomoxetine hcl</i> .....	37	<i>b-1</i> .....	62
<i>reliever</i> .....	134	<i>atorvastatin calcium</i> ....	29	<i>b-12</i> .....	62
<i>artificial tears</i> .....	159	<i>atovaquone</i> .....	121	B-12 DOTS .....	62
<i>ascorbic acid</i> .....	62	<i>atovaquone-proguanil</i>		<i>b-12 tr</i> .....	62
<i>asenapine maleate</i> .....	37	<i>hcl</i> .....	121	<i>b-2</i> .....	62
<i>aspirin</i> .....	37	<i>atropine sulfate</i> .....	159	<i>b-6</i> .....	62
<i>aspirin low dose</i> .....	37	ATROVENT HFA .....	164	<i>b-complex (folic acid)</i> ....	62
<i>aspirin-dipyridamole</i>		AUBAGIO .....	37	<i>b-complex-c</i> .....	62
<i>er</i> .....	26	AUBRA EQ .....	107	<i>b-complex/b-12</i> .....	63
ASSURE 4 TEST .....	134	AUGTYRO .....	16	<i>b6 natural</i> .....	63
<i>assure comfort lancets</i>		AUROVELA 1.5/30 .....	107	<i>bacitra-neomycin-</i>	
<i>28g</i> .....	134	AUROVELA 1/20 .....	107	<i>polymyxin-hc</i> .....	159
ASSURE HAEMOLANCE		AUROVELA FE		<i>bacitracin</i> .....	55
PLUS HIGH .....	134	1.5/30 .....	107	<i>bacitracin zinc</i> .....	55
ASSURE HAEMOLANCE		AUROVELA FE 1/20 ....	107	<i>bacitracin zinc-aloe</i> .....	55
PLUS LOW .....	134	AURYXIA .....	92	<i>bacitracin-polymyxin</i>	
ASSURE HAEMOLANCE		AUSTEDO .....	37	<i>b</i> .....	159
PLUS MICRO .....	134	AUTO-LANCET MINI .....	134	<i>baclofen</i> .....	38
ASSURE HAEMOLANCE		AUTOLET LANCING		BACMIN .....	63
PLUS NORMAL .....	134	DEVICE .....	134	<i>balance b-100</i> .....	63
ASSURE HAEMOLANCE		AUTOLET PLUS .....	134	<i>balance b-50</i> .....	63
PLUS PED .....	134	AUVELITY .....	37	<i>balsalazide disodium</i> ....	99
ASSURE LANCE		AVASTIN .....	16	BALVERSA .....	16
LANCETS .....	134	AVIANE .....	107	BALZIVA .....	107
ASSURE LANCE LANCETS		AVONEX PEN .....	37	BANOPHEN .....	164
21G .....	134	AVONEX PREFILLED .....	37	BARACLUDGE .....	121



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BAVENCIO .....	16	<i>biopetit</i> .....	63	<i>bromfenac sodium</i> ....	159
<i>bcg vaccine</i> .....	115	<i>biotin</i> .....	63	<i>bromocriptine</i>	
BD LANCET ULTRAFINE		<i>biotin maximum</i>		<i>mesylate</i> .....	38
30G .....	134	<i>strength</i> .....	63	BROMSITE .....	159
BD LANCET ULTRAFINE		<i>bisacodyl</i> .....	99	BRONCHITOL .....	165
33G .....	134	<i>bisacodyl ec</i> .....	99	BRUKINSA .....	17
BD MICROTAINER		<i>bismatrol</i> .....	99	<i>budesonide</i> .....	99
LANCETS .....	134	<i>bismuth subsalicylate</i> ..	99	<i>budesonide er</i> .....	99
<i>benazepril hcl</i> .....	29	<i>bisoprolol fumarate</i> .....	30	<i>budesonide-formoterol</i>	
<i>benazepril-</i>		<i>bisoprolol-</i>		<i>fumarate</i> .....	165
<i>hydrochlorothiazide</i> .....	29	<i>hydrochlorothiazide</i> .....	30	<i>bumetanide</i> .....	30
<i>bendamustine hcl</i> .....	16	<i>bleomycin sulfate</i> .....	16	<i>buprenorphine hcl</i> .....	38
BENDEKA .....	16	BLISOVI FE 1.5/30 .....	107	<i>buprenorphine hcl-</i>	
BENLYSTA .....	115	BLISOVI FE 1/20 .....	107	<i>naloxone hcl</i> .....	38
<i>benzonatate</i> .....	134	<i>blood glucose test</i> .....	134	<i>bupropion hcl</i> .....	39
<i>benzoyl peroxide</i> .....	55	<i>blood glucose test strips</i>		<i>bupropion hcl er (smoking</i>	
<i>benzoyl peroxide</i>		<i>333</i> .....	135	<i>det)</i> .....	38
<i>wash</i> .....	55	<i>blue gel</i> .....	55	<i>bupropion hcl er (sr)</i> .....	38
<i>benzoyl peroxide-</i>		BLULINK GLUCOSE		<i>bupropion hcl er (xl)</i> .....	38
<i>erythromycin</i> .....	55	TEST .....	135	<i>buspirone hcl</i> .....	39
<i>benztropine mesylate</i> ...	38	BOOSTRIX .....	115	<i>butorphanol tartrate</i> ....	13
BESREMI .....	16	<i>bortezomib</i> .....	16	BYDUREON BCISE .....	92
<i>beta carotene</i> .....	63	<i>bosentan</i> .....	164	BYETTA 10 MCG PEN ....	92
<i>beta carotene provitamin</i>		BOSULIF .....	16	BYETTA 5 MCG PEN .....	92
<i>a</i> .....	63	BPROTECTED MULTI-		<b>C</b>	
<i>betaine</i> .....	104	VITE .....	63	<i>c 1000</i> .....	63
<i>betamethasone</i>		BPROTECTED PEDIA D-		<i>c 1000-bioflavonoids-rose</i>	
<i>dipropionate</i> .....	55	VITE .....	92	<i>hips</i> .....	63
<i>betamethasone</i>		BPROTECTED PEDIA		<i>c 500</i> .....	63
<i>dipropionate aug</i> .....	55	IRON .....	63	<i>c complex</i> .....	63
<i>betamethasone</i>		BPROTECTED PEDIA TRI-		<i>c-1000</i> .....	63
<i>valerate</i> .....	55	VITE .....	63	<i>c-1000/rose hips</i> .....	63
BETASERON .....	38	BRAFTOVI .....	17	<i>c-250</i> .....	63
<i>betaxolol hcl</i> .....	29	BREATHERITE VALVED MDI		<i>c-500</i> .....	63
<i>bethanechol</i>		CHAMBER .....	135	<i>c-500/rose hips</i> .....	64
<i>chloride</i> .....	105	BREO ELLIPTA .....	164	<i>c-chewable</i> .....	64
BETIMOL .....	159	<i>breyana</i> .....	165	CABENUVA .....	121
<i>bexarotene</i> .....	16	<i>briellyn</i> .....	107	<i>cabergoline</i> .....	107
BEXSERO .....	115	BRILINTA .....	27	CABOMETYX .....	17
<i>bicalutamide</i> .....	16	<i>brimonidine tartrate</i> ...	159	<i>caffeine</i> .....	39
BICILLIN C-R .....	121	<i>brimonidine tartrate-</i>		CAL-GEST ANTACID .....	99
BIKTARVY .....	121	<i>timolol</i> .....	159	<i>cal-mag-zinc-d</i> .....	64
<i>bimatoprost</i> .....	159	<i>brinzolamide</i> .....	159	<i>calamine clear</i> .....	55
<i>biocal</i> .....	63	BRIVIACT .....	38	<i>calamine plus</i> .....	55



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CALCIDOL .....	93	<i>calcium citrate + d3</i> .....	65	<i>carbidopa-levodopa</i> .....	39
<i>calcipotriene</i> .....	55	<i>calcium citrate + d3</i>		<i>carbidopa-levodopa</i>	
<i>calcitonin (salmon)</i> .....	93	<i>maximum</i> .....	65	<i>er</i> .....	39
CALCITRENE .....	56	<i>calcium citrate malate-vit</i>		<i>carbidopa-levodopa-</i>	
<i>calcitriol</i> .....	93	<i>d</i> .....	65	<i>entacapone</i> .....	39
<i>calcium + vitamin d3</i> ....	64	<i>calcium citrate</i>		<i>carbinoxamine</i>	
<i>calcium 500 + d3</i> .....	64	<i>plus/magnesium</i> .....	65	<i>maleate</i> .....	165
<i>calcium 500+d</i> .....	64	<i>calcium citrate+d3</i> .....	66	<i>carboplatin</i> .....	17
<i>calcium 500+d high</i>		<i>calcium citrate-vitamin</i>		<i>careone advanced lancing</i>	
<i>potency</i> .....	64	<i>d</i> .....	66	<i>dev</i> .....	135
<i>calcium 500+d3</i> .....	64	<i>calcium citrate-vitamin</i>		CAREONE BLOOD GLUCOSE	
<i>calcium 500/d</i> .....	64	<i>d3</i> .....	66	TEST .....	135
<i>calcium 600</i> .....	64	<i>calcium for women</i> .....	66	CAREONE LANCET SUPER	
<i>calcium 600 + d</i> .....	64	<i>calcium high potency</i> ...	66	THIN 30G .....	135
<i>calcium 600 +d high</i>		<i>calcium high</i>		CARESENS N GLUCOSE	
<i>potency</i> .....	64	<i>potency/vitamin d</i> .....	66	TEST .....	135
<i>calcium 600 high</i>		<i>calcium oyster shell</i> .....	66	CARETOUCH	
<i>potency</i> .....	64	<i>calcium plus vitamin</i>		LANCING/EJECTOR ....	135
<i>calcium 600+d</i> .....	64	<i>d</i> .....	66	CARETOUCH SAFETY	
<i>calcium 600+d high</i>		<i>calcium plus vitamin</i>		LANCETS .....	135
<i>potency</i> .....	64	<i>d3</i> .....	66	CARETOUCH SAFETY	
<i>calcium 600+d plus</i>		<i>calcium+d3</i> .....	66	LANCETS 26G .....	135
<i>minerals</i> .....	64	<i>calcium-magnesium</i> ....	66	CARETOUCH TEST .....	135
<i>calcium 600+d3</i> .....	64	<i>calcium-magnesium-</i>		CARETOUCH TWIST	
<i>calcium 600+d3 plus</i>		<i>zinc</i> .....	66	LANCETS 28G .....	135
<i>minerals</i> .....	64	<i>calcium-vitamin d3</i> .....	66	CARETOUCH TWIST	
<i>calcium 600/vitamin</i>		<i>calcium/c/d</i> .....	66	LANCETS 30G .....	135
<i>d</i> .....	65	<i>caldyphen clear</i> .....	56	CARETOUCH TWIST	
<i>calcium 600/vitamin</i>		CALQUENCE .....	17	LANCETS 33G .....	135
<i>d3</i> .....	65	CALTRATE 600+D PLUS		CARETOUCH TWIST MC	
<i>calcium acetate (phos</i>		MINERALS .....	66	LANCETS 30G .....	135
<i>binder)</i> .....	93	CALTRATE 600+D3 .....	66	<i>carglumic acid</i> .....	66
<i>calcium antacid</i> .....	99	CALTRATE 600+D3		<i>carisoprodol</i> .....	39
<i>calcium antacid extra</i>		SOFT .....	66	<i>carteolol hcl</i> .....	159
<i>strength</i> .....	99	CAMILA .....	107	CARTIA XT .....	30
<i>calcium carb-</i>		<i>candesartan ciloxetine</i> ....	30	<i>carvedilol</i> .....	30
<i>cholecalciferol</i> .....	65	<i>candesartan ciloxetine-</i>		CAYSTON .....	165
<i>calcium carbonate</i> .....	65	<i>hctz</i> .....	30	<i>cefaclor</i> .....	122
<i>calcium carbonate</i>		CAPLYTA .....	39	<i>cefaclor er</i> .....	121
<i>antacid</i> .....	99	CAPRELSA .....	17	<i>cefadroxil</i> .....	122
<i>calcium carbonate-vitamin</i>		<i>capsaicin</i> .....	56	<i>cefazolin sodium</i> .....	122
<i>d</i> .....	65	<i>carbamazepine</i> .....	39	<i>cefazolin sodium-</i>	
<i>calcium citrate</i> .....	65	<i>carbamazepine er</i> .....	39	<i>dextrose</i> .....	122
<i>calcium citrate + d</i> .....	65	<i>carbidopa</i> .....	39	<i>cefdinir</i> .....	122



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<i>cefepime hcl</i> .....	122	<i>cetirizine hcl childrens</i>		CLARAVIS .....	56
<i>cefixime</i> .....	122	<i>alrgy</i> .....	165	<i>clarithromycin</i> .....	123
<i>cefoxitin sodium</i> .....	122	<i>cetirizine-pseudoephedrine</i>		<i>clarithromycin er</i> .....	123
<i>cefpodoxime</i>		<i>er</i> .....	135	CLEARLAX .....	100
<i>proxetil</i> .....	122	CHATEAL EQ .....	107	<i>clemastine fumarate ...</i>	165
<i>cefprozil</i> .....	122	<i>chest congestion</i>		CLEVER CHEK AUTO-CODE	
<i>ceftazidime</i> .....	122	<i>relief</i> .....	135	TEST .....	135
<i>ceftriaxone sodium</i> ....	122	<i>chest congestion relief</i>		CLEVER CHEK AUTO-CODE	
<i>ceftriaxone sodium in</i>		<i>dm</i> .....	135	VOICE .....	135
<i>dextrose</i> .....	122	<i>chest congestion relief</i>		CLEVER CHEK	
<i>ceftriaxone sodium-</i>		<i>pe</i> .....	135	LANCETS .....	135
<i>dextrose</i> .....	122	<i>chest rub</i> .....	56	CLEVER CHEK TEST ....	135
<i>cefuroxime axetil</i> .....	122	<i>chewable calcium</i> .....	67	CLEVER CHOICE AUTO-	
<i>cefuroxime sodium</i> ....	123	<i>childrens chewable</i>		CODE TEST .....	136
<i>celecoxib</i> .....	13	<i>vitamins</i> .....	67	CLEVER CHOICE HOLDING	
CENTRATEX .....	66	<i>childrens ibuprofen</i> ....	135	CHAMBER .....	136
<i>centravites 50 plus</i> .....	67	<i>childrens loratadine</i> ....	165	CLEVER CHOICE LANCETS	
CENTRUM .....	67	CHLO TUSS .....	135	23G .....	136
CENTRUM ADULTS .....	67	<i>chlordiazepoxide-</i>		CLEVER CHOICE LANCETS	
CENTRUM MEN .....	67	<i>amitriptyline</i> .....	39	28G .....	136
CENTRUM SILVER .....	67	<i>chlorhexidine</i>		CLEVER CHOICE MICRO	
CENTRUM SILVER		<i>gluconate</i> .....	56	TEST .....	136
50+WOMEN .....	67	<i>chloroquine</i>		CLEVER CHOICE NO	
CENTRUM SILVER ADULT		<i>phosphate</i> .....	123	CODING .....	136
50+ .....	67	<i>chlorpromazine hcl</i> .....	39	CLEVER CHOICE TALK	
CENTRUM SILVER ULTRA		<i>chlorthalidone</i> .....	30	SYSTEM .....	136
WOMENS .....	67	<i>cholestyramine</i> .....	30	CLINDACIN .....	56
CENTRUM SILVER WOMEN		<i>cholestyramine light</i> ....	30	CLINDACIN ETZ .....	56
50+ .....	67	CICLODAN .....	56	CLINDACIN-P .....	56
CENTRUM SPECIALIST		<i>ciclopirox</i> .....	56	<i>clindamycin hcl</i> .....	123
HEART .....	67	<i>ciclopirox olamine</i> .....	56	<i>clindamycin</i>	
CENTRUM ULTRA		<i>cilostazol</i> .....	27	<i>phosphate</i> .....	56
WOMENS .....	67	CIMDUO .....	123	CLINIMIX E/DEXTROSE	
CENTRUM WOMEN .....	67	<i>cimetidine</i> .....	100	(2.75/5) .....	67
<i>cephalexin</i> .....	123	<i>cinacalcet hcl</i> .....	93	CLINIMIX E/DEXTROSE	
CEREFOLIN .....	67	CINRYZE .....	27	(4.25/10) .....	67
CEROVITE SENIOR .....	67	<i>ciprofloxacin hcl</i> .....	123	CLINIMIX E/DEXTROSE	
CERTAVITE SENIOR .....	67	<i>ciprofloxacin in d5w</i> ....	123	(4.25/5) .....	67
CERTAVITE		<i>ciprofloxacin-</i>		CLINIMIX E/DEXTROSE	
SENIOR/ANTIOXIDANT ...	67	<i>dexamethasone</i> .....	163	(5/15) .....	67
CERTAVITE/ANTIOXIDANTS...	67	<i>cisplatin</i> .....	17	CLINIMIX E/DEXTROSE	
<i>cetirizine hcl</i> .....	165	<i>citalopram</i>		(5/20) .....	67
<i>cetirizine hcl allergy</i>		<i>hydrobromide</i> .....	39	CLINIMIX E/DEXTROSE	
<i>child</i> .....	165	CITRACAL MAXIMUM .....	67	(8/10) .....	67



