Tháng Mười 2026

Health Plan of San Joaquin
Mountain Valley Health Plan
Advantage D-SNP (HMO)

Danh Sách Thuốc Được Đài Thọ

VUI LÒNG ĐỌC: TÀI LIỆU NÀY CHỨA THÔNG TIN VỀ CÁC LOẠI THUỐC CHÚNG TÔI ĐÀI THỌ TRONG CHƯƠNG TRÌNH NÀY. Danh Sách Thuốc này được cập nhật vào 10/01/2026 .
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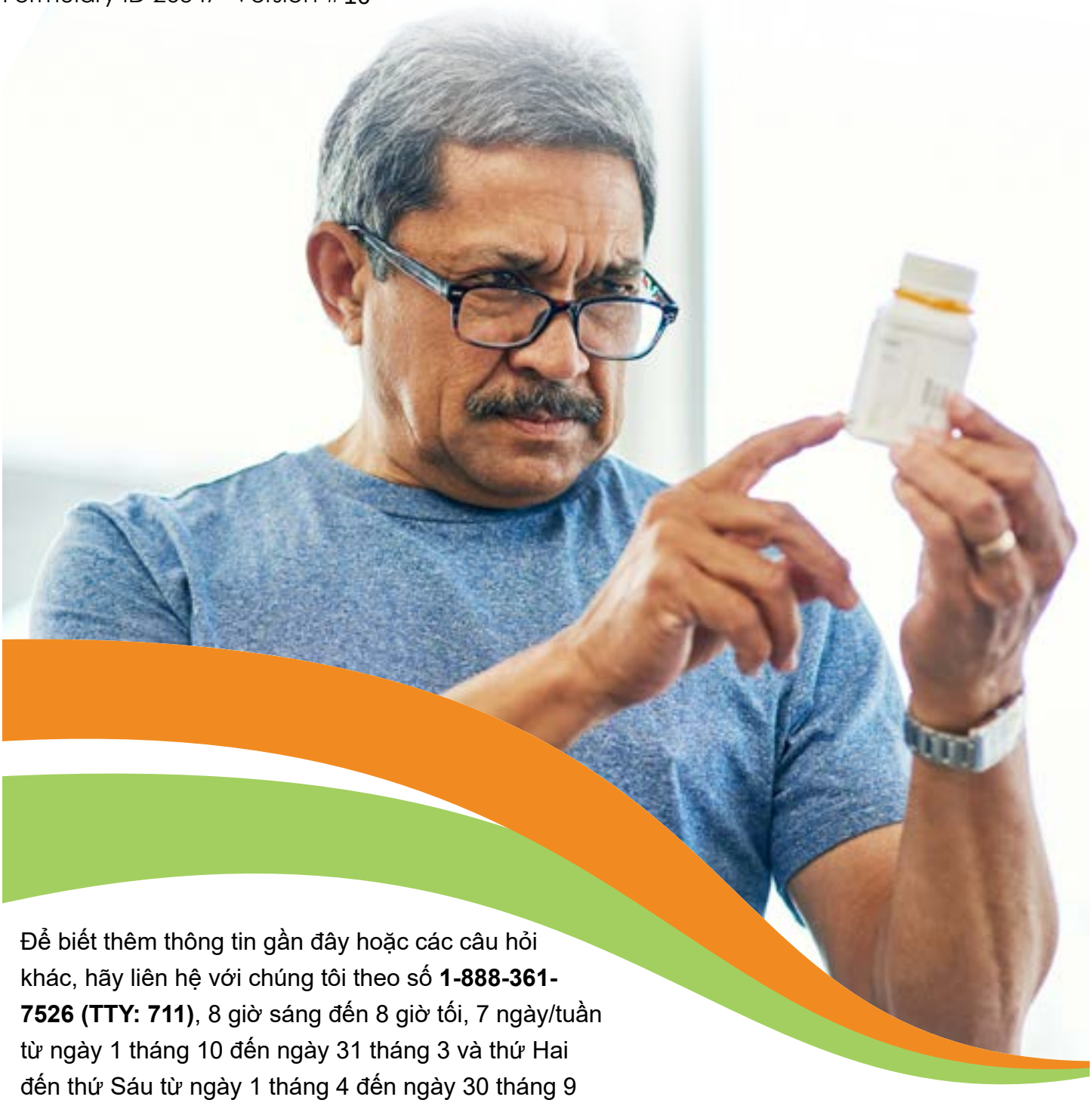

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Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO)

Danh Sách Thuốc Được Đài Thọ năm 2026 (*Danh Sách Thuốc* hoặc Danh Mục Thuốc)

VUI LÒNG ĐỌC: TÀI LIỆU NÀY CHỨA THÔNG TIN VỀ CÁC LOẠI THUỐC CHÚNG TÔI ĐÀI THỌ TRONG CHƯƠNG TRÌNH NÀY

Giới Thiệu

Tài liệu này được gọi là *Danh Sách Thuốc Được Đài Thọ* (còn gọi là *Danh Sách Thuốc*). Tài liệu cho quý vị biết những loại thuốc và sản phẩm không phải thuốc nào được Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) đài thọ. *Danh Sách Thuốc* cũng cho quý vị biết liệu có bất kỳ quy tắc hoặc hạn chế đặc biệt nào đối với bất kỳ loại thuốc nào được Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP đài thọ hay không. Các thuật ngữ chính và định nghĩa tương ứng xuất hiện trong chương cuối của *Sổ Tay Hội Viên*.

Mục lục

A. Tuyên Bố Miễn Trừ Trách Nhiệm 3

B. Câu Hỏi Thường Gặp (FAQ) 10

B1. Những loại thuốc kê đơn nào nằm trong *Danh Sách Thuốc Được Đài Thọ*? (Chúng tôi gọi tắt *Danh Sách Thuốc Được Đài Thọ* là "*Danh Sách Thuốc*") 10

B2. *Danh Sách Thuốc* có bao giờ thay đổi không? 10

B3. Điều gì xảy ra khi có thay đổi trong *Danh Sách Thuốc*? 11

B4. Có bất kỳ hạn chế hoặc giới hạn nào về phạm vi đài thọ thuốc hoặc bất kỳ hành động bắt buộc nào phải thực hiện để có được một số loại thuốc nhất định không? 13

B5. Làm thế nào để biết liệu loại thuốc tôi muốn có bị giới hạn hay cần thực hiện hành động bắt buộc để mua được thuốc? 14

B6. Điều gì xảy ra nếu Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP thay đổi các quy tắc đài thọ một số loại thuốc (ví dụ: chấp thuận trước, giới hạn số lượng và/hoặc hạn chế theo trị liệu từng bước)? 14

B7. Làm thế nào tôi có thể tìm thấy một loại thuốc trong *Danh Sách Thuốc*? 14

B8. Điều gì sẽ xảy ra nếu thuốc tôi muốn sử dụng lại không có trong *Danh Sách Thuốc*? 14

B9. Điều gì sẽ xảy ra nếu tôi là hội viên mới của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP và không thể tìm thấy thuốc của mình trong *Danh Sách Thuốc* hoặc gặp vấn đề khi nhận thuốc? 15

B10. Tôi có thể yêu cầu trường hợp ngoại lệ để được đài thọ thuốc của mình không? 16

B11. Làm thế nào tôi có thể yêu cầu trường hợp ngoại lệ? 16

B12. Mất bao lâu để nhận được duyệt trường hợp ngoại lệ? 16

B13. Thuốc gốc là gì? 17

B14. Các sinh phẩm gốc là gì và chúng liên quan đến thuốc sinh học tương tự như thế nào? 17

B15. Thuốc OTC (không kê đơn) là gì? 18

B16. Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP có đài thọ các sản phẩm OTC không phải thuốc không? 18

B17. Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP có đài thọ cho việc cung cấp thuốc kê đơn dài hạn không? 18

B18. Khoản đồng thanh toán của tôi là bao nhiêu? 18

C. Tổng quan về *Danh Sách Thuốc Được Đài Thọ* 20

C1. Danh Sách Thuốc theo Loại Thuốc 21

D. Chỉ Mục Thuốc Được Đài Thọ I-1

A.Tuyên Bố Miễn Trừ Trách Nhiệm

Đây là danh sách các loại thuốc mà hội viên có thể nhận được trong Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO)

- Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP là một chương trình thuộc loại Tổ Chức Duy Trì Sức Khỏe (HMO) có hợp đồng với Medicare và Medi-Cal. Việc ghi danh tham gia Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP phụ thuộc vào tình trạng gia hạn hợp đồng.
- Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP tuân thủ luật dân quyền liên bang hiện hành và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tuổi tác, tình trạng khuyết tật hoặc giới tính. Gọi cho Dịch Vụ Khách Hàng của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP theo số **1-888-361-7526 (TTY: 711)**, từ 8 giờ sáng đến 8 giờ tối, 7 ngày/tuần từ ngày 1 tháng 10 đến ngày 31 tháng 3, và từ Thứ Hai đến Thứ Sáu từ ngày 1 tháng 4 đến ngày 30 tháng 9. Truy cập trang web của chúng tôi tại www.hpsj-mvhp.org.
- Quý vị luôn có thể kiểm tra *Danh Sách Thuốc Được Đài Thọ* cập nhật của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP trực tuyến tại www.hpsj-mvhp.org hoặc gọi đến số **1-888-361-7526 (TTY: 711),** 8 giờ sáng đến 8 giờ tối, 7 ngày/tuần từ ngày 1 tháng 10 đến ngày 31 tháng 3 và thứ Hai đến thứ Sáu từ ngày 1 tháng 4 đến ngày 30 tháng 9**.** Cuộc gọi này hoàn toàn miễn phí.
- Quý vị có thể tải tài liệu này miễn phí ở các định dạng khác, chẳng hạn như in cỡ lớn, chữ nổi hoặc tệp âm thanh. Gọi theo các số điện thoại ở cuối trang của tài liệu này. Đây là cuộc gọi miễn cước. Tài liệu này có sẵn miễn phí bằng tiếng Anh, tiếng Tây Ban Nha, tiếng Campuchia và tiếng Việt.

Thông Báo về Sự Sẵn Có của Dịch Vụ Hỗ Trợ Ngôn Ngữ và Các Công Cụ Hỗ Trợ và Dịch Vụ Phụ Trợ

English

ATTENTION: If you need help in your language, call **1-888-361-7526 (TTY: 711)**. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-888-361-7526 (TTY: 711).** These services are free of charge.

العربية (Arabic)

يرجى الانتباه: إذا احتجت المساعدة بلغتك، فاتصل بـ **1-888-361-7526**.
(TTY: 711)تتوفر أيضا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والخط الكبير. اتصل بـ **1-888-361-7526**.
(TTY: 711)هذه الخدمات مجانية

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-888-361-7526 (TTY: 711)**: Կան նաև օժանդակ միջոցներու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-888-361-7526 (TTY: 711)**: Այս ծառայություններն անվճար են:

中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-888-361-7526 (TTY: 711)**。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-888-361-7526 (TTY: 711)**。这些服务都是免费的。

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-888-361-7526 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-888-361-7526 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है, तो **1-888-361-7526 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-888-361-7526 (TTY: 711)** पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-888-361-7526 (TTY: 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-888-361-7526 (TTY: 711)**. Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意：日本語の対応が必要な場合は、**1-888-361-7526 (TTY: 711)**へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスを用意しています。**1-888-361-7526 (TTY: 711)**へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-888-361-7526 (TTY: 711)** 번으로 의하십시오. 점자나 큰

활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-888-361-7526 (TTY: 711)** 번으로 의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໃຫ້ໂທຫາເບີ **1-888-361-7526 (TTY: 711)**.
ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ມີໂຕພິມໃຫຍ່, ໃຫ້ໂທຫາເບີ **1-888-361-7526 (TTY: 711)**.
ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໆ

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-888-361-7526 (TTY: 711)**. Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-888-361-7526 (TTY: 711)**. Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក
សូមទូរសព្ទទៅលេខ **1-888-361-7526 (TTY: 711)**។ ជំនួយ
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ដូចជាឯកសារសរសេរជាអក្សរផុសសម្រាប់ជនពិការ

និងជាពុម្ពអក្សរធំក៏អាចរកបានផងដែរ។ ទូរសព្ទទៅលេខ **1-888-361-7526 (TTY: 711)**។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ ។

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-888-361-7526 (TTY: 711)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-888-361-7526 (TTY: 711)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-888-361-7526 (TTY: 711)**. Предоставляются также средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-888-361-7526 (TTY: 711)**. Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-888-361-7526 (TTY: 711)**. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-888-361-7526 (TTY: 711)**. Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-361-7526 (TTY: 711)**. Mayroon ding mga tulong at serbisyo para sa mga taong may

kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-888-361-7526 (TTY: 711)**. Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-361-7526 (TTY: 711). นอกจากนี้ ยังพร้อมใหค้ วามช่วยเหลือและบริการต่าง ๆ ส าหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วย ตัวอักษรขนาดใหญ่. กรุณาโทรศัพท์ไปที่หมายเลข 1-888-361-7526 (TTY: 711). ไม่มีค่าใช้จ่ายส าหรับบริการเหล่านี้.

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-888-361-7526 (TTY: 711)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на Номер **1-888-361-7526 (TTY: 711)**. Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-888-361-7526 (TTY: 711)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và bản in khổ chữ lớn. Vui lòng gọi số **1-888-361-7526 (TTY: 711)**. Các dịch vụ này đều miễn phí.

- Gọi cho Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP để cho biết ngôn ngữ hoặc định dạng ưa thích của quý vị. Chúng tôi sẽ hỏi xem quý vị yêu cầu cho một tài liệu hay cho tất cả.

- Nếu quý vị yêu cầu tiếng Anh, tiếng Tây Ban Nha, tiếng Campuchia, tiếng Việt hoặc định dạng khác cho tất cả các tài liệu, đây được gọi là yêu cầu thường trực. Yêu cầu của quý vị sẽ được lưu giữ trong hệ thống của chúng tôi cho tất cả các thư và lần liên lạc trong tương lai. Quý vị chỉ phải yêu cầu các tùy chọn này một lần. Nếu sử dụng các ngôn ngữ khác, phải yêu cầu cho mỗi tài liệu.
- Để cập nhật tùy chọn của quý vị, hãy gọi tới số 1-888-361-7526 (TTY: 711), 8 giờ sáng đến 8 giờ tối, 7 ngày/tuần từ ngày 1 tháng 10 đến ngày 31 tháng 3 và thứ Hai đến thứ Sáu từ ngày 1 tháng 4 đến ngày 30 tháng 9. Đây là cuộc gọi miễn cước. Để biết thêm thông tin, truy cập www.hpsj-mvhp.org.

B. Câu Hỏi Thường Gặp (FAQ)

Tìm câu trả lời tại đây cho các câu hỏi của quý vị về *Danh Sách Thuốc Được Đài Thọ (Danh Sách Thuốc) này*. Quý vị có thể đọc tất cả Câu Hỏi Thường Gặp để tìm hiểu thêm hoặc tìm kiếm câu hỏi và câu trả lời.

B1. Những loại thuốc kê đơn nào nằm trong *Danh Sách Thuốc Được Đài Thọ*? (Chúng tôi gọi tắt *Danh Sách Thuốc Được Đài Thọ* là "*Danh Sách Thuốc*").

Các loại thuốc trong *Danh Sách Thuốc* từ **Mục C** là những loại thuốc được Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP đài thọ. Thuốc có sẵn tại các nhà thuốc trong mạng lưới của chúng tôi. Một nhà thuốc thuộc mạng lưới của chúng tôi nếu chúng tôi có thỏa thuận với họ để hợp tác với chúng tôi và cung cấp dịch vụ cho quý vị. Chúng tôi gọi những nhà thuốc này là "nhà thuốc trong mạng lưới".

Các loại thuốc khác, chẳng hạn như một số loại thuốc không kê đơn (OTC) và một số loại vitamin, có thể được Medi-Cal Rx đài thọ. Vui lòng truy cập trang web Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) để biết thêm thông tin. Quý vị cũng có thể gọi đến Trung Tâm Dịch Vụ Khách Hàng Medi-Cal Rx theo số 800-977-2273. Vui lòng mang theo Thẻ ID Người Thụ Hưởng Medi-Cal (BIC) khi nhận đơn thuốc qua Medi-Cal Rx.

- Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP sẽ đài thọ tất cả các loại thuốc cần thiết về mặt y tế trong *Danh Sách Thuốc* nếu:
    - Bác sĩ hoặc bác sĩ kê đơn khác của quý vị nói rằng quý vị cần những loại thuốc này để khỏe hơn hoặc duy trì sức khỏe,
    - Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP đồng ý rằng thuốc là cần thiết về mặt y tế cho quý vị, **và**
    - Quý vị mua thuốc kê đơn của một nhà thuốc trong mạng lưới của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP.
- Trong một số trường hợp, quý vị phải làm điều gì đó trước khi có thể dùng thuốc. Tham khảo câu hỏi B4 để biết thêm thông tin.

Quý vị cũng có thể tìm thấy danh sách thuốc cập nhật mà chúng tôi đài thọ trên trang web www.hpsj-mvhp.org hoặc gọi cho Dịch Vụ Khách Hàng theo số điện thoại ở cuối trang trong tài liệu này.

B2. *Danh Sách Thuốc* có bao giờ thay đổi không?

Có và Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP phải tuân theo các quy tắc của Medicare và Medi-Cal khi thực hiện thay đổi. Chúng tôi có thể thêm hoặc loại bỏ thuốc có trong *Danh Sách Thuốc* trong năm.

Chúng tôi cũng có thể thay đổi các quy tắc về thuốc. Ví dụ, chúng tôi có thể:

- Quyết định yêu cầu hoặc không yêu cầu chấp thuận trước đối với một loại thuốc. (Chấp thuận trước là sự cho phép trước từ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP trước khi quý vị có thể nhận thuốc.)

- Thêm hoặc thay đổi số lượng thuốc quý vị có thể nhận được (gọi là giới hạn số lượng).

- Thêm hoặc thay đổi hạn chế theo trị liệu từng bước đối với một loại thuốc. (Trị liệu từng bước có nghĩa là quý vị phải dùng một loại thuốc trước khi chúng tôi đài thọ một loại thuốc khác.)

Để biết thêm thông tin về các quy tắc thuốc này, hãy tham khảo câu hỏi B4.

Nếu quý vị đang dùng một loại thuốc đã được đài thọ vào **đầu** năm, chúng tôi thường sẽ không loại bỏ hoặc thay đổi phạm vi đài thọ của loại thuốc đó **trong thời gian còn lại của năm**, trừ khi:

- Một loại thuốc mới, rẻ hơn xuất hiện trên thị trường và có tác dụng giống như một loại thuốc trong *Danh Sách Thuốc* hiện nay, hoặc

- Chúng tôi biết rằng một loại thuốc không an toàn, hoặc

- Một loại thuốc được loại bỏ khỏi thị trường.

Các câu hỏi B3 và B6 dưới đây có thêm thông tin về điều gì sẽ xảy ra khi *Danh Sách Thuốc* thay đổi.

- Quý vị luôn có thể kiểm tra *Danh Sách Thuốc* cập nhật của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP trực tuyến tại www.hpsj-mvhp.org. Cập nhật *Danh Sách Thuốc* được đăng trên trang web hàng tháng.

- Quý vị cũng có thể gọi cho Dịch Vụ Khách Hàng theo các số ở chân trang của tài liệu này để kiểm tra *Danh Sách Thuốc* hiện tại.

B3. Điều gì xảy ra khi có thay đổi trong *Danh Sách Thuốc*?

Một số thay đổi đối với *Danh Sách Thuốc* sẽ được thực hiện **ngay lập tức**. Ví dụ:

- **Thay thế một số phiên bản mới của thuốc.** Chúng tôi có thể ngay lập tức loại bỏ thuốc khỏi *Danh Sách Thuốc* nếu chúng tôi thay thế bằng một số phiên bản mới nhất định của loại thuốc đó, nhưng chi phí của quý vị cho loại thuốc mới sẽ vẫn là $0. Khi thêm phiên bản mới của một loại thuốc, chúng tôi cũng có thể quyết định giữ nguyên thuốc biệt dược hoặc sinh phẩm gốc trong danh sách nhưng thay đổi các quy tắc hoặc giới hạn đài thọ.

- Chúng tôi có thể không cho quý vị biết trước khi thực hiện thay đổi này, nhưng chúng tôi sẽ gửi cho quý vị thông tin về thay đổi cụ thể mà chúng tôi đã thực hiện khi thay đổi đó xảy ra.
- Chúng tôi chỉ có thể thực hiện những thay đổi này nếu loại thuốc chúng tôi sẽ bổ sung:
  - Là phiên bản thuốc gốc mới của thuốc biệt dược, hoặc
  - Là một phiên bản thuốc sinh học tương tự mới nhất định của các sinh phẩm gốc trong *Danh Sách Thuốc* (ví dụ: thêm một loại thuốc sinh học tương tự có thể hoán đổi cho nhau có thể thay thế cho một sinh phẩm gốc mà không cần đơn thuốc mới).
  - Một số loại thuốc này có thể còn mới lạ với quý vị. Để biết thêm thông tin, hãy tham khảo **Mục B14**.
- Quý vị hoặc nhà cung cấp của quý vị có thể yêu cầu trường hợp ngoại lệ từ những thay đổi này. Chúng tôi sẽ gửi cho quý vị một thông báo với các bước quý vị có thể thực hiện để yêu cầu trường hợp ngoại lệ. Vui lòng tham khảo các câu hỏi B10-B12 để biết thêm thông tin về các trường hợp ngoại lệ.

- **Loại bỏ các loại thuốc không an toàn và các loại thuốc khác được rút khỏi thị trường.** Đôi khi một loại thuốc có thể được phát hiện là không an toàn hoặc rút khỏi thị trường vì một lý do khác. Nếu điều này xảy ra, chúng tôi có thể ngay lập tức loại thuốc đó ra khỏi *Danh Sách Thuốc*. Nếu quý vị đang dùng thuốc, chúng tôi sẽ gửi thông báo cho quý vị sau khi thực hiện thay đổi. Thông báo sẽ cung cấp cho quý vị hướng dẫn về những việc cần làm. Ví dụ, quý vị có thể được yêu cầu gọi cho bác sĩ kê đơn của mình.

Chúng tôi có thể thực hiện những thay đổi khác ảnh hưởng đến các loại thuốc quý vị sử dụng. Chúng tôi sẽ thông báo trước cho quý vị về những thay đổi khác đối với *Danh Sách Thuốc*. Những thay đổi này có thể xảy ra nếu:

- FDA cung cấp hướng dẫn mới hoặc có hướng dẫn lâm sàng mới về một loại thuốc.
- Chúng tôi xóa một loại thuốc biệt dược khỏi *Danh Sách Thuốc* khi thêm một loại thuốc gốc đã từng có trên thị trường**,** hoặc
- Chúng tôi loại bỏ một sinh phẩm gốc khi thêm một thuốc sinh học tương tự, hoặc
- Chúng tôi thay đổi các quy tắc hoặc giới hạn đài thọ cho thuốc biệt dược.

Khi những thay đổi này xảy ra, chúng tôi sẽ:

- Thông báo cho quý vị ít nhất 30 ngày trước khi chúng tôi thực hiện thay đổi đối với *Danh Sách Thuốc*; **hoặc**

- Thông báo và cung cấp thuốc cho quý vị trong 30 ngày sau khi quý vị yêu cầu mua thêm thuốc.

Điều này sẽ cho quý vị thời gian để nói chuyện với bác sĩ hoặc bác sĩ kê đơn khác. Họ có thể giúp quý vị quyết định:

- Nếu có một loại thuốc tương tự trong *Danh Sách Thuốc* mà quý vị có thể dùng để thay thế hoặc
- Có nên yêu cầu trường hợp ngoại lệ từ những thay đổi này hay không. Để tìm hiểu thêm về các trường hợp ngoại lệ, hãy tham khảo câu hỏi B10-B12.

B4. Có bất kỳ hạn chế hoặc giới hạn nào về phạm vi đài thọ thuốc hoặc bất kỳ hành động bắt buộc nào phải thực hiện để có được một số loại thuốc nhất định không?

Có, một số loại thuốc có quy định về đài thọ hoặc có giới hạn về số tiền quý vị có thể nhận. Trong một số trường hợp, quý vị hoặc bác sĩ hoặc bác sĩ kê đơn khác của quý vị phải làm gì đó trước khi quý vị có thể mua thuốc. Ví dụ:

- **Chấp thuận trước:** Đối với một số loại thuốc, quý vị hoặc bác sĩ hoặc bác sĩ kê đơn khác của quý vị phải nhận được sự cho phép từ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP trước khi quý vị mua thuốc kê đơn của mình. Chấp thuận trước khác với giấy giới thiệu. Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP có thể không đài thọ thuốc nếu quý vị không có chấp thuận trước.
- **Giới hạn số lượng:** Đôi khi Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP giới hạn số lượng thuốc quý vị có thể nhận.
- **Trị liệu từng bước:** Đôi khi Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP yêu cầu quý vị thực hiện liệu pháp từng bước. Điều này có nghĩa là quý vị sẽ phải sử dụng thuốc theo một thứ tự nhất định cho tình trạng bệnh lý của mình. Quý vị có thể phải sử dụng một loại thuốc trước khi chúng tôi đài thọ một loại thuốc khác. Nếu bác sĩ kê đơn của quý vị cho rằng loại thuốc đầu tiên không có tác dụng với quý vị, chúng tôi sẽ đài thọ loại thuốc thứ hai.

Quý vị có thể tìm hiểu xem thuốc của mình có bất kỳ yêu cầu hoặc giới hạn bổ sung nào hay không bằng cách xem các bảng trong **Mục C**. Quý vị cũng có thể biết thêm thông tin bằng cách truy cập trang web của chúng tôi tại www.hpsj-mvhp.org. Chúng tôi đã đăng trực tuyến các tài liệu giải thích chấp thuận trước và các hạn chế về trị liệu từng bước của chúng tôi. Quý vị cũng có thể yêu cầu chúng tôi gửi một bản sao cho quý vị.

Quý vị có thể yêu cầu ngoại lệ từ những giới hạn này. Điều này sẽ cho quý vị thời gian để nói chuyện với bác sĩ hoặc bác sĩ kê đơn khác. Họ có thể giúp quý vị quyết định xem có loại thuốc tương tự trong *Danh Sách Thuốc* mà quý vị có thể dùng thay thế hay nên yêu cầu trường hợp ngoại lệ. Tham khảo câu hỏi B10-B12 để biết thêm thông tin về các trường hợp ngoại lệ.

B5. Làm thế nào để biết liệu loại thuốc tôi muốn có bị giới hạn hay cần thực hiện hành động bắt buộc để mua được thuốc?

Bảng trong phần có tiêu đề "Danh Sách Thuốc theo Loại Thuốc" có cột được dán nhãn "Các hành động cần thiết, hạn chế hoặc giới hạn sử dụng".

B6. Điều gì xảy ra nếu Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP thay đổi các quy tắc đài thọ một số loại thuốc (ví dụ: chấp thuận trước, giới hạn số lượng và/hoặc hạn chế theo trị liệu từng bước)?

