



សូមអាន៖ ឯកសារនេះមានព័ត៌មានអំពីឱសថដែលយើងរ៉ាប់រងនៅក្នុងគម្រោងនេះ៖

បញ្ជីឱសថនេះត្រូវបានធ្វើបច្ចុប្បន្នភាពនៅថ្ងៃទី 1/1/2027

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ខែមករា 2027

សម្រាប់ព័ត៌មានថ្មីៗបន្ថែមទៀត ឬសំណួរ

ផ្សេងទៀត សូមទាក់ទងមកយើងខ្ញុំតាមរយៈលេខ

1-888-361-7526 (TTY: 711) ចាប់ពីម៉ោង 8:00 ព្រឹក

ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា

ដល់ថ្ងៃទី 31 ខែមីនា និងថ្ងៃចន្ទដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់

ថ្ងៃទី 30 ខែកញ្ញា ឬចូលមើលគេហទំព័រ **www.hpsj-mvhp.org**.

Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) | បញ្ជីឱសថដែលមានការធានារ៉ាប់រងឆ្នាំ 2027 (បញ្ជីឱសថ ឬបញ្ជីឈ្មោះឱសថ)

សូមអាន៖ ឯកសារនេះមានព័ត៌មានអំពីឱសថដែលយើងធានារ៉ាប់រងនៅក្នុងគម្រោងនេះ

សេចក្តីផ្តើម

ឯកសារនេះត្រូវបានគេហៅថា បញ្ជីឱសថដែលមានការធានារ៉ាប់រង (គេស្គាល់ផងដែរថាជា បញ្ជីឱសថ)។ បញ្ជីឱសថនេះប្រាប់អ្នកថា តើឱសថ និងផលិតផលមិនមែនឱសថមួយណាត្រូវបានធានារ៉ាប់រងដោយ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP។ បញ្ជីឱសថ ក៏ប្រាប់អ្នកផងដែរថា តើមានវិធាន ឬការរឹតបន្តឹងពិសេសណាមួយលើឱសថដែលធានារ៉ាប់រងដោយគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ដែរឬទេ។ ពាក្យកន្លឹះ និងនិយមន័យរបស់វាមាននៅក្នុងផ្នែកចុងក្រោយនៃ សៀវភៅណែនាំសមាជិក។

តារាងមាតិកា

A. សេចក្តីប្រកាសបដិសេធ	3
B. សំណួរដែលគេសួរញឹកញាប់ (FAQ).....	10
B1. តើឱសថតាមវេជ្ជបញ្ជាប្រភេទណាខ្លះដែលមាននៅក្នុង បញ្ជីឱសថដែលមានការធានារ៉ាប់រង? (យើងខ្ញុំហៅ បញ្ជីឱសថដែលមានការធានារ៉ាប់រងថា “បញ្ជីឱសថ” ជាពាក្យកាត់)	10
B2. តើ បញ្ជីឱសថផ្តល់ជូនប្រភេទឱសថណាខ្លះ?	11
B3. តើនឹងមានអ្វីកើតឡើងនៅពេលដែលមានការផ្លាស់ប្តូរចំពោះ បញ្ជីឱសថ?	12
B4. តើមានការរឹតបន្តឹង ឬដែនកំណត់ណាមួយលើការធានារ៉ាប់រងឱសថ ឬសកម្មភាពតម្រូវណាមួយដែលត្រូវធ្វើ ដើម្បីទទួលបានឱសថជាក់លាក់ដែរឬទេ?	14
B5. តើខ្ញុំនឹងដឹងថា ឱសថដែលខ្ញុំចង់បានមានដែនកំណត់ ឬថាមានសកម្មភាពតម្រូវណាមួយដែលត្រូវធ្វើ ដើម្បីទទួលបានឱសថនោះបានដោយរបៀបណា?	15
B6. តើមានអ្វីកើតឡើង ប្រសិនបើគម្រោង Health Plan San Joaquin/Mountain Valley Health Plan Advantage D-SNP ផ្លាស់ប្តូរវិធានរបស់គម្រោងអំពីរបៀបដែលគម្រោងធានារ៉ាប់រងលើឱសថមួយចំនួន (ឧទាហរណ៍ ការអនុញ្ញាតជាមុន ការកំណត់បរិមាណ និង/ឬការរឹតបន្តឹងលើការព្យាបាលជាដំណើរ)?	15