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<i>clinimix e/dextrose</i> (8/14).....	<i>cold &amp; cough</i> <i>childrens</i> .....	COMPLERA .....
67	136	123
CLINIMIX/DEXTROSE (4.25/10).....	<i>cold &amp; flu nighttime</i> <i>relief</i> .....	<i>complete allergy</i> <i>medicine</i> .....
68	136	165
CLINIMIX/DEXTROSE (4.25/5).....	<i>cold &amp; flu relief</i> <i>daytime</i> .....	<i>complex b-100-</i> <i>inositol</i> .....
68	136	68
CLINIMIX/DEXTROSE (5/15).....	<i>cold &amp; flu relief</i> <i>nighttime</i> .....	COMPRO .....
68	136	100
CLINIMIX/DEXTROSE (5/20).....	<i>cold/flu daytime</i> <i>relief</i> .....	<i>constulose</i> .....
68	136	100
<i>clinimix/dextrose</i> (6/5).....	COLEMAN BOTANICALS INSECT REP.....	CONTOUR NEXT TEST .....
68	136	137
<i>clinimix/dextrose</i> (8/10).....	COLEMAN INSECT REPEL HIGH&DRY .....	CONTOUR TEST .....
68	136	137
<i>clinimix/dextrose</i> (8/14).....	COLEMAN SKINSMART INSECT REPEL.....	COOL BLOOD GLUCOSE TEST STRIPS .....
68	136	137
CLINOLIPID .....	<i>colestipol hcl</i> .....	COPAXONE .....
68	30	40
<i>clobazam</i> .....	<i>colistimethate sodium</i> ( <i>cba</i> ).....	COPIKTRA .....
39	123	17
<i>clobetasol propionate</i> ...	COMBIGAN .....	<i>coral calcium</i> .....
56	159	68
<i>clobetasol propionate</i> <i>e</i> .....	COMBIVENT RESPIMAT .....	CORLANOR .....
56	165	30
<i>clomipramine hcl</i> .....	COMETRIQ (100 MG DAILY DOSE).....	<i>corn &amp; callus</i> <i>remover</i> .....
39	17	57
<i>clonazepam</i> .....	COMETRIQ (140 MG DAILY DOSE).....	CORTISPORIN-TC .....
39	17	163
<i>clonidine</i> .....	COMETRIQ (60 MG DAILY DOSE).....	CORVITA .....
30	17	68
<i>clonidine hcl</i> .....	<i>comfort assured lancets</i> 28g.....	CORVITE 150 .....
30	136	68
<i>clopidogrel bisulfate</i> ....	<i>comfort assured lancets</i> 33g.....	<i>corvite fe</i> .....
27	136	68
<i>clorazepate</i> <i>dipotassium</i> .....	<i>comfort lancets</i> .....	COSENTYX .....
40	136	115
<i>clotrimazole</i> .....	COMPACT SPACE CHAMBER .....	COSENTYX (300 MG DOSE).....
56	136	115
<i>clotrimazole anti-</i> <i>funga</i> .....	COMPACT SPACE CHAMBER/LG MASK ....	COSENTYX SENSOREADY (300 MG).....
56	136	115
<i>clotrimazole-</i> <i>betamethasone</i> .....	COMPACT SPACE CHAMBER/MED MASK .....	COSENTYX SENSOREADY PEN .....
56	136	115
<i>clozapine</i> .....	COMPACT SPACE CHAMBER/SM MASK ....	COTELLIC .....
40	136	17
COAGUCHEK LANCETS .....	<i>companion</i> .....	<i>cough &amp; cold</i> <i>hbp</i> .....
136	68	137
COARTEM .....	COMPETE .....	<i>cough dm</i> .....
123	68	137
COATS ALOE .....		<i>cough dm childrens</i> ....
56		137
<i>colchicine</i> .....		COZIMA .....
13		57
<i>colchicine-</i> <i>probenecid</i> .....		CRANBERRY URINARY COMFORT .....
13		68
<i>cold &amp; allergy</i> <i>childrens</i> .....		CREON .....
136		104
		<i>cromolyn sodium</i> .....
		104
		CRYSSELLE-28 .....
		107
		CUTTER BACKWOODS .....
		137
		CUTTER BACKWOODS DRY .....
		137



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CUTTER LEMON		
EUCALYPTUS .....	137	
CVS ADVANCED GLUCOSE TEST .....	137	
<i>cv</i> s <i>b</i> complex plus <i>c</i> .....	68	
<i>cv</i> s <i>b</i> -1 .....	68	
<i>cv</i> s <i>b</i> -12 .....	68	
<i>cv</i> s <i>b</i> 6 .....	68	
<i>cv</i> s beta carotene .....	68	
<i>cv</i> s biotin high potency .....	68	
<i>cv</i> s calcium .....	69	
<i>cv</i> s calcium + d3 .....	68	
<i>cv</i> s calcium 600 & vitamin d3 .....	68	
<i>cv</i> s calcium 600 + d/minerals .....	68	
<i>cv</i> s calcium 600+d .....	68	
<i>cv</i> s chewable <i>c</i> with rose hips .....	69	
<i>cv</i> s glucose meter test strips .....	137	
<i>cv</i> s hair/skin/nails .....	69	
<i>cv</i> s iron .....	69	
<i>cv</i> s lancets micro thin 33g .....	137	
<i>cv</i> s lancets thin 26g .....	137	
<i>cv</i> s lancets ultra thin 30g .....	137	
<i>cv</i> s lancets ultra-thin 30g .....	137	
<i>cv</i> s lancing device .....	137	
<i>cv</i> s magnesium .....	69	
<i>cv</i> s ped electrolyte freeze pop .....	69	
<i>cv</i> s pediatric electrolyte .....	69	
<i>cv</i> s selenium .....	69	
<i>cv</i> s slow release dried iron .....	69	
<i>cv</i> s slow release iron .....	69	
<i>cv</i> s spectravite adult 50+ .....	69	
<i>cv</i> s spectravite adults .....	69	
<i>cv</i> s spectravite advanced .....	69	
<i>cv</i> s spectravite men .....	69	
<i>cv</i> s spectravite women .....	69	
<i>cv</i> s spectravite women 50+ .....	69	
<i>cv</i> s vitamin a .....	69	
<i>cv</i> s vitamin b-12 .....	69	
<i>cv</i> s vitamin b-2 .....	69	
<i>cv</i> s vitamin b12 .....	69	
<i>cv</i> s vitamin c .....	69	
<i>cv</i> s vitamin c-rose hips .....	70	
<i>cv</i> s vitamin e .....	70	
<i>cv</i> s zinc gluconate .....	70	
cyclobenzaprine hcl .....	40	
cyclopentolate hcl .....	159	
cyclophosphamide .....	17	
CYCLOSET .....	93	
cyclosporine .....	115	
cyclosporine modified .....	115	
cyproheptadine hcl .....	165	
CYRAMZA .....	17	
CYRED EQ .....	107	
CYSTAGON .....	104	
CYSTARAN .....	159	
<b>D</b>		
D-VI-SOL .....	93	
<i>d</i> -vite pediatric .....	93	
dabigatran etexilate mesylate .....	27	
daily multiple vitamins .....	70	
daily value multivitamin .....	70	
daily vite .....	70	
daily vite multivitamin/iron .....	70	
daily vites .....	70	
dalfampridine er .....	40	
danazol .....	108	
dantrolene sodium .....	40	
dapsona .....	123	
DAPTACEL .....	116	
daptomycin .....	123	
darunavir .....	123	
DARZALEX .....	17	
DARZALEX FASPRO .....	17	
dasatinib .....	17	
DASETTA 1/35 .....	108	
DASETTA 7/7/7 .....	108	
DAURISMO .....	17	
daytime cold & flu relief .....	137	
DEBLITANE .....	108	
decitabine .....	17	
deconex dmx .....	137	
DECONEX IR .....	137	
deep sea nasal spray .....	137	
deferasirox .....	93	
dekas essential .....	70	
DEKAS PLUS .....	70	
DELSTRIGO .....	123	
DELYLA .....	108	
demeclocycline hcl .....	123	
DEPO-SUBQ PROVERA 104 .....	108	
DEPO-TESTOSTERONE .....	108	
DESCOVY .....	123	
desipramine hcl .....	40	
desmopressin ace spray refrig .....	108	
desmopressin acetate .....	108	
desmopressin acetate pf .....	108	
desmopressin acetate spray .....	108	
desogestrel-ethinyl estradiol .....	108	
desoximetasone .....	57	
desvenlafaxine er .....	40	
desvenlafaxine succinate er .....	40	



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<i>dexamethasone</i> .....	108	<i>digox</i> .....	30	<i>doxycycline</i>	
<i>dexamethasone sod phos</i>		<i>digoxin</i> .....	30	<i>monohydrate</i> .....	124
<i>+rfid</i> .....	108	<i>dihydroergotamine</i>		<i>doxylamine-</i>	
<i>dexamethasone sod</i>		<i>mesylate</i> .....	41	<i>phenylephrine</i> .....	138
<i>phosphate pf</i> .....	108	DILANTIN .....	41	DRIMINATE .....	100
<i>dexamethasone sodium</i>		<i>dilt-xr</i> .....	30	DRIZALMA SPRINKLE ....	41
<i>phosphate</i> .....	108	<i>diltiazem hcl</i> .....	31	<i>dronabinol</i> .....	100
<i>dexbrompheniramine-</i>		<i>diltiazem hcl er</i> .....	31	DROPLET GENTEEL	
<i>phenyleph</i> .....	137	<i>diltiazem hcl er</i>		LANCING DEVICE .....	138
<i>dextroamphetamine</i>		<i>beads</i> .....	30	DROPLET LANCETS ULTRA	
<i>sulfate</i> .....	41	<i>diltiazem hcl er coated</i>		THIN 30G .....	138
<i>dextroamphetamine sulfate</i>		<i>beads</i> .....	31	DROPLET LANCING	
<i>er</i> .....	40	DIMAPHEN DM		DEVICE .....	138
<i>dextromethorphan</i>		COLD/COUGH .....	138	DROPLET PERSONAL	
<i>hbr</i> .....	137	<i>diphenhydramine</i>		LANCETS 30G .....	138
<i>dextromethorphan</i>		<i>hcl</i> .....	165	<i>drosiprenone-ethinyl</i>	
<i>polistirex er</i> .....	138	<i>diphenoxylate-</i>		<i>estradiol</i> .....	108
<i>dextrose</i> .....	70	<i>atropine</i> .....	100	DROXIA .....	27
<i>dextrose in lactated</i>		<i>diphtheria-tetanus toxoids</i>		<i>droxidopa</i> .....	31
<i>ringers</i> .....	70	<i>dt</i> .....	116	DRUG MART LANCING	
<i>dextrose-sodium</i>		<i>disulfiram</i> .....	41	DEVICE .....	138
<i>chloride</i> .....	70	<i>divalproex sodium</i> .....	41	DRUG MART ON-THE-GO	
DIACOMIT .....	41	<i>divalproex sodium er</i> ....	41	LANCET 30G .....	138
DIALYVITE .....	70	<i>docetaxel</i> .....	17	DRUG MART UNILET	
DIALYVITE 3000 .....	70	<i>docosanol</i> .....	57	LANCETS 28G .....	138
DIALYVITE 5000 .....	70	<i>docusate calcium</i> .....	100	DRUG MART UNILET	
DIALYVITE 800 .....	70	<i>docusate sodium</i> .....	100	LANCETS 30G .....	138
DIALYVITE 800/IRON ....	70	DOCUSOL KIDS .....	100	DRUG MART UNILET	
DIALYVITE SUPREME		DOCUSOL PLUS MINI-		LANCETS 33G .....	138
D .....	70	ENEMA .....	100	<i>dry eye relief</i> .....	160
DIALYVITE/ZINC .....	70	<i>dofetilide</i> .....	31	<i>dry eye relief drops</i> ....	160
<i>diaper rash</i> .....	57	<i>donepezil hcl</i> .....	41	DUAVEE .....	108
<i>diatrue plus test</i> .....	138	<i>dorzolamide hcl</i> .....	159	<i>duloxetine hcl</i> .....	42
<i>diazepam</i> .....	41	<i>dorzolamide hcl-timolol</i>		DUPIXENT .....	57
DIAZEPAM INTENSOL ....	41	<i>mal</i> .....	159	DURAFLO .....	138
<i>diazoxide</i> .....	93	DOVATO .....	123	<i>duramorph</i> .....	13
<i>dibucaine</i> .....	57	<i>doxazosin mesylate</i> .....	31	<i>dutasteride</i> .....	105
<i>diclofenac potassium</i> ...	13	<i>doxepin hcl</i> .....	41	<i>dutasteride-tamsulosin</i>	
<i>diclofenac sodium</i> .....	13	<i>doxercalciferol</i> .....	93	<i>hcl</i> .....	105
<i>diclofenac sodium er</i> ....	13	<i>doxorubicin hcl</i> .....	18	<b>E</b>	
<i>dicloxacillin sodium</i> ....	123	<i>doxorubicin hcl</i>		<i>e-400</i> .....	70
<i>dicyclomine hcl</i> .....	100	<i>liposomal</i> .....	18	<i>e-oil</i> .....	70
DIFICID .....	123	DOXY 100 .....	123	E-Z JECT LANCET MICRO-	
<i>diflunisal</i> .....	13	<i>doxycycline hyclate</i> ....	124	THIN 33G .....	138



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E-Z JECT LANCET SUPER THIN 30G .....	138	EASY TOUCH LANCETS 30G/TWIST .....	139	ELEMENT TEST .....	140
E-Z JECT LANCETS .....	138	EASY TOUCH LANCETS 32G .....	139	ELFOLATE PLUS .....	71
E-Z JECT LANCETS 21G .....	138	EASY TOUCH LANCETS 32G/TWIST .....	139	ELINEST .....	108
E-Z JECT LANCETS THIN 26G .....	138	EASY TOUCH LANCETS 33G/TWIST .....	139	ELIQUIS .....	27
E.E.S. 400 .....	124	EASY TOUCH LANCING DEVICE .....	139	ELIQUIS DVT/PE STARTER PACK .....	27
<i>e400</i> .....	70	EASY TOUCH SAFETY LANCETS 21G .....	139	ELITEK .....	18
<i>ear drops</i> .....	163	EASY TOUCH SAFETY LANCETS 23G .....	139	ELURYNG .....	108
<i>earwax removal</i> .....	163	EASY TOUCH SAFETY LANCETS 26G .....	139	EMBRACE BLOOD GLUCOSE TEST .....	140
EASIVENT .....	138	EASY TOUCH SAFETY LANCETS 28G .....	139	EMBRACE EVO BLOOD GLUCOSE TEST .....	140
EASIVENT MASK LARGE .....	138	EASY TOUCH TEST .....	139	EMBRACE LANCETS ULTRA THIN 30G .....	140
EASIVENT MASK MEDIUM .....	138	<i>easy trak blood glucose test</i> .....	139	<i>embrace lancng device/ejector</i> .....	140
EASIVENT MASK SMALL .....	138	<i>easy trak ii glucose test</i> .....	139	EMBRACE PRESSURE ACTIVATED 21G .....	140
<i>easy comfort lancets</i> .....	138	EASYGLUCO .....	139	EMBRACE PRESSURE ACTIVATED 28G .....	140
<i>easy comfort lancets twist top</i> .....	138	EASYMAX 15 TEST .....	139	EMBRACE PRO GLUCOSE TEST .....	140
<i>easy mini eject lancng device</i> .....	138	EASYMAX TEST .....	139	EMBRACE TALK GLUCOSE TEST .....	140
<i>easy plus ii glucose test</i> .....	138	<i>ec-naproxen</i> .....	13	EMCYT .....	18
EASY STEP TEST .....	139	ECONTRA EZ .....	108	EMPLICITI .....	18
<i>easy talk blood glucose test</i> .....	139	ED A-HIST .....	139	EMSAM .....	42
<i>easy talk plus ii test strips</i> .....	139	<i>ed a-hist dm</i> .....	139	<i>emtricitabine</i> .....	124
EASY TOUCH LANCETS 21G .....	139	<i>ed bron gp</i> .....	139	<i>emtricitabine-tenofovir df</i> .....	124
EASY TOUCH LANCETS 23G .....	139	<i>ed chlorped jr</i> .....	165	EMTRIVA .....	124
EASY TOUCH LANCETS 26G .....	139	<i>ed-a-hist dm</i> .....	139	EMZAHH .....	109
EASY TOUCH LANCETS 28G .....	139	<i>ed-apap</i> .....	140	<i>enalapril maleate</i> .....	31
EASY TOUCH LANCETS 28G/TWIST .....	139	EDURANT .....	124	<i>enalapril-hydrochlorothiazide</i> .....	31
EASY TOUCH LANCETS 30G .....	139	<i>efavirenz</i> .....	124	ENBREL .....	116
		<i>efavirenz-emtricitab-tenofovir df</i> .....	124	ENBREL MINI .....	116
		<i>efavirenz-lamivudine-tenofovir</i> .....	124	ENBREL SURECLICK .....	116
		<i>effervescent antacid/pain rel</i> .....	42	ENDACOF-DM .....	140
		<i>element compact test</i> .....	140	ENDARI .....	27
				ENDOCET .....	13
				ENDUR-ACIN .....	31
				ENDUR-C .....	71
				<i>enema</i> .....	100