Trong một số trường hợp, chúng tôi sẽ cho quý vị biết trước nếu chúng tôi thêm hoặc thay đổi chấp thuận trước, giới hạn số lượng và/hoặc hạn chế điều trị từng bước đối với một loại thuốc. Tham khảo câu hỏi B3 để biết thêm thông tin về thông báo trước này và các tình huống mà chúng tôi có thể không thể cho quý vị biết trước khi các quy định của chúng tôi về thuốc trong *Danh Sách Thuốc* thay đổi.

B7. Làm thế nào tôi có thể tìm thấy một loại thuốc trong *Danh Sách Thuốc*?

Có hai cách để tìm thuốc:

- Quý vị có thể tìm kiếm theo thứ tự bảng chữ cái, **hoặc**
- Quý vị có thể tìm kiếm theo loại thuốc.

Để tìm kiếm **theo thứ tự bảng chữ cái**, hãy tìm thuốc của quý vị trong mục Chỉ Mục Thuốc Được Đài Thọ. Quý vị có thể tìm thấy phần này ở trang I-1.

Để tìm kiếm **theo loại thuốc**, hãy tìm **Mục C1** có nhãn "Danh Sách Thuốc Theo Loại Thuốc". Các loại thuốc trong phần này được nhóm thành các hạng mục theo loại thuốc. Ví dụ: nếu quý vị đang dùng thuốc điều trị đau nửa đầu, bạn nên tìm trong hạng mục "Thuốc Chống Đau Nửa Đầu". Đó là nơi quý vị sẽ tìm thấy các loại thuốc điều trị chứng đau nửa đầu.

B8. Điều gì sẽ xảy ra nếu thuốc tôi muốn sử dụng lại không có trong *Danh Sách Thuốc*?

Nếu quý vị không tìm thấy thuốc của mình trong *Danh Sách Thuốc*, hãy gọi Dịch Vụ Khách Hàng theo số điện thoại ở cuối của tài liệu này và hỏi về điều đó. Nếu quý vị biết Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP sẽ không đài thọ thuốc, quý vị có thể làm một trong những điều sau:

- Yêu cầu Dịch Vụ Khách Hàng cung cấp danh sách các loại thuốc giống như loại quý vị muốn dùng. Sau đó đưa danh sách này cho bác sĩ hoặc bác sĩ kê đơn

khác của quý vị. Họ có thể kê đơn một loại thuốc trong *Danh Sách Thuốc* giống như loại quý vị muốn dùng. **Hoặc**

- Hãy yêu cầu Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP áp dụng trường hợp ngoại lệ để đài thọ thuốc của quý vị. Tham khảo câu hỏi B10-B12 để biết thêm thông tin về các trường hợp ngoại lệ.

B9. Điều gì sẽ xảy ra nếu tôi là hội viên mới của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP và không thể tìm thấy thuốc của mình trong *Danh Sách Thuốc* hoặc gặp vấn đề khi nhận thuốc?

Chúng tôi có thể giúp quý vị. Chúng tôi có thể đài thọ lượng thuốc tạm thời cho 30 ngày cho quý vị trong 90 ngày đầu tiên quý vị là hội viên của Health Plan of San Joaquin/ Mountain Valley Health Plan Advantage D-SNP. Điều này sẽ cho quý vị thời gian để nói chuyện với bác sĩ hoặc bác sĩ kê đơn khác. Họ có thể giúp quý vị quyết định xem có loại thuốc tương tự trong *Danh Sách Thuốc* mà quý vị có thể dùng thay thế hay nên yêu cầu trường hợp ngoại lệ.

Nếu đơn thuốc của quý vị được kê cho ít ngày hơn, chúng tôi sẽ cho phép cung cấp nhiều đơn thuốc cho tối đa 30 ngày.

Chúng tôi sẽ đài thọ cấp thuốc cho quý vị trong 30 ngày nếu:

- Quý vị đang dùng một loại thuốc không có trong *Danh Sách Thuốc* của chúng tôi, **hoặc**
- Quy tắc chương trình của chúng tôi không cho phép quý vị nhận được lượng thuốc mà bác sĩ kê đơn của quý vị đã kê, **hoặc**
- Thuốc yêu cầu chấp thuận trước của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP, **hoặc**
- Quý vị đang dùng một loại thuốc được hạn chế theo trị liệu từng bước.

Nếu quý vị đang dùng một loại thuốc mà Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP không coi là thuốc Phần D, thuốc đó không có trong *Danh Sách Thuốc* và quý vị gặp vấn đề khi dùng thuốc, thuốc có thể được đài thọ thông qua Medi-Cal Rx. Nếu thuốc bị loại trừ trong Phần D yêu cầu trường hợp ngoại lệ và quý vị đang trong tình trạng khẩn cấp, Medi-Cal Rx sẽ cho phép cung cấp thuốc trong không dưới 72 giờ. Vui lòng truy cập trang web Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) để biết thêm thông tin. Quý vị cũng có thể gọi đến Trung Tâm Dịch Vụ Khách Hàng Medi-Cal Rx theo số 800-977-2273. Vui lòng mang theo Medi-Cal BIC khi nhận đơn thuốc qua Medi-Cal Rx.

Nếu quý vị đang ở viện dưỡng lão hoặc cơ sở chăm sóc dài hạn khác và cần một loại thuốc không có trong *Danh Sách Thuốc* hoặc nếu quý vị không thể dễ dàng có được loại thuốc mình cần, chúng tôi có thể giúp quý vị. Nếu quý vị đã tham gia chương trình lâu hơn 90 ngày, sống ở một cơ sở chăm sóc dài hạn và cần thuốc ngay lập tức:

- Chúng tôi sẽ đài thọ một lượng thuốc quý vị cần đủ cho 31 ngày (trừ khi quý vị có đơn thuốc cho ít ngày hơn), cho dù quý vị có phải là hội viên mới của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP hay không.
- Số thuốc này khác với nguồn cung cấp tạm thời trong 90 ngày đầu tiên tham gia Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP.

Nếu quý vị đang chuyển tiếp giữa các cấp độ chăm sóc khác nhau (ví dụ: ngoài bệnh viện), Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP sẽ đài thọ lượng thuốc trong thời gian chuyển tiếp 31 ngày để quý vị sử dụng trong môi trường mới.

B10. Tôi có thể yêu cầu trường hợp ngoại lệ để được đài thọ thuốc của mình không?

Có. Quý vị có thể yêu cầu Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP áp dụng trường hợp ngoại lệ để đài thọ cho loại thuốc không có trong *Danh Sách Thuốc*.

Quý vị cũng có thể yêu cầu chúng tôi thay đổi quy định về thuốc của mình.

- Ví dụ: Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP có thể giới hạn số lượng thuốc mà chúng tôi sẽ đài thọ. Nếu thuốc của quý vị có giới hạn, quý vị có thể yêu cầu chúng tôi thay đổi giới hạn và đài thọ thêm.
- Các ví dụ khác: Quý vị có thể yêu cầu chúng tôi bỏ các giới hạn về trị liệu từng bước hoặc yêu cầu chấp thuận trước.

B11. Làm thế nào tôi có thể yêu cầu trường hợp ngoại lệ?

Để yêu cầu trường hợp ngoại lệ, hãy gọi cho Dịch Vụ Khách Hàng. Đại diện Dịch Vụ Khách Hàng của quý vị sẽ làm việc với quý vị và bác sĩ kê đơn của quý vị để giúp quý vị yêu cầu trường hợp ngoại lệ. Quý vị cũng có thể đọc **Chương 9**, **Mục G** trong *Sổ Tay Hội Viên* để tìm hiểu thêm về các trường hợp ngoại lệ.

B12. Mất bao lâu để nhận được duyệt trường hợp ngoại lệ?

Sau khi nhận được thông tin từ bác sĩ kê đơn của quý vị rằng họ ủng hộ yêu cầu trường hợp ngoại lệ của quý vị, chúng tôi sẽ ra quyết định trong vòng 72 giờ. Nếu quý vị yêu cầu trường hợp ngoại lệ, bác sĩ hoặc bác sĩ kê đơn của quý vị cũng sẽ cho chúng tôi biết lý do cho trường hợp ngoại lệ về thuốc. Chúng tôi gọi đây là "lời khai hỗ trợ". Bác sĩ hoặc bác sĩ kê đơn của quý vị có thể thông báo với chúng tôi qua điện thoại và fax hoặc gửi lời khai qua thư cho chúng tôi theo địa chỉ:

- Điện thoại: 1-833-546-0796 (TTY: 711), 7 ngày trong tuần, 24/24
- Số fax: 1-858-790-7100
- Thư: MedImpact
  10181 Scripps Gateway Court
  San Diego, CA 92131

Nếu quý vị hoặc bác sĩ kê đơn của quý vị nghĩ rằng sức khỏe của quý vị có thể bị tổn hại nếu quý vị phải đợi 72 giờ để nhận quyết định, quý vị có thể yêu cầu trường hợp ngoại lệ cấp tốc. Đây là một quyết định nhanh hơn. Nếu bác sĩ kê đơn của quý vị ủng hộ yêu cầu của quý vị, chúng tôi sẽ ra quyết định trong vòng 24 giờ kể từ khi nhận được lời khai hỗ trợ của bác sĩ kê đơn của quý vị.

B13. Thuốc gốc là gì?

Thuốc gốc được tạo thành từ các hoạt chất tương tự như thuốc biệt dược. Chúng thường có giá thấp hơn thuốc biệt dược và có hiệu quả tương tự. Loại thuốc này thường không có tên nổi tiếng. Thuốc gốc được Cục Quản Lý Thực Phẩm và Dược Phẩm Hoa Kỳ (FDA) phê duyệt. Có nhiều loại thuốc gốc cho nhiều loại thuốc biệt dược. Thuốc gốc thường có thể thay thế thuốc biệt dược tại nhà huốc mà không cần đơn thuốc mới - tùy thuộc vào luật pháp của tiểu bang.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP đài thọ cả thuốc thương hiệu và thuốc gốc.

B14. Các sinh phẩm gốc là gì và chúng liên quan đến thuốc sinh học tương tự như thế nào?

Khi đề cập đến thuốc, điều này có thể có nghĩa là một loại thuốc hoặc một sinh phẩm. Sinh phẩm là các loại thuốc phức tạp hơn các loại thuốc thông thường. Do đó, sinh phẩm có các dạng được gọi là thuốc sinh học tương tự thay vì có dạng gốc như thuốc. Nói chung, thuốc sinh học tương tự hoạt động tốt như sinh phẩm gốc và có thể có giá thấp hơn. Có những lựa chọn thay thế thuốc sinh học tương tự cho một số sinh phẩm gốc. Một số thuốc sinh học tương tự là thuốc sinh học tương tự có thể hoán đổi cho nhau và, tùy thuộc vào luật pháp tiểu bang, có thể được thay thế cho sinh phẩm gốc tại nhà thuốc mà không cần đơn thuốc mới, giống như thuốc gốc có thể thay thế cho thuốc biệt dược.

Để biết thêm thông tin về các loại thuốc, hãy tham khảo **Chương 5** trong *Sổ Tay Hội Viên*.

B15. Thuốc OTC (không kê đơn) là gì?

OTC là viết tắt của "over-the-counter" (không kê đơn). Health Plan of San Joaquin/ Mountain Valley Health Plan Advantage D-SNP đài thọ một số loại thuốc OTC khi chúng được nhà cung cấp của quý vị kê dưới dạng đơn thuốc.

Quý vị có thể xem *Danh Sách Thuốc* của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP để tìm hiểu những thuốc OTC được đài thọ.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP cung cấp các loại thuốc và sản phẩm OTC như một phúc lợi bổ sung Phần C. Để biết thêm thông tin về các phúc lợi bổ sung của quý vị, hãy xem **Chương 4** của *Sổ Tay Hội Viên*.

B16. Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP có đài thọ các sản phẩm OTC không phải thuốc không?

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP đài thọ một số sản phẩm OTC không phải thuốc khi chúng được nhà cung cấp của quý vị kê trong đơn thuốc.

Ví dụ về các sản phẩm OTC không phải thuốc bao gồm kim lấy máu, tăm bông tẩm cồn và ống tiêm insulin.

Quý vị có thể xem *Danh Sách Thuốc* của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP để tìm hiểu những sản phẩm OTC không phải thuốc được đài thọ.

B17. Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP có đài thọ cho việc cung cấp thuốc kê đơn dài hạn không?

- **Chương Trình Đặt Mua Qua Thư.** Chúng tôi cung cấp chương trình đặt mua qua thư cho phép quý vị nhận được lượng thuốc cho tối đa 90 ngày (Bậc 2, 3 và 4) hoặc 100 ngày (Bậc 1 và 6) trực tiếp tại nhà. Lượng thuốc dành cho 90 ngày hoặc 100 ngày có khoản đồng thanh toán như lượng thuốc trong một tháng.

- **Chương Trình Nhà Thuốc Bán Lẻ 90 Ngày hoặc 100 Ngày.** Một số nhà thuốc bán lẻ cũng có thể cung cấp thuốc được đài cho cho tối đa 90 ngày (Bậc 2, 3 và 4) hoặc 100 ngày (Bậc 1 và 6). Lượng thuốc dành cho 90 ngày hoặc 100 ngày có khoản đồng thanh toán như lượng thuốc trong một tháng.

B18. Khoản đồng thanh toán của tôi là bao nhiêu?

Các hội viên của Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP có khoản đồng thanh toán dao động từ $0 đến $12,65 cho các sản phẩm kê đơn và không phải thuốc nếu tuân thủ các quy tắc của chương trình. Tham khảo câu hỏi B15 và B16 để biết thêm thông tin về thuốc OTC và các sản phẩm không phải thuốc.

Bậc là các nhóm thuốc trong *Danh Sách Thuốc* của chúng tôi.

- Bậc 1 Thuốc gốc ưu tiên có khoản đồng thanh toán là $0.
- Bậc 2 Thuốc gốc có khoản đồng thanh toán từ $1,60 đến $5,10.
- Bậc 3 Thuốc biệt dược ưu tiên có khoản đồng thanh toán từ $4,90 đến $12,65.
- Bậc 4 Thuốc biệt dược không ưu tiên có khoản đồng thanh toán từ $4,90 đến $12,65.
- Bậc 5 Thuốc gốc đặc trị có khoản đồng thanh toán từ $1,60 đến $5,10.
- Bậc 5 Thuốc biệt dược đặc trị có khoản đồng thanh toán từ $4,90 đến $12,65.
- Bậc 6 Thuốc Chăm Sóc Chọn Lọc có khoản đồng thanh toán là $0.

Nếu quý vị có thắc mắc, hãy gọi cho Dịch Vụ Khách Hàng theo số điện thoại ở cuối trang này.

C. Tổng quan về *Danh Sách Thuốc Được Đài Thọ*

Danh Sách Thuốc Được Đài Thọ cung cấp cho quý vị thông tin về các loại thuốc được Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP đài thọ. Nếu quý vị gặp khó khăn khi tìm thuốc của mình trong danh sách, hãy chuyển sang Chỉ Mục Thuốc Được Đài Thọ ở **Mục C**. Chỉ mục này liệt kê theo thứ tự bảng chữ cái tất cả các loại thuốc được Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP đài thọ.

Các loại thuốc khác, chẳng hạn như một số loại thuốc không kê đơn (OTC) và một số loại vitamin, có thể được Medi-Cal Rx đài thọ. Vui lòng truy cập trang web Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) để biết thêm thông tin. Quý vị cũng có thể gọi đến Trung Tâm Dịch Vụ Khách Hàng Medi-Cal Rx theo số 800-977-2273. Vui lòng mang theo Thẻ ID Người Thụ Hưởng Medi-Cal (BIC) khi nhận đơn thuốc qua Medi-Cal Rx.

Kháng Cáo Theo Phần D

- Kháng cáo là một cách chính thức để yêu cầu chúng tôi xem lại một quyết định mà chúng tôi đã đưa ra về phạm vi đài thọ của quý vị và thay đổi nếu quý vị cho rằng chúng tôi đã nhầm lẫn.
- Ví dụ, chúng tôi có thể quyết định rằng một loại thuốc mà quý vị muốn không được đài thọ hoặc không còn được Medicare hoặc Medi-Cal đài thọ.
- Nếu quý vị hoặc bác sĩ kê đơn của quý vị không đồng ý với quyết định của chúng tôi, quý vị có thể kháng cáo. Nếu quý vị có câu hỏi, hãy gọi cho Dịch Vụ Khách Hàng theo các số điện thoại ở cuối trang của tài liệu này.
- Quý vị cũng có thể đọc **Chương 9** của *Sổ Tay Hội Viên* để tìm hiểu cách kháng cáo một quyết định.
- Các loại thuốc không phải là thuốc Phần D có các quy tắc kháng cáo khác nhau.

C1. Danh Sách Thuốc theo Loại Thuốc

Các loại thuốc trong phần này được nhóm thành các hạng mục tùy thuộc vào loại tình trạng y tế mà chúng được sử dụng để điều trị. Ví dụ, nếu quý vị mắc bệnh tim, quý vị nên tìm trong hạng mục Thuốc ĐIều Trị Bệnh Tim Mạch. Đó là nơi quý vị sẽ tìm thấy các loại thuốc điều trị bệnh tim.

Dưới đây là ý nghĩa của các mã được sử dụng trong cột "Hành động cần thiết, hạn chế hoặc giới hạn sử dụng":

VIẾT TẮT	MÔ TẢ	GIẢI THÍCH
G	Chỉ Báo Thuốc Gốc	Thuốc này được tạo thành từ các thành phần tương tự như thuốc biệt dược.
QL	Giới Hạn Số Lượng	Một hình thức quản lý sử dụng (UM) chỉ định giới hạn số lượng hoặc hạn chế đối với đơn thuốc theo thời gian. Giới hạn số lượng có thể có nhiều hình thức khác nhau, điển hình nhất là hạn chế hàng ngày và hàng tháng đối với việc cấp hoặc cấp lại đơn thuốc.
ST	Trị Liệu Từng Bước	Trước tiên, quý vị phải dùng (các) loại thuốc khác để điều trị tình trạng bệnh lý của mình. Thuốc này chỉ có thể được đài thọ nếu (các) loại thuốc khác không có tác dụng với quý vị.
PA	Chấp Thuận Trước	Quý vị (hoặc bác sĩ của quý vị) phải có chấp thuận trước để khi mua thuốc kê đơn. Nếu không có chấp thuận trước, Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP có thể không đài thọ loại thuốc này.
PA NSO	Chấp Thuận Trước – Bắt Đầu Mới	Nếu quý vị chưa từng dùng thuốc này trước đây, quý vị (hoặc bác sĩ kê đơn của quý vị) phải có chấp thuận trước để khi mua thuốc kê đơn.
PA BvD	Chấp Thuận Trước - Phần B so với Phần D	Thuốc này có thể hội đủ điều kiện để thanh toán theo Medicare Phần B hoặc Phần D. Cần xem xét chấp thuận trước dựa trên các quy tắc bảo hiểm của Medicare.
LA	Tiếp Cận Hạn Chế	Thuốc này có thể chỉ có tại một số nhà thuốc. Để biết thêm thông tin, hãy tham khảo Danh Mục Nhà Thuốc của quý vị hoặc gọi cho Dịch Vụ Khách Hàng theo số 1-888-361-7526 (TTY: 711), 7 ngày/tuần.

VIẾT TẮT	MÔ TẢ	GIẢI THÍCH
AGE	Giới Hạn Độ Tuổi	Thuốc này có giới hạn đài thọ dựa trên các nhóm tuổi. Giới hạn có thể dựa trên cách thuốc được FDA phê duyệt hoặc các cảnh báo đặc biệt khi sử dụng bởi những người ở một số nhóm tuổi nhất định.
NDS	Cung Cấp Theo Ngày Không Kéo Dài	Thuốc này không đủ điều kiện để được cung cấp dài hạn (còn được gọi là "cung cấp kéo dài").
PA-HRM	Chấp Thuận Trước – Thuốc Rủi Ro Cao	Thuốc này đã được CMS coi là có khả năng gây hại và là Thuốc Rủi Ro Cao cho những người thụ hưởng Medicare từ 65 tuổi trở lên. Nếu không có chấp thuận trước, thuốc này có thể không được đài tho cho hội viên từ 65 tuổi trở lên.

Cột đầu tiên của bảng liệt kê tên của thuốc. Thuốc gốc được liệt kê bằng chữ in nghiêng viết thường (ví dụ: lisinopril), thuốc biệt dược được viết hoa (ví dụ: HUMIRA) và các sản phẩm không phải thuốc được liệt kê bằng chữ thường (ví dụ: kim lấy máu*).* Thông tin trong cột "Hành động cần thiết, hạn chế hoặc giới hạn sử dụng" cho quý vị biết liệu Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP có bất kỳ quy tắc nào để đài thọ thuốc của quý vị hay không.

Danh Sách Viết Tắt Dạng Bào Chế

Dưới đây là các chữ viết tắt, hoặc dạng rút gọn của từ hoặc cụm từ, có thể được liệt kê trong cột "Tên Thuốc" trong phần tiếp theo.

VIẾT TẮT DẠNG BÀO CHẾ	ĐỊNH NGHĨA
8 hr	8 giờ
12 hr hoặc 12h	12 giờ
24 hr hoặc 24h	24 giờ
72 hr	72 giờ
act	hoạt hóa
admix	chất phụ gia
aero	dạng khí dung
admin	đường dùng
ampul	ống thủy tinh
app, appl	dụng cụ bôi thuốc
auto	tự động

VIẾT TẮT DẠNG BÀO CHẾ	ĐỊNH NGHĨA
cap	viên nang
chew	dạng nhai
CT	số lượng
comb	kết hợp
del, delayed	trì hoãn
disinteg, disintegrat	tan rã
dose	liều dùng
DR	giải phóng chậm
EC	bao tan ruột
emolnt	chất làm mềm
ENFit	đầu nối cho nuôi ăn qua ống
er, ER	giải phóng kéo dài
ext, extnd, extend	kéo dài
gast	dạ dày
HFA	hydrofluoroalkane
hi	cao
IR	giải phóng ngay lập tức
liqd	chất lỏng
lo	thấp
loz, lozenge	viên ngậm
mini lozenge	viên ngậm nhỏ
misc	khác
MP	bơm định lượng
muco	nhầy
pak, pack	gói
PCA	dùng do bệnh nhân tự kiểm soát
pell	hạt nén

VIẾT TẮT DẠNG BÀO CHẾ	ĐỊNH NGHĨA
pk	gói
powdr	bột
pt	bệnh nhân
recon	hoàn nguyên
rel, release	giải phóng
soln	dung dịch
sprink, sprinkl	rắc
susp, suspen	hỗn dịch
syring	ống tiêm
tab	viên nén
TD	qua da
var	thay đổi
w/	với

Table of Contents

Analgesics 27
Anesthetics 30
Anti-Addiction/Substance Abuse Treatment Agents 31
Antianxiety Agents 32
Antibacterials 33
Anticancer Agents 41
Anticonvulsants 61
Antidementia Agents 67
Antidepressants 68
Antidiabetic Agents 71
Antifungals 77
Antigout Agents 79
Antihistamines 80
Anti-Infectives (Skin And Mucous Membrane) 80
Antimigraine Agents 80
Antimycobacterials 81
Antinausea Agents 82
Antiparasite Agents 83
Antiparkinsonian Agents 84
Antipsychotic Agents 85
Antivirals (Systemic) 93
Blood Products/Modifiers/Volume Expanders 99
Caloric Agents 102
Cardiovascular Agents 103
Central Nervous System Agents 114
Contraceptives 117
Dental And Oral Agents 126

Dermatological Agents 126
Devices 130
Enzyme Cofactors/Chaperones 179
Enzyme Replacement/Modifiers 179
Eye, Ear, Nose, Throat Agents 180
Gastrointestinal Agents 184
Genitourinary Agents 187
Heavy Metal Antagonists 188
Hormonal Agents, Stimulant/Replacement/Modifying 188
Immunological Agents 193
Inflammatory Bowel Disease Agents 206
Metabolic Bone Disease Agents 207
Miscellaneous Therapeutic Agents 208
Ophthalmic Agents 209
Replacement Preparations 210
Respiratory Tract Agents 212
Skeletal Muscle Relaxants 217
Sleep Disorder Agents 217
Vasodilating Agents 218
Vitamins And Minerals 218