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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B7. តើខ្ញុំអាចស្វែងរកឱសថនៅក្នុង បញ្ជីឱសថបានដោយរបៀបណាដែរ?	16
B8. ចុះបើឱសថដែលខ្ញុំចង់ប្រើមិនមានក្នុង បញ្ជីឱសថវិញនោះ?	16
B9. ចុះបើខ្ញុំជាសមាជិកថ្មីរបស់គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ហើយមិនអាចរកឃើញឱសថរបស់ខ្ញុំនៅក្នុង បញ្ជីឱសថ ឬមានបញ្ហាក្នុងការទទួលបានឱសថរបស់ខ្ញុំវិញនោះ?	17
B10. តើខ្ញុំអាចស្នើសុំការលើកលែងចំពោះការធានារ៉ាប់រងលើឱសថរបស់ខ្ញុំបានដែរឬទេ?	18
B11. តើខ្ញុំអាចស្នើសុំការលើកលែងដោយរបៀបណា?	18
B12. តើត្រូវប្រើប្រាស់ពេលវេលាយូរប៉ុណ្ណាដែរ ទើបអាចទទួលបានការលើកលែង?	19
B13. តើអ្វីទៅជាឱសថទូទៅ?	19
B14. តើផលិតផលជីវសាស្ត្រដើមគឺជាអ្វី ហើយតើពួកវាទាក់ទងទៅនឹងផលិតផលជីវសាស្ត្រស្រដៀងគ្នាយ៉ាងដូចម្តេច?	20
B15. តើឱសថ OTC ជាអ្វី?	20
B16. តើគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ធានារ៉ាប់រងលើផលិតផល OTC ដែលមិនមែនជាឱសថដែរឬទេ?	20
B17. តើគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ធានារ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថតាមវេជ្ជបញ្ជារយៈពេលវែងដែរឬទេ?	21
B18. តើការបង់ប្រាក់រួមរបស់ខ្ញុំមានចំនួនប៉ុន្មាន?	21
C. ទិដ្ឋភាពទូទៅនៃ បញ្ជីឱសថដែលមានការធានារ៉ាប់រង	22
C1. បញ្ជីឱសថតាមប្រភេទឱសថ	23
D. លិបិក្រមនៃឱសថដែលមានធានារ៉ាប់រង	28

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

A. សេចក្តីប្រកាសបដិសេធ

នេះគឺជាបញ្ជីឱសថដែលសមាជិកអាចទទួលបាននៅក្នុង *Health Plan of San Joaquin/ Mountain Valley Health Plan Advantage D-SNP*.

- ❖ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP គឺជា HMO ដែលមានកិច្ចសន្យាជាមួយកម្មវិធី Medicare និង Medi-Cal។ ការចុះឈ្មោះក្នុង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP អាស្រ័យលើការបន្តកិច្ចសន្យាជាថ្មី។
- ❖ អ្នកតែងតែអាចពិនិត្យមើល *បញ្ជីឱសថដែលមានការធានារ៉ាប់រង* ក្រោយបំផុតរបស់ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមអនឡាញនៅ www.hpsj-mvhp.org ឬទូរសព្ទទៅលេខ 1-888-361-7526 (TTY 711)។ ការហៅមកលេខនេះមិនគិតប្រាក់ទេ។
- ❖ អ្នកអាចទទួលបានឯកសារនេះដោយឥតគិតថ្លៃជាទម្រង់ផ្សេងទៀត ដូចជា អក្សរពុម្ពធំ អក្សរស្លាប់សម្រាប់ជនពិការភ្នែក ទម្រង់អេឡិចត្រូនិកដែលអាចចូលប្រើបាន ឬទម្រង់សំឡេង។ សូមទូរសព្ទទៅលេខ 1-888-361-7526 (TTY 711) ឬតាមលេខដែលបានរាយនៅខាងក្រោមទំព័រនេះ។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។
- ❖ ឯកសារនេះមានផ្តល់ជូនដោយឥតគិតថ្លៃជាភាសាអង់គ្លេស អេស៉្បាញ ខ្មែរ និងវៀតណាម។

សេចក្តីជូនដំណឹងស្តីពីការផ្តល់ជូនសេវាកម្មបកប្រែភាសា ព្រមទាំងសេវាកម្ម និងជំនួយជ្រោមជ្រែង

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.