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ENEMEEZ MINI .....	100	<i>eql calcium/vitamin</i>		<i>etonogestrel-ethinyl</i>	
ENEMEEZ PLUS .....	100	<i>d</i> .....	71	<i>estradiol</i> .....	109
ENFAMIL ENFALYTE .....	71	<i>eql calcium/vitamin</i>		<i>etoposide</i> .....	18
ENGERIX-B .....	116	<i>d3</i> .....	71	<i>etravirine</i> .....	125
ENHERTU .....	18	<i>eql color lancets micro</i>		EUTHYROX .....	109
ENILLORING .....	109	<i>33g</i> .....	140	<i>everolimus</i> .....	18
ENLYTE .....	140	<i>eql one daily womens</i> ....	71	EVOLUTION	
<i>enoxaparin sodium</i> .....	27	<i>eql vitamin b-12</i> .....	71	AUTOCODE .....	140
ENPRESSE-28 .....	109	<i>eql vitamin c</i> .....	71	EVOTAZ .....	125
ENSKYCE .....	109	<i>eql vitamin c/rose</i>		<i>exemestane</i> .....	18
<i>entacapone</i> .....	42	<i>hips</i> .....	71	EXKVITY .....	18
<i>entecavir</i> .....	124	<i>eql vitamin e</i> .....	71	<i>eye allergy itch</i>	
ENTRESTO .....	31	ERAXIS .....	124	<i>relief</i> .....	160
<i>enulose</i> .....	100	ERBITUX .....	18	<i>eye allergy itch/redness</i>	
EPCLUSA .....	124	<i>ergocalciferol</i> .....	93	<i>rel</i> .....	160
EPIDIOLEX .....	42	<i>ergoloid mesylates</i> .....	42	<i>eye drops</i> .....	160
<i>epinephrine</i> .....	166	ERGOMAR .....	42	<i>eye drops advanced</i>	
<i>epinephrine</i>		<i>ergotamine-caffeine</i> ....	42	<i>relief</i> .....	160
<i>(anaphylaxis)</i> .....	165	ERIVEDGE .....	18	<i>eye itch relief</i> .....	160
EPITOL .....	42	ERLEADA .....	18	<i>eye wash</i> .....	160
EPIVIR HBV .....	124	<i>erlotinib hcl</i> .....	18	EZ-LETS LANCETS	
<i>eplerenone</i> .....	31	ERRIN .....	109	26G .....	140
EPRONTIA .....	42	<i>ertapenem sodium</i> ....	124	<i>ezetimibe</i> .....	31
<i>eq blood glucose</i>		<i>ery</i> .....	57	EZFE 200 .....	71
<i>test</i> .....	140	ERY-TAB .....	124	<b>F</b>	
<i>eq calcium 500+d</i> .....	71	ERYTHROCIN		<i>fabb</i> .....	72
<i>eq calcium 600+d</i> .....	71	STEARATE .....	124	FABRAZYME .....	104
<i>eq calcium citrate+d</i> ....	71	<i>erythromycin</i> .....	57	FALMINA .....	109
<i>eq complete multivit adult</i>		<i>erythromycin base</i> .....	124	<i>famciclovir</i> .....	125
<i>50+</i> .....	71	<i>erythromycin</i>		<i>famotidine</i> .....	100
<i>eq complete multivitamin-</i>		<i>ethylsuccinate</i> .....	124	<i>famotidine (pf)</i> .....	100
<i>adult</i> .....	71	<i>erythromycin</i>		<i>famotidine maximum</i>	
<i>eq one daily womens</i>		<i>lactobionate</i> .....	125	<i>strength</i> .....	100
<i>health</i> .....	71	<i>escitalopram oxalate</i> ....	42	<i>famotidine orig st</i> .....	100
<i>eq slow-release iron</i> ....	71	<i>esomeprazole</i>		<i>famotidine</i>	
<i>eq space chamber anti-</i>		<i>magnesium</i> .....	100	<i>premixed</i> .....	100
<i>static</i> .....	140	ESSENTIA .....	71	FANAPT .....	42
<i>eql b complex 50</i> .....	71	ESTARYLLA .....	109	FANAPT TITRATION	
<i>eql b-6</i> .....	71	<i>estradiol</i> .....	109	PACK .....	43
<i>eql calcium citrate/vitamin</i>		<i>ethambutol hcl</i> .....	125	FARXIGA .....	93
<i>d</i> .....	71	<i>ethosuximide</i> .....	42	<i>fe c tab</i> .....	72
<i>eql calcium citrate/vitamin</i>		<i>ethynodiol diac-eth</i>		<i>fe-vite iron</i> .....	72
<i>d3</i> .....	71	<i>estradiol</i> .....	109	<i>febuxostat</i> .....	13
		<i>etodolac</i> .....	13	<i>felbamate</i> .....	43



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<i>felodipine er</i> .....	31	FINGERSTIX		<i>fluphenazine</i>	
FEMYNOR .....	109	LANCETS .....	140	<i>decanoate</i> .....	43
<i>fenofibrate</i> .....	31	<i> fingolimod hcl</i> .....	43	<i> fluphenazine hcl</i> .....	43
<i>fenofibrate</i>		FINTEPLA .....	43	<i> flurbiprofen</i> .....	13
<i>micronized</i> .....	31	FIRMAGON .....	18	<i> flurbiprofen sodium</i> .....	160
<i>fenofibric acid</i> .....	31	FIRMAGON (240 MG		<i> fluticasone</i>	
<i>fenoprofen calcium</i> .....	13	DOSE) .....	18	<i> propionate</i> .....	58
<i> fentanyl</i> .....	13	FLAC .....	163	<i> fluticasone propionate</i>	
<i> fentanyl citrate</i> .....	13	<i> flecainide acetate</i> .....	32	<i> diskus</i> .....	166
FEOSOL .....	72	FLEET PEDIATRIC .....	101	<i> fluticasone propionate</i>	
FEOSOL BIFERA .....	72	FLEXICHAMBER .....	141	<i> hfa</i> .....	166
FER-IN-SOL .....	72	FLEXICHAMBER ADULT		<i> fluticasone-</i>	
FERATE .....	72	MASK/SMALL .....	140	<i> salmeterol</i> .....	166
FERIVA 21/7 .....	72	FLEXICHAMBER CHILD		<i> fluvoxamine maleate</i> .....	43
FERIVAF A .....	72	MASK/LARGE .....	140	<i> folbee</i> .....	73
FEROSUL .....	72	FLEXICHAMBER CHILD		<i> folbee plus</i> .....	73
FERRALET 90 .....	72	MASK/SMALL .....	140	FOLBEE PLUS CZ .....	73
<i> ferretts</i> .....	72	FLINTSTONES		FOLBIC .....	73
<i> ferretts ips</i> .....	72	COMPLETE .....	73	<i> folic acid</i> .....	73
FERREX 150 .....	72	FLINTSTONES/MY		FOLITAB 500 .....	73
<i> ferric x-150</i> .....	72	FIRST .....	73	<i> folplex 2.2</i> .....	73
FERRIMIN 150 .....	72	FLORIVA .....	73	FOLTABS 800 .....	73
<i> ferrous fumarate</i> .....	72	FLORIVA PLUS .....	73	FOLTANX .....	73
<i> ferrous gluconate</i> .....	72	<i> flu hbp</i> .....	141	FOLTRATE .....	73
<i> ferrous sulfate</i> .....	72	<i> fluconazole</i> .....	125	<i> fondaparinux sodium</i> .....	27
<i> ferrous sulfate er</i> .....	72	<i> fluconazole in sodium</i>		FORA 6 CONNECT .....	141
<i> fesoterodine fumarate</i>		<i> chloride</i> .....	125	FORA BLOOD GLUCOSE	
<i> er</i> .....	105	<i> flucytosine</i> .....	125	TEST .....	141
FETZIMA .....	43	<i> fludrocortisone</i>		FORA D15G BLOOD	
FETZIMA TITRATION .....	43	<i> acetate</i> .....	109	GLUCOSE TEST .....	141
<i> fexofenadine hcl</i> .....	166	<i> flunisolide</i> .....	166	FORA D20 BLOOD GLUCOSE	
<i> fexofenadine-pseudoephed</i>		<i> fluocinolone</i>		TEST .....	141
<i> er</i> .....	140	<i> acetonide</i> .....	57	FORA D40/G31 BLOOD	
<i> fiber</i> .....	101	<i> fluocinolone acetonide</i>		GLUCOSE .....	141
<i> fiber-lax</i> .....	101	<i> body</i> .....	57	FORA G20 BLOOD GLUCOSE	
FIFTY50 GLUCOSE TEST		<i> fluocinolone acetonide</i>		TEST .....	141
2.0 .....	140	<i> scalp</i> .....	57	FORA G30/PREM V10	
FIFTY50 SAFETY SEAL		<i> fluocinonide</i> .....	58	GLUCOSE TEST .....	141
LANCETS .....	140	<i> fluocinonide emulsified</i>		FORA GD20 TEST .....	141
FIFTY50 UNILET LANCETS		<i> base</i> .....	57	FORA GD50 BLOOD	
33G .....	140	<i> fluorometholone</i> .....	160	GLUCOSE TEST .....	141
<i> finasteride</i> .....	105	<i> fluorouracil</i> .....	18	FORA GTEL BLOOD	
FINE 30 .....	140	<i> fluoxetine hcl</i> .....	43	GLUCOSE TEST .....	141
				FORA LANCETS .....	141



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FORA LANCING	FREESTYLE PRECISION NEO	<i>gemfibrozil</i> .....	32
DEVICE .....	TEST .....	GEMTESA .....	105
FORA TN'G ADVANCE	FREESTYLE TEST .....	<i>generlac</i> .....	101
PRO .....	FREESTYLE UNISTICK II	GENGRAF .....	116
FORA TN'G/TN'G	LANCETS .....	GENTAK .....	160
VOICE .....	<i>fruit c 500</i> .....	<i>gentamicin sulfate</i> .....	58
FORA V10 BLOOD GLUCOSE	<i>fruity c</i> .....	GENTEEL BUTTERFLY	
TEST .....	FRUZAQLA .....	TOUCH LANCET .....	142
FORA V12 BLOOD GLUCOSE	<i>full spectrum b/vitamin</i>	GENVOYA .....	125
TEST .....	<i>c</i> .....	<i>ght test</i> .....	142
FORA V20 BLOOD GLUCOSE	FULPHILA .....	GILENYA .....	43
TEST .....	<i>fulvestrant</i> .....	GILOTRIF .....	19
FORA V30A BLOOD	FUNGOID TINCTURE .....	GLEOSTINE .....	19
GLUCOSE TEST .....	<i>furosemide</i> .....	<i>glimepiride</i> .....	93
FORACARE GD40	FUSION .....	<i>glipizide</i> .....	93
TEST .....	FUSION PLUS .....	<i>glipizide er</i> .....	93
FORACARE PREMIUM V10	FUZEON .....	<i>glipizide xl</i> .....	94
TEST .....	FYCOMPA .....	<i>glipizide-metformin</i>	
FORACARE TEST N GO	<b>G</b>	<i>hcl</i> .....	94
TEST .....	<i>gabapentin</i> .....	<i>global inject ease lancets</i>	
FORTEO .....	GALLIFREY .....	<i>28g</i> .....	142
FORTISCARE G1 TEST	GAMUNEX-C .....	<i>global inject ease lancets</i>	
STRIP .....	<i>ganciclovir sodium</i> .....	<i>30g</i> .....	142
FORTISCARE TEST .....	GARDASIL 9 .....	<i>global lancing</i>	
<i>fosamprenavir</i>	<i>gas relief</i> .....	<i>device</i> .....	142
<i>calcium</i> .....	<i>gas relief extra</i>	GLUCAGEN HYPOKIT .....	94
<i>fosfomycin</i>	<i>strength</i> .....	<i>glucagon emergency</i> .....	94
<i>tromethamine</i> .....	<i>gas relief infants</i> .....	GLUCOCARD 01 SENSOR	
FOSFREE .....	<i>gas relief ultra</i>	PLUS .....	142
<i>fosinopril sodium</i> .....	<i>strength</i> .....	GLUCOCARD EXPRESSION	
<i>fosinopril sodium-</i>	GATTEX .....	TEST .....	142
<i>hctz</i> .....	GAUZE STERILE PADS	GLUCOCARD SHINE	
FOTIVDA .....	2 .....	TEST .....	142
<i>freds pharmacy autolet</i>	<i>gavilax</i> .....	GLUCOCARD VITAL	
<i>lancing</i> .....	GAVILYTE-C .....	TEST .....	142
<i>freds pharmacy unilet lanc</i>	GAVILYTE-G .....	GLUCOCOM LANCETS	
<i>28g</i> .....	GAVILYTE-N WITH FLAVOR	28G .....	142
<i>freds pharmacy unilet lanc</i>	PACK .....	GLUCOCOM LANCETS	
<i>30g</i> .....	GAVRETO .....	30G .....	142
FREESTYLE INSULINX	GAZYVA .....	GLUCOCOM LANCETS	
TEST .....	<i>ge100 blood glucose</i>	33G .....	142
FREESTYLE LANCETS ...	<i>test</i> .....	GLUCOCOM TEST .....	142
FREESTYLE LITE	<i>gefitinib</i> .....	GLUCONAVII BLOOD	
TEST .....	<i>gemcitabine hcl</i> .....	GLUCOSE TEST .....	142



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<i>glucose meter test</i> .....	142	<i>gnp vitamin a</i> .....	74	<i>griseofulvin</i>	
<i>glyburide</i> .....	94	<i>gnp vitamin b-1</i> .....	74	<i>ultramicrosize</i> .....	125
<i>glycopyrrolate</i> .....	101	<i>gnp vitamin b-12</i> .....	74	<i>guaifenesin er</i> .....	143
GLYDO .....	13	<i>gnp vitamin b-6</i> .....	74	<i>guaifenesin-codeine</i> ...	143
GLYXAMBI .....	94	<i>gnp vitamin c</i> .....	74	<i>guanfacine hcl er</i> .....	43
<i>gnp all day allergy</i> .....	166	<i>gnp vitamin c drops</i> .....	74	GUMMI BEAR	
<i>gnp b-12</i> .....	73	<i>gnp vitamin c w/rose</i>		MULTIVITAMIN/MIN .....	75
<i>gnp biotin</i> .....	74	<i>hips</i> .....	74	<b>H</b>	
<i>gnp calcium</i> .....	74	<i>gnp vitamin c/rose</i>		<i>h-e-b incontrol adv</i>	
<i>gnp calcium 500+d3</i> .....	74	<i>hips</i> .....	74	<i>lancing</i> .....	143
<i>gnp calcium 600+d3</i> .....	74	<i>gnp vitamin e</i> .....	75	<i>h-e-b incontrol lancets</i>	
<i>gnp calcium citrate</i>		GOJJI BLOOD GLUCOSE		<i>28g</i> .....	143
<i>+d3</i> .....	74	TEST .....	143	<i>h-e-b incontrol lancets</i>	
<i>gnp childrens</i>		GOJJI LANCING		<i>30g</i> .....	143
<i>chewables/ex c</i> .....	74	DEVICE/CLEAR CAP ....	143	<i>h-e-b incontrol lancets</i>	
<i>gnp easy touch glucose</i>		GOJJI STERILE		<i>33g</i> .....	143
<i>test</i> .....	142	LANCETS .....	143	<i>h-e-b oral electrolyte</i> ....	75
<i>gnp essential one</i>		<i>goodsense blood</i>		HAILEY 1.5/30 .....	109
<i>daily</i> .....	74	<i>glucose</i> .....	143	HAILEY FE 1.5/30 .....	109
<i>gnp ibuprofen</i> .....	142	GOODSENSE		HAILEY FE 1/20 .....	109
<i>gnp iron</i> .....	74	CLEARLAX .....	101	<i>halobetasol</i>	
<i>gnp lancets 21g</i> .....	142	<i>goodsense color lancets</i>		<i>propionate</i> .....	58
<i>gnp lancets thin 26g ...</i>	142	<i>33g</i> .....	143	HALOETTE .....	109
GNP LANCING SYSTEM		<i>goodsense</i>		<i>haloperidol</i> .....	44
DEVICE .....	142	<i>electrolyte</i> .....	75	<i>haloperidol</i>	
<i>gnp lice treatment</i> .....	58	<i>goodsense</i>		<i>decanoate</i> .....	43
<i>gnp little ones</i>		<i>ibuprofen</i> .....	143	<i>haloperidol lactate</i> .....	43
<i>childrens</i> .....	74	<i>goodsense ibuprofen</i>		HARD NAILS .....	75
<i>gnp loratadine</i> .....	166	<i>childrens</i> .....	143	HARVONI .....	125
<i>gnp mega multi for</i>		<i>goodsense ibuprofen</i>		HAVRIX .....	116
<i>men</i> .....	74	<i>infants</i> .....	143	<i>head</i>	
<i>gnp mega multi for</i>		<i>goodsense lancets 26g</i>		<i>congestion/mucus</i> .....	143
<i>women</i> .....	74	<i>univ</i> .....	143	HEALTH CARE LANCING	
<i>gnp omeprazole</i> .....	101	<i>goodsense lancets</i>		DEVICE .....	143
<i>gnp one daily mens health</i>		<i>30g</i> .....	143	<i>healthy accents lancing</i>	
<i>50+</i> .....	74	<i>goodsense lancets 30g</i>		<i>device</i> .....	143
<i>gnp one daily womens</i>		<i>univ</i> .....	143	<i>healthy accents unilet</i>	
<i>50+</i> .....	74	<i>goodsense lancets</i>		<i>lancets</i> .....	143
<i>gnp sterile lancets</i>		<i>33g</i> .....	143	<i>healthy kids gummies</i> ...	75
<i>33g</i> .....	142	<i>goodsense lancets 33g</i>		<i>heartburn relief ex</i>	
GNP TRUE METRIX		<i>univ</i> .....	143	<i>st</i> .....	101
GLUCOSE STRIPS .....	143	<i>goodsense nicotine</i> .....	43	HEATHER .....	109
GNP TRUETRACK TEST		<i>griseofulvin</i>		HEMOCYTE PLUS .....	75
STRIPS .....	143	<i>microsize</i> .....	125	<i>hemorrhoidal</i> .....	58