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml		$0 (Tier 1)	NDS; QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml		$0 (Tier 1)	NDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		$0 (Tier 2)	NDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		$0 (Tier 2)	NDS; QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	$0 (Tier 2)	NDS; QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		$0 (Tier 2)	PA-HRM; NDS; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	$0 (Tier 2)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		$0 (Tier 2)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		$0 (Tier 2)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	$0 (Tier 2)	NDS; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	$0 (Tier 2)	NDS; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	$0 (Tier 2)	NDS; QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg		$0 (Tier 5)	PA; NDS; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fentanyl citrate buccal lozenge on a handle 200 mcg	$0 (Tier 2)	PA; NDS; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	$0 (Tier 2)	NDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml	$0 (Tier 2)	NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$0 (Tier 2)	NDS; QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	$0 (Tier 2)	NDS; QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	$0 (Tier 2)	NDS; QL (180 per 30 days)
methadone oral tablet 10 mg	$0 (Tier 2)	NDS; QL (120 per 30 days)
methadone oral tablet 5 mg	$0 (Tier 2)	NDS; QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	$0 (Tier 2)	PA; NDS; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml)	$0 (Tier 2)	NDS; QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	$0 (Tier 2)	NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	$0 (Tier 4)	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	$0 (Tier 4)	NDS; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	$0 (Tier 2)	NDS; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg (MS Contin)	$0 (Tier 2)	NDS; QL (90 per 30 days)
morphine oral tablet extended release 60 mg (MS Contin)	$0 (Tier 2)	NDS; QL (60 per 30 days)
oxycodone oral capsule 5 mg	$0 (Tier 2)	NDS; QL (180 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oxycodone oral tablet 10 mg, 5 mg		$0 (Tier 2)	NDS; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	$0 (Tier 2)	NDS; QL (120 per 30 days)
oxycodone oral tablet 20 mg		$0 (Tier 2)	NDS; QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	$0 (Tier 2)	NDS; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	$0 (Tier 2)	NDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	$0 (Tier 2)	NDS; QL (240 per 30 days)
tramadol oral tablet 50 mg		$0 (Tier 1)	NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		$0 (Tier 2)	NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	$0 (Tier 2)	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	$0 (Tier 4)	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		$0 (Tier 2)	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		$0 (Tier 2)	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		$0 (Tier 2)	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		$0 (Tier 2)	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		$0 (Tier 2)	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		$0 (Tier 2)	QL (300 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)		$0 (Tier 5)	PA; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	$0 (Tier 2)	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	$0 (Tier 2)	
etodolac oral capsule 200 mg, 300 mg		$0 (Tier 2)	
etodolac oral tablet 400 mg	(Lodine)	$0 (Tier 2)	
etodolac oral tablet 500 mg		$0 (Tier 2)	
flurbiprofen oral tablet 100 mg	(Lurbiro)	$0 (Tier 2)	
ibu oral tablet 400 mg	(ibuprofen)	$0 (Tier 1)	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	$0 (Tier 1)	
ibuprofen oral tablet 400 mg	(IBU)	$0 (Tier 1)	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	$0 (Tier 1)	
indomethacin oral capsule 25 mg, 50 mg		$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg		$0 (Tier 2)	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg		$0 (Tier 1)	
nabumetone oral tablet 500 mg, 750 mg		$0 (Tier 2)	
naproxen oral tablet 250 mg, 375 mg		$0 (Tier 1)	
naproxen oral tablet 500 mg	(Naprosyn)	$0 (Tier 1)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	$0 (Tier 2)	
sulindac oral tablet 150 mg, 200 mg		$0 (Tier 2)	
Anesthetics			
Local Anesthetics			
dermacinrx lidocan 5% patch outer	(lidocaine)	$0 (Tier 2)	PA; QL (90 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	$0 (Tier 2)	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	$0 (Tier 2)	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 2 %		$0 (Tier 2)	
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	$0 (Tier 2)	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		$0 (Tier 2)	PA; QL (240 per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		$0 (Tier 2)	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	$0 (Tier 2)	PA; QL (90 per 30 days)
tridacaine iii topical adhesive patch,medicated 5 %	(lidocaine)	$0 (Tier 2)	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		$0 (Tier 3)	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		$0 (Tier 2)	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		$0 (Tier 2)	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	$0 (Tier 2)	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		$0 (Tier 2)	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		$0 (Tier 2)	
disulfiram oral tablet 250 mg, 500 mg		$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		$0 (Tier 3)	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml		$0 (Tier 2)	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		$0 (Tier 2)	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	$0 (Tier 2)	QL (4 per 30 days)
naltrexone oral tablet 50 mg		$0 (Tier 2)	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		$0 (Tier 4)	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	$0 (Tier 2)	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		$0 (Tier 2)	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	$0 (Tier 2)	
Antianxiety Agents			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	$0 (Tier 1)	NDS; QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	$0 (Tier 1)	NDS; QL (150 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		$0 (Tier 2)	NDS; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	$0 (Tier 1)	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	$0 (Tier 1)	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		$0 (Tier 2)	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		$0 (Tier 2)	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		$0 (Tier 2)	QL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam injection solution 5 mg/ml		$0 (Tier 2)	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		$0 (Tier 2)	
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	$0 (Tier 2)	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		$0 (Tier 2)	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	$0 (Tier 1)	QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	$0 (Tier 2)	NDS; QL (150 per 30 days)
lorazepam 4 mg/ml vial inner	(Ativan)	$0 (Tier 1)	QL (2 per 30 days)
lorazepam injection solution 2 mg/ml	(Ativan)	$0 (Tier 1)	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	$0 (Tier 4)	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		$0 (Tier 1)	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	$0 (Tier 2)	NDS; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	$0 (Tier 1)	NDS; QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	$0 (Tier 1)	NDS; QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	$0 (Tier 1)	NDS; QL (30 per 30 days)
temazepam oral capsule 22.5 mg	(Restoril)	$0 (Tier 2)	NDS; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	$0 (Tier 2)	NDS; QL (120 per 30 days)
Antibacterials			
Aminoglycosides			
amikacin injection solution 500 mg/2 ml		$0 (Tier 2)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		$0 (Tier 5)	PA; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml		$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		$0 (Tier 2)	
neomycin oral tablet 500 mg		$0 (Tier 2)	
streptomycin intramuscular recon soln 1 gram		$0 (Tier 5)	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		$0 (Tier 5)	NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	$0 (Tier 5)	PA BvD; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		$0 (Tier 2)	
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	$0 (Tier 2)	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		$0 (Tier 2)	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	$0 (Tier 2)	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	$0 (Tier 5)	NDS
daptomycin intravenous recon soln 350 mg, 500 mg		$0 (Tier 5)	NDS
fosfomycin tromethamine oral packet 3 gram		$0 (Tier 2)	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	$0 (Tier 2)	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	$0 (Tier 5)	NDS
linezolid oral tablet 600 mg		$0 (Tier 2)	
methenamine hippurate oral tablet 1 gram		$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml (Metro I.V.)	$0 (Tier 2)	
metronidazole oral tablet 250 mg, 500 mg	$0 (Tier 1)	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	$0 (Tier 2)	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	$0 (Tier 2)	QL (60 per 30 days)
trimethoprim oral tablet 100 mg	$0 (Tier 2)	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg	$0 (Tier 2)	
vancomycin oral capsule 125 mg (Vancocin)	$0 (Tier 2)	QL (56 per 14 days)
vancomycin oral capsule 250 mg (Vancocin)	$0 (Tier 2)	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	$0 (Tier 3)	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	$0 (Tier 2)	
cefadroxil oral capsule 500 mg	$0 (Tier 2)	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	$0 (Tier 2)	
cefazolin injection recon soln 1 gram, 500 mg	$0 (Tier 2)	
cefazolin intravenous recon soln 10 gram	$0 (Tier 2)	
cefdinir oral capsule 300 mg	$0 (Tier 2)	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 2)	
cefepime injection recon soln 1 gram, 2 gram	$0 (Tier 2)	
cefixime oral capsule 400 mg	$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefixime oral tablet 400 mg	$0 (Tier 2)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	$0 (Tier 2)	
cefpodoxime oral tablet 100 mg, 200 mg	$0 (Tier 2)	
cefprozil oral tablet 250 mg, 500 mg	$0 (Tier 2)	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg (Teflaro)	$0 (Tier 5)	NDS
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	$0 (Tier 2)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	$0 (Tier 2)	
cefuroxime axetil oral tablet 250 mg, 500 mg	$0 (Tier 2)	
cefuroxime sodium injection recon soln 750 mg	$0 (Tier 2)	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	$0 (Tier 2)	
cephalexin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 2)	
tazicef injection recon soln 1 gram, 2 gram, 6 gram (ceftazidime)	$0 (Tier 2)	
Macrolides		
azithromycin intravenous recon soln 500 mg	$0 (Tier 2)	
azithromycin oral suspension for reconstitution 100 mg/5 ml	$0 (Tier 2)	
azithromycin oral suspension for reconstitution 200 mg/5 ml (Zithromax)	$0 (Tier 2)	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg	$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	$0 (Tier 1)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		$0 (Tier 2)	
clarithromycin oral tablet 250 mg, 500 mg		$0 (Tier 2)	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	$0 (Tier 2)	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	$0 (Tier 2)	
erythromycin oral tablet 250 mg, 500 mg		$0 (Tier 2)	
fidaxomicin oral tablet 200 mg	(Dificid)	$0 (Tier 5)	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram		$0 (Tier 2)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		$0 (Tier 5)	PA; LA; NDS
ertapenem injection recon soln 1 gram		$0 (Tier 2)	
imipenem-cilastatin intravenous recon soln 250 mg		$0 (Tier 2)	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	$0 (Tier 2)	
meropenem intravenous recon soln 1 gram, 500 mg		$0 (Tier 2)	
meropenem intravenous recon soln 2 gram		$0 (Tier 4)	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		$0 (Tier 1)	
amoxicillin oral tablet 500 mg, 875 mg		$0 (Tier 1)	
amoxicillin oral tablet,chewable 125 mg, 250 mg		$0 (Tier 2)	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		$0 (Tier 2)	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	$0 (Tier 2)	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	$0 (Tier 2)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		$0 (Tier 2)	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	$0 (Tier 2)	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		$0 (Tier 2)	
ampicillin oral capsule 500 mg		$0 (Tier 2)	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		$0 (Tier 2)	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	$0 (Tier 2)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		$0 (Tier 4)	
dicloxacillin oral capsule 250 mg, 500 mg		$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	$0 (Tier 4)	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	$0 (Tier 4)	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	$0 (Tier 2)	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	$0 (Tier 2)	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 2)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (Tier 1)	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	$0 (Tier 2)	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	$0 (Tier 1)	
ciprofloxacin hcl oral tablet 750 mg	$0 (Tier 1)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$0 (Tier 2)	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	$0 (Tier 2)	
levofloxacin oral solution 250 mg/10 ml	$0 (Tier 2)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
moxifloxacin oral tablet 400 mg		$0 (Tier 2)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml		$0 (Tier 2)	
Sulfonamides			
sulfadiazine oral tablet 500 mg		$0 (Tier 2)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	$0 (Tier 2)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	$0 (Tier 1)	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		$0 (Tier 2)	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	$0 (Tier 2)	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	$0 (Tier 2)	
doxycycline hyclate oral capsule 100 mg		$0 (Tier 2)	
doxycycline hyclate oral capsule 50 mg	(Morgidox)	$0 (Tier 2)	
doxycycline hyclate oral tablet 100 mg, 20 mg		$0 (Tier 2)	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	$0 (Tier 2)	
doxycycline monohydrate oral capsule 50 mg		$0 (Tier 2)	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		$0 (Tier 2)	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	$0 (Tier 2)	
doxycycline monohydrate oral tablet 50 mg		$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
minocycline oral capsule 100 mg, 50 mg, 75 mg		$0 (Tier 2)	
tetracycline oral capsule 250 mg, 500 mg		$0 (Tier 2)	
tigecycline intravenous recon soln 50 mg	(Tygacil)	$0 (Tier 2)	
Anticancer Agents			
Anticancer Agents			
abiraterone oral tablet 250 mg	(Abirtega)	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	(Zytiga)	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
abiraterone, submicronized oral tablet 125 mg	(Yonsa)	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	(abiraterone)	$0 (Tier 2)	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	$0 (Tier 2)	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG		$0 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)		$0 (Tier 5)	PA NSO; NDS
anastrozole oral tablet 1 mg	(Arimidex)	$0 (Tier 1)	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		$0 (Tier 5)	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		$0 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AVMAPKI ORAL CAPSULE 0.8 MG		$0 (Tier 5)	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		$0 (Tier 5)	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		$0 (Tier 5)	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	(Vidaza)	$0 (Tier 5)	NDS
BALVERSA ORAL TABLET 3 MG		$0 (Tier 5)	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG		$0 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG		$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	$0 (Tier 5)	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	$0 (Tier 5)	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	$0 (Tier 5)	PA NSO; NDS
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML		$0 (Tier 5)	PA NSO; NDS; QL (1 per 28 days)
bexarotene oral capsule 75 mg	(Targretin)	$0 (Tier 5)	PA NSO; NDS
bexarotene topical gel 1 %	(Targretin)	$0 (Tier 5)	PA NSO; NDS
bicalutamide oral tablet 50 mg	(Casodex)	$0 (Tier 2)	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		$0 (Tier 5)	PA NSO; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit		$0 (Tier 2)	
bortezomib injection recon soln 1 mg, 2.5 mg		$0 (Tier 4)	PA NSO

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bortezomib injection recon soln 3.5 mg	(Velcade)	$0 (Tier 5)	PA NSO; NDS
BORUZU INJECTION SOLUTION 2.5 MG/ML		$0 (Tier 4)	PA NSO
BOSULIF ORAL CAPSULE 100 MG		$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG		$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	(bosutinib)	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG	(bosutinib)	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
bosutinib oral tablet 100 mg	(Bosulif)	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	(Bosulif)	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG		$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG		$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG		$0 (Tier 4)	PA NSO
CAPRELSA ORAL TABLET 100 MG	(vandetanib)	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	$0 (Tier 5)	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	$0 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$0 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	$0 (Tier 5)	PA NSO; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	$0 (Tier 5)	PA BvD; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	$0 (Tier 5)	PA BvD; NDS
cyclophosphamide intravenous solution 500 mg/ml (Frindovyx)	$0 (Tier 5)	PA BvD; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	$0 (Tier 2)	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	$0 (Tier 3)	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	$0 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	$0 (Tier 5)	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	$0 (Tier 5)	NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Caelyx)	$0 (Tier 5)	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	$0 (Tier 5)	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	$0 (Tier 4)	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	$0 (Tier 4)	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	$0 (Tier 4)	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	$0 (Tier 4)	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	$0 (Tier 5)	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	$0 (Tier 5)	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	$0 (Tier 5)	PA NSO; NDS
ENSACOVE ORAL CAPSULE 100 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	$0 (Tier 5)	PA NSO; NDS; QL (270 per 30 days)
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	$0 (Tier 5)	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	$0 (Tier 5)	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERLEADA ORAL TABLET 60 MG		$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg		$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		$0 (Tier 4)	
etoposide intravenous solution 20 mg/ml	(Avopef)	$0 (Tier 2)	
EULEXIN ORAL CAPSULE 125 MG	(flutamide)	$0 (Tier 5)	NDS
everolimus (antineoplastic) oral tablet 10 mg	(Yulithira)	$0 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg	(Yulithira)	$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet 5 mg	(Yulithira)	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 7.5 mg	(Yulithira)	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	$0 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	$0 (Tier 2)	
FAKZYNJA ORAL TABLET 200 MG		$0 (Tier 5)	PA NSO; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		$0 (Tier 5)	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		$0 (Tier 3)	PA BvD
floxuridine injection recon soln 0.5 gram		$0 (Tier 2)	PA BvD

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	$0 (Tier 2)	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$0 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	$0 (Tier 5)	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	$0 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml (Cligavyx)	$0 (Tier 5)	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	$0 (Tier 5)	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg (Iressa)	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	$0 (Tier 5)	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	$0 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	$0 (Tier 5)	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	$0 (Tier 5)	PA NSO; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg (Hydrea)	$0 (Tier 2)	
HYRNUO ORAL TABLET 10 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$0 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$0 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	$0 (Tier 2)	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	$0 (Tier 2)	
imatinib oral tablet 100 mg (Gleevec)	$0 (Tier 2)	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	$0 (Tier 2)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	$0 (Tier 5)	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	$0 (Tier 5)	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (280 per 28 days)
INLEXZO INTRAVESICAL IMPLANT 225 MG	$0 (Tier 5)	PA BvD; NDS
INLURIYO ORAL TABLET 200 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INLYTA ORAL TABLET 5 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	$0 (Tier 5)	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	$0 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	$0 (Tier 5)	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	$0 (Tier 4)	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 5)	PA NSO; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	$0 (Tier 5)	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	$0 (Tier 5)	PA NSO; NDS; QL (2 per 28 days)
KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1)	$0 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	$0 (Tier 5)	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	$0 (Tier 5)	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	$0 (Tier 5)	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	$0 (Tier 5)	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	$0 (Tier 5)	PA NSO; NDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	$0 (Tier 5)	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	$0 (Tier 5)	PA NSO; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	$0 (Tier 5)	PA NSO; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg (Tykerb)	$0 (Tier 5)	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		$0 (Tier 5)	PA NSO; NDS
letrozole oral tablet 2.5 mg	(Femara)	$0 (Tier 2)	
LEUKERAN ORAL TABLET 2 MG		$0 (Tier 5)	NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg	(Lutrate Depot (3 month))	$0 (Tier 4)	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml		$0 (Tier 2)	PA NSO
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)		$0 (Tier 5)	PA NSO; NDS
lomustine oral capsule 10 mg	(Gleostine)	$0 (Tier 2)	
lomustine oral capsule 100 mg, 40 mg	(Gleostine)	$0 (Tier 5)	NDS
LONSURF ORAL TABLET 15-6.14 MG		$0 (Tier 5)	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG		$0 (Tier 5)	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)		$0 (Tier 5)	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG		$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG		$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUMAKRAS ORAL TABLET 120 MG	$0 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	$0 (Tier 5)	PA NSO; NDS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	$0 (Tier 5)	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	$0 (Tier 5)	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	$0 (Tier 5)	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	$0 (Tier 5)	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	$0 (Tier 5)	PA NSO; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide acetate (3 month))	$0 (Tier 4)	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	$0 (Tier 5)	NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	$0 (Tier 5)	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 5)	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	$0 (Tier 5)	NDS
megestrol oral tablet 20 mg, 40 mg	$0 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml (Purixan)	$0 (Tier 5)	NDS
mercaptopurine oral tablet 50 mg	$0 (Tier 2)	
methotrexate sodium (pf) injection recon soln 1 gram	$0 (Tier 2)	
methotrexate sodium (pf) injection solution 25 mg/ml	$0 (Tier 2)	
methotrexate sodium injection solution 25 mg/ml	$0 (Tier 2)	
methotrexate sodium oral tablet 2.5 mg	$0 (Tier 2)	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	$0 (Tier 2)	
MODEYSO ORAL CAPSULE 125 MG	$0 (Tier 5)	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nilotinib hcl oral capsule 150 mg, 200 mg (Tasigna)	$0 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg (Tasigna)	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	$0 (Tier 5)	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$0 (Tier 5)	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	$0 (Tier 5)	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	$0 (Tier 5)	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	$0 (Tier 5)	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	$0 (Tier 5)	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	$0 (Tier 5)	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	$0 (Tier 5)	PA NSO; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	$0 (Tier 5)	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	$0 (Tier 5)	PA BvD; NDS
pazopanib oral tablet 200 mg (Votrient)	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
pazopanib oral tablet 400 mg	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	$0 (Tier 5)	NDS
pemetrexed disodium intravenous solution 25 mg/ml	$0 (Tier 5)	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	$0 (Tier 5)	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	$0 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	$0 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	$0 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	$0 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	$0 (Tier 5)	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	$0 (Tier 5)	PA NSO; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	$0 (Tier 5)	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	$0 (Tier 5)	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	$0 (Tier 5)	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	$0 (Tier 5)	PA NSO; NDS; QL (224 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	$0 (Tier 5)	PA NSO; NDS
SCEMBLIX ORAL TABLET 100 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	$0 (Tier 5)	NDS
sorafenib oral tablet 200 mg (Nexavar)	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	$0 (Tier 5)	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	$0 (Tier 5)	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	$0 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	$0 (Tier 5)	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	$0 (Tier 5)	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	$0 (Tier 5)	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	$0 (Tier 2)	
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	$0 (Tier 5)	PA NSO; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TEPMETKO ORAL TABLET 225 MG		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		$0 (Tier 5)	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		$0 (Tier 4)	
TIVDAK INTRAVENOUS RECON SOLN 40 MG		$0 (Tier 5)	PA NSO; NDS; QL (5 per 21 days)
toremifene oral tablet 60 mg	(Fareston)	$0 (Tier 5)	NDS
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		$0 (Tier 4)	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg		$0 (Tier 5)	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG		$0 (Tier 5)	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML		$0 (Tier 5)	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG		$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG		$0 (Tier 5)	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG		$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		$0 (Tier 5)	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG		$0 (Tier 3)	PA NSO; LA; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENCLEXTA ORAL TABLET 100 MG	$0 (Tier 5)	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	$0 (Tier 5)	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	$0 (Tier 5)	PA NSO; LA; NDS
VEPPANU ORAL TABLET 100 MG, 200 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	$0 (Tier 2)	
VITRAKVI ORAL CAPSULE 100 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	$0 (Tier 5)	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	$0 (Tier 5)	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	$0 (Tier 5)	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XALKORI ORAL PELLET 20 MG	$0 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	$0 (Tier 4)	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	$0 (Tier 5)	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	$0 (Tier 5)	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	$0 (Tier 5)	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	$0 (Tier 5)	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	$0 (Tier 5)	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	$0 (Tier 5)	PA NSO; NDS
YONSA ORAL TABLET 125 MG (abiraterone, submicronized)	$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
yulithira oral tablet 10 mg, 7.5 mg (everolimus (antineoplastic))	$0 (Tier 2)	PA NSO; QL (60 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
yulithira oral tablet 2.5 mg, 5 mg	(everolimus (antineoplastic))	$0 (Tier 2)	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG		$0 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG		$0 (Tier 5)	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML		$0 (Tier 5)	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		$0 (Tier 4)	PA NSO
ZOLINZA ORAL CAPSULE 100 MG		$0 (Tier 5)	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		$0 (Tier 5)	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG		$0 (Tier 5)	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML		$0 (Tier 5)	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants			
Anticonvulsants			
brivaracetam intravenous solution 50 mg/5 ml	(Briviact)	$0 (Tier 5)	NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	(Briviact)	$0 (Tier 2)	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(Briviact)	$0 (Tier 5)	NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	(brivaracetam)	$0 (Tier 5)	NDS; QL (80 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	$0 (Tier 2)	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbamazepine oral tablet 200 mg	(Tegretol)	$0 (Tier 2)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	$0 (Tier 2)	
carbamazepine oral tablet,chewable 100 mg, 200 mg		$0 (Tier 2)	
clobazam oral suspension 2.5 mg/ml	(Onfi)	$0 (Tier 2)	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	$0 (Tier 2)	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		$0 (Tier 5)	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		$0 (Tier 5)	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg		$0 (Tier 2)	
diazepam rectal kit 2.5 mg		$0 (Tier 4)	
DILANTIN ORAL CAPSULE 30 MG		$0 (Tier 4)	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	$0 (Tier 2)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	$0 (Tier 2)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	$0 (Tier 2)	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		$0 (Tier 5)	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		$0 (Tier 5)	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		$0 (Tier 5)	PA NSO; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
epitol oral tablet 200 mg	(carbamazepine)	$0 (Tier 2)	
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	$0 (Tier 5)	ST; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	$0 (Tier 5)	ST; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	$0 (Tier 2)	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	$0 (Tier 2)	
felbamate oral suspension 600 mg/5 ml		$0 (Tier 2)	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	$0 (Tier 2)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		$0 (Tier 5)	PA NSO; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	$0 (Tier 2)	
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	$0 (Tier 2)	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	$0 (Tier 2)	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	$0 (Tier 2)	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	$0 (Tier 2)	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	$0 (Tier 2)	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	$0 (Tier 2)	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	$0 (Tier 2)	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	$0 (Tier 2)	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	$0 (Tier 1)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	$0 (Tier 2)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	$0 (Tier 2)	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levetiracetam oral solution 100 mg/ml	(Keppra)	$0 (Tier 2)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	$0 (Tier 2)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	$0 (Tier 2)	
levetiracetam oral tablet for suspension 250 mg	(Spritam)	$0 (Tier 2)	ST
levetiracetam oral tablet for suspension 500 mg	(Spritam)	$0 (Tier 4)	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		$0 (Tier 4)	QL (10 per 30 days)
methsuximide oral capsule 300 mg	(Celontin)	$0 (Tier 2)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		$0 (Tier 4)	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	$0 (Tier 2)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	$0 (Tier 2)	
perampanel oral suspension 0.5 mg/ml	(Fycompa)	$0 (Tier 5)	ST; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	$0 (Tier 5)	ST; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	(Fycompa)	$0 (Tier 2)	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	$0 (Tier 5)	ST; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		$0 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		$0 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
phenytek oral capsule 200 mg, 300 mg	(phenytoin sodium extended)	$0 (Tier 2)	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	$0 (Tier 2)	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	$0 (Tier 2)	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	$0 (Tier 2)	
phenytoin sodium intravenous solution 50 mg/ml		$0 (Tier 2)	
phenytoin sodium intravenous syringe 50 mg/ml		$0 (Tier 2)	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	$0 (Tier 2)	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	$0 (Tier 2)	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	$0 (Tier 2)	QL (900 per 30 days)
primidone oral tablet 125 mg		$0 (Tier 2)	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	$0 (Tier 2)	
rufinamide oral suspension 40 mg/ml	(Banzel)	$0 (Tier 5)	ST; NDS
rufinamide oral tablet 200 mg	(Banzel)	$0 (Tier 2)	ST
rufinamide oral tablet 400 mg	(Banzel)	$0 (Tier 5)	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		$0 (Tier 5)	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG		$0 (Tier 4)	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	(levetiracetam)	$0 (Tier 4)	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML		$0 (Tier 4)	PA NSO
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		$0 (Tier 2)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
topiramate oral capsule, sprinkle 50 mg		$0 (Tier 2)	
topiramate oral solution 25 mg/ml	(Eprontia)	$0 (Tier 2)	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	$0 (Tier 1)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		$0 (Tier 2)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		$0 (Tier 2)	
valproic acid oral capsule 250 mg		$0 (Tier 2)	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		$0 (Tier 5)	NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	(Vigadrone)	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Vigadrone)	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	(vigabatrin)	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		$0 (Tier 5)	NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		$0 (Tier 5)	NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		$0 (Tier 5)	NDS; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	$0 (Tier 4)	
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	$0 (Tier 5)	NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	$0 (Tier 4)	
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	$0 (Tier 2)	
zonisamide oral capsule 50 mg	$0 (Tier 2)	
ZTALMY ORAL SUSPENSION 50 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
donepezil oral tablet 10 mg, 5 mg (Aricept)	$0 (Tier 1)	QL (30 per 30 days)
donepezil oral tablet 23 mg (Aricept)	$0 (Tier 2)	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg	$0 (Tier 2)	
donepezil oral tablet,disintegrating 5 mg	$0 (Tier 2)	QL (30 per 30 days)
ergoloid oral tablet 1 mg	$0 (Tier 2)	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	$0 (Tier 2)	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	$0 (Tier 2)	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	$0 (Tier 2)	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg	$0 (Tier 2)	ST; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg (Namenda XR)	$0 (Tier 2)	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml	$0 (Tier 2)	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	$0 (Tier 2)	QL (60 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		$0 (Tier 2)	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	$0 (Tier 2)	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		$0 (Tier 2)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		$0 (Tier 2)	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		$0 (Tier 5)	NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG		$0 (Tier 5)	NDS
bupropion hcl oral tablet 100 mg, 75 mg		$0 (Tier 2)	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	$0 (Tier 2)	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	$0 (Tier 2)	
citalopram oral solution 10 mg/5 ml		$0 (Tier 2)	
citalopram oral tablet 10 mg	(Celexa)	$0 (Tier 1)	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	$0 (Tier 1)	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	$0 (Tier 2)	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	$0 (Tier 2)	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		$0 (Tier 2)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	$0 (Tier 2)	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxepin oral concentrate 10 mg/ml	$0 (Tier 2)	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	$0 (Tier 4)	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	$0 (Tier 4)	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg	$0 (Tier 2)	QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	$0 (Tier 2)	QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	$0 (Tier 2)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	$0 (Tier 5)	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	$0 (Tier 2)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	$0 (Tier 1)	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	$0 (Tier 5)	PA NSO; NDS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	$0 (Tier 4)	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	$0 (Tier 4)	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	$0 (Tier 1)	
fluoxetine oral capsule 40 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	$0 (Tier 2)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 2)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (Tier 2)	
MARPLAN ORAL TABLET 10 MG	$0 (Tier 4)	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	$0 (Tier 2)	
mirtazapine oral tablet 45 mg, 7.5 mg	$0 (Tier 2)	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	$0 (Tier 2)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0 (Tier 2)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	
nortriptyline oral solution 10 mg/5 ml	$0 (Tier 2)	
paroxetine hcl oral suspension 10 mg/5 ml	$0 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	$0 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	$0 (Tier 2)	
phenelzine oral tablet 15 mg (Nardil)	$0 (Tier 2)	
protriptyline oral tablet 10 mg, 5 mg	$0 (Tier 2)	
RALDESY ORAL SOLUTION 10 MG/ML	$0 (Tier 5)	PA NSO; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml (Zoloft)	$0 (Tier 2)	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		$0 (Tier 5)	PA NSO; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	$0 (Tier 2)	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		$0 (Tier 1)	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		$0 (Tier 2)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		$0 (Tier 3)	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	$0 (Tier 2)	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	$0 (Tier 2)	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		$0 (Tier 2)	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	$0 (Tier 2)	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		$0 (Tier 5)	PA NSO; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		$0 (Tier 5)	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg		$0 (Tier 2)	
dapagliflozin oral tablet 10 mg, 5 mg	(Farxiga)	$0 (Tier 2)	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	(Xigduo XR)	$0 (Tier 2)	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		$0 (Tier 3)	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	(sitagliptin phos-metformin)	$0 (Tier 3)	QL (30 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	(sitagliptin phos-metformin)	$0 (Tier 3)	QL (60 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		$0 (Tier 3)	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	(linagliptin-metformin)	$0 (Tier 3)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG		$0 (Tier 3)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG		$0 (Tier 3)	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml	(Riomet)	$0 (Tier 2)	QL (765 per 30 days)
metformin oral tablet 1,000 mg		$0 (Tier 6)	QL (75 per 30 days)
metformin oral tablet 500 mg		$0 (Tier 6)	QL (150 per 30 days)
metformin oral tablet 850 mg		$0 (Tier 6)	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg		$0 (Tier 6)	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg		$0 (Tier 6)	QL (60 per 30 days)
mifepristone oral tablet 300 mg	(Korlym)	$0 (Tier 5)	PA; NDS; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML		$0 (Tier 3)	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg		$0 (Tier 6)	QL (90 per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG		$0 (Tier 3)	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)		$0 (Tier 3)	PA; QL (3 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	$0 (Tier 6)	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg		$0 (Tier 6)	QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg	(Actoplus MET)	$0 (Tier 6)	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		$0 (Tier 6)	QL (120 per 30 days)
repaglinide oral tablet 2 mg		$0 (Tier 6)	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG		$0 (Tier 3)	PA; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	(Janumet)	$0 (Tier 2)	QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	(Janumet XR)	$0 (Tier 2)	QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	(Janumet XR)	$0 (Tier 2)	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	(Januvia)	$0 (Tier 2)	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		$0 (Tier 3)	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		$0 (Tier 3)	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		$0 (Tier 3)	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	(linagliptin)	$0 (Tier 3)	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG		$0 (Tier 3)	QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	$0 (Tier 3)	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	$0 (Tier 3)	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapagliflozin-metformin)	$0 (Tier 3)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	$0 (Tier 3)	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapagliflozin-metformin)	$0 (Tier 3)	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	$0 (Tier 3)	max $35 copay per month supply
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	$0 (Tier 3)	max $35 copay per month supply; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30) (Novolog Mix 70-30FlexPen U-100)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	$0 (Tier 3)	max $35 copay per month supply; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	$0 (Tier 3)	max $35 copay per month supply; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		$0 (Tier 3)	max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	$0 (Tier 3)	max $35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	$0 (Tier 3)	max $35 copay per month supply; QL (13.5 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	$0 (Tier 3)	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg	$0 (Tier 6)	QL (30 per 30 days)
glimepiride oral tablet 4 mg	$0 (Tier 6)	QL (60 per 30 days)
glipizide oral tablet 10 mg	$0 (Tier 6)	QL (120 per 30 days)
glipizide oral tablet 2.5 mg	$0 (Tier 6)	QL (90 per 30 days)
glipizide oral tablet 5 mg	$0 (Tier 6)	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	$0 (Tier 6)	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	$0 (Tier 6)	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	$0 (Tier 6)	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	$0 (Tier 6)	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	$0 (Tier 4)	PA BvD
amphotericin b injection recon soln 50 mg	$0 (Tier 2)	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg (AmBisome)	$0 (Tier 5)	PA BvD; NDS
ciclopirox topical cream 0.77 % (Ciclodan)	$0 (Tier 2)	QL (180 per 30 days)
ciclopirox topical solution 8 % (Ciclodan)	$0 (Tier 2)	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 % (Loprox (as olamine))	$0 (Tier 2)	QL (180 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clotrimazole mucous membrane troche 10 mg		$0 (Tier 2)	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	$0 (Tier 2)	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	$0 (Tier 2)	
clotrimazole-betamethasone topical cream 1-0.05 %		$0 (Tier 2)	QL (90 per 30 days)
CRESEMBA INTRAVENOUS RECON SOLN 372 MG		$0 (Tier 5)	NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		$0 (Tier 5)	PA; NDS
econazole nitrate topical cream 1 %		$0 (Tier 2)	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		$0 (Tier 2)	
fluconazole oral suspension for reconstitution 10 mg/ml		$0 (Tier 2)	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	$0 (Tier 2)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		$0 (Tier 2)	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	$0 (Tier 5)	NDS
griseofulvin microsize oral suspension 125 mg/5 ml		$0 (Tier 2)	
griseofulvin microsize oral tablet 500 mg		$0 (Tier 2)	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		$0 (Tier 2)	
itraconazole oral capsule 100 mg	(Sporanox)	$0 (Tier 2)	
ketoconazole oral tablet 200 mg		$0 (Tier 2)	
ketoconazole topical cream 2 %		$0 (Tier 2)	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		$0 (Tier 2)	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg		$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
miconazole-3 vaginal suppository 200 mg		$0 (Tier 2)	
nyamyc topical powder 100,000 unit/gram	(nystatin)	$0 (Tier 2)	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		$0 (Tier 2)	
nystatin oral tablet 500,000 unit		$0 (Tier 2)	
nystatin topical cream 100,000 unit/gram		$0 (Tier 2)	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		$0 (Tier 2)	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nystop)	$0 (Tier 2)	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		$0 (Tier 2)	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		$0 (Tier 2)	
nystop topical powder 100,000 unit/gram	(nystatin)	$0 (Tier 2)	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg		$0 (Tier 5)	PA; NDS
terbinafine hcl oral tablet 250 mg		$0 (Tier 1)	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	$0 (Tier 5)	PA BvD; NDS
voriconazole intravenous solution 10 mg/ml		$0 (Tier 5)	PA BvD; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	$0 (Tier 5)	PA; NDS
voriconazole oral tablet 200 mg, 50 mg		$0 (Tier 2)	
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg	(Zyloprim)	$0 (Tier 1)	
allopurinol oral tablet 300 mg		$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
colchicine oral capsule 0.6 mg	(Mitigare)	$0 (Tier 2)	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	$0 (Tier 2)	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	$0 (Tier 2)	QL (30 per 30 days)
probenecid oral tablet 500 mg		$0 (Tier 2)	
probenecid-colchicine oral tablet 500-0.5 mg		$0 (Tier 2)	
Antihistamines			
Antihistamines			
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		$0 (Tier 2)	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	$0 (Tier 1)	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	$0 (Tier 2)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	$0 (Tier 2)	
terconazole vaginal cream 0.4 %, 0.8 %		$0 (Tier 2)	
terconazole vaginal suppository 80 mg		$0 (Tier 2)	
Antimigraine Agents			
Antimigraine Agents			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		$0 (Tier 3)	PA; QL (1 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	$0 (Tier 5)	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		$0 (Tier 3)	PA; QL (2 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		$0 (Tier 3)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		$0 (Tier 3)	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		$0 (Tier 2)	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		$0 (Tier 3)	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		$0 (Tier 3)	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	$0 (Tier 2)	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		$0 (Tier 2)	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	$0 (Tier 2)	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		$0 (Tier 2)	QL (18 per 30 days)
sumatriptan 4 mg/0.5 ml inject outer, suv	(Imitrex STATdose Pen)	$0 (Tier 2)	QL (4 per 28 days)
sumatriptan 6 mg/0.5 ml autoinj suv	(Imitrex STATdose Pen)	$0 (Tier 4)	QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		$0 (Tier 2)	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	$0 (Tier 2)	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	$0 (Tier 2)	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	(Imitrex STATdose Pen)	$0 (Tier 4)	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	$0 (Tier 2)	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		$0 (Tier 2)	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		$0 (Tier 3)	PA; QL (16 per 30 days)
Antimycobacterials			