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<i>heparin (porcine) in nacl</i> .....	28	HUMULIN 70/30		<i>ibuprofen childrens</i> .....	144
<i>heparin sod (porcine) in d5w</i> .....	28	KWIKPEN .....	94	<i>ibuprofen junior strength</i> .....	144
<i>heparin sodium (porcine)</i> .....	28	HUMULIN N .....	94	<i>ibuprofen pm</i> .....	44
<i>heparin sodium (porcine) pf</i> .....	28	HUMULIN N KWIKPEN .....	94	ICAPS LUTEIN & ZEAXANTHIN .....	75
HEPLISAV-B .....	116	HUMULIN R .....	95	ICAPS MV .....	75
HERCEPTIN .....	19	HW EMBRACE PRO		ICAR .....	75
HERCEPTIN HYLECTA .....	19	GLUCOSE TEST .....	144	ICAR-C .....	75
HIBERIX .....	116	HW EMBRACE TALK		<i>icatibant acetate</i> .....	28
<i>high pot multivitamin/beta-car</i> .....	75	GLUCOSE TEST .....	144	ICLEVIA .....	109
<i>high potency multivit/fa</i> .....	75	<i>hydralazine hcl</i> .....	32	ICLUSIG .....	19
HISTEX .....	166	<i>hydrochlorothiazide</i> .....	32	IDHIFA .....	19
HISTEX PD .....	166	<i>hydrocod poli-chlorphe poli er</i> .....	144	IGALMI .....	144
HISTEX-DM .....	143	<i>hydrocodone bit-homatrop mbr</i> .....	144	IGLUCOSE TEST STRIPS .....	144
<i>hm biotin</i> .....	75	<i>hydrocodone-acetaminophen</i> .....	13	ILARIS .....	117
<i>hm e vitamin</i> .....	75	<i>hydrocodone-ibuprofen</i> .....	14	ILEVRO .....	160
<i>hm vitamin b-12</i> .....	75	<i>hydrocortisone</i> .....	58	<i>imatinib mesylate</i> .....	19
<i>hm vitamin c</i> .....	75	<i>hydrocortisone (perianal)</i> .....	58	IMBRUVICA .....	19
HUMALOG .....	94	<i>hydrocortisone valerate</i> .....	58	IMFINZI .....	19
HUMALOG JUNIOR		<i>hydrocortisone-acetic acid</i> .....	163	<i>imipenem-cilastatin</i> .....	125
KWIKPEN .....	94	<i>hydromet</i> .....	144	<i>imipramine hcl</i> .....	44
HUMALOG KWIKPEN .....	94	<i>hydromorphone hcl</i> .....	14	<i>imiquimod</i> .....	58
HUMALOG MIX 50/50		<i>hydroxychloroquine sulfate</i> .....	125	IMOGAM RABIES-HT .....	117
KWIKPEN .....	94	<i>hydroxyurea</i> .....	19	IMOVAX RABIES .....	117
HUMALOG MIX 75/25 .....	94	<i>hydroxyzine hcl</i> .....	166	INCASSIA .....	109
HUMALOG MIX 75/25		<i>hydroxyzine pamoate</i> .....	166	INCRELEX .....	109
KWIKPEN .....	94	<i>hyoscyamine sulfate</i> .....	101	<i>indapamide</i> .....	32
HUMIRA .....	117	HYPERRAB .....	117	<i>indomethacin</i> .....	14
HUMIRA (2 PEN) .....	116	HYPERSAL .....	166	<i>indomethacin er</i> .....	14
HUMIRA (2 SYRINGE) .....	117	HYPOLANCE AST		INFANRIX .....	117
HUMIRA PEN .....	117	LANCING .....	144	<i>infants ibuprofen</i> .....	144
HUMIRA PEN-PEDIATRIC UC START .....	117	I		INFED .....	75
HUMIRA-CD/UC/HS STARTER .....	117	<i>ibandronate sodium</i> .....	95	INFINITY BLOOD GLUCOSE TEST .....	144
HUMIRA-PSORIASIS/UEVIT STARTER .....	117	IBRANCE .....	19	INFINITY VOICE .....	144
HUMULIN 70/30 .....	94	IBU .....	14	<i>infliximab</i> .....	117
		<i>ibuprofen</i> .....	14	INGREZZA .....	44
				INLYTA .....	19
				INQOVI .....	19
				INREBIC .....	19
				INSPIRACHAMBER/LARGE ...	144
				INSPIRACHAMBER/MEDIUM ...	144



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INSPIRACHAMBER/MOUTHPIECE... 144	ISENTRESS HD ..... 125	<i>kcl (0.149%) in nacl</i> ..... 76
INSPIRACHAMBER/SMALL... 144	ISIBLOOM ..... 109	<i>kcl in dextrose-nacl</i> ..... 76
<i>insulin lispro</i> ..... 95	<i>isoniazid</i> ..... 126	<i>kcl-lactated ringers-</i>
<i>insulin lispro (1 unit</i>	<i>isosorbide dinitrate</i> ..... 32	<i>d5w</i> ..... 76
<i>dial)</i> ..... 95	<i>isosorbide</i>	<i>kedrab</i> ..... 117
<i>insulin lispro junior</i>	<i>mononitrate</i> ..... 32	KELNOR 1/35 ..... 110
<i>kwikpen</i> ..... 95	<i>isosorbide mononitrate</i>	KELNOR 1/50 ..... 110
<i>insulin lispro prot &amp;</i>	<i>er</i> ..... 32	KERENDIA ..... 95
<i>lispro</i> ..... 95	<i>isotretinoin</i> ..... 58	<i>ketoconazole</i> ..... 58
INSULIN PEN	<i>itraconazole</i> ..... 126	<i>ketorolac</i>
NEEDLE ..... 144	<i>ivabradine hcl</i> ..... 32	<i>tromethamine</i> ..... 160
INSULIN SYRINGE ..... 144	<i>ivermectin</i> ..... 126	<i>ketotifen fumarate</i> ..... 160
INTEGRA ..... 75	IWILFIN ..... 20	KEYTRUDA ..... 20
INTEGRA F ..... 75	IXCHIQ ..... 117	KINRIX ..... 117
INTEGRA PLUS ..... 75	IXIARO ..... 117	KIONEX ..... 95
INTELENCE ..... 125	<b>J</b>	KISQALI (200 MG
INTRALIPID ..... 75	JAKAFI ..... 20	DOSE) ..... 20
INTROVALE ..... 109	<i>jantoven</i> ..... 28	KISQALI (400 MG
INVEGA HAFYERA ..... 44	JANUMET ..... 95	DOSE) ..... 20
INVEGA SUSTENNA ..... 44	JANUMET XR ..... 95	KISQALI (600 MG
INVEGA TRINZA ..... 44	JANUVIA ..... 95	DOSE) ..... 20
IOSAT ..... 144	JARDIANCE ..... 95	KISQALI FEMARA (200 MG
IPOL ..... 117	JAVYGTOR ..... 105	DOSE) ..... 20
<i>ipratropium</i>	JAYPIRCA ..... 20	KISQALI FEMARA (400 MG
<i>bromide</i> ..... 167	JENCYCLA ..... 109	DOSE) ..... 20
<i>ipratropium-</i>	JENTADUETO ..... 95	KISQALI FEMARA (600 MG
<i>albuterol</i> ..... 167	JENTADUETO XR ..... 95	DOSE) ..... 20
<i>irbesartan</i> ..... 32	JEVTANA ..... 20	KLAYESTA ..... 58
<i>irbesartan-</i>	JOLESSA ..... 109	KLOR-CON ..... 76
<i>hydrochlorothiazide</i> ..... 32	JULEBER ..... 109	KLOR-CON 10 ..... 76
<i>irinotecan hcl</i> ..... 19	JULUCA ..... 126	KLOR-CON M10 ..... 76
<i>iron</i> ..... 76	JUNEL 1.5/30 ..... 110	KLOR-CON M15 ..... 76
<i>iron (ferrous sulfate)</i> ..... 75	JUNEL 1/20 ..... 110	KLOR-CON M20 ..... 76
<i>iron 100/c</i> ..... 75	JUNEL FE 1.5/30 ..... 110	<i>kobee</i> ..... 76
<i>iron 27</i> ..... 75	JUNEL FE 1/20 ..... 110	KORLYM ..... 110
<i>iron high-potency</i> ..... 75	JUXTAPID ..... 32	KOSELUGO ..... 144
<i>iron infant &amp;</i>	JYLAMVO ..... 117	KOURZEQ ..... 58
<i>toddler</i> ..... 76	JYNNEOS ..... 117	<i>kp adults 50+ daily</i>
<i>iron infant/toddler</i> ..... 76	<b>K</b>	<i>formula</i> ..... 76
<i>iron slow release</i> ..... 76	K-PHOS-NEUTRAL ..... 105	<i>kp b complex-c</i> ..... 76
<i>iron supplement</i> ..... 76	KADCYLA ..... 20	<i>kp calcium citrate+d</i> ..... 76
<i>iron-vitamin c</i> ..... 76	KALLIGA ..... 110	<i>kp ferrous gluconate</i> ..... 76
IROSPAN 24/6 ..... 76	KALYDECO ..... 167	<i>kp ferrous sulfate</i> ..... 76
ISENTRESS ..... 125	KARIVA ..... 110	<i>kp niacin</i> ..... 32



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<i>kp vitamin b-12</i> .....	76	<i>lancets micro thin</i>		<i>leucovorin calcium</i> .....	21
<i>kp vitamin b-6</i> .....	76	<i>33g</i> .....	145	LEUKERAN .....	21
<i>kp vitamin e</i> .....	77	<i>lancets super thin</i>		<i>leuprolide acetate</i> .....	21
KRAZATI .....	20	<i>28g</i> .....	145	<i>leuprolide acetate (3</i>	
KROGER AUTOLET LANCING		<i>lancets thin</i> .....	145	<i>month)</i> .....	21
DEVICE .....	144	LANCETS ULTRA		<i>levabuterol hcl</i> .....	167
<i>croger blood glucose</i>		THIN .....	145	<i>levabuterol tartrate</i> ....	167
<i>test</i> .....	145	<i>lancets ultra thin</i>		LEVEMIR .....	95
KROGER HEALTHPRO		<i>30g</i> .....	145	<i>levetiracetam</i> .....	45
GLUCOSE TEST .....	145	<i>lancing device</i> .....	145	<i>levetiracetam er</i> .....	45
KROGER HEALTHPRO		<i>lanreotide acetate</i> .....	110	LEVO-T .....	110
LANCET 26G .....	145	<i>lansoprazole</i> .....	102	<i>levobunolol hcl</i> .....	160
<i>croger lancets 21g</i> .....	145	LANTUS .....	95	<i>levocarnitine</i> .....	77
<i>croger lancets micro thin</i>		LANTUS SOLOSTAR .....	95	<i>levocarnitine sf</i> .....	77
<i>33g</i> .....	145	<i>lapatinib ditosylate</i> .....	20	<i>levocetirizine</i>	
<i>croger lancets thin</i>		LARIN 1.5/30 .....	110	<i>dihydrochloride</i> .....	167
<i>26g</i> .....	145	LARIN 1/20 .....	110	<i>levofloxacin</i> .....	126
<i>croger lancets ultrathin</i>		LARIN FE 1.5/30 .....	110	<i>levofloxacin in d5w</i> .....	126
<i>30g</i> .....	145	LARIN FE 1/20 .....	110	<i>levoleucovorin</i>	
<i>croger lancing</i>		LASTACAFT .....	160	<i>calcium</i> .....	21
<i>device</i> .....	145	<i>latanoprost</i> .....	160	LEVONEST .....	110
<i>croger premium glucose</i>		<i>leader advanced lancing</i>		<i>levonorg-eth estrad</i>	
<i>test</i> .....	145	<i>device</i> .....	145	<i>triphasic</i> .....	110
KURVELO .....	110	LEENA .....	110	<i>levonorgest-eth estrad 91-</i>	
KYPROLIS .....	20	<i>leflunomide</i> .....	117	<i>day</i> .....	110
<b>L</b>		<i>lenalidomide</i> .....	20	<i>levonorgestrel</i> .....	110
<i>l-glutamine</i> .....	28	LENVIMA (10 MG DAILY		<i>levonorgestrel-ethinyl</i>	
<i>l-methyl-mc</i> .....	77	DOSE) .....	20	<i>estrad</i> .....	110
<i>l-methylfolate-b6-b12</i> ....	77	LENVIMA (12 MG DAILY		LEVORA 0.15/30	
<i>labetalol hcl</i> .....	32	DOSE) .....	20	(28) .....	110
<i>lacosamide</i> .....	44	LENVIMA (14 MG DAILY		<i>levothyroxine</i>	
<i>lactated ringers</i> .....	77	DOSE) .....	20	<i>sodium</i> .....	110
<i>lactulose</i> .....	102	LENVIMA (18 MG DAILY		LEVOXYL .....	110
<i>lactulose</i>		DOSE) .....	20	LEXIVA .....	126
<i>encephalopathy</i> .....	102	LENVIMA (20 MG DAILY		LIBERVANT .....	45
LAGEVRIO .....	126	DOSE) .....	20	<i>lice killing</i> .....	58
<i>lamivudine</i> .....	126	LENVIMA (24 MG DAILY		<i>lice treatment creme</i>	
<i>lamivudine-</i>		DOSE) .....	20	<i>rinse</i> .....	58
<i>zidovudine</i> .....	126	LENVIMA (4 MG DAILY		<i>lidocaine</i> .....	14
<i>lamotrigine</i> .....	45	DOSE) .....	20	<i>lidocaine hcl</i> .....	14
<i>lancet device with</i>		LENVIMA (8 MG DAILY		<i>lidocaine hcl (pf)</i> .....	14
<i>ejector</i> .....	145	DOSE) .....	20	<i>lidocaine hcl</i>	
<i>lancets</i> .....	145	LESSINA .....	110	<i>urethral/mucosal</i> .....	14
<i>lancets 30g</i> .....	145	<i>letrozole</i> .....	21	<i>lidocaine viscous hcl</i> ....	14



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<i>lidocaine-prilocaine</i> .....	14	<i>loratadine</i> .....	167	LYTGOBI (12 MG DAILY DOSE) .....	21
<i>lindane</i> .....	58	<i>loratadine childrens</i> ....	167	LYTGOBI (16 MG DAILY DOSE) .....	21
<i>linezolid</i> .....	126	<i>loratadine-d 12hr</i> .....	146	LYTGOBI (20 MG DAILY DOSE) .....	21
<i>linezolid in sodium chloride</i> .....	126	<i>loratadine-d 24hr</i> .....	146	LYUMJEV .....	95
LINZESS .....	102	<i>lorazepam</i> .....	45	LYUMJEV KWIKPEN .....	95
<i>liothyronine sodium</i> ....	110	LORAZEPAM		LYZA .....	111
<i>lisinopril</i> .....	32	INTENSOL .....	45	<b>M</b>	
<i>lisinopril-hydrochlorothiazide</i> .....	32	LORBRENA .....	21	<i>m-end dmx</i> .....	146
<i>lite touch lancets</i> .....	145	<i>losartan potassium</i> .....	32	M-M-R II .....	117
LITE TOUCH LANCING PEN .....	145	<i>losartan potassium-hctz</i> .....	33	<i>m-pap</i> .....	146
LITETOUCH LANCETS .....	145	<i>lovastatin</i> .....	33	<i>mafenide acetate</i> .....	59
LITETOUCH MASK LARGE .....	145	LOW-OGESTREL .....	111	MAG-TAB SR .....	77
LITETOUCH MASK MEDIUM .....	145	<i>loxapine succinate</i> .....	45	<i>magnesium</i> .....	77
LITETOUCH MASK SMALL .....	145	<i>lubiprostone</i> .....	102	<i>magnesium lactate</i> .....	77
<i>lithium</i> .....	45	<i>lubricant eye drops</i> ....	160	<i>magnesium oxide</i> .....	77
<i>lithium carbonate</i> .....	45	<i>lubricant eye drops (pf)</i> .....	160	<i>magnesium oxide -mg supplement</i> .....	77
<i>lithium carbonate er</i> ....	45	<i>lubricant eye drops pf</i> .....	160	<i>magnesium sulfate</i> .....	77
<i>live better adv lancing device</i> .....	145	<i>lubricant eye nighttime</i> .....	160	<i>malathion</i> .....	59
<i>live better lancet ultra thin</i> .....	145	<i>lubricating eye drops</i> .....	161	<i>mapap</i> .....	146
LOESTRIN 1.5/30 (21) .....	111	<i>lubricating plus eye drops</i> .....	161	<i>mapap arthritis pain</i> ....	146
LOESTRIN 1/20 (21) ....	111	<i>lubricating tears eye drops</i> .....	161	MAPAP CHILDRENS ....	146
LOESTRIN FE 1.5/30 ....	111	<i>lubrifresh p.m.</i> .....	161	MAPAP COLD FORMULA MULTI-SYMPPT .....	146
LOESTRIN FE 1/20 .....	111	LUMAKRAS .....	21	<i>maraviroc</i> .....	126
LOHIST-D .....	146	LUMIGAN .....	161	<i>marlissa</i> .....	111
<i>lohist-dm</i> .....	146	LUMIZYME .....	105	MARPLAN .....	45
LOKELMA .....	95	LUPRON DEPOT (1-MONTH) .....	21	MATULANE .....	21
<i>longs lancets thin</i> .....	146	LUPRON DEPOT-PED (1-MONTH) .....	111	<i>meclizine hcl</i> .....	102
<i>longs lancets ultra thin</i> .....	146	<i>lurasidone hcl</i> .....	45	<i>meclofenamate sodium</i> .....	14
LONSURF .....	21	LUTERA .....	111	<i>medi-pads</i> .....	59
<i>loperamide hcl</i> .....	102	LYBALVI .....	45	<i>medicated callus removers</i> .....	59
<i>loperamide-simethicone</i> .....	102	LYLEQ .....	111	<i>medicated corn removers</i> .....	59
<i>lopinavir-ritonavir</i> .....	126	LYNPARZA .....	21	MEDLANCE LITE 25G ....	146
		LYSIPLEX PLUS .....	77	MEDLANCE PLUS EXTRA 21G .....	146
		LYSODREN .....	21	MEDLANCE PLUS LANCETS .....	146



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MEDLANCE PLUS LITE 25G .....	146	MESNEX .....	22	MICROGESTIN 1.5/30 .....	111
MEDLANCE PLUS SPECIAL 0.8MM .....	146	METAFOLBIC .....	77	MICROGESTIN 1/20 ....	111
MEDLANCE PLUS SUPERLITE 30G .....	146	<i>metformin hcl</i> .....	96	MICROGESTIN 24 FE ...	111
MEDLANCE PLUS UNIVERSAL 21G .....	146	<i>metformin hcl er</i> .....	96	MICROGESTIN FE 1.5/30 .....	111
MEDLANCE UNIVERSAL 21G .....	146	<i>methadone hcl</i> .....	14	MICROGESTIN FE 1/20 .....	111
<i>medroxyprogesterone</i> <i>acetate</i> .....	111	METHADONE HCL INTENSOL .....	14	MICROLET LANCETS ....	147
<i>mefloquine hcl</i> .....	126	<i>methazolamide</i> .....	161	MICROLET NEXT LANCING DEVICE .....	147
MEGA MULTI MEN .....	77	<i>methenamine</i> <i>hippurate</i> .....	126	MICROSPACER .....	147
<i>mega multiple/chelated</i> <i>mineral</i> .....	77	<i>methimazole</i> .....	111	<i>midodrine hcl</i> .....	33
<i>megestrol acetate</i> .....	21	<i>methocarbamol</i> .....	45	<i>mifepristone</i> .....	111
<i>meijer blood glucose</i> <i>test</i> .....	146	<i>methotrexate</i> .....	118	<i>miglustat</i> .....	105
<i>meijer c</i> .....	77	<i>methotrexate</i> <i>sodium</i> .....	118	<i>migraine relief</i> .....	46
MEIJER LANCETS THIN .....	146	<i>methotrexate sodium</i> ( <i>pf</i> ) .....	118	MILI .....	111
MEIJER LANCETS UNIVERSAL 33G .....	146	<i>methoxsalen rapid</i> .....	59	<i>milk of magnesia</i> .....	102
MEIJER SUPER THIN LANCETS .....	146	<i>methsuximide</i> .....	45	<i>mini lancng device</i> ....	147
MEKINIST .....	21	<i>methylphenidate hcl</i> ....	46	<i>minocycline hcl</i> .....	127
MEKTOVI .....	21	<i>methylprednisolone</i> ...	111	<i>minoxidil</i> .....	33
<i>meloxicam</i> .....	14	<i>methylprednisolone</i> <i>acetate</i> .....	111	<i>mintox maximum</i> <i>strength</i> .....	102
<i>memantine hcl</i> .....	45	<i>methylprednisolone</i> <i>sodium succ</i> .....	111	MINTOX PLUS .....	102
<i>memantine hcl er</i> .....	45	<i>metoclopramide hcl</i> ...	102	<i>mirtazapine</i> .....	46
MENACTRA .....	118	<i>metolazone</i> .....	33	<i>misoprostol</i> .....	102
MENEST .....	111	<i>metoprolol succinate</i> <i>er</i> .....	33	<i>mitomycin</i> .....	22
MENQUADFI .....	118	<i>metoprolol tartrate</i> .....	33	MM EASY TOUCH GLUCOSE .....	147
<i>menstrual pain relief</i> ....	45	<i>metoprolol-</i> <i>hydrochlorothiazide</i> .....	33	MM LANCING DEVICE .....	147
MENVEO .....	118	<i>metronidazole</i> .....	59	MM TWIST LANCETS ....	147
<i>mercaptapurine</i> .....	21	<i>metyrosine</i> .....	33	<i>modafinil</i> .....	46
MERIBIN .....	77	<i>mexiletine hcl</i> .....	33	<i>molindone hcl</i> .....	46
<i>meropenem</i> .....	126	MG PLUS PROTEIN .....	78	<i>mometasone furoate</i> ....	59
<i>mesalamine</i> .....	102	<i>micafungin sodium</i> ....	127	MONDOXYNE NL .....	127
<i>mesalamine er</i> .....	102	<i>miconazole 3</i> .....	106	MONO-LINYAH .....	111
<i>mesalamine-</i> <i>cleanser</i> .....	102	<i>miconazole 3 combo-</i> <i>supp</i> .....	106	MONOCAL .....	78
<i>mesna</i> .....	22	<i>miconazole nitrate</i> .....	59	MONOLET LANCETS ....	147
		MICROCHAMBER .....	146	<i>montelukast sodium</i> ...	167
		MICRODOT TEST .....	147	<i>morphine sulfate</i> .....	15
				<i>morphine sulfate</i> ( <i>concentrate</i> ) .....	14
				<i>morphine sulfate (pf)</i> ....	14



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<i>morphine sulfate er</i> ..... 15	<i>multiple electro type 1 ph</i>	<i>nadolol</i> ..... 33
<i>motion sickness</i>	<i>5.5</i> ..... 78	<i>nafcillin sodium</i> ..... 127
<i>relief</i> ..... 103	<i>multiple vit/minerals/no</i>	NAGLAZYME ..... 105
MOUNJARO ..... 96	<i>iron</i> ..... 78	<i>naloxone hcl</i> ..... 46
MOVANTIK ..... 103	<i>multiple vitamins</i> ..... 78	<i>naltrexone hcl</i> ..... 46
<i>moxifloxacin hcl</i> ..... 127	<i>multiple vitamins-iron</i> ... 78	NAMZARIC ..... 46
<i>moxifloxacin hcl in</i>	<i>multiple</i>	<i>naproxen</i> ..... 15
<i>nacl</i> ..... 127	<i>vitamins/iron</i> ..... 78	<i>naproxen dr</i> ..... 15
MOZOBIL ..... 28	<i>multivitamin</i> ..... 78	<i>naproxen sodium</i> ..... 15
MRESVIA ..... 118	<i>multivitamin &amp;</i>	<i>nasal allergy 24</i>
MTX SUPPORT ..... 78	<i>mineral</i> ..... 78	<i>hour</i> ..... 167
<i>mucus &amp; chest</i>	<i>multivitamin adults</i>	<i>nasal decongestant</i> .... 148
<i>congestion</i> ..... 147	<i>50+</i> ..... 78	<i>nasal decongestant</i>
<i>mucus relief</i> ..... 147	<i>multivitamin women</i>	<i>pe</i> ..... 148
<i>mucus relief</i>	<i>50+</i> ..... 78	<i>nasal decongestant</i>
<i>childrens</i> ..... 147	<i>multivitamin/fluoride</i> ... 78	<i>spray</i> ..... 148
<i>mucus relief d</i> ..... 147	<i>mupirocin</i> ..... 59	<i>nasal relief</i> ..... 148
<i>mucus relief dm</i> ..... 147	<i>mupirocin calcium</i> ..... 59	<i>nasal spray no drip</i> .... 148
<i>mucus relief dm</i>	MURO 128 ..... 161	NASCOBAL ..... 79
<i>cough</i> ..... 147	MUTAMYCIN ..... 22	NASOPEN PE ..... 148
<i>mucus relief dm</i>	MVW COMPLETE	NATACYN ..... 161
<i>max</i> ..... 147	FORMULATION ..... 79	<i>nateglinide</i> ..... 96
<i>mucus relief er</i> ..... 147	MVW COMPLETE	NATRAPEL 12-HOUR
<i>mucus relief max st</i> .... 147	FORMULATION D3000 ... 79	TICK/INSECT ..... 148
<i>mucus relief pe</i>	MVW COMPLETE	<i>natural c/rose hips</i> ..... 79
<i>sinus</i> ..... 147	FORMULATION D5000 ... 79	<i>natural vitamin e</i> ..... 79
MULTAQ ..... 33	MVW COMPLETE	NAYZILAM ..... 46
<i>multi complete/iron</i> .... 78	FORMULATION MINIS .... 79	NECON 0.5/35 (28) .... 112
<i>multi symptom flu/severe</i>	MY WAY ..... 111	<i>nefazodone hcl</i> ..... 46
<i>cold</i> ..... 147	<i>mycophenolate</i>	NEO-POLYCIN ..... 161
<i>multi vitamin</i> ..... 78	<i>mofetil</i> ..... 118	NEO-POLYCIN HC ..... 161
MULTI-LANCET DEVICE	<i>mycophenolate</i>	<i>neomycin sulfate</i> ..... 127
2 ..... 147	<i>sodium</i> ..... 118	<i>neomycin-bacitracin zn-</i>
<i>multi-</i>	<i>mycophenolic acid</i> .... 118	<i>polymyx</i> ..... 161
<i>vit/iron/fluoride</i> ..... 78	MYGLUCOHEALTH LANCETS	<i>neomycin-polymyxin b</i>
<i>multi-vitamin</i> ..... 78	30G ..... 148	<i>gu</i> ..... 148
<i>multi-vitamin</i>	MYGLUCOHEALTH	<i>neomycin-polymyxin-</i>
<i>hp/minerals</i> ..... 78	TEST ..... 148	<i>dexameth</i> ..... 161
<i>multi-</i>	MYHIBBIN ..... 118	<i>neomycin-polymyxin-</i>
<i>vitamin/fluoride</i> ..... 78	MYNEPHRON ..... 79	<i>gramicidin</i> ..... 161
<i>multi-</i>	MYORISAN ..... 59	<i>neomycin-polymyxin-</i>
<i>vitamin/fluoride/iron</i> .... 78	MYRBETRIQ ..... 106	<i>hc</i> ..... 161
<i>multi-vite</i> ..... 78	<b>N</b>	NEPHPLEX RX ..... 79
	<i>nabumetone</i> ..... 15	<i>nephro vitamins</i> ..... 79



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NEPHRO-VITE .....	79	<i>nitrofurantoin monohydrate macro</i> .....	127	NUBEQA .....	22
NEPHRON FA .....	79	<i>nitroglycerin</i> .....	34	NUCALA .....	167
NERLYNX .....	22	NIVA-FOL .....	79	NUDEXTA .....	47
NEULASTA .....	28	<i>no iron multivitamin-minerals</i> .....	79	NULOJIX .....	118
NEULASTA ONPRO .....	28	<i>nohist-dm</i> .....	148	NUPLAZID .....	47
NEUPRO .....	46	<i>nohist-lq</i> .....	148	NURTEC .....	47
<i>neurin-sl</i> .....	79	NORA-BE .....	112	NUTRILIPID .....	79
NEUTEK 2TEK TEST .....	148	NORDITROPIN FLEXPRO .....	112	NUTRIVIT .....	80
<i>nevirapine</i> .....	127	<i>norethin acetate-eth estradiol</i> .....	112	NYAMYC .....	59
<i>nevirapine er</i> .....	127	<i>norethindrone</i> .....	112	NYLIA 1/35 .....	112
NEW DAY .....	112	<i>norethindrone acetate-ethinyl ester</i> .....	112	NYLIA 7/7/7 .....	112
<i>niacin</i> .....	33	<i>norethindrone acetate</i> .....	112	<i>nystatin</i> .....	59
<i>niacin (antihyperlipidemic)</i> .....	33	<i>norgestim-eth estradiol triphasic</i> .....	112	<i>nystatin-triamcinolone</i> .....	59
<i>niacin er</i> .....	33	<i>norgestimate-eth estradiol</i> .....	112	NYSTOP .....	59
<i>niacin er (antihyperlipidemic)</i> .....	33	NORLYDA .....	112	<b>O</b>	
<i>niacor</i> .....	33	NORLYROC .....	112	<i>oceanic selenium</i> .....	80
NIAVASC .....	33	NORTREL 0.5/35 (28) .....	112	OCELLA .....	112
<i>nicardipine hcl</i> .....	33	NORTREL 1/35 (21) .....	112	OCTAGAM .....	118
<i>nicotine</i> .....	46	NORTREL 1/35 (28) .....	112	<i>octreotide acetate</i> .....	112
<i>nicotine mini</i> .....	46	NORTREL 7/7/7 .....	112	<i>ocutabs</i> .....	80
<i>nicotine polacrilex</i> .....	46	<i>nortriptyline hcl</i> .....	47	<i>ocutabs-lutein</i> .....	80
<i>nicotine polacrilex mini</i> .....	47	NORVIR .....	127	ODEFSEY .....	127
<i>nicotine step 1</i> .....	47	NOVA MAX GLUCOSE TEST .....	148	ODOMZO .....	22
<i>nicotine step 2</i> .....	47	NOVA SAFETY LANCETS 23G .....	148	OFEV .....	167
<i>nicotine step 3</i> .....	47	NOVA SAFETY LANCETS 28G .....	148	OFF DEEP WOODS .....	148
NICOTROL NS .....	47	NOVA SUREFLEX LANCETS .....	148	OFF DEEP WOODS DRY .....	148
<i>nifedipine er</i> .....	33	NOVA SUREFLEX LANCING DEVICE .....	148	OFF DEEP WOODS SPORTSMEN .....	148
<i>nifedipine er osmotic release</i> .....	33	NOXAFIL .....	127	<i>ofloxacin</i> .....	127
<i>nighttime cold/flu relief</i> .....	148	NU-IRON .....	79	OGSIVEO .....	22
<i>nighttime cough</i> .....	148	NU-MAG .....	79	OJEMDA .....	22
<i>nilutamide</i> .....	22			OJJAARA .....	22
<i>nimodipine</i> .....	33			<i>olanzapine</i> .....	47
NINJACOF .....	148			<i>olanzapine-fluoxetine hcl</i> .....	47
NINLARO .....	22			<i>olmesartan-amlodipine-hctz</i> .....	34
<i>nitazoxanide</i> .....	127			<i>olopatadine hcl</i> .....	161
<i>nitisinone</i> .....	105			<i>omega-3-acid ethyl esters</i> .....	34
NITRO-BID .....	33			<i>omeprazole</i> .....	98
<i>nitrofurantoin macrocrystal</i> .....	127				



If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free. For more information, visit [www.wellpoint.com/tx/mmp](http://www.wellpoint.com/tx/mmp).