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antimycobacterials			
dapsone oral tablet 100 mg, 25 mg		$0 (Tier 2)	
ethambutol oral tablet 100 mg, 400 mg		$0 (Tier 2)	
isoniazid oral tablet 100 mg, 300 mg		$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	(rifapentine)	$0 (Tier 4)	
pyrazinamide oral tablet 500 mg		$0 (Tier 2)	
rifabutin oral capsule 150 mg		$0 (Tier 2)	
rifampin intravenous recon soln 600 mg	(Rifadin)	$0 (Tier 2)	
rifampin oral capsule 150 mg, 300 mg		$0 (Tier 2)	
rifapentine oral tablet 150 mg	(Priftin)	$0 (Tier 2)	
SIRTURO ORAL TABLET 100 MG, 20 MG		$0 (Tier 5)	PA; NDS
TRECATOR ORAL TABLET 250 MG		$0 (Tier 4)	
Antinausea Agents			
Antinausea Agents			
aprepitant oral capsule 125 mg		$0 (Tier 2)	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		$0 (Tier 2)	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	$0 (Tier 2)	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	$0 (Tier 2)	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	$0 (Tier 2)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	$0 (Tier 2)	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg		$0 (Tier 1)	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	$0 (Tier 1)	
ondansetron hcl oral tablet 4 mg, 8 mg		$0 (Tier 2)	PA BvD

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ondansetron oral tablet,disintegrating 4 mg, 8 mg		$0 (Tier 2)	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		$0 (Tier 2)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	$0 (Tier 2)	
prochlorperazine rectal suppository 25 mg	(Compro)	$0 (Tier 2)	
promethazine injection solution 25 mg/ml	(Phenergan)	$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 25 mg	(Promethegan)	$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	(promethazine)	$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	$0 (Tier 2)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg		$0 (Tier 2)	
atovaquone oral suspension 750 mg/5 ml	(Mepron)	$0 (Tier 2)	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	$0 (Tier 2)	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	$0 (Tier 2)	
chloroquine phosphate oral tablet 250 mg, 500 mg		$0 (Tier 2)	
COARTEM ORAL TABLET 20-120 MG		$0 (Tier 4)	
hydroxychloroquine oral tablet 100 mg		$0 (Tier 2)	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	$0 (Tier 2)	QL (90 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydroxychloroquine oral tablet 300 mg	(Sovuna)	$0 (Tier 2)	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		$0 (Tier 2)	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		$0 (Tier 5)	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	$0 (Tier 2)	
ivermectin oral tablet 6 mg		$0 (Tier 2)	
mefloquine oral tablet 250 mg		$0 (Tier 2)	
nitazoxanide oral tablet 500 mg	(Alinia)	$0 (Tier 5)	NDS; QL (60 per 30 days)
pentamidine inhalation recon soln 300 mg	(Nebupent)	$0 (Tier 2)	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	$0 (Tier 2)	
praziquantel oral tablet 600 mg		$0 (Tier 2)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		$0 (Tier 4)	
pyrimethamine oral tablet 25 mg	(Daraprim)	$0 (Tier 5)	PA; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	$0 (Tier 2)	PA
tinidazole oral tablet 250 mg, 500 mg		$0 (Tier 2)	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		$0 (Tier 2)	
amantadine hcl oral solution 50 mg/5 ml		$0 (Tier 2)	
amantadine hcl oral tablet 100 mg		$0 (Tier 2)	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		$0 (Tier 2)	
bromocriptine oral tablet 2.5 mg		$0 (Tier 2)	
cabergoline oral tablet 0.5 mg		$0 (Tier 2)	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	$0 (Tier 2)	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbidopa-levodopa oral tablet 25-250 mg	$0 (Tier 2)	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	$0 (Tier 2)	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	$0 (Tier 2)	
entacapone oral tablet 200 mg	$0 (Tier 2)	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	$0 (Tier 5)	PA; NDS; QL (600 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0 (Tier 2)	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	$0 (Tier 2)	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0 (Tier 2)	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	$0 (Tier 2)	
selegiline hcl oral capsule 5 mg	$0 (Tier 2)	
selegiline hcl oral tablet 5 mg	$0 (Tier 2)	
trihexyphenidyl oral tablet 2 mg, 5 mg	$0 (Tier 2)	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	$0 (Tier 5)	PA; NDS; QL (560 per 28 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	$0 (Tier 5)	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	$0 (Tier 5)	NDS; QL (3.2 per 42 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	$0 (Tier 5)	NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	$0 (Tier 5)	NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	$0 (Tier 2)	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	$0 (Tier 2)	
aripiprazole oral tablet,disintegrating 10 mg	$0 (Tier 2)	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	$0 (Tier 2)	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	$0 (Tier 5)	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	$0 (Tier 5)	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	$0 (Tier 5)	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	$0 (Tier 5)	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	$0 (Tier 5)	NDS; QL (3.2 per 14 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	$0 (Tier 2)	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 5)	ST; NDS; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	$0 (Tier 4)	ST
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	$0 (Tier 4)	ST
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	$0 (Tier 4)	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	$0 (Tier 5)	ST; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	$0 (Tier 2)	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	$0 (Tier 2)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 2)	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	$0 (Tier 2)	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	$0 (Tier 2)	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	$0 (Tier 2)	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	$0 (Tier 2)	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	$0 (Tier 5)	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	$0 (Tier 5)	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$0 (Tier 5)	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	$0 (Tier 5)	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	$0 (Tier 5)	NDS; QL (1.5 per 21 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	$0 (Tier 5)	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	$0 (Tier 5)	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	$0 (Tier 5)	NDS; QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 5)	ST; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	$0 (Tier 4)	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	$0 (Tier 4)	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	$0 (Tier 4)	ST
fluphenazine decanoate injection solution 25 mg/ml	$0 (Tier 2)	
fluphenazine hcl injection solution 2.5 mg/ml	$0 (Tier 2)	
fluphenazine hcl oral concentrate 5 mg/ml	$0 (Tier 2)	
fluphenazine hcl oral elixir 2.5 mg/5 ml	$0 (Tier 2)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 2)	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	$0 (Tier 2)	
haloperidol lactate injection solution 5 mg/ml	$0 (Tier 2)	
haloperidol lactate intramuscular syringe 5 mg/ml	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
haloperidol lactate oral concentrate 2 mg/ml	$0 (Tier 2)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$0 (Tier 2)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	$0 (Tier 5)	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	$0 (Tier 5)	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$0 (Tier 5)	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	$0 (Tier 5)	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	$0 (Tier 5)	NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	$0 (Tier 3)	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	$0 (Tier 5)	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	$0 (Tier 5)	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	$0 (Tier 5)	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	$0 (Tier 5)	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	$0 (Tier 5)	NDS; QL (2.63 per 70 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0 (Tier 2)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg (Latuda)	$0 (Tier 2)	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	$0 (Tier 5)	NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	$0 (Tier 2)	QL (240 per 30 days)
molindone oral tablet 25 mg	$0 (Tier 2)	QL (270 per 30 days)
molindone oral tablet 5 mg	$0 (Tier 5)	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg (Zyprexa)	$0 (Tier 2)	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	$0 (Tier 2)	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)	$0 (Tier 2)	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	$0 (Tier 5)	ST; NDS
paliperidone oral tablet extended release 24hr 1.5 mg	$0 (Tier 2)	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg (Invega)	$0 (Tier 2)	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	$0 (Tier 2)	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0 (Tier 2)	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	$0 (Tier 5)	NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	$0 (Tier 2)	
quetiapine oral tablet 150 mg		$0 (Tier 2)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	$0 (Tier 2)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		$0 (Tier 5)	NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	$0 (Tier 2)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	$0 (Tier 2)	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	$0 (Tier 5)	NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	(Risperdal)	$0 (Tier 2)	
risperidone oral tablet 0.25 mg		$0 (Tier 2)	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	$0 (Tier 2)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		$0 (Tier 2)	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	$0 (Tier 5)	NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		$0 (Tier 5)	ST; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		$0 (Tier 2)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 2)	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	$0 (Tier 5)	NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	$0 (Tier 5)	NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	$0 (Tier 5)	NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	$0 (Tier 5)	NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	$0 (Tier 5)	NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	$0 (Tier 5)	NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	$0 (Tier 5)	NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0 (Tier 5)	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	$0 (Tier 5)	ST; NDS; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	$0 (Tier 2)	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	$0 (Tier 2)	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	$0 (Tier 4)	QL (2 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	$0 (Tier 5)	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	$0 (Tier 5)	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral solution 20 mg/ml (Ziagen)	$0 (Tier 2)	
abacavir oral tablet 300 mg	$0 (Tier 2)	
abacavir-lamivudine oral tablet 600-300 mg	$0 (Tier 2)	
APTIVUS ORAL CAPSULE 250 MG	$0 (Tier 5)	NDS
atazanavir oral capsule 150 mg	$0 (Tier 2)	
atazanavir oral capsule 200 mg, 300 mg (Reyataz)	$0 (Tier 2)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	$0 (Tier 5)	NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	$0 (Tier 5)	NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)	$0 (Tier 5)	NDS; QL (24 per 365 days)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml) (Apretude)	$0 (Tier 5)	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	$0 (Tier 5)	NDS
darunavir oral tablet 600 mg (Prezista)	$0 (Tier 2)	
darunavir oral tablet 800 mg (Prezista)	$0 (Tier 5)	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	$0 (Tier 5)	NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	$0 (Tier 5)	NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	$0 (Tier 2)	
DOVATO ORAL TABLET 50-300 MG	$0 (Tier 5)	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	$0 (Tier 5)	NDS
efavirenz oral capsule 200 mg, 50 mg	$0 (Tier 2)	
efavirenz oral tablet 600 mg	$0 (Tier 2)	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	$0 (Tier 2)	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	$0 (Tier 5)	NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg (Symfi)	$0 (Tier 5)	NDS
emtricitabine oral capsule 200 mg (Emtriva)	$0 (Tier 2)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg (Truvada)	$0 (Tier 2)	
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg (Truvada)	$0 (Tier 5)	NDS
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg (Complera)	$0 (Tier 5)	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	$0 (Tier 4)	
etravirine oral tablet 100 mg, 200 mg (Intelence)	$0 (Tier 5)	NDS
EVOTAZ ORAL TABLET 300-150 MG	$0 (Tier 5)	NDS
fosamprenavir oral tablet 700 mg	$0 (Tier 5)	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	$0 (Tier 5)	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	$0 (Tier 5)	NDS
IDVYNSO ORAL TABLET 100-0.25 MG	$0 (Tier 5)	NDS; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTELENCE ORAL TABLET 25 MG	$0 (Tier 4)	
ISENTRESS HD ORAL TABLET 600 MG	$0 (Tier 5)	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	$0 (Tier 5)	NDS
ISENTRESS ORAL TABLET 400 MG	$0 (Tier 5)	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	$0 (Tier 5)	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	$0 (Tier 3)	
JULUCA ORAL TABLET 50-25 MG	$0 (Tier 5)	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	$0 (Tier 4)	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	$0 (Tier 2)	
lamivudine oral tablet 100 mg	$0 (Tier 2)	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	$0 (Tier 2)	
lamivudine-zidovudine oral tablet 150-300 mg	$0 (Tier 2)	
LEXIVA ORAL SUSPENSION 50 MG/ML	$0 (Tier 4)	
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	$0 (Tier 2)	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	$0 (Tier 2)	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	$0 (Tier 2)	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg (Selzentry)	$0 (Tier 5)	NDS
nevirapine oral suspension 50 mg/5 ml	$0 (Tier 2)	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	$0 (Tier 2)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nevirapine oral tablet extended release 24 hr 400 mg	$0 (Tier 2)	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	$0 (Tier 4)	
ODEFSEY ORAL TABLET 200-25-25 MG	$0 (Tier 5)	NDS
PIFELTRO ORAL TABLET 100 MG	$0 (Tier 5)	NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	$0 (Tier 5)	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	$0 (Tier 5)	NDS
PREZISTA ORAL TABLET 150 MG	$0 (Tier 5)	NDS
PREZISTA ORAL TABLET 75 MG	$0 (Tier 4)	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	$0 (Tier 4)	
REYATAZ ORAL POWDER IN PACKET 50 MG	$0 (Tier 5)	NDS
rilpivirine hcl oral tablet 25 mg (Edurant)	$0 (Tier 5)	NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	$0 (Tier 5)	NDS
ritonavir oral tablet 100 mg (Norvir)	$0 (Tier 2)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	$0 (Tier 5)	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	$0 (Tier 5)	NDS
SELZENTRY ORAL TABLET 25 MG	$0 (Tier 3)	
SELZENTRY ORAL TABLET 75 MG	$0 (Tier 5)	NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STRIBILD ORAL TABLET 150-150-200-300 MG	$0 (Tier 5)	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	$0 (Tier 5)	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	$0 (Tier 5)	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0 (Tier 5)	NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	$0 (Tier 2)	
TIVICAY ORAL TABLET 10 MG	$0 (Tier 4)	
TIVICAY ORAL TABLET 25 MG, 50 MG	$0 (Tier 5)	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	$0 (Tier 5)	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	$0 (Tier 5)	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	$0 (Tier 4)	
TRIZIVIR ORAL TABLET 300-150-300 MG	$0 (Tier 5)	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	$0 (Tier 5)	NDS
VEMLIDY ORAL TABLET 25 MG	$0 (Tier 5)	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	$0 (Tier 5)	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	$0 (Tier 5)	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	$0 (Tier 5)	NDS
VOCABRIA ORAL TABLET 30 MG	$0 (Tier 4)	
zidovudine oral capsule 100 mg (Retrovir)	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zidovudine oral syrup 10 mg/ml (Retrovir)	$0 (Tier 2)	
zidovudine oral tablet 300 mg	$0 (Tier 2)	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	$0 (Tier 5)	PA; NDS
oseltamivir oral capsule 30 mg	$0 (Tier 2)	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	$0 (Tier 2)	QL (48 per 180 days)
oseltamivir oral capsule 75 mg (Tamiflu)	$0 (Tier 2)	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	$0 (Tier 2)	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	$0 (Tier 2)	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	$0 (Tier 2)	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	$0 (Tier 2)	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	$0 (Tier 5)	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	$0 (Tier 4)	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	$0 (Tier 5)	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	$0 (Tier 5)	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	$0 (Tier 5)	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	$0 (Tier 5)	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	$0 (Tier 5)	PA; NDS; QL (28 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HARVONI ORAL PELLETS IN PACKET 45-200 MG		$0 (Tier 5)	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG		$0 (Tier 5)	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	$0 (Tier 5)	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG		$0 (Tier 5)	PA; NDS; QL (28 per 28 days)
Interferons			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		$0 (Tier 5)	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		$0 (Tier 5)	PA; NDS
Nucleosides And Nucleotides			
acyclovir oral capsule 200 mg		$0 (Tier 1)	
acyclovir oral suspension 200 mg/5 ml		$0 (Tier 2)	
acyclovir oral tablet 400 mg, 800 mg		$0 (Tier 2)	
acyclovir sodium intravenous solution 50 mg/ml		$0 (Tier 2)	PA BvD
adefovir oral tablet 10 mg		$0 (Tier 2)	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	$0 (Tier 2)	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		$0 (Tier 2)	
ribavirin oral tablet 200 mg		$0 (Tier 2)	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	$0 (Tier 2)	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	$0 (Tier 5)	NDS
valganciclovir oral tablet 450 mg		$0 (Tier 2)	
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	$0 (Tier 3)	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	$0 (Tier 3)	
ELIQUIS ORAL TABLET 2.5 MG	$0 (Tier 3)	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	$0 (Tier 3)	QL (74 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	$0 (Tier 3)	QL (960 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	$0 (Tier 3)	QL (120 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml (Lovenox)	$0 (Tier 2)	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox)	$0 (Tier 2)	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml (Lovenox)	$0 (Tier 2)	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml (Lovenox)	$0 (Tier 2)	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml (Lovenox)	$0 (Tier 2)	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml (Arixtra)	$0 (Tier 5)	NDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)	$0 (Tier 2)	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml (Arixtra)	$0 (Tier 5)	NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml (Arixtra)	$0 (Tier 5)	NDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	$0 (Tier 2)	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	$0 (Tier 2)	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	(Xarelto)	$0 (Tier 2)	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		$0 (Tier 3)	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	$0 (Tier 3)	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	(rivaroxaban)	$0 (Tier 3)	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	(rivaroxaban)	$0 (Tier 3)	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	$0 (Tier 3)	ST; QL (60 per 30 days)
Blood Formation Modifiers			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	(Promacta)	$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	(Promacta)	$0 (Tier 5)	PA; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	(Promacta)	$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	(Promacta)	$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT		$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT		$0 (Tier 5)	PA; NDS; QL (20 per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		$0 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	$0 (Tier 5)	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	$0 (Tier 5)	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	$0 (Tier 3)	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	$0 (Tier 3)	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	$0 (Tier 5)	PA; NDS
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg (Agrylin)	$0 (Tier 2)	
anagrelide oral capsule 1 mg	$0 (Tier 2)	
tranexamic acid oral tablet 650 mg	$0 (Tier 2)	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	$0 (Tier 2)	
cilostazol oral tablet 100 mg, 50 mg	$0 (Tier 2)	
clopidogrel oral tablet 75 mg (Plavix)	$0 (Tier 1)	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	$0 (Tier 2)	
prasugrel hcl oral tablet 10 mg, 5 mg (Effient)	$0 (Tier 2)	
ticagrelor oral tablet 60 mg, 90 mg (Brilinta)	$0 (Tier 2)	
Caloric Agents		
Caloric Agents		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	$0 (Tier 4)	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	$0 (Tier 4)	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	$0 (Tier 4)	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	$0 (Tier 4)	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	$0 (Tier 4)	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	$0 (Tier 2)	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (Tier 1)	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	$0 (Tier 2)	
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	$0 (Tier 2)	
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	$0 (Tier 2)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	$0 (Tier 1)	
droxidopa oral capsule 100 mg (Northera)	$0 (Tier 2)	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg, 300 mg (Northera)	$0 (Tier 5)	PA; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	$0 (Tier 2)	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prazosin oral capsule 1 mg, 2 mg, 5 mg		$0 (Tier 2)	
Angiotensin Ii Receptor Antagonists			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	$0 (Tier 6)	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	$0 (Tier 6)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	$0 (Tier 3)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		$0 (Tier 3)	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	$0 (Tier 6)	
irbesartan oral tablet 75 mg		$0 (Tier 6)	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	$0 (Tier 6)	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	$0 (Tier 6)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	$0 (Tier 6)	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	$0 (Tier 6)	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	$0 (Tier 6)	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	$0 (Tier 6)	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	(Entresto)	$0 (Tier 2)	QL (60 per 30 days)
telmisartan oral tablet 20 mg		$0 (Tier 6)	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	$0 (Tier 6)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	$0 (Tier 6)	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	$0 (Tier 6)	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	$0 (Tier 6)	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	$0 (Tier 6)	
benazepril oral tablet 5 mg		$0 (Tier 6)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	$0 (Tier 6)	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		$0 (Tier 6)	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		$0 (Tier 6)	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	$0 (Tier 6)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	$0 (Tier 6)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		$0 (Tier 6)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		$0 (Tier 6)	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		$0 (Tier 6)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	$0 (Tier 6)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	$0 (Tier 6)	
moexipril oral tablet 15 mg, 7.5 mg		$0 (Tier 6)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 6)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 6)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 6)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 6)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (Tier 6)	
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 200 mg (Pacerone)	$0 (Tier 2)	
amiodarone oral tablet 400 mg	$0 (Tier 2)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	$0 (Tier 2)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	$0 (Tier 2)	
MULTAQ ORAL TABLET 400 MG	$0 (Tier 3)	
pacerone oral tablet 100 mg, 200 mg, 400 mg (amiodarone)	$0 (Tier 2)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	$0 (Tier 2)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	$0 (Tier 2)	
quinidine sulfate oral tablet 200 mg, 300 mg	$0 (Tier 2)	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	$0 (Tier 2)	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	$0 (Tier 1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		$0 (Tier 2)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		$0 (Tier 2)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	$0 (Tier 1)	
labetalol oral tablet 100 mg, 200 mg, 300 mg		$0 (Tier 2)	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	$0 (Tier 1)	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg		$0 (Tier 2)	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	$0 (Tier 1)	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		$0 (Tier 1)	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	$0 (Tier 2)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	$0 (Tier 2)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		$0 (Tier 2)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	$0 (Tier 2)	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	$0 (Tier 2)	
sotalol oral tablet 240 mg		$0 (Tier 2)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		$0 (Tier 2)	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		$0 (Tier 2)	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	$0 (Tier 2)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	$0 (Tier 2)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	$0 (Tier 2)	
diltiazem hcl oral tablet 90 mg		$0 (Tier 2)	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	$0 (Tier 2)	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	$0 (Tier 2)	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	$0 (Tier 2)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		$0 (Tier 2)	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		$0 (Tier 4)	
verapamil oral tablet 120 mg, 40 mg, 80 mg		$0 (Tier 1)	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		$0 (Tier 2)	
Cardiovascular Agents, Miscellaneous			
ATTRUBY ORAL TABLET 356 MG		$0 (Tier 5)	PA; NDS; QL (112 per 28 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML		$0 (Tier 4)	QL (600 per 30 days)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Lanoxin)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
epinephrine injection auto-injector 0.15 mg/0.15 ml	(Auvi-Q)	$0 (Tier 3)	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	$0 (Tier 2)	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml		$0 (Tier 3)	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	$0 (Tier 2)	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		$0 (Tier 1)	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	$0 (Tier 5)	PA; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	$0 (Tier 3)	QL (60 per 30 days)
metyrosine oral capsule 250 mg		$0 (Tier 5)	PA; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg		$0 (Tier 2)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		$0 (Tier 4)	PA; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	$0 (Tier 1)	
amlodipine-benazepril oral capsule 10-20 mg	(Lotrel)	$0 (Tier 6)	
amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg		$0 (Tier 6)	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	$0 (Tier 6)	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	$0 (Tier 6)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	$0 (Tier 2)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		$0 (Tier 2)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg	(Procardia XL)	$0 (Tier 2)	
nifedipine oral tablet extended release 24hr 90 mg		$0 (Tier 2)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		$0 (Tier 2)	
Diuretics			
amiloride oral tablet 5 mg		$0 (Tier 1)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		$0 (Tier 2)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		$0 (Tier 2)	
chlorthalidone oral tablet 25 mg, 50 mg		$0 (Tier 2)	
furosemide injection solution 10 mg/ml		$0 (Tier 1)	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		$0 (Tier 2)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	$0 (Tier 1)	
hydrochlorothiazide oral capsule 12.5 mg		$0 (Tier 1)	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		$0 (Tier 1)	
indapamide oral tablet 1.25 mg, 2.5 mg		$0 (Tier 1)	
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	$0 (Tier 5)	PA; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	$0 (Tier 1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		$0 (Tier 2)	
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	$0 (Tier 5)	PA; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		$0 (Tier 1)	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		$0 (Tier 1)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		$0 (Tier 1)	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	$0 (Tier 6)	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	$0 (Tier 6)	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		$0 (Tier 6)	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	$0 (Tier 6)	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	$0 (Tier 2)	
cholestyramine light oral powder in packet 4 gram	(cholestyramine)	$0 (Tier 2)	
colesevelam oral powder in packet 3.75 gram	(WelChol)	$0 (Tier 2)	
colesevelam oral tablet 625 mg	(WelChol)	$0 (Tier 2)	
colestipol oral packet 5 gram		$0 (Tier 2)	
colestipol oral tablet 1 gram	(Colestid)	$0 (Tier 2)	
ezetimibe oral tablet 10 mg	(Zetia)	$0 (Tier 2)	QL (30 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	$0 (Tier 6)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	$0 (Tier 6)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	$0 (Tier 6)	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	$0 (Tier 6)	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		$0 (Tier 2)	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg		$0 (Tier 2)	
fenofibrate oral tablet 160 mg, 54 mg		$0 (Tier 2)	
fluvastatin oral capsule 20 mg, 40 mg		$0 (Tier 6)	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	$0 (Tier 6)	
gemfibrozil oral tablet 600 mg	(Lopid)	$0 (Tier 1)	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	$0 (Tier 2)	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	$0 (Tier 2)	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		$0 (Tier 6)	
NEXLETOL ORAL TABLET 180 MG		$0 (Tier 3)	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		$0 (Tier 3)	ST; QL (30 per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		$0 (Tier 2)	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	$0 (Tier 2)	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	$0 (Tier 2)	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		$0 (Tier 6)	
prevalite oral powder in packet 4 gram	(cholestyramine)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		$0 (Tier 3)	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		$0 (Tier 3)	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		$0 (Tier 3)	ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	$0 (Tier 6)	
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	$0 (Tier 6)	
simvastatin oral tablet 5 mg, 80 mg		$0 (Tier 6)	
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	$0 (Tier 2)	
eplerenone oral tablet 25 mg	(Inspra)	$0 (Tier 2)	
eplerenone oral tablet 50 mg		$0 (Tier 2)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		$0 (Tier 3)	PA; QL (30 per 30 days)
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		$0 (Tier 2)	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	$0 (Tier 2)	
isosorbide mononitrate oral tablet 10 mg, 20 mg		$0 (Tier 2)	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		$0 (Tier 1)	
minoxidil oral tablet 10 mg, 2.5 mg		$0 (Tier 2)	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	$0 (Tier 2)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Central Nervous System Agents		
Central Nervous System Agents		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	$0 (Tier 2)	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	$0 (Tier 2)	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	$0 (Tier 5)	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	$0 (Tier 5)	PA; NDS; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	$0 (Tier 5)	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	$0 (Tier 5)	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	$0 (Tier 5)	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	$0 (Tier 5)	PA; NDS; QL (15 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cladribine 10 mg x 10 tab pk outer	(Mavenclad (10 tablet pack))	$0 (Tier 5)	PA; NDS
cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)		$0 (Tier 5)	PA; NDS
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	$0 (Tier 2)	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	$0 (Tier 2)	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	$0 (Tier 2)	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	$0 (Tier 2)	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	$0 (Tier 2)	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	$0 (Tier 2)	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	(Gilenya)	$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	$0 (Tier 5)	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	$0 (Tier 5)	PA; NDS; QL (12 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)	$0 (Tier 2)	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21)	$0 (Tier 5)	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	$0 (Tier 5)	PA; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
lithium carbonate oral tablet 300 mg	$0 (Tier 1)	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	$0 (Tier 2)	
lithium carbonate oral tablet extended release 450 mg	$0 (Tier 2)	
lithium citrate oral solution 8 meq/5 ml	$0 (Tier 2)	
MAYZENT ORAL TABLET 0.25 MG	$0 (Tier 5)	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	$0 (Tier 3)	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	$0 (Tier 5)	PA; NDS
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml (Methylin)	$0 (Tier 2)	QL (900 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	$0 (Tier 2)	QL (90 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML		$0 (Tier 5)	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML		$0 (Tier 5)	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		$0 (Tier 5)	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		$0 (Tier 5)	PA; NDS
riluzole oral tablet 50 mg		$0 (Tier 2)	
tetrabenazine oral tablet 12.5 mg	(Xenazine)	$0 (Tier 2)	PA; QL (112 per 28 days)
tetrabenazine oral tablet 25 mg	(Xenazine)	$0 (Tier 5)	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		$0 (Tier 5)	PA; NDS; QL (120 per 30 days)
Contraceptives			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	$0 (Tier 2)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		$0 (Tier 2)	
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$0 (Tier 2)	
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$0 (Tier 2)	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	$0 (Tier 2)	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$0 (Tier 2)	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	$0 (Tier 2)	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$0 (Tier 2)	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	$0 (Tier 2)	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		$0 (Tier 2)	
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	$0 (Tier 2)	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	$0 (Tier 2)	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	$0 (Tier 2)	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	$0 (Tier 2)	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$0 (Tier 2)	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$0 (Tier 2)	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	$0 (Tier 2)	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Valtya)	$0 (Tier 2)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	$0 (Tier 2)	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	$0 (Tier 2)	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$0 (Tier 2)	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 1)	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	$0 (Tier 4)	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$0 (Tier 2)	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$0 (Tier 2)	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	$0 (Tier 2)	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$0 (Tier 2)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	$0 (Tier 2)	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		$0 (Tier 4)	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$0 (Tier 2)	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	$0 (Tier 2)	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$0 (Tier 2)	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	$0 (Tier 4)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	$0 (Tier 2)	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	$0 (Tier 2)	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	$0 (Tier 2)	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	$0 (Tier 2)	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	$0 (Tier 2)	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		$0 (Tier 3)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	$0 (Tier 2)	
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$0 (Tier 2)	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	$0 (Tier 2)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	$0 (Tier 2)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		$0 (Tier 4)	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM		$0 (Tier 4)	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEXPLANON SUBDERMAL IMPLANT 68 MG		$0 (Tier 3)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	$0 (Tier 2)	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Jencycla)	$0 (Tier 2)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	$0 (Tier 2)	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	$0 (Tier 2)	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	$0 (Tier 2)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	$0 (Tier 2)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	$0 (Tier 2)	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Mono-Linyah)	$0 (Tier 2)	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		$0 (Tier 2)	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	$0 (Tier 2)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		$0 (Tier 2)	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	$0 (Tier 2)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		$0 (Tier 2)	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$0 (Tier 2)	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	$0 (Tier 2)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	$0 (Tier 2)	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$0 (Tier 2)	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		$0 (Tier 4)	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	$0 (Tier 2)	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	$0 (Tier 2)	
tyblume oral tablet,chewable 0.1 mg-20 mcg		$0 (Tier 4)	
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	$0 (Tier 2)	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	$0 (Tier 2)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$0 (Tier 2)	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	$0 (Tier 2)	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	$0 (Tier 2)	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	$0 (Tier 2)	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	$0 (Tier 2)	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	$0 (Tier 2)	QL (3 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	$0 (Tier 2)	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	$0 (Tier 2)	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	$0 (Tier 1)	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	$0 (Tier 1)	
dentagel dental gel 1.1 %	(fluoride (sodium))	$0 (Tier 1)	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	$0 (Tier 1)	
fluoride (sodium) dental solution 0.2 %	(PreviDent)	$0 (Tier 1)	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	$0 (Tier 1)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	$0 (Tier 2)	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	$0 (Tier 1)	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	$0 (Tier 1)	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	$0 (Tier 2)	
Dermatological Agents			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		$0 (Tier 2)	
acyclovir topical ointment 5 %	(Zovirax)	$0 (Tier 2)	QL (30 per 30 days)
ammonium lactate topical cream 12 %		$0 (Tier 2)	
ammonium lactate topical lotion 12 %	(AmLactin)	$0 (Tier 2)	
calcipotriene scalp solution 0.005 %	(Pellix)	$0 (Tier 2)	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		$0 (Tier 2)	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		$0 (Tier 2)	QL (120 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluorouracil topical cream 5 % (Efudex)	$0 (Tier 2)	
fluorouracil topical solution 2 %, 5 %	$0 (Tier 2)	
imiquimod topical cream in packet 5 %	$0 (Tier 2)	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	$0 (Tier 5)	ST; NDS; QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	$0 (Tier 5)	NDS
PANRETIN TOPICAL GEL 0.1 %	$0 (Tier 5)	NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %	$0 (Tier 2)	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	$0 (Tier 4)	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	$0 (Tier 5)	PA NSO; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg (isotretinoin)	$0 (Tier 2)	
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 %	$0 (Tier 2)	QL (180 per 30 days)
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	$0 (Tier 2)	
clindamycin-benzoyl peroxide topical gel 1-5 %	$0 (Tier 2)	
erythromycin with ethanol topical solution 2 %	$0 (Tier 2)	
gentamicin topical cream 0.1 %	$0 (Tier 2)	QL (90 per 30 days)
gentamicin topical ointment 0.1 %	$0 (Tier 2)	QL (120 per 30 days)
metronidazole topical cream 0.75 % (Rosadan)	$0 (Tier 2)	
metronidazole topical gel 0.75 % (Rosadan)	$0 (Tier 2)	
metronidazole topical gel 1 % (Metrogel)	$0 (Tier 2)	
mupirocin topical ointment 2 % (Centany)	$0 (Tier 1)	QL (220 per 30 days)
rosadan topical cream 0.75 % (metronidazole)	$0 (Tier 2)	
selenium sulfide topical lotion 2.5 %	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
silver sulfadiazine topical cream 1 %	(SSD)	$0 (Tier 2)	
ssd topical cream 1 %	(silver sulfadiazine)	$0 (Tier 4)	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	$0 (Tier 2)	
betamethasone dipropionate topical cream 0.05 %		$0 (Tier 2)	
betamethasone dipropionate topical lotion 0.05 %		$0 (Tier 2)	
betamethasone dipropionate topical ointment 0.05 %		$0 (Tier 2)	
betamethasone valerate topical cream 0.1 %		$0 (Tier 2)	
betamethasone valerate topical lotion 0.1 %		$0 (Tier 2)	
betamethasone valerate topical ointment 0.1 %		$0 (Tier 2)	
betamethasone, augmented topical cream 0.05 %		$0 (Tier 2)	
betamethasone, augmented topical gel 0.05 %		$0 (Tier 2)	
betamethasone, augmented topical lotion 0.05 %		$0 (Tier 2)	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	$0 (Tier 2)	
clobetasol scalp solution 0.05 %		$0 (Tier 2)	
clobetasol topical cream 0.05 %		$0 (Tier 2)	
clobetasol topical gel 0.05 %		$0 (Tier 2)	
clobetasol topical lotion 0.05 %	(Clobex)	$0 (Tier 2)	
clobetasol topical ointment 0.05 %		$0 (Tier 2)	
clobetasol topical shampoo 0.05 %	(Clobex)	$0 (Tier 2)	
clobetasol-emollient topical cream 0.05 %		$0 (Tier 2)	
clobetasol-emollient topical foam 0.05 %	(Tovet Emollient)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EUCRISA TOPICAL OINTMENT 2 %		$0 (Tier 3)	
fluocinolone topical cream 0.01 %		$0 (Tier 2)	
fluocinolone topical cream 0.025 %	(Synalar)	$0 (Tier 2)	
fluocinolone topical ointment 0.025 %	(Synalar)	$0 (Tier 2)	
fluocinonide topical cream 0.05 %		$0 (Tier 2)	
fluocinonide topical gel 0.05 %		$0 (Tier 2)	
fluocinonide topical ointment 0.05 %		$0 (Tier 2)	
fluocinonide topical solution 0.05 %		$0 (Tier 2)	
fluticasone propionate topical cream 0.05 %		$0 (Tier 2)	
halobetasol propionate topical cream 0.05 %		$0 (Tier 2)	
halobetasol propionate topical ointment 0.05 %		$0 (Tier 2)	
hydrocortisone 2.5% cream		$0 (Tier 2)	
hydrocortisone topical cream 1 %	(Ala-Cort)	$0 (Tier 2)	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	$0 (Tier 2)	
hydrocortisone topical lotion 2.5 %		$0 (Tier 2)	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	$0 (Tier 1)	
hydrocortisone topical ointment 2.5 %		$0 (Tier 1)	
hydrocortisone valerate topical cream 0.2 %		$0 (Tier 2)	
mometasone topical cream 0.1 %		$0 (Tier 2)	
mometasone topical ointment 0.1 %		$0 (Tier 2)	
mometasone topical solution 0.1 %		$0 (Tier 2)	
pimecrolimus topical cream 1 %		$0 (Tier 2)	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	$0 (Tier 2)	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	$0 (Tier 2)	
tacrolimus topical ointment 0.03 %, 0.1 %		$0 (Tier 2)	QL (100 per 30 days)
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml		$0 (Tier 2)	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		$0 (Tier 1)	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	$0 (Tier 1)	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		$0 (Tier 2)	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		$0 (Tier 2)	
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	$0 (Tier 2)	
ALTRENO TOPICAL LOTION 0.05 %		$0 (Tier 4)	PA
tazarotene topical cream 0.1 %	(Tazorac)	$0 (Tier 2)	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	(Retin-A)	$0 (Tier 2)	PA
Scabicides And Pediculicides			
malathion topical lotion 0.5 %	(Ovide)	$0 (Tier 2)	
permethrin topical cream 5 %		$0 (Tier 2)	QL (60 per 30 days)
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	$0 (Tier 1)	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	$0 (Tier 1)	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G HRI 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	$0 (Tier 1)	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		$0 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		$0 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		$0 (Tier 2)	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	$0 (Tier 1)	PA; ST
CURITY GAUZE PADS 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		$0 (Tier 1)	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		$0 (Tier 1)	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		$0 (Tier 1)	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	$0 (Tier 2)	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	$0 (Tier 2)	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	$0 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"	$0 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	$0 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"	$0 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	$0 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	$0 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	$0 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"	$0 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		$0 (Tier 2)	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		$0 (Tier 2)	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	$0 (Tier 1)	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"		$0 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		$0 (Tier 2)	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	$0 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	$0 (Tier 1)	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	$0 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	$0 (Tier 2)	PA; ST
EASYLIFE ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	$0 (Tier 2)	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	$0 (Tier 1)	PA; ST
GNP ALCOHOL SWAB STERILE, TWO PLY	(Alcohol Pads)	$0 (Tier 1)	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(1st Tier Unifine Pentips)	$0 (Tier 2)	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	$0 (Tier 2)	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(1st Tier Unifine Pentips)	$0 (Tier 2)	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		$0 (Tier 3)	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN		$0 (Tier 3)	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN		$0 (Tier 3)	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		$0 (Tier 3)	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN		$0 (Tier 3)	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN		$0 (Tier 3)	
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"		$0 (Tier 2)	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE		$0 (Tier 2)	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Easy Touch Ins Syr (half unit))	$0 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Easy Touch Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Easy Touch Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	$0 (Tier 2)	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	$0 (Tier 1)	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	$0 (Tier 1)	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		$0 (Tier 1)	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE		$0 (Tier 2)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		$0 (Tier 2)	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	$0 (Tier 2)	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	$0 (Tier 2)	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	$0 (Tier 2)	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	$0 (Tier 2)	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	$0 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"		$0 (Tier 2)	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		$0 (Tier 2)	PA; ST
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE		$0 (Tier 3)	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		$0 (Tier 3)	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		$0 (Tier 3)	QL (10 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE		$0 (Tier 3)	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		$0 (Tier 3)	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		$0 (Tier 3)	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		$0 (Tier 3)	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		$0 (Tier 3)	QL (10 per 30 days)
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	$0 (Tier 2)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	$0 (Tier 2)	PA; ST
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	$0 (Tier 2)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	$0 (Tier 2)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PRO-COMFORT ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		$0 (Tier 2)	PA; ST
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	$0 (Tier 1)	PA; ST
RA STERILE PADS 2"X 2" 2 X 2 "	(Bordered Gauze)	$0 (Tier 1)	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		$0 (Tier 2)	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	$0 (Tier 2)	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		$0 (Tier 2)	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	(True-Comfort Pro Pen Needle)	$0 (Tier 2)	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	$0 (Tier 2)	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	$0 (Tier 2)	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	$0 (Tier 2)	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	$0 (Tier 2)	PA; ST
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	$0 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)	$0 (Tier 2)	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		$0 (Tier 2)	PA; ST
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		$0 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	$0 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		$0 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		$0 (Tier 2)	PA; ST
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		$0 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	$0 (Tier 1)	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	$0 (Tier 2)	PA; ST
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		$0 (Tier 2)	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		$0 (Tier 2)	PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	$0 (Tier 1)	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTILET PEN NEEDLE 29 GAUGE		$0 (Tier 2)	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		$0 (Tier 2)	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		$0 (Tier 2)	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		$0 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	$0 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"		$0 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"		$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		$0 (Tier 2)	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"		$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"		$0 (Tier 2)	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		$0 (Tier 2)	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		$0 (Tier 2)	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	$0 (Tier 2)	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		$0 (Tier 1)	PA; ST
V-GO 20 DEVICE		$0 (Tier 3)	QL (30 per 30 days)
V-GO 30 DEVICE		$0 (Tier 3)	QL (30 per 30 days)
V-GO 40 DEVICE		$0 (Tier 3)	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	$0 (Tier 1)	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	(pen needle, diabetic)	$0 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Enzyme Cofactors/Chaperones		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	$0 (Tier 3)	
javygtor oral tablet,soluble 100 mg (sapropterin)	$0 (Tier 5)	PA; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)	$0 (Tier 5)	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	$0 (Tier 5)	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	$0 (Tier 5)	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	$0 (Tier 5)	PA; NDS
sapropterin oral tablet,soluble 100 mg (Javygtor)	$0 (Tier 5)	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	$0 (Tier 5)	PA; LA; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		$0 (Tier 3)	
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
atropine ophthalmic (eye) drops 1 %		$0 (Tier 2)	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		$0 (Tier 2)	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	$0 (Tier 2)	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		$0 (Tier 2)	
cromolyn ophthalmic (eye) drops 4 %		$0 (Tier 2)	
epinastine ophthalmic (eye) drops 0.05 %		$0 (Tier 2)	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		$0 (Tier 2)	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		$0 (Tier 2)	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		$0 (Tier 3)	QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	$0 (Tier 2)	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	$0 (Tier 2)	
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic (ear) solution 2 %		$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bacitracin ophthalmic (eye) ointment 500 unit/gram	$0 (Tier 2)	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (Tier 2)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	$0 (Tier 2)	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	$0 (Tier 2)	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	$0 (Tier 2)	QL (3.5 per 4 days)
gentamicin ophthalmic (eye) drops 0.3 %	$0 (Tier 2)	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	$0 (Tier 2)	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	$0 (Tier 2)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	$0 (Tier 4)	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	$0 (Tier 2)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	$0 (Tier 2)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)	$0 (Tier 2)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	$0 (Tier 2)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	$0 (Tier 2)	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		$0 (Tier 2)	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	$0 (Tier 2)	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	$0 (Tier 2)	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	$0 (Tier 2)	
ofloxacin otic (ear) drops 0.3 %		$0 (Tier 2)	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	$0 (Tier 2)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		$0 (Tier 1)	
sulfacetamide sodium ophthalmic (eye) drops 10 %		$0 (Tier 2)	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		$0 (Tier 2)	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		$0 (Tier 2)	
tobramycin ophthalmic (eye) drops 0.3 %		$0 (Tier 1)	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		$0 (Tier 2)	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	(Zylet)	$0 (Tier 2)	
trifluridine ophthalmic (eye) drops 1 %		$0 (Tier 2)	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		$0 (Tier 5)	PA; NDS; QL (10 per 42 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		$0 (Tier 4)	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	$0 (Tier 2)	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	$0 (Tier 2)	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		$0 (Tier 2)	
diclofenac sodium ophthalmic (eye) drops 0.1 %		$0 (Tier 2)	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	$0 (Tier 2)	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		$0 (Tier 3)	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		$0 (Tier 2)	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	$0 (Tier 2)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	$0 (Tier 2)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		$0 (Tier 2)	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	$0 (Tier 1)	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		$0 (Tier 3)	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		$0 (Tier 3)	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	$0 (Tier 2)	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		$0 (Tier 3)	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		$0 (Tier 3)	QL (5 per 16 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	$0 (Tier 2)	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	$0 (Tier 2)	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		$0 (Tier 2)	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	$0 (Tier 2)	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	$0 (Tier 4)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		$0 (Tier 3)	QL (60 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		$0 (Tier 2)	
cimetidine hcl oral solution 300 mg/5 ml		$0 (Tier 2)	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	$0 (Tier 2)	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	$0 (Tier 2)	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	$0 (Tier 2)	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	$0 (Tier 2)	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg	(Acid Controller)	$0 (Tier 1)	
famotidine oral tablet 40 mg	(Pepcid)	$0 (Tier 1)	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	$0 (Tier 2)	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	$0 (Tier 2)	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		$0 (Tier 1)	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	$0 (Tier 1)	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	$0 (Tier 2)	
sucralfate oral tablet 1 gram	(Carafate)	$0 (Tier 2)	
VOQUEZNA ORAL TABLET 10 MG, 20 MG		$0 (Tier 4)	PA
Gastrointestinal Agents, Other			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	$0 (Tier 5)	PA; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	$0 (Tier 2)	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	$0 (Tier 2)	
dicyclomine oral capsule 10 mg		$0 (Tier 2)	
dicyclomine oral solution 10 mg/5 ml		$0 (Tier 2)	
dicyclomine oral tablet 20 mg		$0 (Tier 2)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	$0 (Tier 2)	
generlac oral solution 10 gram/15 ml	(lactulose)	$0 (Tier 2)	
glycopyrrolate oral tablet 1 mg	(Robinul)	$0 (Tier 2)	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	$0 (Tier 2)	
kionex oral suspension 15 gram/60 ml	(sodium polystyrene sulfonate)	$0 (Tier 2)	
lactulose oral solution 10 gram/15 ml	(Constulose)	$0 (Tier 2)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		$0 (Tier 3)	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		$0 (Tier 3)	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	$0 (Tier 2)	
lubiprostone oral capsule 24 mcg		$0 (Tier 2)	QL (60 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lubiprostone oral capsule 8 mcg	(Amitiza)	$0 (Tier 2)	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml		$0 (Tier 2)	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	$0 (Tier 1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		$0 (Tier 3)	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder 15 gram		$0 (Tier 2)	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	(Kionex)	$0 (Tier 2)	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		$0 (Tier 2)	
TRULANCE ORAL TABLET 3 MG		$0 (Tier 3)	QL (30 per 30 days)
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	$0 (Tier 5)	NDS
ursodiol oral capsule 300 mg		$0 (Tier 2)	
ursodiol oral tablet 250 mg		$0 (Tier 2)	
ursodiol oral tablet 500 mg	(URSO Forte)	$0 (Tier 2)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		$0 (Tier 3)	
XERMELO ORAL TABLET 250 MG		$0 (Tier 5)	PA; NDS; QL (84 per 28 days)
Laxatives			
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	$0 (Tier 2)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	$0 (Tier 2)	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	$0 (Tier 2)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	$0 (Tier 2)	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	$0 (Tier 2)	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		$0 (Tier 2)	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		$0 (Tier 2)	
calcium acetate(phosphat bind) oral tablet 667 mg		$0 (Tier 2)	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	$0 (Tier 2)	
sevelamer carbonate oral tablet 800 mg	(Renvela)	$0 (Tier 2)	
sevelamer hcl oral tablet 400 mg, 800 mg		$0 (Tier 2)	
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		$0 (Tier 2)	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	$0 (Tier 2)	
flavoxate oral tablet 100 mg		$0 (Tier 2)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	$0 (Tier 2)	
oxybutynin chloride oral syrup 5 mg/5 ml		$0 (Tier 2)	
oxybutynin chloride oral tablet 5 mg		$0 (Tier 2)	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		$0 (Tier 2)	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	$0 (Tier 2)	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tolterodine oral tablet 1 mg, 2 mg		$0 (Tier 2)	
trospium oral tablet 20 mg		$0 (Tier 2)	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	$0 (Tier 2)	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	$0 (Tier 2)	
finasteride oral tablet 5 mg	(Proscar)	$0 (Tier 1)	
tamsulosin oral capsule 0.4 mg		$0 (Tier 1)	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		$0 (Tier 1)	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	$0 (Tier 5)	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	$0 (Tier 2)	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	$0 (Tier 5)	PA; NDS
trientine oral capsule 250 mg	(Syprine)	$0 (Tier 5)	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		$0 (Tier 2)	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	$0 (Tier 2)	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		$0 (Tier 2)	PA
testosterone enanthate intramuscular oil 200 mg/ml		$0 (Tier 2)	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	$0 (Tier 2)	PA; QL (300 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	$0 (Tier 2)	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)		$0 (Tier 2)	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(Vogelxo)	$0 (Tier 2)	PA; QL (300 per 30 days)
Estrogens And Antiestrogens			
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	$0 (Tier 1)	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	(Premarin)	$0 (Tier 2)	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	$0 (Tier 2)	QL (8 per 28 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		$0 (Tier 1)	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	$0 (Tier 2)	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	$0 (Tier 2)	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	$0 (Tier 2)	
estradiol vaginal tablet 10 mcg	(Yuvafem)	$0 (Tier 2)	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		$0 (Tier 3)	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		$0 (Tier 3)	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		$0 (Tier 3)	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	$0 (Tier 2)	
yuvafem vaginal tablet 10 mcg	(estradiol)	$0 (Tier 2)	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
dexamethasone oral solution 0.5 mg/5 ml		$0 (Tier 2)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		$0 (Tier 2)	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		$0 (Tier 1)	
fludrocortisone oral tablet 0.1 mg		$0 (Tier 2)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	$0 (Tier 2)	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	$0 (Tier 2)	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	$0 (Tier 2)	
methylprednisolone oral tablet 32 mg		$0 (Tier 2)	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	$0 (Tier 1)	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		$0 (Tier 2)	PA BvD
prednisolone oral solution 15 mg/5 ml		$0 (Tier 2)	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)		$0 (Tier 2)	PA BvD