<i>omeprazole</i>	ONETOUCH DELICA PLUS	<i>oxandrolone</i> .....	113
<i>magnesium</i> .....	LANCET30G .....	<i>oxaprozin</i> .....	15
<i>omnicap</i> .....	ONETOUCH DELICA PLUS	<i>oxcarbazepine</i> .....	47
OMNITROPE .....	LANCET33G .....	<i>oxybutynin chloride</i> ....	106
ON CALL EXPRESS BLOOD	ONETOUCH DELICA PLUS	<i>oxybutynin chloride</i>	
GLUCOSE .....	LANCING .....	<i>er</i> .....	106
ONCOVITE .....	ONETOUCH DELICA SAFETY	<i>oxycodone hcl</i> .....	15
<i>ondansetron</i> .....	LANCING .....	<i>oxycodone-</i>	
<i>ondansetron hcl</i> .....	ONETOUCH SURESOFT	<i>acetaminophen</i> .....	15
<i>one daily</i>	LANCING DEV .....	OYSCO 500+D .....	80
<i>calcium/iron</i> .....	ONETOUCH ULTRA .....	<i>oyster calcium</i> .....	81
<i>one daily complete</i> .....	ONETOUCH ULTRA	<i>oyster shell calcium</i> .....	81
<i>one daily for men 50+</i>	TEST .....	<i>oyster shell calcium +</i>	
<i>advanced</i> .....	ONETOUCH ULTRASOFT	<i>d</i> .....	81
<i>one daily for women</i> ....	LANCETS .....	<i>oyster shell calcium +</i>	
<i>one daily for women 50+</i>	ONETOUCH VERIO .....	<i>d3</i> .....	81
<i>adv</i> .....	ONUREG .....	<i>oyster shell calcium plus</i>	
<i>one daily maximum</i> .....	OPCICON ONE-STEP ....	<i>d</i> .....	81
<i>one daily</i>	OPDIVO .....	<i>oyster shell calcium</i>	
<i>multivitamin/iron</i> .....	OPSUMIT .....	<i>w/d</i> .....	81
<i>one daily womens 50</i>	OPTICHAMBER	<i>oyster shell</i>	
<i>plus</i> .....	DIAMOND .....	<i>calcium/d</i> .....	81
<i>one daily womens</i>	OPTICHAMBER DIAMOND-	<i>oyster shell</i>	
<i>50+</i> .....	LG MASK .....	<i>calcium/d3</i> .....	81
<i>one daily/minerals</i> .....	OPTICHAMBER DIAMOND-	<i>oyster shell calcium/vit</i>	
ONE-A-DAY	MD MASK .....	<i>d3</i> .....	81
ESSENTIAL .....	OPTICHAMBER DIAMOND-	<i>oyster shell</i>	
ONE-A-DAY MENS 50+	SM MASK .....	<i>calcium/vitamin d</i> .....	81
ADVANTAGE .....	OPTIUMEZ TEST .....	OZEMPIC (0.25 OR 0.5	
ONE-A-DAY TEEN	ORALONE .....	MG/DOSE) .....	96
ADVANTAGE/HER .....	ORAZINC .....	OZEMPIC (1	
ONE-A-DAY TEEN	ORFADIN .....	MG/DOSE) .....	96
ADVANTAGE/HIM .....	ORGOVYX .....	OZEMPIC (2	
ONE-A-DAY WOMENS	ORKAMBI .....	MG/DOSE) .....	96
FORMULA .....	ORSERDU .....	<b>P</b>	
<i>one-daily multi-</i>	ORSYTHIA .....	<i>pacerone</i> .....	34
<i>vitamin</i> .....	OS-CAL CALCIUM +	<i>paclitaxel</i> .....	22
<i>one-way valved</i>	D3 .....	<i>paclitaxel protein-bound</i>	
<i>expiratory</i> .....	OS-CAL EXTRA D3 .....	<i>part</i> .....	22
<i>one-way valved</i>	<i>oseltamivir</i>	<i>pain relieving</i> .....	59
<i>inspiratory</i> .....	<i>phosphate</i> .....	<i>paliperidone er</i> .....	47
ONETOUCH DELICA	OTEZLA .....	<i>pamidronate</i>	
LANCETS 33G .....	<i>oxacillin sodium</i> .....	<i>disodium</i> .....	96
	<i>oxaliplatin</i> .....	PANDA MASK LARGE ....	149



If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free. For more information, visit [www.wellpoint.com/tx/mmp](http://www.wellpoint.com/tx/mmp).



PANDA MASK		
MEDIUM .....	149	
PANDA MASK SMALL ...	149	
PANRETIN .....	59	
<i>pantoprazole</i>		
<i>sodium</i> .....	103	
PARAPLATIN .....	22	
PARI VORTEX ADULT		
MASK .....	149	
<i>paricalcitol</i> .....	96	
<i>paromomycin</i>		
<i>sulfate</i> .....	128	
<i>paroxetine hcl</i> .....	48	
PATADAY .....	161	
PAXLOVID (150/100) ...	128	
PAXLOVID (300/100) ..	128	
<i>pazopanib hcl</i> .....	22	
<i>pc lancets super thin</i>		
<i>30g</i> .....	149	
<i>pc pediatric iron</i>		
<i>drops</i> .....	81	
<i>pc pediatric tri-vitamin</i>		
<i>drops</i> .....	81	
<i>ped electrolyte freeze</i>		
<i>pops</i> .....	81	
<i>ped electrolyte freezer</i>		
<i>pops</i> .....	81	
PEDIACLEAR 8		
CHILDRENS .....	149	
PEDIACLEAR PD		
CHILDRENS .....	167	
PEDIALYTE .....	82	
PEDIALYTE ADVANCED		
CARE .....	81	
PEDIALYTE FREEZER		
POPS .....	81	
PEDIALYTE SINGLES .....	81	
PEDIARIX .....	118	
<i>pediatric electrolyte</i> .....	82	
<i>pediatric medium</i>		
<i>mask</i> .....	149	
PEDIATRIC PANDA		
MASK .....	149	
<i>pediatric small</i>		
<i>mask</i> .....	149	
PEDVAX HIB .....	118	
<i>peg 3350</i> .....	103	
<i>peg 3350-kcl-na bicarb-</i>		
<i>nacl</i> .....	103	
<i>peg-</i>		
<i>3350/electrolytes</i> .....	103	
<i>peg-</i>		
<i>3350/electrolytes/ascorbat...</i>	103	
<i>peg-kcl-nacl-nasulf-na asc-</i>		
<i>c</i> .....	103	
PEGASYS .....	118	
PEMAZYRE .....	22	
<i>pemetrexed</i>		
<i>disodium</i> .....	22	
PENBRAYA .....	118	
<i>penciclovir</i> .....	59	
<i>penicillamine</i> .....	106	
<i>penicillin g pot in</i>		
<i>dextrose</i> .....	128	
<i>penicillin g</i>		
<i>potassium</i> .....	128	
<i>penicillin g sodium</i> .....	128	
<i>penicillin v</i>		
<i>potassium</i> .....	128	
PENTACEL .....	118	
<i>pentamidine</i>		
<i>isethionate</i> .....	128	
<i>pentoxifylline er</i> .....	28	
PERIDIN-C .....	82	
PERIOGARD .....	59	
PERJETA .....	23	
<i>permethrin</i> .....	59	
<i>perphenazine</i> .....	48	
PERSERIS .....	48	
<i>petrolatum</i> .....	150	
PFIZERPEN .....	128	
PHARMACIST CHOICE		
AUTOCODE .....	150	
<i>pharmacist choice d-</i>		
<i>vitamin</i> .....	96	
PHARMACIST CHOICE		
LANCETS .....	150	
<i>pharmacist choice no</i>		
<i>coding</i> .....	150	
<i>phenelzine sulfate</i> .....	48	
<i>phenobarbital</i> .....	48	
<i>phenylephrine hcl</i> .....	150	
<i>phenylephrine-dm-</i>		
<i>gg</i> .....	150	
PHENYTEK .....	48	
<i>phenytoin</i> .....	48	
PHENYTOIN INFATABS ...	48	
<i>phenytoin sodium</i>		
<i>extended</i> .....	48	
PHESGO .....	23	
PHILITH .....	113	
PHOSPHA 250		
NEUTRAL .....	106	
PHOSPHO-TRIN 250		
NEUTRAL .....	106	
PHOSPHO-TRIN		
K500 .....	106	
<i>phosphorous</i> .....	106	
<i>phytonadione</i> .....	28	
PIFELTRO .....	128	
<i>pilocarpine hcl</i> .....	59	
<i>pimecrolimus</i> .....	59	
<i>pimozide</i> .....	48	
PIMTREA .....	113	
<i>pindolol</i> .....	34	
<i>pioglitazone hcl</i> .....	96	
PIP BLOOD GLUCOSE TEST		
STRIP .....	150	
<i>pip lancets 28g</i> .....	150	
<i>pip lancets 30g</i> .....	150	
<i>piperacillin sod-</i>		
<i>tazobactam</i> .....	128	
PIQRAY (200 MG DAILY		
DOSE) .....	23	
PIQRAY (250 MG DAILY		
DOSE) .....	23	
PIQRAY (300 MG DAILY		
DOSE) .....	23	
<i>pirfenidone</i> .....	167	
PIRMELLA 1/35 .....	113	
<i>piroxicam</i> .....	15	



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<i>plain niacin</i> .....	34	PRADAXA .....	28	<i>pro comfort lancets</i>
PLASMA-LYTE 148 .....	82	PRALUENT .....	34	<i>31g</i> .....
<i>plerixafor</i> .....	28	<i>pramipexole</i>		<i>pro voice v8/v9</i>
<i>pnv-dha</i> .....	82	<i>dihydrochloride</i> .....	48	<i>glucose</i> .....
POCKET CHAMBER .....	150	<i>pramoxine hcl</i>		<i>probenecid</i> .....
<i>podofilox</i> .....	59	<i>(perianal)</i> .....	60	<i>prochlorperazine</i> .....
<i>poly bacitracin</i> .....	60	<i>prasugrel hcl</i> .....	28	<i>prochlorperazine</i>
POLY HIST FORTE .....	150	<i>pravastatin sodium</i> .....	34	<i>edisylate</i> .....
<i>poly-hist dm</i> .....	150	<i>praziquantel</i> .....	128	<i>prochlorperazine</i>
POLY-IRON 150 .....	82	<i>prazosin hcl</i> .....	34	<i>maleate</i> .....
<i>poly-iron 150 forte</i> .....	82	PRECISION XTRA BLOOD		PROCRIT .....
POLY-VENT DM .....	150	GLUCOSE .....	150	PROCTO-MED HC .....
POLY-VENT IR .....	150	<i>prednisolone</i> .....	113	PROCTOSOL HC .....
POLY-VI-FLOR .....	82	<i>prednisolone</i>		PROCTOZONE-HC .....
POLY-VI-FLOR/IRON .....	82	<i>acetate</i> .....	162	PRODIGY LANCETS
POLY-VI-SOL .....	82	<i>prednisolone sodium</i>		28G .....
POLY-VI-SOL/IRON .....	82	<i>phosphate</i> .....	113	PRODIGY LANCING
POLYGIN .....	161	<i>prednisone</i> .....	113	DEVICE .....
<i>polyethylene glycol</i>		PREDNISONE		PRODIGY NO CODING
<i>3350</i> .....	103	INTENSOL .....	113	BLOOD GLUC .....
<i>polymyxin b-</i>		<i>preferred plus lancets</i>		PRODIGY SAFETY LANCETS
<i>trimethoprim</i> .....	161	<i>thin</i> .....	150	26G .....
<i>polysaccharide iron</i>		<i>pregabalin</i> .....	48	PRODIGY TWIST TOP
<i>complex</i> .....	82	PREHEVBRIO .....	119	LANCETS 28G .....
<i>polysaccharide-iron</i>		PREMARIN .....	113	PROFE .....
<i>complex</i> .....	82	PREMASOL .....	83	PROFERRIN ES .....
<i>polytussin dm</i> .....	150	<i>premium blood glucose</i>		PROFERRIN-FORTE .....
<i>polyvinyl alcohol</i> .....	162	<i>test</i> .....	150	<i>progesterone</i> .....
POMALYST .....	23	PREMPRO .....	113	PROGRAF .....
PORTIA-28 .....	113	<i>prenatal</i> .....	83	PROLASTIN-C .....
<i>posaconazole</i> .....	128	PRENATAL VIT W/ IRON		PROLIA .....
<i>potassium chloride</i> .....	83	CARBONYL-FOLIC		PROMACTA .....
<i>potassium chloride crys</i>		ACID .....	83	<i>promethazine hcl</i> .....
<i>er</i> .....	82	<i>prevalite</i> .....	34	<i>promethazine-</i>
<i>potassium chloride er ...</i>	82	PREVYMIS .....	128	<i>codeine</i> .....
<i>potassium chloride in</i>		PREZCOBIX .....	128	<i>promethazine-dm</i> .....
<i>nacl</i> .....	82	PREZISTA .....	128	<i>propafenone hcl</i> .....
<i>potassium citrate er ...</i>	106	PRIFTIN .....	128	<i>propranolol hcl</i> .....
<i>potassium citrate-citric</i>		<i>primaquine</i>		<i>propranolol hcl er</i> .....
<i>acid</i> .....	106	<i>phosphate</i> .....	128	<i>propylthiouracil</i> .....
<i>potassium cl in dextrose</i>		<i>primidone</i> .....	48	PROQUAD .....
<i>5%</i> .....	83	PRIORIX .....	119	PROTECTIRON .....
POTELIGEO .....	23	<i>pro comfort lancets</i>		<i>protriptyline hcl</i> .....
<i>povidone-iodine</i> .....	60	<i>30g</i> .....	150	



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*pse-dexchlorphen-  
chlophedianol* ..... 151  
*pseudoeph-bromphen-  
dm* ..... 151  
*pseudoephedrine  
hcl* ..... 151  
*pseudoephedrine hcl  
er* ..... 151  
*pseudoephedrine-  
guaifenesin er* ..... 151  
 PULMOZYME ..... 167  
*pure calcium  
carbonate* ..... 83  
*pure comfort lancets  
30g* ..... 151  
 PUREWAY-C ..... 83  
 PURIXAN ..... 23  
*px advanced lancing  
device* ..... 151  
*px lancets microthin  
33g* ..... 151  
*px lancets ultra thin  
px lancets ultra thin  
28g* ..... 151  
*pyrazinamide* ..... 128  
*pyridostigmine  
bromide* ..... 48  
*pyridoxine hcl* ..... 83  
*pyrimethamine* ..... 128  
**Q**  
*qc advanced lancing  
device* ..... 151  
*qc lancets super thin  
30g* ..... 151  
*qc naproxen sodium ...* 151  
*qc pain reliever pm ex  
st* ..... 48  
*qc unilet lancets  
28g* ..... 151  
*qc unilet lancets micro  
thin* ..... 151  
 QINLOCK ..... 23  
 QUADRACEL ..... 119  
*quetiapine fumarate* ..... 49

*quetiapine fumarate  
er* ..... 49  
 QUFLORA FE ..... 83  
 QUFLORA FE  
 PEDIATRIC ..... 83  
 QUFLORA GUMMIES ..... 83  
 QUFLORA PEDIATRIC ..... 83  
*quinapril hcl* ..... 34  
*quinapril-  
hydrochlorothiazide* ..... 34  
*quinidine sulfate* ..... 34  
*quinine sulfate* ..... 128  
*quintabs-m* ..... 84  
 QUINTET AC BLOOD  
 GLUCOSE TEST ..... 151  
 QUINTET BLOOD GLUCOSE  
 TEST ..... 151  
 QVAR REDHALER ..... 168  
**R**  
*ra b-complex* ..... 84  
*ra b-complex with b-  
12* ..... 84  
*ra b-complex/vitamin c  
cr* ..... 84  
*ra balanced b-100* ..... 84  
*ra balanced b-50* ..... 84  
*ra biotin* ..... 84  
*ra calcium 600* ..... 84  
*ra calcium 600/vit  
d/minerals* ..... 84  
*ra calcium 600/vitamin d-  
3* ..... 84  
*ra calcium cit plus vit d-  
3* ..... 84  
*ra calcium-boron* ..... 84  
*ra central-vite womens  
mature* ..... 84  
 RA E-ZJECT LANCETS  
 28G ..... 151  
 RA E-ZJECT LANCETS THIN  
 26G ..... 151  
 RA E-ZJECT LANCETS THIN  
 28G ..... 151

RA E-ZJECT LANCETS ULTRA  
 THIN ..... 151  
 RA HI CAL ..... 84  
*ra high potency iron* ..... 84  
*ra magnesium* ..... 84  
*ra natural  
magnesium* ..... 84  
*ra niacin* ..... 34  
*ra one daily  
maximum* ..... 84  
*ra pediatric  
electrolyte* ..... 84  
*ra selenium natural* ..... 84  
*ra slow release iron* ..... 84  
*ra vitamin a* ..... 84  
*ra vitamin b-1* ..... 84  
*ra vitamin b-12* ..... 84  
*ra vitamin b-12 tr* ..... 84  
*ra vitamin b-6* ..... 85  
*ra vitamin b12* ..... 85  
*ra vitamin c* ..... 85  
*ra vitamin c cr* ..... 85  
*ra vitamin c/rose  
hips* ..... 85  
*ra vitamin e* ..... 85  
*ra zinc* ..... 85  
 RABAVERT ..... 119  
*raloxifene hcl* ..... 113  
*ramelteon* ..... 49  
*ramipril* ..... 34  
*ranolazine er* ..... 34  
*rasagiline mesylate* ..... 49  
 RAVICTI ..... 105  
 READYLANCE SAFETY  
 LANCETS ..... 152  
 RECLIPSEN ..... 113  
 RECOMBIVAX HB ..... 119  
 RECTIV ..... 60  
 REDNESS RELIEF ..... 162  
 REFRESH  
 CELLUVISC ..... 162  
 REFRESH LACRI-  
 LUBE ..... 162



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REFRESH OPTIVE MEGA-3 .....	162	REPEL LEMON		RINVOQ .....	119
REFRESH PLUS .....	162	EUCALYPTUS .....	152	RINVOQ LQ .....	119
REFUAH PLUS BLOOD		REPEL SPORTSMEN ....	152	RISPERDAL CONSTA .....	49
GLUCOSE TEST .....	152	REPEL SPORTSMEN		<i>risperidone</i> .....	49
RELAFEN .....	15	DRY .....	152	<i>risperidone microspheres</i>	
RELENZA		REPEL SPORTSMEN		<i>er</i> .....	49
DISKHALER .....	128	MAX .....	152	RITEFLO .....	153
RELION BLOOD GLUCOSE		RESTASIS .....	162	<i>ritonavir</i> .....	129
TEST .....	152	RESTASIS		RITUXAN .....	23
RELION CONFIRM/MICRO		MULTIDOSE .....	162	RITUXAN HYCELA .....	23
TEST .....	152	RETEVMO .....	23	<i>rivastigmine</i> .....	50
RELION LANCET DEVICES		RETROVIR .....	128	<i>rivastigmine tartrate</i> ....	50
30G .....	152	REXALL BLOOD GLUCOSE		<i>rizatriptan benzoate</i> ....	50
RELION LANCETS MICRO-		TEST .....	152	<i>robafen cf multi-symptom</i>	
THIN 33G .....	152	REXALL LANCETS ULTRA		<i>cold</i> .....	153
RELION LANCETS THIN		THIN 30G .....	152	ROBAFEN MUCUS/CHEST	
26G .....	152	REXULTI .....	49	CONGESTION .....	153
RELION LANCETS ULTRA-		REYATAZ .....	129	ROCKLATAN .....	162
THIN 30G .....	152	REZLIDHIA .....	23	<i>roflumilast</i> .....	168
RELION LANCING		REZUROCK .....	119	<i>romidepsin</i> .....	23
DEVICE .....	152	RHOPRESSA .....	162	<i>ropinirole hcl</i> .....	50
RELION PREMIER		RIABNI .....	23	<i>rosuvastatin calcium</i> ....	34
TEST .....	152	<i>ribavirin</i> .....	129	ROTARIX .....	119
RELION PRIME TEST ....	152	RIDAURA .....	119	ROTATEQ .....	119
RELION TRUE METRIX TEST		<i>rifabutin</i> .....	129	ROWEEPRA .....	50
STRIPS .....	152	<i>rifampin</i> .....	129	ROZLYTREK .....	23
RELION ULTIMA TEST ...	152	RIGHTEST GD500 LANCING		<i>ru-hist d</i> .....	153
RELION ULTRA THIN		DEVICE .....	152	RUBRACA .....	23
LANCETS 30G .....	152	RIGHTEST GL300		<i>rufinamide</i> .....	50
RELION ULTRA THIN PLUS		LANCETS .....	152	RUKOBIA .....	129
LANCETS .....	152	RIGHTEST GS100 BLOOD		RYBELSUS .....	97
REMICADE .....	119	GLUCOSE .....	152	RYBREVANT .....	23
<i>rena-vite</i> .....	85	RIGHTEST GS300 BLOOD		RYDAPT .....	23
<i>rena-vite rx</i> .....	85	GLUCOSE .....	152	RYLAZE .....	23
RENAL .....	85	RIGHTEST GS550 BLOOD		<i>rymed</i> .....	153
<i>renal vitamin</i> .....	85	GLUCOSE .....	152	<i>rynex dm</i> .....	153
<i>repaglinide</i> .....	96	RIGHTEST GT333 BLOOD		<i>rynex pe</i> .....	153
REPATHA .....	34	GLUCOSE .....	153	<i>rynex pse</i> .....	153
REPATHA PUSHTRONEX		RIGHTEST GT333 GLUCOSE		RYTARY .....	50
SYSTEM .....	34	TEST .....	153	<b>S</b>	
REPATHA SURECLICK ....	34	<i>riluzole</i> .....	49	S2	
REPEL HUNTERS		<i>rimantadine hcl</i> .....	129	(RACEPINEPHRINE) .....	153
FORMULA .....	152	<i>ringers</i> .....	85	<i>safety lancet 30g/pressure</i>	
		<i>ringers irrigation</i> .....	153	<i>act</i> .....	153



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SAFETY LANCETS .....	153	SHOPKO ON-THE-GO	<i>sm b-complex</i> .....	86
SAFETY LANCETS		LANCETS 30G .....	<i>sm b-complex/vitamin</i>	
21G .....	153	SHOPKO UNILET LANCETS	<i>c</i> .....	86
<i>safety lancets 28g</i> .....	153	28G .....	<i>sm b100 complex</i> .....	86
SAJAZIR .....	28	SHOPKO UNILET LANCETS	<i>sm balanced b-50</i> .....	86
SANTYL .....	60	30G .....	<i>sm biotin</i> .....	86
<i>sapropterin</i>		SIDESTREAM PEDIATRIC	<i>sm calcium 600+d3</i> .....	86
<i>dihydrochloride</i> .....	105	FACE MASK .....	<i>sm calcium 600/vitamin</i>	
<i>saps health plus</i>		SIGNIFOR .....	<i>d</i> .....	86
<i>lancets</i> .....	153	<i>sildenafil citrate</i> .....	<i>sm calcium citrate+/vit</i>	
<i>saps health twist top</i>		<i>silicone mask/infant</i> ..	<i>d3</i> .....	86
<i>lancets</i> .....	153	<i>silicone</i>	<i>sm calcium citrate+vit d3</i>	
<i>saps twist top</i>		<i>mask/pediatric</i> .....	<i>max</i> .....	86
<i>lancets</i> .....	153	<i>silver sulfadiazine</i> .....	<i>sm calcium-vitamin d</i> ...	86
SARCLISA .....	23	SIMBRINZA .....	<i>sm calcium/vitamin d</i> ...	86
SAVELLA .....	50	<i>simethicone</i> .....	<i>sm chewable vitamin</i>	
SAVELLA TITRATION		<i>simethicone drops</i>	<i>c</i> .....	86
PACK .....	50	<i>infants</i> .....	<i>sm complete</i> .....	86
SAWYER INSECT		<i>simethicone ultra</i>	<i>sm complete 50+</i> .....	86
REPELLENT .....	153	<i>strength</i> .....	<i>sm complete 50+ ultimate</i>	
SCSEMBLIX .....	24	SIMLIYA .....	<i>women</i> .....	86
<i>scopolamine</i> .....	104	SIMPLE DIAGNOSTICS	<i>sm hair/skin/nails</i> .....	86
<i>se-tan plus</i> .....	85	LANCING DEV .....	<i>sm ibuprofen</i> .....	154
SECUADO .....	50	<i>simvastatin</i> .....	<i>sm lancets 33g</i> .....	154
<i>selegiline hcl</i> .....	50	<i>sinus + headache</i> .....	<i>sm lorata-dine d</i> .....	154
<i>selenium</i> .....	85	<i>sinus</i>	<i>sm loratadine</i> .....	168
<i>selenium sulfide</i> .....	60	<i>congestion/pain</i> .....	<i>sm magnesium oxide</i> ...	86
SELZENTRY .....	129	<i>sinus pressure +</i>	<i>sm miconazole 7</i> .....	106
<i>senior tabs</i> .....	85	<i>pain</i> .....	<i>sm multiple</i>	
<i>senna-lax</i> .....	104	<i>sinus relief congestion-</i>	<i>vitamins/iron</i> .....	86
<i>sentry</i> .....	85	<i>pain</i> .....	<i>sm nasal spray 12</i>	
<i>sentry senior</i> .....	85	<i>sinus relief extra</i>	<i>hour</i> .....	154
SEREVENT DISKUS .....	168	<i>strength</i> .....	<i>sm niacin cr</i> .....	35
<i>sertraline hcl</i> .....	50	<i>sirolimus</i> .....	<i>sm one daily womens</i> ...	86
SETLAKIN .....	113	SIRTURO .....	<i>sm pediatric</i>	
<i>sevelamer carbonate</i> ....	97	SKYRIZI .....	<i>electrolyte</i> .....	86
<i>severe cold &amp;</i>		SKYRIZI PEN .....	<i>sm slow release dried</i>	
<i>flu</i> .....	153	<i>sleep aid</i> .....	<i>iron</i> .....	86
<i>severe cold/cough</i> .....	153	<i>sleep-aid</i> .....	<i>sm slow release iron</i> ....	86
SHAROBEL .....	113	SLO-NIACIN .....	<i>sm tussin cough/chest</i>	
SHINGRIX .....	119	SLOW FE .....	<i>congest</i> .....	154
SHOPKO AUTOLET LANCING		<i>slow release iron</i> .....	<i>sm vitamin b</i>	
DEVICE .....	153	SLOW-MAG .....	<i>complex/vitamin c</i> .....	86
		<i>sm anti-diarrheal</i> .....	<i>sm vitamin b-12</i> .....	87



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<i>sm vitamin b1</i> .....	87	SOLUS V2 LANCING		<i>stress formula</i> .....	87
<i>sm vitamin b12 tr</i> .....	87	DEVICE .....	154	<i>stress formula/iron</i> .....	87
<i>sm vitamin b6</i> .....	87	SOLUS V2 TEST .....	155	<i>stress formula/zinc (b-</i>	
<i>sm vitamin c</i> .....	87	SOLUS V2 TWIST LANCETS		<i>compl)</i> .....	87
<i>sm vitamin c cr</i> .....	87	30G .....	155	STRIBILD .....	129
SMART DIABETES VANTAGE		SOLUVITA E .....	87	STROVITE ONE .....	87
LANCING .....	154	SOMATULINE DEPOT ...	113	SUBVENITE .....	51
SMART SENSE COLOR		SOMAVERT .....	113	<i>sucralfate</i> .....	104
LANCETS 33G .....	154	<i>sorafenib tosylate</i> .....	24	SUDOGEST .....	155
SMART SENSE PREMIUM		SORINE .....	35	<i>sudogest 12 hour</i> .....	155
TEST .....	154	<i>sotalol hcl</i> .....	35	SUDOGEST MAXIMUM	
SMART SENSE STANDARD		<i>sotalol hcl (af)</i> .....	35	STRENGTH .....	155
LANCETS .....	154	SPECTRAVITE .....	87	<i>sulfacetamide</i>	
SMART SENSE SUPER THIN		SPIRIVA		<i>sodium</i> .....	162
LANCETS .....	154	HANDIHALER .....	168	<i>sulfacetamide sodium</i>	
SMART SENSE THIN		SPIRIVA RESPIMAT .....	168	<i>(acne)</i> .....	60
LANCETS 26G .....	154	<i>spironolactone</i> .....	35	<i>sulfacetamide-</i>	
SMART SENSE VALUE		<i>spironolactone-hctz</i> .....	35	<i>prednisolone</i> .....	162
TEST .....	154	SPRAVATO (56 MG		<i>sulfadiazine</i> .....	129
SMARTTEST BLOOD		DOSE) .....	50	<i>sulfamethoxazole-</i>	
GLUCOSE TEST .....	154	SPRAVATO (84 MG		<i>trimethoprim</i> .....	129
SMARTTEST LANCETS		DOSE) .....	50	SULFAMYLON .....	60
28G .....	154	SPRINTEC 28 .....	113	<i>sulfasalazine</i> .....	104
<i>smooth antacid extra</i>		SPRITAM .....	50	<i>sulindac</i> .....	15
<i>strength</i> .....	104	SPRYCEL .....	24	<i>sumatriptan</i> .....	51
<i>sod citrate-citric</i>		SPS .....	97	<i>sumatriptan</i>	
<i>acid</i> .....	106	SPS (SODIUM		<i>succinate</i> .....	51
<i>sodium bicarbonate</i> ...	104	POLYSTYRENE SULF) ....	97	<i>sumatriptan succinate</i>	
<i>sodium chloride</i> .....	87	SRONYX .....	113	<i>refill</i> .....	51
<i>sodium chloride</i>		SSD (SILVER		<i>sunitinib malate</i> .....	24
<i>(hypertonic)</i> .....	162	SULFADIAZINE) .....	60	SUNLENCA .....	129
<i>sodium fluoride</i> .....	87	STELARA .....	119	<i>super b/c</i> .....	87
<i>sodium</i>		STERILANCE PA .....	155	<i>super biotin</i> .....	88
<i>phenylbutyrate</i> .....	105	STERILANCE TL .....	155	<i>super calcium</i> .....	88
<i>sodium polystyrene</i>		<i>sterile water for</i>		<i>super calcium 600 + d</i>	
<i>sulfonate</i> .....	97	<i>irrigation</i> .....	155	400 .....	88
<i>sofosbuvir-</i>		STIOLTO RESPIMAT .....	168	<i>super calcium 600 +</i>	
<i>velpatasvir</i> .....	129	STIVARGA .....	24	<i>d3</i> .....	88
<i>solifenacin</i>		<i>stomach relief</i> .....	104	SUPER QUINTS B-50 .....	88
<i>succinate</i> .....	106	<i>stomach relief extra</i>		<i>super thera vite m</i> .....	88
SOLTAMOX .....	24	<i>strength</i> .....	104	SUPERVITE .....	88
SOLUS V2 LANCETS		<i>stomach relief ultra</i> ....	104	<i>sure comfort lancets</i>	
28G .....	154	<i>streptomycin sulfate</i> ...	129	18g .....	155
		<i>stress b/zinc</i> .....	87		



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<i>sure comfort lancets</i>	TECFIDERA .....	51	THERATRUM COMPLETE 50
<i>21g</i> .....	TECHLITE LANCETS .....	155	PLUS .....
<i>sure comfort lancets</i>	TECHLITE LANCETS		88
<i>23g</i> .....	30G .....	155	THEREMS-M .....
<i>sure comfort lancets</i>	TECVAYLI .....	24	<i>thiamine hcl</i> .....
<i>28g</i> .....	TEFLARO .....	129	<i>thioridazine hcl</i> .....
<i>sure comfort lancets</i>	<i>telmisartan</i> .....	35	<i>thiothixene</i> .....
<i>30g</i> .....	<i>telmisartan-</i>		TIADYLT ER .....
<i>sure comfort lancet</i>	<i>amlodipine</i> .....	35	<i>tiagabine hcl</i> .....
<i>pen</i> .....	<i>telmisartan-hctz</i> .....	35	TIBSOVO .....
SUSPENDOL-S .....	<i>temazepam</i> .....	51	TICE BCG .....
<i>sv vitamin b-12 er</i> .....	TENIVAC .....	120	TICOVAC .....
SYEDA .....	<i>tenofovir disoproxil</i>		<i>tigecycline</i> .....
SYMLINPEN 120 .....	<i>fumarate</i> .....	129	<i>timolol maleate</i> .....
SYMLINPEN 60 .....	TEPMETKO .....	24	<i>timolol maleate (once-</i>
SYMPAZAN .....	<i>terazosin hcl</i> .....	35	<i>daily)</i> .....
SYMTUZA .....	<i>terbinafine hcl</i> .....	60	<i>tioconazole-1</i> .....
SYNAGIS .....	<i>terbutaline sulfat</i> .....	168	TIS-U-SOL .....
SYNAREL .....	<i>terconazole</i> .....	106	TIVICAY .....
SYNJARDY .....	<i>teriparatide</i> .....	97	TIVICAY PD .....
SYNJARDY XR .....	<i>testosterone</i> .....	114	<i>tizanidine hcl</i> .....
SYNTHROID .....	<i>testosterone</i>		<i>tobramycin</i> .....
<b>T</b>	<i>cypionate</i> .....	114	<i>tobramycin sulfate</i> .....
TAB-A-VITE/IRON/BETA	<i>testosterone</i>		<i>tobramycin-</i>
CAROTENE .....	<i>enantate</i> .....	114	<i>dexamethasone</i> .....
TABLOID .....	<i>tetrabenazine</i> .....	51	<i>tolcapone</i> .....
TABRECTA .....	<i>tetracycline hcl</i> .....	130	<i>tolnaftate</i> .....
<i>tacrolimus</i> .....	<i>tgt blood glucose</i>		<i>tolterodine tartrate</i> .....
TAFINLAR .....	<i>test</i> .....	155	<i>er</i> .....
TAGRISSO .....	<i>tgt lancet micro thin</i>		<i>topcare lancets micro-thin</i>
TALZENNA .....	<i>33g</i> .....	155	<i>33g</i> .....
<i>tamoxifen citrate</i> .....	<i>tgt lancet thin 26g</i> .....	155	<i>topiramate</i> .....
<i>tamsulosin hcl</i> .....	<i>tgt lancet ultra thin</i>		<i>toremifene citrate</i> .....
TANDEM .....	<i>30g</i> .....	155	<i>torse mide</i> .....
TANDEM PLUS .....	<i>tgt lancet device</i> .....	155	TOUJEO MAX
TARINA FE 1/20 EQ .....	THALOMID .....	24	SOLOSTAR .....
<i>taron forte</i> .....	<i>theophylline er</i> .....	168	TOUJEO SOLOSTAR .....
TASIGNA .....	THERA M PLUS .....	88	TRACLEER .....
<i>tasimelteon</i> .....	<i>thera-m</i> .....	88	TRADJENTA .....
<i>tazarotene</i> .....	<i>thera-tabs</i> .....	88	<i>tramadol hcl</i> .....
TAZICEF .....	<i>therapeutic-m</i> .....	88	<i>tramadol-</i>
TAZVERIK .....	THERATRUM		<i>acetaminophen</i> .....
TDVAX .....	COMPLETE .....	88	<i>trandolapril</i> .....
TECENTRIQ .....			<i>tranexamic acid</i> .....