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prednisone oral solution 5 mg/5 ml	$0 (Tier 2)	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0 (Tier 1)	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	$0 (Tier 2)	
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	$0 (Tier 2)	
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	$0 (Tier 5)	PA; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	$0 (Tier 2)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	$0 (Tier 2)	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	$0 (Tier 2)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	$0 (Tier 5)	PA; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml (Somatuline Depot)	$0 (Tier 5)	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	$0 (Tier 5)	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	$0 (Tier 5)	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	$0 (Tier 5)	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	$0 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	$0 (Tier 5)	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml	$0 (Tier 5)	NDS
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	$0 (Tier 2)	
octreotide acetate injection solution 200 mcg/ml	$0 (Tier 2)	
ORGOVYX ORAL TABLET 120 MG	$0 (Tier 5)	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	$0 (Tier 5)	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	$0 (Tier 5)	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	$0 (Tier 5)	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	$0 (Tier 5)	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	$0 (Tier 5)	PA NSO; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0 (Tier 5)	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	$0 (Tier 3)	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg (norethindrone acetate)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	$0 (Tier 2)	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	$0 (Tier 2)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	$0 (Tier 1)	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	$0 (Tier 2)	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	$0 (Tier 2)	
Thyroid And Antithyroid Agents			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	(Levo-T)	$0 (Tier 1)	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	(liothyronine)	$0 (Tier 2)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Liomny)	$0 (Tier 2)	
methimazole oral tablet 10 mg, 5 mg		$0 (Tier 1)	
propylthiouracil oral tablet 50 mg		$0 (Tier 2)	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		$0 (Tier 5)	PA; NDS
Immunological Agents			
Immunological Agents			
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml	(Yuflyma(CF) Autoinjector)	$0 (Tier 5)	PA; NDS
adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml	(adalimumab-aaty(CF) AI Crohns)	$0 (Tier 5)	PA; NDS
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	(Yuflyma(CF))	$0 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml (adalimumab-aaty)	$0 (Tier 5)	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	$0 (Tier 5)	PA; NDS
azathioprine oral tablet 50 mg (Imuran)	$0 (Tier 2)	PA BvD
azathioprine sodium injection recon soln 100 mg	$0 (Tier 2)	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	$0 (Tier 5)	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	$0 (Tier 5)	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	$0 (Tier 5)	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	$0 (Tier 5)	PA; NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	$0 (Tier 5)	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	$0 (Tier 5)	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (Tier 5)	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (Tier 5)	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	$0 (Tier 5)	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	$0 (Tier 5)	PA; NDS
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	$0 (Tier 2)	PA BvD

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	$0 (Tier 2)	PA BvD
cyclosporine modified oral capsule 50 mg		$0 (Tier 2)	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Neoral)	$0 (Tier 2)	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	$0 (Tier 2)	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	$0 (Tier 5)	PA; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	$0 (Tier 5)	PA; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	$0 (Tier 5)	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	$0 (Tier 5)	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		$0 (Tier 5)	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		$0 (Tier 5)	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		$0 (Tier 5)	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		$0 (Tier 5)	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		$0 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	$0 (Tier 5)	PA; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg (Zortress)	$0 (Tier 2)	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg (Zortress)	$0 (Tier 5)	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	$0 (Tier 5)	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	$0 (Tier 2)	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	$0 (Tier 2)	PA BvD
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	$0 (Tier 5)	PA; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	$0 (Tier 5)	PA; NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	$0 (Tier 5)	PA; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	$0 (Tier 5)	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 5)	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	$0 (Tier 5)	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	$0 (Tier 5)	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 5)	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 5)	PA; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		$0 (Tier 5)	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		$0 (Tier 5)	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		$0 (Tier 5)	PA; NDS
infliximab intravenous recon soln 100 mg	(Remicade)	$0 (Tier 5)	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		$0 (Tier 5)	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	$0 (Tier 2)	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	$0 (Tier 2)	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	$0 (Tier 2)	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	$0 (Tier 5)	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	$0 (Tier 2)	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	$0 (Tier 2)	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML		$0 (Tier 5)	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG		$0 (Tier 5)	PA BvD; NDS
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		$0 (Tier 5)	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		$0 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	$0 (Tier 5)	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	$0 (Tier 5)	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	$0 (Tier 5)	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	$0 (Tier 5)	PA; NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	$0 (Tier 5)	PA; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	$0 (Tier 5)	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)	$0 (Tier 4)	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	$0 (Tier 4)	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	$0 (Tier 4)	ST
REZUROCK ORAL TABLET 200 MG	$0 (Tier 5)	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	$0 (Tier 5)	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	$0 (Tier 5)	PA; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML		$0 (Tier 5)	PA; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		$0 (Tier 3)	PA
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	(ustekinumab-aekn)	$0 (Tier 3)	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	(ustekinumab-aekn)	$0 (Tier 5)	PA; NDS
sirolimus oral solution 1 mg/ml		$0 (Tier 2)	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		$0 (Tier 2)	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML		$0 (Tier 5)	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML		$0 (Tier 5)	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML		$0 (Tier 5)	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		$0 (Tier 5)	PA; NDS
tacrolimus intravenous solution 5 mg/ml	(Prograf)	$0 (Tier 2)	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	$0 (Tier 2)	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg	(Astagraf XL)	$0 (Tier 2)	PA BvD
tacrolimus oral capsule,extended release 24hr 5 mg	(Astagraf XL)	$0 (Tier 5)	PA BvD; NDS
TAVNEOS ORAL CAPSULE 10 MG		$0 (Tier 5)	PA; NDS; QL (180 per 30 days)
tofacitinib oral solution 1 mg/ml	(Xeljanz)	$0 (Tier 5)	PA; NDS
tofacitinib oral tablet 10 mg, 5 mg	(Xeljanz)	$0 (Tier 5)	PA; NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	(Xeljanz XR)	$0 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	$0 (Tier 5)	PA; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	$0 (Tier 5)	PA; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	$0 (Tier 5)	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	$0 (Tier 5)	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	$0 (Tier 5)	PA; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	$0 (Tier 5)	PA; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	$0 (Tier 5)	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	$0 (Tier 5)	PA; NDS
ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml (Otulfi)	$0 (Tier 3)	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	$0 (Tier 5)	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	$0 (Tier 3)	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (Tier 3)	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (Tier 5)	PA; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	$0 (Tier 5)	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	$0 (Tier 5)	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	$0 (Tier 5)	PA; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0 (Tier 3)	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (Tier 3)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (Tier 3)	$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (Tier 3)	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$0 (Tier 3)	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	$0 (Tier 3)	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0 (Tier 3)	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$0 (Tier 3)	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0 (Tier 3)	$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	$0 (Tier 3)	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	$0 (Tier 3)	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0 (Tier 3)	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0 (Tier 3)	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$0 (Tier 3)	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$0 (Tier 3)	$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0 (Tier 3)	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	$0 (Tier 3)	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	$0 (Tier 3)	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$0 (Tier 3)	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (Tier 3)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	$0 (Tier 3)	PA BvD; $0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	$0 (Tier 3)	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0 (Tier 3)	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0 (Tier 3)	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$0 (Tier 3)	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	$0 (Tier 3)	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0 (Tier 3)	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0 (Tier 3)	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0 (Tier 3)	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0 (Tier 3)	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 (Tier 3)	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	$0 (Tier 3)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	$0 (Tier 3)	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0 (Tier 3)	$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	$0 (Tier 3)	$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0 (Tier 3)	$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	$0 (Tier 3)	$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	$0 (Tier 3)	$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0 (Tier 3)	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	$0 (Tier 3)	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	$0 (Tier 3)	$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	$0 (Tier 3)	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0 (Tier 3)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0 (Tier 3)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	$0 (Tier 3)	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	$0 (Tier 3)	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$0 (Tier 3)	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	$0 (Tier 3)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	$0 (Tier 3)	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0 (Tier 3)	$0 copay; QL (2 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 (Tier 3)	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	$0 (Tier 3)	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$0 (Tier 3)	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0 (Tier 3)	$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	$0 (Tier 3)	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	$0 (Tier 3)	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0 (Tier 3)	$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	$0 (Tier 3)	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	$0 (Tier 3)	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	$0 (Tier 3)	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	$0 (Tier 3)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	$0 (Tier 3)	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	$0 (Tier 3)	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	$0 (Tier 3)	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	$0 (Tier 3)	$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	$0 (Tier 3)	$0 copay
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	$0 (Tier 3)	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	$0 (Tier 3)	$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	$0 (Tier 3)	$0 copay
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alosetron oral tablet 0.5 mg	(Lotronex)	$0 (Tier 2)	
alosetron oral tablet 1 mg	(Lotronex)	$0 (Tier 5)	NDS
balsalazide oral capsule 750 mg	(Colazal)	$0 (Tier 2)	
budesonide oral capsule,delayed,extend.release 3 mg		$0 (Tier 2)	
budesonide rectal foam 2 mg/actuation	(Uceris)	$0 (Tier 2)	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	$0 (Tier 2)	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	$0 (Tier 2)	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	$0 (Tier 2)	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	$0 (Tier 2)	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	(Azulfidine)	$0 (Tier 2)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	$0 (Tier 4)	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml		$0 (Tier 2)	QL (300 per 28 days)
alendronate oral tablet 10 mg		$0 (Tier 1)	QL (30 per 30 days)
alendronate oral tablet 35 mg		$0 (Tier 1)	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	$0 (Tier 1)	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		$0 (Tier 2)	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		$0 (Tier 2)	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	$0 (Tier 2)	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	$0 (Tier 2)	QL (120 per 30 days)
ibandronate oral tablet 150 mg		$0 (Tier 2)	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		$0 (Tier 5)	PA; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	$0 (Tier 2)	
paricalcitol oral capsule 4 mcg		$0 (Tier 2)	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		$0 (Tier 5)	NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		$0 (Tier 3)	QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	$0 (Tier 5)	PA; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		$0 (Tier 5)	PA; NDS; QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		$0 (Tier 5)	PA; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		$0 (Tier 3)	
betaine oral powder 1 gram/scoop	(Cystadane)	$0 (Tier 5)	PA; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		$0 (Tier 1)	
diazoxide oral suspension 50 mg/ml	(Proglycem)	$0 (Tier 5)	NDS
glucagon emergency kit (human) injection recon soln 1 mg		$0 (Tier 3)	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	$0 (Tier 5)	PA; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		$0 (Tier 3)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		$0 (Tier 3)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		$0 (Tier 3)	
hydroxyzine pamoate oral capsule 100 mg		$0 (Tier 2)	
hydroxyzine pamoate oral capsule 25 mg, 50 mg		$0 (Tier 1)	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		$0 (Tier 2)	
mesna oral tablet 400 mg	(Mesnex)	$0 (Tier 5)	NDS
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	$0 (Tier 2)	QL (30 per 30 days)
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	$0 (Tier 2)	
THALOMID ORAL CAPSULE 100 MG		$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG		$0 (Tier 5)	PA NSO; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG		$0 (Tier 5)	PA NSO; NDS; QL (224 per 28 days)
TYBOST ORAL TABLET 150 MG		$0 (Tier 3)	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		$0 (Tier 4)	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL		$0 (Tier 5)	PA; NDS; QL (12 per 30 days)
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg		$0 (Tier 2)	
acetazolamide oral tablet 125 mg, 250 mg		$0 (Tier 2)	
acetazolamide sodium injection recon soln 500 mg		$0 (Tier 2)	
betaxolol ophthalmic (eye) drops 0.5 %		$0 (Tier 2)	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	$0 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
brimonidine ophthalmic (eye) drops 0.2 %		$0 (Tier 2)	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	$0 (Tier 2)	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	$0 (Tier 2)	
carteolol ophthalmic (eye) drops 1 %		$0 (Tier 2)	
dorzolamide ophthalmic (eye) drops 2 %		$0 (Tier 2)	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	$0 (Tier 2)	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	$0 (Tier 1)	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		$0 (Tier 2)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	(bimatoprost)	$0 (Tier 3)	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		$0 (Tier 2)	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		$0 (Tier 2)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		$0 (Tier 3)	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		$0 (Tier 3)	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		$0 (Tier 3)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		$0 (Tier 1)	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	$0 (Tier 1)	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	$0 (Tier 2)	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		$0 (Tier 4)	QL (5 per 30 days)

Replacement Preparations

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Replacement Preparations			
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	$0 (Tier 2)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	$0 (Tier 2)	
d5 %-0.45 % sodium chloride intravenous parenteral solution		$0 (Tier 2)	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	$0 (Tier 2)	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	$0 (Tier 2)	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	$0 (Tier 2)	
magnesium sulfate injection solution 500 mg/ml (50 %)		$0 (Tier 4)	
magnesium sulfate injection syringe 500 mg/ml (50 %)		$0 (Tier 2)	
potassium chloride intravenous solution 2 meq/ml		$0 (Tier 2)	
potassium chloride oral capsule, extended release 10 meq, 8 meq		$0 (Tier 2)	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		$0 (Tier 2)	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	$0 (Tier 2)	
potassium chloride oral tablet extended release 15 meq, 20 meq		$0 (Tier 2)	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	$0 (Tier 2)	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	$0 (Tier 2)	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	$0 (Tier 2)	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	$0 (Tier 2)	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	$0 (Tier 2)	
potassium citrate oral tablet extended release 5 meq (540 mg)		$0 (Tier 2)	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		$0 (Tier 2)	
sodium chloride 0.9 % intravenous parenteral solution		$0 (Tier 2)	
sodium chloride 0.9% solution mini-bag, single use		$0 (Tier 2)	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	$0 (Tier 3)	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	$0 (Tier 3)	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	$0 (Tier 3)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		$0 (Tier 3)	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	$0 (Tier 2)	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	$0 (Tier 2)	PA BvD; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	$0 (Tier 2)	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		$0 (Tier 2)	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		$0 (Tier 2)	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		$0 (Tier 2)	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	$0 (Tier 2)	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	$0 (Tier 2)	QL (60 per 30 days)
Antileukotrienes			
montelukast oral tablet 10 mg	(Singulair)	$0 (Tier 1)	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	$0 (Tier 2)	
zafirlukast oral tablet 10 mg, 20 mg		$0 (Tier 2)	
Bronchodilators			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		$0 (Tier 3)	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	$0 (Tier 2)	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		$0 (Tier 2)	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		$0 (Tier 2)	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		$0 (Tier 2)	PA BvD

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	$0 (Tier 3)	QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION		$0 (Tier 3)	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		$0 (Tier 3)	QL (8 per 30 days)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	(Atrovent HFA)	$0 (Tier 2)	QL (25.8 per 28 days)
ipratropium bromide inhalation solution 0.02 %		$0 (Tier 2)	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		$0 (Tier 2)	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		$0 (Tier 3)	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION		$0 (Tier 3)	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		$0 (Tier 3)	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		$0 (Tier 3)	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		$0 (Tier 3)	QL (4 per 28 days)
theophylline oral solution 80 mg/15 ml		$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	$0 (Tier 2)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	$0 (Tier 2)	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg (Spiriva with HandiHaler)	$0 (Tier 2)	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	$0 (Tier 3)	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	$0 (Tier 2)	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	$0 (Tier 5)	NDS; QL (560 per 28 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	$0 (Tier 2)	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	$0 (Tier 5)	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	$0 (Tier 5)	PA; NDS; QL (1 per 28 days)
JASCAYD ORAL TABLET 18 MG, 9 MG	$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	$0 (Tier 5)	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	$0 (Tier 5)	PA; NDS; QL (56 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nintedanib oral capsule 100 mg, 150 mg (Ofev)	$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	$0 (Tier 5)	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	$0 (Tier 5)	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	$0 (Tier 5)	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	$0 (Tier 5)	PA; LA; NDS; QL (0.4 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	$0 (Tier 5)	PA; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	$0 (Tier 5)	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg (Esbriet)	$0 (Tier 5)	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg	$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg (Esbriet)	$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	$0 (Tier 5)	PA BvD; NDS
roflumilast oral tablet 250 mcg (Daliresp)	$0 (Tier 2)	QL (28 per 28 days)
roflumilast oral tablet 500 mcg (Daliresp)	$0 (Tier 2)	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	$0 (Tier 5)	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	$0 (Tier 5)	PA; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	$0 (Tier 5)	PA; NDS; QL (1 per 21 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		$0 (Tier 5)	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG		$0 (Tier 5)	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		$0 (Tier 5)	PA; NDS
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg, 5 mg		$0 (Tier 2)	
cyclobenzaprine oral tablet 10 mg, 5 mg		$0 (Tier 1)	
dantrolene oral capsule 100 mg, 50 mg		$0 (Tier 2)	
dantrolene oral capsule 25 mg	(Dantrium)	$0 (Tier 2)	
methocarbamol oral tablet 500 mg, 750 mg		$0 (Tier 2)	
tizanidine oral tablet 2 mg		$0 (Tier 2)	
tizanidine oral tablet 4 mg	(Zanaflex)	$0 (Tier 2)	
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	$0 (Tier 2)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		$0 (Tier 3)	QL (30 per 30 days)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	$0 (Tier 2)	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	$0 (Tier 2)	QL (30 per 30 days)
modafinil oral tablet 100 mg	(Provigil)	$0 (Tier 2)	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	$0 (Tier 2)	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	$0 (Tier 5)	PA; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		$0 (Tier 2)	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	$0 (Tier 1)	QL (30 per 30 days)
Vasodilating Agents			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	$0 (Tier 2)	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	$0 (Tier 5)	PA; LA; NDS; QL (60 per 30 days)
macitentan oral tablet 10 mg	(Opsumit)	$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	$0 (Tier 2)	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		$0 (Tier 2)	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg	(Cialis)	$0 (Tier 2)	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 100 MCG		$0 (Tier 5)	PA; NDS; QL (480 per 30 days)
UPTRAVI ORAL TABLET 150 MCG		$0 (Tier 5)	PA; NDS; QL (300 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		$0 (Tier 5)	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		$0 (Tier 5)	PA; NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG		$0 (Tier 5)	PA; NDS
Vitamins And Minerals			
Vitamins And Minerals			

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bal-care dha combo pack 27-1-430 mg		$0 (Tier 1)	
bal-care dha essential pack 27 mg iron-1 mg -374 mg		$0 (Tier 1)	
c-nate dha softgel 28 mg iron-1 mg -200 mg		$0 (Tier 1)	
completenate tablet chew 29 mg iron-1 mg		$0 (Tier 1)	
folivane-ob capsule 85-1 mg		$0 (Tier 1)	
kosher prenatal plus iron tab 30 mg iron- 1 mg		$0 (Tier 1)	
marnatal-f capsule 60 mg iron-1 mg		$0 (Tier 1)	
m-natal plus tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	$0 (Tier 1)	
mynatal advance oral tablet 90-1-50 mg		$0 (Tier 1)	
mynatal capsule 65 mg iron- 1 mg		$0 (Tier 1)	
mynatal oral tablet 90-1-50 mg		$0 (Tier 1)	
mynatal plus captab 65 mg iron- 1 mg		$0 (Tier 1)	
mynatal-z captab 65 mg iron- 1 mg		$0 (Tier 1)	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg		$0 (Tier 1)	
newgen tablet 32-1,000 mg-mcg		$0 (Tier 1)	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe		$0 (Tier 1)	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg		$0 (Tier 1)	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	$0 (Tier 1)	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg		$0 (Tier 1)	
pnv-omega softgel 28-1-300 mg		$0 (Tier 1)	
pr natal 400 combo pack 29-1-400 mg		$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pr natal 400 ec combo pack 29-1-400 mg		$0 (Tier 1)	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg		$0 (Tier 1)	
pr natal 430 ec combo pack 29-1-430 mg		$0 (Tier 1)	
prenaissance oral capsule 29-1.25-55-325 mg		$0 (Tier 1)	
prenaissance plus oral capsule 28-1-50-250 mg		$0 (Tier 1)	
prenatabs fa tablet 29-1 mg		$0 (Tier 1)	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		$0 (Tier 1)	
prenatal 19 chewable tablet 29 mg iron- 1 mg		$0 (Tier 1)	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	$0 (Tier 1)	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	$0 (Tier 1)	
prenatal-u capsule 106.5-1 mg		$0 (Tier 1)	
r-natal ob softgel 20 mg iron- 1 mg-320 mg		$0 (Tier 1)	
select-ob chewable caplet 29 mg iron- 1 mg		$0 (Tier 1)	
select-ob chewable caplet 29 mg iron- 1 mg		$0 (Tier 1)	
se-natal 19 chewable tablet 29 mg iron- 1 mg		$0 (Tier 1)	
taron-c dha capsule 35-1-200 mg		$0 (Tier 1)	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg		$0 (Tier 1)	
vitafol gummies 3.33 mg iron- 0.33 mg		$0 (Tier 1)	
vitafol-ob+dha combo pack 65-1-250 mg		$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	$0 (Tier 1)	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	$0 (Tier 1)	
zatean-pn plus softgel 28-1-300 mg	$0 (Tier 1)	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to the introduction pages of this document.

D.Chỉ Mục Thuốc Được Đài Thọ

Trong phần này, quý vị có thể tìm thấy một loại thuốc bằng cách tìm kiếm tên theo thứ tự bảng chữ cái. Điều này sẽ cho quý vị biết số trang mà quý vị có thể tìm thấy thông tin đài thọ bổ sung cho thuốc của mình.

INDEX

1

1ST TIER UNIFINE PENTIPS 130
1ST TIER UNIFINE PENTIPS PLUS 131

A

abacavir 93
abacavir-lamivudine 93
ABELCET 77
abigale 189
abigale lo 189
ABILIFY ASIMTUFII 85
ABILIFY MAINTENA 86
abiraterone 41
abiraterone, submicronized ... 41
abirtega 41
ABRYSVO (PF) 201
acamprosate 31
acarbose 71
acebutolol 106
acetaminophen-codeine 27
acetazolamide 209
acetazolamide sodium 209
acetic acid 180
acetylcysteine 215
acitretin 126
ACTHIB (PF) 201
ACTIMMUNE 208
acyclovir 99, 126
acyclovir sodium 99
ADACEL(TDAP ADOLESN/ADULT)(PF) 201
adalimumab-aaty 193
adalimumab-aaty(cf) ai crohns 194
adapalene 130
adefovir 99
ADEMPAS 218
adrucil 41
ADVAIR HFA 212
ADVOCATE PEN NEEDLE 131
ADVOCATE SYRINGES ... 131
afirmelle 117
AIMOVIG AUTOINJECTOR 80
AIRSUPRA 213
AKEEGA 41
ala-cort 128
albendazole 83
albuterol sulfate 213
ALCOHOL PADS 131
ALCOHOL PREP PADS 153
ALCOHOL SWABS 149
ALCOHOL WIPES 160
ALECENSA 41
alendronate 207
alfuzosin 188
aliskiren 113
allopurinol 79
alosetron 207
alprazolam 32
altavera (28) 117
ALTRENO 130
ALUNBRIG 41
ALVAIZ 101
alyacen 1/35 (28) 117
alyacen 7/7/7 (28) 117
ALYFTREK 215
alyq 218
amantadine hcl 84
amethyst (28) 117
amikacin 33
amiloride 110
amiloride-hydrochlorothiazide 110
amiodarone 106
amitriptyline 68
amlodipine 109
amlodipine-atorvastatin 111
amlodipine-benazepril 109
amlodipine-olmesartan 109
amlodipine-valsartan 109
amlodipine-valsartan-hcthiazid 110
ammonium lactate 126
amoxapine 68
amoxicil-clarithromy-lansopraz 184
amoxicillin 37, 38
amoxicillin-pot clavulanate 38
amphotericin b 77
amphotericin b liposome 77
ampicillin 38
ampicillin sodium 38
ampicillin-sulbactam 38
anagrelide 102
anastrozole 41
ANKTIVA 41
ANORO ELLIPTA 214
aprepitant 82
apri 117
APTIVUS 93
AQINJECT PEN NEEDLE 131
ARCALYST 194
AREXVY (PF) 201
ARIKAYCE 33
aripiprazole 86
ARISTADA 86
ARISTADA INITIO 86
armodafinil 217

ARNUITY ELLIPTA..... 212
asenapine maleate..... 86
aspirin-dipyridamole..... 102
ASSURE ID DUO PRO SFTY PEN NDL 132
ASSURE ID DUO-SHIELD 132
ASSURE ID INSULIN SAFETY..... 132
ASSURE ID PEN NEEDLE 132
ASSURE ID PRO PEN NEEDLE..... 132
atazanavir..... 93
atenolol..... 106
atenolol-chlorthalidone..... 106
atomoxetine..... 114
atorvastatin..... 111
atovaquone 83
atovaquone-proguanil..... 83
atropine 180
ATTRUBY 108
aubra eq..... 117
AUGTYRO..... 41
aurovela 1.5/30 (21)..... 118
aurovela 1/20 (21)..... 118
aurovela 24 fe 118
aurovela fe 1.5/30 (28)..... 118
aurovela fe 1-20 (28)..... 118
AUSTEDO 114
AUSTEDO XR 114
AUSTEDO XR TITRATION KT(WK1-4) 114
AUTOKEEPER SAFETY PEN NEEDLE..... 132
AUVELITY..... 68
aviane 118
AVMAPKI 42
AVMAPKI-FAKZYNJA 42
AVONEX..... 114
AXTLE..... 42
ayuna..... 118
AYVAKIT..... 42
azacitidine..... 42
azathioprine.....194
azathioprine sodium.....194
azelastine.....180
azithromycin 36, 37
aztreonam.....37
azurette (28) 118
B
bacitracin 181
bacitracin-polymyxin b 181
baclofen.....217
bal-care dha 219
bal-care dha essential.....219
balsalazide.....207
BALVERSA.....42
BAQSIMI.....208
BCG VACCINE, LIVE (PF)201
BD ALCOHOL SWABS 133
BD AUTOSHIELD DUO PEN NEEDLE 132
BD ECLIPSE LUER-LOK ..132
BD INSULIN SYRINGE.....132
BD INSULIN SYRINGE (HALF UNIT).....132
BD INSULIN SYRINGE ULTRA-FINE.....132
BD SAFETYGLIDE INSULIN SYRINGE.....133
BD SAFETYGLIDE SYRINGE 133
BD ULTRA-FINE MICRO PEN NEEDLE 133
BD ULTRA-FINE MINI PEN NEEDLE 133
BD ULTRA-FINE NANO PEN NEEDLE 133
BD ULTRA-FINE ORIG PEN NEEDLE 133
BD ULTRA-FINE SHORT PEN NEEDLE 133
BD VEO INSULIN SYR (HALF UNIT).....134
BD VEO INSULIN SYRINGE UF 134
BELSOMRA 217
benazepril.....105
benazepril-hydrochlorothiazide 105
bendamustine.....42
BENDAMUSTINE.....42
BENDEKA.....42
BENLYSTA.....194
benztropine.....84
BESREMI 194
BESREMI PEN 42
betaine.....208
betamethasone dipropionate 128
betamethasone valerate 128
betamethasone, augmented ..128
BETASERON 114
betaxolol.....209
bethanechol chloride 187
bexarotene.....42
BEXSERO 201
bicalutamide.....42
BICILLIN L-A 38
BIKTARVY 93
bisoprolol fumarate 107
bisoprolol-hydrochlorothiazide 107
BIZENGRI.....42
bleomycin 42
blisovi 24 fe 118
blisovi fe 1.5/30 (28).....118
blisovi fe 1/20 (28).....118
BOOSTRIX TDAP.....201
BORDERED GAUZE 134
bortezomib.....42, 43
BORUZU 43
bosentan 218
BOSULIF 43
bosutinib.....43
BRAFTOVI.....43
BREO ELLIPTA 212

breyna 212
BREZTRI AEROSPHERE.. 214
brimonidine 209, 210
brimonidine-timolol 210
brinzolamide 210
brivaracetam 61
BRIVIACT 61
bromfenac 183
bromocriptine 84
BRONCHITOL..... 215
BRUKINSA..... 43
budesonide 207, 212
budesonide-formoterol 213
bumetanide 110
buprenorphine..... 27
buprenorphine hcl..... 31
buprenorphine-naloxone 31
bupropion hcl..... 68
bupropion hcl (smoking deter) 31
buspirone 208
butalbital-acetaminop-caf-cod 27
*butalbital-acetaminophen-caff*27
BYSANTI..... 86
BYSANTI TITRATION PACK A..... 87
BYSANTI TITRATION PACK B..... 87
BYSANTI TITRATION PACK C..... 87

C

CABENUVA..... 93
cabergoline..... 84
CABOMETYX..... 43
cabotegravir..... 93
calcipotriene 126
calcitonin (salmon) 207
calcitriol 207
calcium acetate(phosphat bind) 187
CALQUENCE (ACALABRUTINIB MAL) 43
CAMCEVI (6 MONTH).....43
camila.....118
CAMZYOS 108
candesartan 104
candesartan-hydrochlorothiazid 104
CAPLYTA 87
CAPRELSA 43
captopril 105
carbamazepine.....61, 62
carbidopa-levodopa 84, 85
CAREFINE PEN NEEDLE .134
CARETOUCH ALCOHOL PREP PAD 134
CARETOUCH INSULIN SYRINGE.....135
CARETOUCH PEN NEEDLE 134, 135
carglumic acid.....185
carteolol 210
cartia xt 107
carvedilol.....107
CAYSTON.....37
cefaclor.....35
cefadroxil.....35
cefazolin 35
cefdinir 35
cefepime 35
cefixime 35, 36
cefoxitin.....36
cefpodoxime.....36
cefprozil.....36
ceftaroline fosamil 36
ceftazidime.....36
ceftriaxone.....36
cefuroxime axetil.....36
cefuroxime sodium 36
celecoxib.....29
cephalexin 36
cevimeline.....126
chateal eq (28).....118
chlordiazepoxide hcl.....32
chlorhexidine gluconate.....126
chloroquine phosphate.....83
chlorpromazine.....87
chlorthalidone 110
cholestyramine (with sugar).111
cholestyramine light 111
ciclopirox 77
cilostazol 102
CIMDUO 93
cimetidine hcl 184
CIMZIA 194
CIMZIA POWDER FOR RECONST.....194
CIMZIA STARTER KIT.....194
cinacalcet 207
ciprofloxacin hcl.....39, 181
ciprofloxacin in 5 % dextrose.39
ciprofloxacin-dexamethasone 181
citalopram 68
cladribine(multiple sclerosis) 115
clarithromycin 37
CLICKFINE PEN NEEDLE 135
clindamycin hcl.....34
clindamycin phosphate ...34, 80, 127
clindamycin-benzoyl peroxide 127
CLINIMIX 6%-D5W (SULFITE-FREE).....103
CLINIMIX 8%-D10W(SULFITE-FREE) .103
CLINIMIX 8%-D14W(SULFITE-FREE) .103
CLINIMIX E 8%-D10W SULFITEFREE 103
CLINIMIX E 8%-D14W SULFITEFREE 103

clobazam 62
clobetasol 128
clobetasol-emollient 128
clomipramine 68
clonazepam 32
clonidine 103
clonidine hcl 103
clopidogrel 102
clorazepate dipotassium 32
clotrimazole 78
clotrimazole-betamethasone .. 78
clozapine 87
c-nate dha 219
COARTEM 83
COBENFY 87
COBENFY STARTER PACK 87
colchicine 80
colesevelam 111
colestipol 111
colistin (colistimethate na) 34
COMBIVENT RESPIMAT. 214
COMETRIQ 44
COMFORT EZ INSULIN SYRINGE 135, 136, 137
COMFORT EZ PEN NEEDLES 136, 137
COMFORT EZ PLUS PEN NEEDLE 137
COMFORT EZ PRO SAFETY PEN NDL 137
COMFORT TOUCH PEN NEEDLE 138
completenate 219
compro 82
conjugated estrogens 189
constulose 185
COPIKTRA 44
CORLANOR 108
CORTROPHIN GEL 191
COSENTYX 194
COSENTYX (2 SYRINGES) 194
COSENTYX PEN (2 PENS) 194
COSENTYX UNOREADY PEN 194
COTELLIC 44
CREON 179
CRESEMBA 78
cromolyn 180, 185, 215
cryselle (28) 118
CURITY ALCOHOL SWABS 138
CURITY GAUZE 138
cyclobenzaprine 217
cyclophosphamide 44
cyclosporine 183, 194, 195
cyclosporine modified 195
CYLTEZO(CF) 195
CYLTEZO(CF) PEN 195
CYLTEZO(CF) PEN CROHN'S-UC-HS 195
CYLTEZO(CF) PEN PSORIASIS-UV 195
cyred eq 118

D

d5 % (d-glucose)-0.9 % sodchlr 211
d5 % and 0.9 % sodium chloride 211
d5 %-0.45 % sodium chloride 211
dabigatran etexilate 100
dalfampridine 115
danazol 188
dantrolene 217
DANYELZA 44
DANZITEN 44
dapagliflozin 71
dapagliflozin-metformin 71
dapsone 82
DAPTACEL (DTAP PEDIATRIC) (PF) 202
daptomycin 34
darunavir 93
dasatinib 44
dasetta 1/35 (28) 118
dasetta 7/7/7 (28) 118
DATROWAY 44
DAURISMO 44
deblitane 118
decitabine 44
deferasirox 188
DELSTRIGO 93
demeclocycline 40
DENGVAXIA (PF) 202
denta 5000 plus 126
dentagel 126
DEPO-SUBQ PROVERA 104 192
DERMACEA 138
DERMACEA NON-WOVEN 138
dermacinrx lidocan 30
DESCOVY 94
desipramine 68
desmopressin 191
desog-e.estradiol/e.estradiol 119
desvenlafaxine succinate 68
dexamethasone 190
dexamethasone sodium phosphate 183, 190
dextroamphetamine-amphetamine 115
dextrose 5 % in water (d5w) 103
DIACOMIT 62
diazepam 33, 62
diazepam intensol 33
diazoxide 208
diclofenac epolamine 29
diclofenac potassium 29
diclofenac sodium 29, 30, 183
diclofenac-misoprostol 30
dicloxacillin 38
dicyclomine 185

didanosine 94
difluprednate 183
digoxin 108
dihydroergotamine 80
DILANTIN 62
diltiazem hcl 108
dilt-xr 108
dimethyl fumarate 115
diphenoxylate-atropine 185
dipyridamole 102
disulfiram 31
divalproex 62
dofetilide 106
dolishale 119
donepezil 67
dorzolamide 210
dorzolamide-timolol 210
dotti 189
DOVATO 94
doxazosin 103
doxepin 68, 69, 217
doxorubicin, peg-liposomal ... 45
doxy-100 40
doxycycline hyclate 40
doxycycline monohydrate 40
DRIZALMA SPRINKLE 69
dronabinol 82
DROPLET INSULIN SYR(HALF UNIT) .138, 139, 140
DROPLET INSULIN SYRINGE 139, 140, 141
DROPLET MICRON PEN NEEDLE 141
DROPLET PEN NEEDLE .. 141
DROPSAFE ALCOHOL PREP PADS 141
DROPSAFE INSULIN SYRINGE 141, 142
DROPSAFE PEN NEEDLE 142
droxidopa 103
duloxetine 69
DUPIXENT PEN 195
DUPIXENT SYRINGE 195
dutasteride 188

E

EASY COMFORT ALCOHOL PAD 143
EASY COMFORT INSULIN SYRINGE 142, 143
EASY COMFORT PEN NEEDLES 143
EASY COMFORT SAFETY PEN NEEDLE 142
EASY GLIDE INSULIN SYRINGE 144
EASY GLIDE PEN NEEDLE 144
EASY TOUCH 146, 147
EASY TOUCH ALCOHOL PREP PADS 145
EASY TOUCH AUTORETRACT SYRINGE 145
EASY TOUCH FLIPLOCK INSULIN 146
EASY TOUCH FLIPLOCK SYRINGE 145
EASY TOUCH INS SYR (HALF UNIT) 144
EASY TOUCH INSULIN SAFETY SYR 144, 145
EASY TOUCH INSULIN SYRINGE.144, 145, 146, 147
EASY TOUCH LUER LOCK INSULIN 146
EASY TOUCH PEN NEEDLE 146
EASY TOUCH SAFETY PEN NEEDLE 147, 148
EASY TOUCH SHEATHLOCK INSULIN 145, 146
EASY TOUCH UNI-SLIP ... 147
EASYLIFE ALCOHOL PADS 147
EASYLIFE INSULIN PEN NEEDLE 147, 148
EASYLIFE INSULIN SYRINGE 148
EASYLIFE SAFETY PEN NEEDLE 148
econazole nitrate 78
EDURANT PED 94
efavirenz 94
efavirenz-emtricitabin-tenofov 94
efavirenz-lamivu-tenofov disop 94
ELAHERE 45
ELEPSIA XR 62
ELIGARD 45
ELIGARD (3 MONTH) 45
ELIGARD (4 MONTH) 45
ELIGARD (6 MONTH) 45
elinest 119
ELIQUIS 100
ELIQUIS DVT-PE TREAT 30D START 100
ELIQUIS SPRINKLE 100
ELREXFIO 45
eltrombopag olamine 101
eluryng 119
EMBRACE PEN NEEDLE 148, 149
EMCYT 45
EMGALITY PEN 80
EMGALITY SYRINGE 81
EMRELIS 45
EMSAM 69
emtricitabine 94
emtricitabine-tenofovir (tdf) ... 94
emtricita-rilpivirine-tenof df .. 94
EMTRIVA 94
emzahh 119
enalapril maleate 105

enalapril-hydrochlorothiazide 105
ENBREL 195
ENBREL MINI..... 195
ENBREL SURECLICK 196
endocet 27
ENGERIX-B (PF)..... 202
ENGERIX-B PEDIATRIC (PF) 202
enilloring 119
enoxaparin 100
enpresse 119
ENSACOVE..... 45
enskyce 119
entacapone..... 85
entecavir 99
ENTRESTO..... 104
ENTRESTO SPRINKLE 104
enulose..... 185
EPCLUSA 98
EPIDIOLEX 62
epinastine..... 180
epinephrine 109
epitol..... 63
EPKINLY 45
eplerenone 113
ERBITUX..... 45
ergoloid 67
ERIVEDGE 45
ERLEADA 45, 46
erlotinib 46
errin..... 119
ertapenem 37
erythromycin.....37, 181
erythromycin ethylsuccinate.. 37
erythromycin with ethanol... 127
ERZOFRI 87, 88
escitalopram oxalate 69
eslicarbazepine 63
esomeprazole magnesium.... 184
estarylla 119
estradiol..... 189
estradiol-norethindrone acet 189
eszopiclone 217
ethambutol.....82
ethosuximide.....63
ethynodiol diac-eth estradiol 119
etodolac.....30
etonogestrel-ethinyl estradiol 119
ETOPOPHOS.....46
etoposide 46
etravirine 94
EUCRISA.....129
EULEXIN 46
everolimus (antineoplastic) 46
everolimus (immunosuppressive) 196
EVOTAZ.....94
EXEL INSULIN.....149
exemestane 46
EXTENCILLINE.....39
EXXUA.....69
EYSUVIS.....183
ezetimibe.....111
ezetimibe-simvastatin.....112
F
FAKZYNJA 46
falmina (28).....119
famciclovir.....99
famotidine.....184
FANAPT 88
FANAPT TITRATION PACK A.....88
FANAPT TITRATION PACK B.....88
FANAPT TITRATION PACK C.....88
FASENRA.....215
FASENRA PEN 215
febuxostat 80
feirza 119
felbamate.....63
felodipine.....110
fenofibrate 112
fenofibrate micronized 112
fenofibrate nanocrystallized.112
fentanyl.....28
fentanyl citrate.....27, 28
fesoterodine 187
FETZIMA 69
FIASP FLEXTOUCH U-100 INSULIN.....74
FIASP PENFILL U-100 INSULIN.....74
FIASP PUMPCART.....74
FIASP U-100 INSULIN 74
fidaxomicin.....37
finasteride.....188
fingolimod 115
FINTEPLA.....63
FIRMAGON KIT W DILUENT SYRINGE 46
flavoxate.....187
flecainide.....106
floxuridine 46
fluconazole 78
fluconazole in nacl (iso-osm) .78
flucytosine 78
fludrocortisone 190
flunisolide.....183
fluocinolone.....129
fluocinolone acetonide oil....183
fluocinonide.....129
fluoride (sodium) 126
fluorometholone.....183
fluorouracil 47, 127
fluoxetine.....69, 70
fluphenazine decanoate.....88
fluphenazine hcl.....88
flurbiprofen 30
flurbiprofen sodium 183
fluticasone propionate 129, 183, 213
fluticasone propion-salmeterol 213

fluvastatin 112
fluvoxamine 70
folivane-ob 219
fondaparinux 100
fosamprenavir 94
fosfomycin tromethamine 34
fosinopril 105
fosinopril-hydrochlorothiazide 105
fosphenytoin 63
FOTIVDA 47
FRUZAQLA 47
fulvestrant 47
furosemide 110
FUZEON 94
FYARRO 47
G
gabapentin 63
galantamine 67
gallifrey 192
GAMUNEX-C 196
GARDASIL 9 (PF) 202
GAUZE BANDAGE 160
GAUZE PAD 149
gavilyte-c 186
gavilyte-g 186
gavilyte-n 186
GAVRETO 47
gefitinib 47
gemfibrozil 112
generlac 185
gengraf 196
gentamicin 33, 127, 181
gentamicin sulfate (ped) (pf) 34
GENVOYA 94
GILOTRIF 47
glatiramer 115
glatopa 115
glimepiride 77
glipizide 77
glipizide-metformin 77
glucagon emergency kit (human) 208
glutamine (sickle cell) 208
glyburide 77
glyburide micronized 77
glyburide-metformin 77
glycopyrrolate 185
glydo 31
GLYXAMBI 71
GOMEKLI 47
griseofulvin microsize 78
griseofulvin ultramicrosize 78
guanfacine 103, 116
GVOKE 209
GVOKE HYPOPEN 2-PACK 208
GVOKE PFS 1-PACK SYRINGE 208
H
HADLIMA 196
HADLIMA PUSHTOUCH 196
HADLIMA(CF) 196
HADLIMA(CF) PUSHTOUCH 196
HAEGARDA 101
hailey 24 fe 119
hailey fe 1.5/30 (28) 119
hailey fe 1/20 (28) 120
halobetasol propionate 129
haloette 120
haloperidol 89
haloperidol decanoate 88
haloperidol lactate 88, 89
HARVONI 98, 99
HAVRIX (PF) 202
HEALTHWISE INSULIN SYRINGE 149, 150
HEALTHWISE PEN NEEDLE 150
HEALTHY ACCENTS UNIFINE PENTIP 150
heather 120
heparin (porcine) 100
HEPLISAV-B (PF) 202
HERCEPTIN HYLECTA 47
HERNEXEOS 47
HIBERIX (PF) 202
HUMIRA 196
HUMIRA PEN 196
HUMIRA(CF) 197
HUMIRA(CF) PEDI CROHNS STARTER 196
HUMIRA(CF) PEN 197
HUMIRA(CF) PEN CROHNS-UC-HS 196
HUMIRA(CF) PEN PEDIATRIC UC 196
HUMIRA(CF) PEN PSOR-UV-ADOL HS 197
HUMULIN R U-500 (CONC) INSULIN 74
HUMULIN R U-500 (CONC) KWIKPEN 74
hydralazine 109
hydrochlorothiazide 110
hydrocodone-acetaminophen 28
hydrocortisone 129, 190, 207
hydrocortisone valerate 129
hydrocortisone-acetic acid 181
hydromorphone 28
hydroxychloroquine 83, 84
hydroxyurea 47
hydroxyzine hcl 80
hydroxyzine pamoate 209
HYRNUO 47
I
ibandronate 207
IBRANCE 47, 48
IBTROZI 48
ibu 30
ibuprofen 30
icatibant 109
iclevia 120
ICLUSIG 48

icosapent ethyl 112
IDHIFA 48
IDVYNSO 94
ifosfamide 48
ILEVRO 183
imatinib 48
IMBRUVICA 48
IMDELLTRA 48
imipenem-cilastatin 37
imipramine hcl 70
imiquimod 127
IMJUDO 48
IMKELDI 48
IMOVAX RABIES VACCINE (PF) 202
IMPAVIDO 84
incassia 120
INCONTROL ALCOHOL PADS 150
INCONTROL PEN NEEDLE 150
INCRELEX 191
indapamide 110
indomethacin 30
INFANRIX (DTAP) (PF) 203
infliximab 197
INGREZZA 116
INGREZZA INITIATION PK(TARDIV) 116
INGREZZA SPRINKLE 116
INLEXZO 48
INLURIYO 48
INLYTA 48, 49
INPEN (FOR HUMALOG) BLUE 151
INPEN (FOR HUMALOG) GREY 151
INPEN (FOR HUMALOG) PINK 151
INPEN (NOVOLOG OR FIASP) BLUE 151
INPEN (NOVOLOG OR FIASP) GREY 151
INPEN (NOVOLOG OR FIASP) PINK 151
INQOVI 49
INREBIC 49
insulin asp prt-insulin aspart 74, 75
insulin aspart u-100 75
insulin glargine-yfgn 75
insulin lispro 75
INSULIN SYR/NDL U100 HALF MARK 151
INSULIN SYRINGE MICROFINE 133
INSULIN SYRINGE-NEEDLE U-100 ..... 149, 151, 152, 160, 161, 165
INSULIN U-500 SYRINGE-NEEDLE 153
INSUPEN PEN NEEDLE 153
INTELENCE 95
introvale 120
INVEGA HAFYERA 89
INVEGA SUSTENNA 89
INVEGA TRINZA 89
INVELTYS 183
IPOL 203
ipratropium bromide 180, 214
ipratropium-albuterol 214
irbesartan 104
irbesartan-hydrochlorothiazide 104
ISENTRESS 95
ISENTRESS HD 95
isibloom 120
isoniazid 82
isosorbide dinitrate 113
isosorbide mononitrate 113
ITOVEBI 49
itraconazole 78
IV PREP WIPES 153
ivabradine 109
ivermectin 84
IWILFIN 49
IXIARO (PF) 203

J

JAKAFI 49
JAKAFI XR 49
jantoven 100
JANUMET XR 71, 72
JARDIANCE 72
JASCAYD 215
javygtor 179
JAYPIRCA 49
JEMPERLI 49
jencycla 120
JENTADUETO 72
JENTADUETO XR 72
jolessa 120
juleber 120
JULUCA 95
junel 1.5/30 (21) 120
junel 1/20 (21) 120
junel fe 1.5/30 (28) 120
junel fe 1/20 (28) 120
junel fe 24 120
JYLAMVO 49
JYNARQUE 110
JYNNEOS (PF) 203

K

KALETRA 95
KALYDECO 215
kariva (28) 120
kelnor 1/35 (28) 120
kelnor 1/50 (28) 120
KERENDIA 113
KESIMPTA PEN 116
ketoconazole 78
ketorolac 30, 183
KEYTRUDA 49
KEYTRUDA QLEX 49
KIMMTRAK 49
KINERET 197

KINRIX (PF) 203
kionex 185
KISQALI 49, 50
KISQALI FEMARA CO-PACK 50
KLISYRI (250 MG)..... 127
klor-con m10..... 211
klor-con m15..... 211
klor-con m20..... 211
KLOXXADO..... 32
KOMZIFTI..... 50
KOSELUGO..... 50
kosher prenatal plus iron 219
KRAZATI..... 50
kurvelo (28) 121
KYLEENA 121
L
labetalol..... 107
lacosamide..... 63
lactulose..... 185
lamivudine 95
lamivudine-zidovudine 95
lamotrigine 63
lanreotide..... 191
lansoprazole..... 184
LANTUS SOLOSTAR U-100 INSULIN 75
LANTUS U-100 INSULIN ... 75
lapatinib 50
larin 1.5/30 (21)..... 121
larin 1/20 (21)..... 121
larin 24 fe 121
larin fe 1.5/30 (28) 121
larin fe 1/20 (28)..... 121
latanoprost..... 210
LAZCLUZE..... 50
leflunomide 197
lenalidomide 50
LENTOCILIN S (WITH LIDOCAINE) 39
LENVIMA..... 51
lessina..... 121
letrozole.....51
leucovorin calcium.....209
LEUKERAN 51
leuprolide 51
leuprolide acetate (3 month) ..51
levetiracetam 63, 64
levobunolol.....210
levocetirizine 80
levofloxacin 39
levofloxacin in d5w.....39
levonest (28) 121
levonorgest-eth.estradiol-iron 121
*levonorgestrel-ethinyl estrad*121
*levonorg-eth estrad triphasic*121
levora-28 121
levothyroxine 193
LEXIVA.....95
LIBERVANT 64
lidocaine.....31
lidocaine hcl 31
lidocaine-prilocaine.....31
lidocan iii 31
LIFYORLI.....51
LILETTA 122
linezolid.....34
linezolid in dextrose 5%.....34
LINZESS.....185
liomny.....193
liothyronine 193
LISCO 153
lisinopril 105
lisinopril-hydrochlorothiazide 105
LITE TOUCH INSULIN PEN NEEDLES 153
LITE TOUCH INSULIN SYRINGE.....153, 154
lithium carbonate.....116
lithium citrate 116
LIVTENCITY 98
LOKELMA 185
lomustine 51
LONSURF 51
loperamide 185
lopinavir-ritonavir.....95
LOQTORZI.....51
lorazepam.....33
lorazepam intensol.....33
LORBRENA 51
losartan 104
losartan-hydrochlorothiazide 104
LOTEMAX 183
LOTEMAX SM.....183
loteprednol etabonate 184
lovastatin.....112
low-ogestrel (28) 122
loxapine succinate 90
lubiprostone..... 185, 186
luizza 122
LUMAKRAS 52
LUMIGAN.....210
LUNSUMIO.....52
LUNSUMIO VELO 52
LUPRON DEPOT 52, 191
LUPRON DEPOT (3 MONTH) 52, 191
LUPRON DEPOT (4 MONTH) 52
LUPRON DEPOT (6 MONTH) 52
LUPRON DEPOT-PED.....191
LUPRON DEPOT-PED (3 MONTH).....191
lurasidone.....90
lutera (28) 122
LUTRATE DEPOT (3 MONTH).....52
LYBALVI 90
lyleq.....122
LYNOZYFIC 52
LYNPARZA 52
LYSODREN 52