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<i>tranylcypromine</i>	TRODELVY .....	25	<i>tussin multi-symptom cold</i>
<i>sulfate</i> .....	TROGARZO .....	130	<i>cf</i> .....
TRAVASOL .....	TROPHAMINE .....	89	TWINRIX .....
<i>travel lancets</i> .....	<i>true comfort safety</i>		TYBOST .....
TRAVEL LANCETS	<i>lancets</i> .....	156	TYMLOS .....
ADVANCED 28G .....	<i>true comfort twist top</i>		TYPHIM VI .....
<i>travoprost (bak free)</i> ....	<i>lancets</i> .....	156	TYSABRI .....
<i>trazodone hcl</i> .....	TRUE METRIX BLOOD		<b>U</b>
TRECTOR .....	GLUCOSE TEST .....	156	ULTI-LANCE
TRELEGY ELLIPTA .....	TRUE METRIX PRO BLOOD		AUTOMATIC .....
<i>tretinoin</i> .....	GLUCOSE .....	156	ULTILET CLASSIC
TREXALL .....	TRUEDRAW LANCING		LANCETS .....
TRI FEMYNOR .....	DEVICE .....	156	ULTILET LANCETS .....
TRI-ESTARYLLA .....	TRUEPLUS LANCETS		ULTILET SAFETY LANCETS
TRI-LINYAH .....	28G .....	156	23G .....
TRI-MILI .....	TRUEPLUS LANCETS		<i>ultra lubricating eye</i>
TRI-NYMYO .....	30G .....	156	<i>drops</i> .....
TRI-SPRINTEC .....	TRUEPLUS LANCETS		<i>ultra lubricating eye drops</i>
TRI-VI-FLOR .....	33G .....	156	<i>pf</i> .....
<i>tri-vite pediatric</i> .....	TRUEPLUS SAFETY LANCETS		<i>ultra thin lancets</i>
<i>tri-vite/fluoride</i> .....	28G .....	156	<i>31g</i> .....
TRI-VYLIBRA .....	TRUETEST TEST .....	156	<i>ultra-care lancets</i>
<i>triamcinolone</i>	TRUETRACK TEST .....	156	<i>30g</i> .....
<i>acetonide</i> .....	TRULICITY .....	97	ULTRA-THIN II
<i>triamterene-hctz</i> .....	TRUMENBA .....	120	LANCETS .....
<i>tricitrates</i> .....	TRUQAP .....	25	ULTRATHON INSECT
TRIDERM .....	TRUSELTIQ (100MG DAILY		REPELLENT 8 .....
<i>trientine hcl</i> .....	DOSE) .....	25	UNILET COMFORTOUCH
<i>trifluoperazine hcl</i> .....	TRUSELTIQ (125MG DAILY		LANCET .....
<i>trifluridine</i> .....	DOSE) .....	25	UNILET EXCELITE .....
<i>trihexyphenidyl hcl</i> .....	TRUSELTIQ (50MG DAILY		UNILET EXCELITE II .....
<i>trimethoprim</i> .....	DOSE) .....	25	UNILET G.P. SUPERLITE
<i>trimipramine maleate</i> ...	TRUSELTIQ (75MG DAILY		LANCET .....
TRINTELLIX .....	DOSE) .....	25	UNILET GP 28 ULTRA
<i>triphrocaps</i> .....	TUKYSA .....	25	THIN .....
<i>triple antibiotic</i> .....	TURALIO .....	25	UNILET LANCET .....
<i>triple antibiotic plus</i> .....	TURQOZ .....	114	UNILET MICRO-THIN
<i>triple antibiotic+pain</i>	<i>tussin cf severe multi-</i>		33G .....
<i>relief</i> .....	<i>symptom</i> .....	156	UNILET SUPER-THIN
<i>triprolidine hcl</i> .....	<i>tussin dm</i> .....	156	30G .....
TRIUMEQ .....	<i>tussin dm max adult</i> ...	156	UNILET ULTRA-THIN
TRIUMEQ PD .....	<i>tussin mucus+chest</i>		28G .....
TRIVORA (28) .....	<i>congestion</i> .....	156	UNISTIK 2 .....
TRIZIVIR .....			UNISTIK 2 COMFORT ...



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UNISTIK 2 EXTRA .....	157	<i>valproic acid</i> .....	52	VELTASSA .....	97
UNISTIK 2 NORMAL .....	157	<i>valsartan</i> .....	35	VEMLIDY .....	131
UNISTIK 2 SUPER .....	157	<i>valsartan-</i>		VENCLEXTA .....	25
UNISTIK 3 COMFORT ...	157	<i>hydrochlorothiazide</i> .....	35	VENCLEXTA STARTING	
UNISTIK 3 EXTRA .....	157	VALTOCO 10 MG		PACK .....	25
UNISTIK 3 GENTLE .....	157	DOSE .....	52	<i>venlafaxine besylate</i>	
UNISTIK 3		VALTOCO 15 MG		<i>er</i> .....	52
NEONATAL .....	157	DOSE .....	52	<i>venlafaxine hcl</i> .....	52
UNISTIK 3 NORMAL .....	157	VALTOCO 20 MG		<i>venlafaxine hcl er</i> .....	53
UNISTIK CZT		DOSE .....	52	VENTAVIS .....	169
COMFORT .....	157	VALTOCO 5 MG DOSE ....	52	VENTOLIN HFA .....	169
UNISTIK CZT		<i>value plus lancing</i>		<i>verapamil hcl</i> .....	36
NORMAL .....	157	<i>device</i> .....	158	<i>verapamil hcl er</i> .....	36
UNISTIK NORMAL .....	157	<i>valumark lancet super thin</i>		VERQUVO .....	36
UNISTIK PRO SAFETY		<i>30g</i> .....	158	VERSACLOZ .....	53
LANCET .....	157	<i>valumark lancet ultra thin</i>		VERZENIO .....	25
UNISTIK SAFETY LANCETS		<i>28g</i> .....	158	VIC-FORTE .....	89
28G .....	157	VANACOF .....	158	VICTOZA .....	97
UNISTIK SAFETY LANCETS		VANACOF DM .....	158	VIDA MIA AUTOLET LANCING	
30G .....	157	VANACOF DMX .....	158	DEV .....	158
UNISTIK TOUCH SAFETY		VANALICE .....	61	VIDA MIA UNILET LANCETS	
LANC 21G .....	157	VANATAB DM .....	158	28G .....	158
UNISTIK TOUCH SAFETY		<i>vancomycin hcl</i> .....	130	VIDA MIA UNILET LANCETS	
LANC 23G .....	157	<i>vancomycin hcl in</i>		30G .....	158
UNISTIK TOUCH SAFETY		<i>dextrose</i> .....	130	VIENVA .....	114
LANC 28G .....	157	<i>vancomycin hcl in</i>		<i>vigabatrin</i> .....	53
UNISTIK TOUCH SAFETY		<i>nacl</i> .....	130	VIGADRONE .....	53
LANC 30G .....	157	VANDAZOLE .....	107	VIGPODER .....	53
UNISTRIP1 GENERIC ...	158	VANFLYTA .....	25	<i>vilazodone hcl</i> .....	53
UNITHROID .....	114	<i>vapor steam</i> .....	158	<i>vinblastine sulfate</i> .....	25
UNIVERSAL 1 LANCETS THIN		VAQTA .....	120	<i>vincristine sulfate</i> .....	25
26G .....	158	<i>varenicline tartrate</i> .....	52	<i>vinorelbine tartrate</i> .....	25
UNIVERSAL 1 LANCETS		<i>varenicline tartrate</i>		<i>violele</i> .....	114
ULTRA THIN .....	158	<i>(starter)</i> .....	52	VIRACEPT .....	131
UPTRAVI .....	168	<i>varenicline</i>		VIREAD .....	131
UPTRAVI TITRATION ....	168	<i>tartrate(continue)</i> .....	52	<i>virt-caps</i> .....	89
<i>ursodiol</i> .....	104	VARIVAX .....	120	VIRT-GARD .....	89
UZEDY .....	52	VARIZIG .....	120	<i>vita c/bioflavonoids/rose</i>	
<b>V</b>		VASCEPA .....	35	<i>hips</i> .....	89
<i>v-c forte</i> .....	89	VAXCHORA .....	120	VITAL-D RX .....	89
<i>valacyclovir hcl</i> .....	130	VECAMYL .....	35	<i>vitalee</i> .....	89
VALCHLOR .....	61	VECTIBIX .....	25	VITALET'S CHILDRENS ....	89
<i>valganciclovir hcl</i> .....	130	VELIVET .....	114	<i>vitamin a</i> .....	89
<i>valproate sodium</i> .....	52	VELPHORO .....	97	<i>vitamin b + c complex</i> ...	89



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<i>vitamin b 12</i> .....	89	VIVAGUARD INO TEST STRIPS .....	158	<i>womens daily form/fa/ca/fe</i> .....	92
<i>vitamin b complex</i> .....	89	VIVAGUARD LANCETS .....	158	<i>womens daily formula</i> ...	92
<i>vitamin b complex-c</i> ....	89	VIVAGUARD LANCING DEVICE .....	158	<b>X</b>	
<i>vitamin b-1</i> .....	89	VIZIMPRO .....	25	XALKORI .....	25
<i>vitamin b-12</i> .....	89	VOLNEA .....	114	XARELTO .....	29
<i>vitamin b-12 er</i> .....	89	VONJO .....	25	XARELTO STARTER PACK .....	29
<i>vitamin b-2</i> .....	89	<i>voriconazole</i> .....	131	XATMEP .....	120
<i>vitamin b-6</i> .....	90	VORTEX VALVED HOLDING CHAMBER .....	158	XCOPRI .....	53
<i>vitamin b1</i> .....	90	VOSEVI .....	131	XCOPRI (250 MG DAILY DOSE) .....	53
<i>vitamin b12</i> .....	90	<i>vp-vite rx</i> .....	91	XCOPRI (350 MG DAILY DOSE) .....	53
<i>vitamin b12 tr</i> .....	90	VPRIV .....	105	XERMELO .....	104
<i>vitamin b6</i> .....	90	VRAYLAR .....	53	XGEVA .....	98
<i>vitamin c</i> .....	90	VYFEMLA .....	115	XIFAXAN .....	131
<i>vitamin c drops</i> .....	90	VYLIBRA .....	115	XIGDUO XR .....	98
<i>vitamin c er</i> .....	90	VYZULTA .....	163	XIIDRA .....	163
<i>vitamin c-rose hips</i> .....	90	<b>W</b>		XOFLUZA (40 MG DOSE) .....	131
<i>vitamin c-rose hips er</i> ....	90	WAKIX .....	53	XOFLUZA (80 MG DOSE) .....	131
<i>vitamin c-rose hips tr</i> ....	91	<i>walgreens adv travel lancets</i> .....	158	XOLAIR .....	169
<i>vitamin c/rose hips</i> .....	91	<i>walgreens lancets micro thin</i> .....	158	XOSPATA .....	26
<i>vitamin c/rose hips tr</i> ...	91	<i>walgreens lancets super thin</i> .....	158	XPOVIO (100 MG ONCE WEEKLY) .....	26
<i>vitamin d</i> .....	98	WALGREENS THIN LANCETS .....	158	XPOVIO (40 MG ONCE WEEKLY) .....	26
<i>vitamin d</i> (ergocalciferol) .....	97	WALGREENS ULTRA THIN LANCETS .....	158	XPOVIO (40 MG TWICE WEEKLY) .....	26
<i>vitamin d infant</i> .....	98	<i>warfarin sodium</i> .....	29	XPOVIO (60 MG ONCE WEEKLY) .....	26
<i>vitamin d3</i> .....	98	<i>wart remover maximum strength</i> .....	61	XPOVIO (60 MG TWICE WEEKLY) .....	26
<i>vitamin e</i> .....	91	<i>wee care</i> .....	91	XPOVIO (80 MG ONCE WEEKLY) .....	26
<i>vitamin e blend</i> .....	91	WELIREG .....	25	XPOVIO (80 MG TWICE WEEKLY) .....	26
<i>vitamin e high potency</i> .....	91	WERA .....	115	XPOVIO (80 MG TWICE WEEKLY) .....	26
<i>vitamin e water soluble</i> .....	91	<i>wes-phos 250 neutral</i> .....	107	XTANDI .....	26
<i>vitamin e/d-alpha</i> .....	91	<i>wescaps</i> .....	91	<b>Y</b>	
<i>vitamin e/d-alpha natural</i> .....	91	<i>westab max</i> .....	92	YARGESA .....	105
<i>vitamin k1</i> .....	29	<i>westab one</i> .....	92	YELETS TEENAGE FORMULA .....	92
<i>vitamin supplement e-400</i> .....	91	<i>westussin dm</i> .....	158		
<i>vitamin-b complex</i> .....	91	<i>wixela inhub</i> .....	169		
<i>vitamins acd-fluoride</i> ....	91				
<i>vitatrum</i> .....	91				
VITRAKVI .....	25				
<i>vitrum 50+ senior multi</i> .....	91				



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YERVOY .....	26	ZEPZELCA .....	26	ZOLINZA .....	26
YF-VAX .....	120	<i>zevrx twist top lancets</i>		<i>zolmitriptan</i> .....	54
YONSA .....	26	<i>30g</i> .....	158	<i>zolpidem tartrate</i> .....	54
<b>Z</b>		<i>zidovudine</i> .....	131	ZONISADE .....	54
Z-BUM .....	61	<i>zinc</i> .....	92	<i>zonisamide</i> .....	54
<i>zafirlukast</i> .....	169	ZINC 15 .....	92	ZOVIA 1/35 (28) .....	115
<i>zaleplon</i> .....	53	<i>zinc gluconate</i> .....	92	ZTALMY .....	54
ZARXIO .....	29	<i>zinc oxide</i> .....	61	ZUMANDIMINE .....	115
ZEJULA .....	26	<i>zinc sulfate</i> .....	92	ZURZUVAE .....	54
ZELBORAF .....	26	<i>ziprasidone hcl</i> .....	53	ZYDELIG .....	26
ZENATANE .....	61	<i>ziprasidone mesylate</i> ...	54	ZYKADIA .....	26
ZENPEP .....	105	ZIRGAN .....	131	ZYPREXA RELPREVV .....	54
ZENZEDI .....	53	<i>zoledronic acid</i> .....	98		



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

Wellpoint STAR+PLUS MMP - Complaints, Appeals, and Grievances

Mailstop: OH0205-A537  
4361 Irwin Simpson Road  
Mason, OH 45040  
1-855-878-1784 (TTY: 711)  
Fax: 1-888-458-1406

If you need help filing a grievance, the Enrollee Advocate is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services; 200 Independence Ave., SW; Room 509F, HHH Building; Washington, D.C. 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-878-1784 (TTY: 711)**. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-878-1784 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-855-878-1784 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-855-878-1784 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-855-878-1784** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-878-1784** (TTY : **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-855-878-1784** (TTY: **711**). Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-878-1784** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-878-1784** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-878-1784** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري سيقوم شخص ما يتحدث العربية بمساعدتك ليس عليك سوى الاتصال بنا على **1-855-878-1784** (TTY: **711**). هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-878-1784** (TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-878-1784** (TTY : **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-878-1784** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-878-1784** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-878-1784** (TTY: **711**). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-855-878-1784** (TTY: **711**) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



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

This formulary was updated on 10/1/2024.

Wellpoint Texas, Inc. MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. Services provided by Wellpoint Texas, Inc.

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