LYTGOBI..... 53
lyza 122
M
macitentan 218
MAGELLAN INSULIN SAFETY SYRNG..... 154
MAGELLAN SYRINGE 154
magnesium sulfate..... 211
malathion..... 130
maraviroc 95
MARGENZA..... 53
marlissa (28)..... 122
marnatal-f..... 219
MARPLAN..... 70
MATULANE..... 53
MAXICOMFORT II PEN NEEDLE..... 154
MAXICOMFORT INSULIN SYRINGE..... 155
MAXI-COMFORT INSULIN SYRINGE..... 155
MAXI-COMFORT INSULIN SYRINGE..... 155
MAXICOMFORT SAFETY PEN NEEDLE 155
MAYZENT..... 116
MAYZENT STARTER(FOR 1MG MAINT)..... 116
MAYZENT STARTER(FOR 2MG MAINT)..... 116
meclizine..... 82
medroxyprogesterone..... 193
mefloquine 84
megestrol 53, 193
MEKINIST..... 53
MEKTOVI..... 53
meleya 122
meloxicam..... 30
memantine..... 67
MENACTRA (PF)..... 203
MENQUADFI (PF)..... 203
MENVEO A-C-Y-W-135-DIP (PF) 203
mercaptopurine.....53
meropenem 37
mesalamine.....207
mesna 209
metformin 72
methadone 28
methazolamide.....210
methenamine hippurate.....34
methimazole.....193
methocarbamol 217
methotrexate sodium 53
methotrexate sodium (pf) 53
methoxsalen 127
methsuximide 64
methylphenidate hcl 116, 117
methylprednisolone.....190
methylprednisolone acetate..190
metoclopramide hcl.....186
metolazone.....110
metoprolol succinate.....107
metoprolol ta-hydrochlorothiaz 107
metoprolol tartrate.....107
metronidazole 35, 80, 127
metronidazole in nacl (iso-os) 35
metyrosine 109
micafungin.....78
miconazole-3 79
MICRODOT INSULIN PEN NEEDLE 155
MICRODOT READYGARD PEN NEEDLE 155
microgestin 1.5/30 (21).....122
microgestin 1/20 (21).....122
microgestin fe 1.5/30 (28) 122
microgestin fe 1/20 (28) 122
midodrine 103
MIEBO (PF).....180
mifepristone.....72
mili 122
mimvey 190
MINI ULTRA-THIN II 155
minocycline 41
minoxidil 113
MIPLYFFA.....179
MIRENA.....122
mirtazapine.....70
misoprostol.....184
mitoxantrone 53
MIUDELLA.....122
M-M-R II (PF).....203
m-natal plus.....219
modafinil 217
MODEYSO.....53
moexipril 105
molindone.....90
mometasone..... 129, 184
MONOJECT INSULIN SAFETY SYRING 156
MONOJECT INSULIN SYRINGE 155, 156, 157
MONOJECT SYRINGE.....155
MONOJECT ULTRA COMFORT INSULIN 172
mono-linyah.....122
montelukast 213
morphine 28
MORPHINE.....28
morphine concentrate 28
MOUNJARO.....72
MOVANTIK.....186
moxifloxacin 40, 181
moxifloxacin-sod.ace,sul-water 39
moxifloxacin-sod.chloride(iso) 40
MRESVIA (PF).....203
MULTAQ.....106
mupirocin 127
mycophenolate mofetil.....197
mycophenolate mofetil (hcl).197
mycophenolate sodium.....197

mynatal 219
mynatal advance 219
mynatal plus 219
mynatal-z 219
mynate 90 plus 219
MYRBETRIQ 187
N
nabumetone 30
nafcillin 39
naloxone 32
naltrexone 32
NANO 2ND GEN PEN NEEDLE 157
NANO PEN NEEDLE 157
naproxen 30
naratriptan 81
NATACYN 181
nateglinide 72
NAYZILAM 64
nebivolol 107
nefazodone 70
neomycin 34
neomycin-bacitracin-poly-hc 181
neomycin-bacitracin-polymyxin 181
neomycin-polymyxin b-dexameth 181
neomycin-polymyxin-gramicidin 181
neomycin-polymyxin-hc 181, 182
neo-polycin 182
neo-polycin hc 182
NERLYNX 53
nevirapine 95, 96
newgen 219
NEXLETOL 112
NEXLIZET 112
NEXPLANON 123
niacin 112
NICOTROL NS 32
nifedipine 110
NIKTIMVO 197
nilotinib hcl 54
nilutamide 54
NINLARO 54
nintedanib 216
nitazoxanide 84
nitisinone 179
nitrofurantoin macrocrystal ... 35
nitrofurantoin monohyd/m-cryst 35
nitroglycerin 113, 209
NIVESTYM 101, 102
NORDITROPIN FLEXPRO 192
norelgestromin-ethin.estradiol 123
norethindrone (contraceptive) 123
norethindrone acetate 193
norethindrone-e.estradiol-iron 123
norgestimate-ethinyl estradiol 123
nortrel 1/35 (21) 123
nortrel 1/35 (28) 123
nortrel 7/7/7 (28) 123
nortriptyline 70
NORVIR 96
NOVOFINE 32 157
NOVOFINE AUTOCOVER 157
NOVOFINE PLUS 157
NOVOLIN 70/30 U-100 INSULIN 75
NOVOLIN 70-30 FLEXPEN U-100 75
NOVOLIN N FLEXPEN 75
NOVOLIN N NPH U-100 INSULIN 76
NOVOLIN R FLEXPEN 76
NOVOLIN R REGULAR U100 INSULIN 76
NOVOLOG FLEXPEN U-100 INSULIN 76
NOVOLOG MIX 70-30 U-100 INSULN 76
NOVOLOG MIX 70-30FLEXPEN U-100 76
NOVOLOG PENFILL U-100 INSULIN 76
NOVOLOG U-100 INSULIN ASPART 76
NUBEQA 54
NUCALA 216
NULOJIX 197
NUPLAZID 90
NURTEC ODT 81
nyamyc 79
nylia 1/35 (28) 123
nylia 7/7/7 (28) 123
nymyo 123
nystatin 79
nystatin-triamcinolone 79
nystop 79
NYVEPRIA 102
O
obstetrix dha 219
obstetrix dha prenatal duo ... 219
octreotide acetate 192
ODEFSEY 96
ODOMZO 54
ofloxacin 182
OGIVRI 54
OGSIVEO 54
OJEMDA 54
OJJAARA 54
olanzapine 90
olmesartan 104
olmesartan-amlodipin-hcthiazid 104
olmesartan-hydrochlorothiazide 104
olopatadine 180
omega-3 acid ethyl esters 112
omeprazole 185
OMLYCLO 197

OMNIPOD 5 (LIBRE 2/3 PLUS)..... 157
OMNIPOD 5 G6-G7 INTRO KT(GEN5)..... 157
OMNIPOD 5 G6-G7 PODS (GEN 5)..... 157
OMNIPOD 5 INTRO (LIBRE2/3PLUS)..... 157
OMNIPOD CLASSIC PODS (GEN 3)..... 157
OMNIPOD DASH INTRO KIT (GEN 4)..... 157
OMNIPOD DASH PDM KIT (GEN 4)..... 157
OMNIPOD DASH PODS (GEN 4)..... 157
ONAPGO..... 85
ondansetron..... 83
ondansetron hcl..... 82
ONUREG..... 54
OPDIVO..... 54
OPDIVO QVANTIG..... 54
OPDUALAG..... 55
OPIPZA..... 90
ORENCIA..... 198
ORENCIA (WITH MALTOSE)..... 197
ORENCIA CLICKJECT..... 198
ORFADIN..... 179
ORGOVYX..... 192
ORILISSA..... 192
ORKAMBI..... 216
orquidea..... 123
ORSERDU..... 55
oseltamivir..... 98
OSENVELT..... 207
OTEZLA..... 198
OTEZLA STARTER..... 198
OTEZLA XR..... 198
OTEZLA XR INITIATION 198
oxcarbazepine..... 64
oxybutynin chloride..... 187
oxycodone.....28, 29
oxycodone-acetaminophen.....29
OZEMPIC.....72

P

pacerone.....106
paclitaxel protein-bound.....55
paliperidone.....90
PANRETIN.....127
pantoprazole.....185
paricalcitol.....208
paroxetine hcl.....70
PAXLOVID.....98
pazopanib.....55
PEDIARIX (PF).....203
PEDVAX HIB (PF).....203
peg 3350-electrolytes.....186
PEGASYS.....99
peg-electrolyte soln.....186
PEMAZYRE.....55
pemetrexed disodium.....55
PEMRYDI RTU.....55
PEN NEEDLE.....158
PEN NEEDLE, DIABETIC 137, 149, 155, 157, 158, 160, 161
PEN NEEDLE, DIABETIC, SAFETY.....161
PENBRAYA (PF).....203
PENBRAYA MENACWY COMPONENT(PF).....204
PENBRAYA MENB COMPONENT (PF).....204
penicillamine.....188
penicillin g potassium.....39
penicillin v potassium.....39
PENMENVY MEN A-B-C-W-Y (PF).....204
PENMENVY MENACWY COMPONENT(PF).....204
PENMENVY MENB COMPONENT (PF).....204
PENTACEL (PF).....204
pentamidine.....84
PENTIPS PEN NEEDLE.....158
pentoxifylline.....102
perampanel.....64
perindopril erbumine.....106
periogard.....126
permethrin.....130
perphenazine.....90
perphenazine-amitriptyline.....70
PERSERIS.....90
phenelzine.....70
phenobarbital.....64
phenytek.....64
phenytoin.....64, 65
phenytoin sodium.....65
phenytoin sodium extended.....65
PIFELTRO.....96
pilocarpine hcl.....126, 210
pimecrolimus.....129
pimozide.....90
pimtrea (28).....124
pioglitazone.....73
pioglitazone-metformin.....73
PIP PEN NEEDLE.....158
piperacillin-tazobactam.....39
PIQRAY.....55
pirfenidone.....216
pitavastatin calcium.....112
PLEGRIDY.....117
pnv-dha + docusate.....219
pnv-omega.....219
podofilox.....127
polycin.....182
polymyxin b sulf-trimethoprim.....182
pomalidomide.....55
POMALYST.....55
portia 28.....124
posaconazole.....79
potassium chloride.....211
potassium citrate.....212
pr natal 400.....219
pr natal 400 ec.....220

pr natal 430 220
pr natal 430 ec 220
pramipexole 85
prasugrel hcl 102
pravastatin 112
praziquantel 84
prazosin 104
prednisolone 190
prednisolone acetate 184
prednisolone sodium phosphate 190
prednisone 191
pregabalin 65
PREMARIN 190
PREMPHASE 190
PREMPRO 190
prenaissance 220
prenaissance plus 220
prenatabs fa 220
prenatal 19 220
prenatal 19 (with docusate) 220
prenatal plus 220
prenatal plus (calcium carb) 219
prenatal vitamin plus low iron 220
prenatal-u 220
prevalite 112
PREVENT DROPSAFE PEN NEEDLE 159
PREVYMIS 98
PREZCOBIX 96
PREZISTA 96
PRIFTIN 82
PRIMAQUINE 84
primidone 65
PRIORIX (PF) 204
PRO COMFORT ALCOHOL PADS 159
PRO COMFORT INSULIN SYRINGE 159
PRO COMFORT PEN NEEDLE 159
probenecid 80
probenecid-colchicine 80
prochlorperazine 83
prochlorperazine edisylate 83
prochlorperazine maleate 83
PRO-COMFORT ALCOHOL PADS 159
procto-med hc 129
proctosol hc 129
proctozone-hc 130
PRODIGY INSULIN SYRINGE 159
progesterone micronized 193
PROGRAF 198
PROLASTIN-C 216
promethazine 83
promethegan 83
propafenone 106
propranolol 107
propylthiouracil 193
PROQUAD (PF) 204
protriptyline 70
PULMOZYME 179
PURE COMFORT ALCOHOL PADS 160
PURE COMFORT PEN NEEDLE 160
PURE COMFORT SAFETY PEN NEEDLE 160
pyrazinamide 82
pyridostigmine bromide 209
pyrimethamine 84

Q

QINLOCK 55
QUADRACEL (PF) 204
quetiapine 91
quinapril 106
quinapril-hydrochlorothiazide 106
quinidine sulfate 106
quinine sulfate 84
QULIPTA 81

R

RABAVERT (PF) 205
rabeprazole 185
RALDESY 70
raloxifene 190
ramipril 106
ranolazine 109
rasagiline 85
RASUVO (PF) 198
RAYALDEE 208
reclipsen (28) 124
RECOMBIVAX HB (PF) 205
RELENZA DISKHALER 98
repaglinide 73
REPATHA PUSHTRONEX 113
REPATHA SURECLICK 113
REPATHA SYRINGE 113
RETACRIT 102
RETEVMO 55, 56
RETROVIR 96
REVCOVI 179
REVUFORJ 56
REXULTI 91
REYATAZ 96
REZDIFFRA 193
REZLIDHIA 56
REZUROCK 198
RHOPRESSA 210
ribavirin 99
rifabutin 82
rifampin 82
rifapentine 82
rilpivirine 96
rilpivirine hcl 96
riluzole 117
RINVOQ 198
RINVOQ LQ 198
risperidone 91
risperidone microspheres 91
ritonavir 96
RITUXAN HYCELA 56
rivaroxaban 101

rivastigmine 68
rivastigmine tartrate 68
rizatriptan 81
r-natal ob 220
ROCKLATAN 210
roflumilast 216
ROMVIMZA 56
ropinirole 85
rosadan 127
rosuvastatin 113
ROTARIX 205
ROTATEQ VACCINE 205
ROZLYTREK 56
RUBRACA 56
rufinamide 65
RUKOBIA 96
RYBELSUS 73
RYBREVANT 56
RYBREVANT FASPRO 56
RYDAPT 56
RYKINDO 91
RYTELO 57

S

sacubitril-valsartan 104
SAFESNAP INSULIN SYRINGE 161
SAFETY PEN NEEDLE 161
SANTYL 127
sapropterin 179
SCEMBLIX 57
scopolamine base 83
SECUADO 91
SECURESAFE INSULIN SYRINGE 161, 162
SECURESAFE PEN NEEDLE 161
SELARSDI 199
select-ob 220
select-ob (folic acid) 220
selegiline hcl 85
selenium sulfide 127
SELZENTRY 96
se-natal 19 chewable 220
SEREVENT DISKUS 214
SEROSTIM 192
sertraline 70
setlakin 124
sevelamer carbonate 187
sevelamer hcl 187
SEZABY 65
sf 5000 plus 126
sharobel 124
SHINGRIX (PF) 205
SIGNIFOR 192
sildenafil (pulm.hypertension) 218
silver sulfadiazine 128
SIMBRINZA 210
simliya (28) 124
SIMPLI PEN NEEDLE 149
simvastatin 113
sirolimus 199
SIRTURO 82
sitagliptin phos-metformin 73
sitagliptin phosphate 73
SKY SAFETY PEN NEEDLE 162
SKYLA 124
SKYRIZI 199
sodium chloride 0.45 % 212
sodium chloride 0.9 % 212
sodium fluoride-pot nitrate 126
sodium oxybate 217
sodium polystyrene sulfonate 186
sodium,potassium,mag sulfates 187
solifenacin 187
SOLIQUA 100/33 76
SOLTAMOX 57
SOMATULINE DEPOT 192
SOMAVERT 192
sorafenib 57
sotalol 107
sotalol af 107
SPIRIVA RESPIMAT 214
spironolactone 111
spironolacton-hydrochlorothiaz 111
SPRAVATO 71
sprintec (28) 124
SPRITAM 65
sps (with sorbitol) 186
sronyx 124
ssd 128
stavudine 96
STERILE PADS 149
STIOLTO RESPIMAT 214
STIVARGA 57
STOBOCLO 208
STRENSIQ 179
streptomycin 34
STRIBILD 97
STRIVERDI RESPIMAT 214
subvenite 65
SUBVENITE 65
sucralfate 185
sulfacetamide sodium 182
sulfacetamide-prednisolone 182
sulfadiazine 40
sulfamethoxazole-trimethoprim 40
sulfasalazine 207
sulindac 30
sumatriptan 81
sumatriptan succinate 81
sunitinib malate 57
SUNLENCA 97
SURE COMFORT ALCOHOL PREP PADS 162
SURE COMFORT INS. SYR. U-100 162
SURE COMFORT INSULIN SYRINGE 162, 163
SURE COMFORT PEN NEEDLE 162, 163

SURE COMFORT SAFETY PEN NEEDLE 162
SURE-FINE PEN NEEDLES 163
SURE-JECT INSULIN SYRINGE..... 163
SURE-PREP ALCOHOL PREP PADS..... 164
SYMPAZAN 65
SYMTUZA..... 97
SYNJARDY 73
SYNJARDY XR..... 73
SYNRIBO..... 57
SYRINGE WITH NEEDLE, SAFETY..... 161
T
TABLOID..... 57
TABRECTA..... 57
tacrolimus.....130, 199
tadalafil 218
TAFINLAR 57
TAGRISSO..... 57
TALVEY 57
TALZENNA..... 57
tamoxifen 57
tamsulosin..... 188
tarina 24 fe 124
tarina fe 1-20 eq (28) 124
taron-c dha 220
taron-prex prenatal-dha..... 220
TAVNEOS 199
tazarotene 130
taz icef 36
taztia xt 108
TDVAX..... 205
TECHLITE INSULIN SYRINGE..... 164
TECHLITE INSULN SYR(HALF UNIT) 164
TECHLITE PEN NEEDLE 164, 165
TECHLITE PLUS PEN NEEDLE 165
TECVAYLI.....57
telmisartan.....104
telmisartan-hydrochlorothiazid 105
temazepam 33
TENIVAC (PF) 205
tenofovir disoproxil fumarate.97
TEPMETKO.....58
terazosin 188
terbinafine hcl.....79
terconazole 80
teriparatide.....208
TERUMO INSULIN SYRINGE 165
testosterone.....188, 189
testosterone cypionate.....188
testosterone enanthate 188
tetrabenazine 117
tetracycline 41
TEVIMBRA 58
THALOMID.....209
theophylline 214, 215
THINPRO INSULIN SYRINGE 165, 166
thioridazine.....91
thiothixene 91
tiadylt er 108
tiagabine.....65
TIBSOVO 58
ticagrelor.....102
TICE BCG.....58
TICOVAC 205
tigecycline.....41
tilia fe 124
timolol 210
timolol maleate 107, 210
tinidazole 84
tiotropium bromide 215
TIVDAK 58
TIVICAY 97
TIVICAY PD 97
tizanidine.....217
TOBI PODHALER.....34
tobramycin 182
tobramycin in 0.225 % nacl...34
tobramycin sulfate 34
tobramycin-dexamethasone .182
tobramycin-lotepred 182
tofacitinib 199
tolterodine 187, 188
tolvaptan (polycys kidney dis) 111
TOPFINE INSULIN PEN NEEDLE 166
topiramate 65, 66
toremifene.....58
torpenz 58
torsemide.....111
TOUJEO MAX U-300 SOLOSTAR 76
TOUJEO SOLOSTAR U-300 INSULIN.....76
TRADJENTA.....73
tramadol.....29
tramadol-acetaminophen 29
trandolapril 106
tranexamic acid 102
tranylcypromine.....71
travoprost 210
trazodone.....71
TRECATOR.....82
TRELEGY ELLIPTA.....215
TRELSTAR.....58
TREMFYA.....200
TREMFYA ONE-PRESS 200
TREMFYA PEN 200
TREMFYA PEN INDUCTION PK(2PEN) 200
tretinoin.....130
tretinoin (antineoplastic) 58
triamcinol ac (pf) in 0.9%nacl 130

triamcinolone acetonide 126, 130, 191
triamterene-hydrochlorothiazid 111
tridacaine iii 31
trientine 188
tri-estarylla 124
trifluoperazine 92
trifluridine 182
trihexyphenidyl 85
TRIJARDY XR 73, 74
TRIKAFTA 216
tri-legest fe 124
tri-linyah 124
tri-lo-estarylla 124
tri-lo-marzia 124
tri-lo-mili 125
tri-lo-sprintec 125
trimethoprim 35
tri-mili 125
trimipramine 71
TRINTELLIX 71
tri-nymyo 125
tri-sprintec (28) 125
TRIUMEQ 97
TRIUMEQ PD 97
trivora (28) 125
tri-vylibra 125
tri-vylibra lo 125
TRIZIVIR 97
TROGARZO 97
trospium 188
TRUE COMFORT ALCOHOL PADS 166
TRUE COMFORT INSULIN SYRINGE 166
TRUE COMFORT PEN NEEDLE.....166, 167
TRUE COMFORT PRO ALCOHOL PADS 167
TRUE COMFORT PRO INS SYRINGE.....166, 167
TRUE COMFORT SAFE INSULIN SYRG.....166, 167
TRUE COMFORT SAFETY PEN NEEDLE 166
TRUE-COMFORT PRO PEN NEEDLE 168
TRUEPLUS INSULIN 168, 169
TRUEPLUS PEN NEEDLE.168
TRULANCE.....186
TRULICITY 74
TRUMENBA.....205
TRUQAP.....58
TRUXIMA 58
TUKYSA.....58
TURALIO 58
turqoz (28) 125
TWINRIX (PF).....206
tyblume 125
TYBOST 209
TYENNE.....200
TYENNE AUTOINJECTOR 200
TYMLOS 208
TYPHIM VI 206
U
UBRELVY 81
UDENYCA ONBODY 102
ULTICARE 169, 170
ULTICARE INSULIN SYRINGE.....169
ULTICARE INSULN SYR(HALF UNIT).....169
ULTICARE PEN NEEDLE.169
ULTICARE SAFETY PEN NEEDLE 170
ULTIGUARD SAFEPACK-INSULIN SYR 170, 171
ULTIGUARD SAFEPACK-PEN NEEDLE 170
ULTILET ALCOHOL SWAB 171
ULTILET INSULIN SYRINGE 152, 171
ULTILET PEN NEEDLE....171
ULTRA CMFT INS SYR (HALF UNIT) 149, 169
ULTRA COMFORT INSULIN SYRINGE 149, 171, 172
ULTRA FLO INSUL SYR(HALF UNIT).....172
ULTRA FLO INSULIN SYRINGE 172, 173
ULTRA FLO PEN NEEDLE 172
ULTRA THIN PEN NEEDLE 173
ULTRACARE INSULIN SYRINGE 173
ULTRACARE PEN NEEDLE 173, 174
ULTRA-FINE INS SYR (HALF UNIT).....174
ULTRA-FINE INSULIN SYRINGE 174
ULTRA-FINE PEN NEEDLE 174
ULTRA-FINE SAFETY INSULIN SYRN.....174
ULTRA-THIN II (SHORT) INS SYR.....175
ULTRA-THIN II (SHORT) PEN NDL.....175
ULTRA-THIN II INS PEN NEEDLES.....175
ULTRA-THIN II INSULIN SYRINGE 175
UNIFINE OTC PEN NEEDLE 175
UNIFINE PENTIPS 175, 176
UNIFINE PENTIPS MAXFLOW 176
UNIFINE PENTIPS PLUS .176, 178

UNIFINE PENTIPS PLUS MAXFLOW 176
UNIFINE PROTECT 176
UNIFINE SAFECONTROL PEN NEEDLE 176, 177
UNIFINE ULTRA PEN NEEDLE 177
UPTRAVI 218
ursodiol 186
ustekinumab-aauz 200
UZEDY 92
V
valacyclovir 99
VALCHLOR 127
valganciclovir 99
valproate sodium 66
valproic acid 66
valproic acid (as sodium salt) 66
valsartan 105
valsartan-hydrochlorothiazide 105
VALTOCO 66
valtya 125
vancomycin 35
VANFLYTA 58
VANISHPOINT INSULIN SYRINGE 177
VANISHPOINT SYRINGE 177
VAQTA (PF) 206
varenicline tartrate 32
VARIVAX (PF) 206
VAXCHORA VACCINE 206
VELTASSA 186
VEMLIDY 97
VENCLEXTA 58, 59
VENCLEXTA STARTING PACK 59
venlafaxine 71
VEOZAH 209
VEPPANU 59
verapamil 108
VERIFINE INSULIN SYRINGE.....177, 178
VERIFINE PEN NEEDLE .177, 178
VERIFINE PLUS PEN NEEDLE 178
VERIFINE PLUS PEN NEEDLE-SHARP.....178
VERQUVO 109
VERSACLOZ.....92
VERSALON.....178
VERZENIO.....59
V-GO 20.....178
V-GO 30.....178
V-GO 40.....178
vienva 125
vigabatrin 66
vigadrone 66
vigpoder 66
vilazodone 71
VIMKUNYA (PF).....206
vinorelbine 59
viorele (28) 125
VIRACEPT 97
VIREAD.....97
vitafol gummies 220
vitafol-ob+dha 220
VITRAKVI.....59
VIVIMUSTA.....59
VIVOTIF.....206
VIZIMPRO.....59
VOCABRIA 97
volnea (28) 125
VONJO.....59
VOQUEZNA.....185
VORANIGO.....59
voriconazole 79
VOSEVI 99
VOWST 209
vp-ch-pnv 221
VRAYLAR.....92
VUMERITY 117
VYALEV 85
vylibra 125
VYLOY 59
VYNDAMAX 109
VYZULTA 210
W
warfarin 101
WEBCOL 178
WELIREG 59
WINREVAIR 216
wixela inhub 213
X
XALKORI 59, 60
xarah fe 125
XARELTO 101
XARELTO DVT-PE TREAT 30D START 101
XATMEP 60
XCOPRI 66
XCOPRI MAINTENANCE PACK 66
XCOPRI TITRATION PACK 67
XDEMVY 182
XERMELO 186
XIFAXAN 35
XIGDUO XR 74
XIIDRA 184
XOLAIR 217
XOSPATA 60
XPOVIO 60
XTANDI 60
xulane 125
XULTOPHY 100/3.6 77
Y
YERVOY 60
YESINTEK 200
YF-VAX (PF) 206
YONSA 60
YUFLYMA(CF) 201
YUFLYMA(CF) AI CROHN'S-UC-HS 200

YUFLYMA(CF) AUTOINJECTOR..... 201
yulithira 60, 61
YUTREPIA 218
yuvafem..... 190
Z
zafemy..... 125
zafirlukast 213
zaleplon 217
zatean-pn dha 221
zatean-pn plus..... 221
ZEJULA 61
ZELBORAF 61
zenatane 127
ZENPEP.....180
zidovudine 97, 98
ZIIHERA.....61
zingiber.....221
ziprasidone hcl.....92
ziprasidone mesylate.....92
ZIRABEV 61
ZIRGAN.....183
ZOLADEX.....61
ZOLINZA 61
zolpidem 218
ZONISADE.....67
zonisamide.....67
zovia 1-35 (28).....126
ZTALMY 67
ZTLIDO 31
ZURZUVAE 71
ZYDELIG 61
ZYKADIA 61
ZYNLONTA 61
ZYNYZ.....61
ZYPREXA RELPREVV .92, 93

Health Plan of San Joaquin

Mountain Valley Health Plan

Advantage D-SNP

Danh Sách Thuốc này được cập nhật vào 10/01/2026 .

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