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល

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បានធ្វើបច្ចុប្បន្នភាពក្នុងក្រោយ៖ 01/2027



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 միջոցներով 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。

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល

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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

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 ਬੋਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼,
 ਵੀ ਉਪਲਬਧ ਹਨ। **1-888-361-7526 (TTY 711)** 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ
 ਸੇਵਾਵਾਂ ਮੁਫਤ 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.

[illegible]

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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

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). ຍັງມີຄວາ ຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ມີໂຕພິມໃຫຍ່, ໃຫ້ໂທຫາເບີ **1-888-361-7526 (TTY 711)**. ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ

ບຣຸສິນເບີຜູ້ມີສິດສຳຄັນ ສູ່ສະໜອງສະໜອງ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ຕາມເລຂ 1-888-361-7526 (TTY 711) ບາດຕິເມັດ 8:00 ໂຕກ ສະເລ່ຍ 8:00 ພໍ່ ໂຕກຕີເມັດສະຫຼຸບສະຫຼຸບ ບາດຕິເມັດ 1 ເຂດຄຸລາ ສະເລ່ຍ 31 ເຂດມີສາ ສະເລ່ຍ 30 ສະເລ່ຍ 30 ບາດຕິເມັດ 1 ເຂດເສລາ ສະເລ່ຍ 30 ເຂດເສລາ. ການເບີເລຂນີ້ເປັນເລຂສະເພາະສະເພາະ **ສະໜອງບໍລິການ** ສະເລ່ຍ



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ບາດຕິເມັດສະຫຼຸບສະຫຼຸບ: 01/2027

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៖ បើអ្នកត្រូវការជំនួយជាភាសាបស់អ្នក សូមទូរសព្ទទៅលេខ **1-888-361-7526 (TTY 711)**។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធុសសម្រាប់ជនពិការ 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.

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ **1-888-361-7526 (TTY 711)** ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល

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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

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.

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ **1-888-361-7526 (TTY 711)** ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-888-361-7526 (TTY 711)**.

นอกจากนี้ ยังพร้อมให้ ความช่วยเหลือและบริการต่าง ๆ ส

าหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ

ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วย ตัวอักษรขนาดใหญ่.

กรุณาโทรศัพท์ไปที่หมายเลข **1-888-361-7526 (TTY 711)**.

ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้.

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.

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពក្នុងក្រោយ៖ 01/2027

- ❖ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ដើម្បីប្រាប់អំពីភាសា ឬទម្រង់ដែលអ្នកចូលចិត្ត។ យើងនឹងសួរថា តើការស្នើសុំនេះគឺសម្រាប់ឯកសារមួយ ឬសម្រាប់ឯកសារទាំងអស់។
- ❖ ប្រសិនបើអ្នកស្នើសុំជាភាសាអង់គ្លេស ភាសាអេស្ប៉ាញ ភាសាខ្មែរ ភាសាវៀតណាម ឬទម្រង់ផ្សេងទៀតសម្រាប់ឯកសារទាំងអស់ នេះត្រូវបានហៅថាជាសំណើសុំព័ត៌មាន។ ចំណូលចិត្តរបស់អ្នកនឹងត្រូវបានរក្សាទុកនៅក្នុងប្រព័ន្ធរបស់យើង សម្រាប់ការធ្វើតាមប្រែសំណើ និងការទំនាក់ទំនងទាំងអស់នាពេលអនាគត។ អ្វីដែលត្រូវធ្វើគឺអ្នក គ្រាន់តែប្រាប់យើងខ្ញុំអំពីជម្រើសទាំងនេះ តែមួយដងទេ។ ការស្នើសុំភាសាផ្សេងទៀត ត្រូវធ្វើឡើងសម្រាប់ឯកសារនីមួយៗ។
- ❖ ដើម្បីធ្វើបច្ចុប្បន្នភាពចំណូលចិត្តរបស់អ្នកនៅពេលណាក៏បាន សូមហៅទូរសព្ទទៅលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ www.hpsj-mvhp.org។

B. សំណួរដែលគេសួរញឹកញាប់ (FAQ)

ស្វែងរកចម្លើយនៅទីនេះសម្រាប់សំណួរដែលអ្នកមានអំពី *បញ្ជីឱសថដែលមានការធានារ៉ាប់រង (បញ្ជីឱសថ) នេះ*។ អ្នកអាចអានសំណួរដែលគេសួរញឹកញាប់ទាំងអស់បាន ដើម្បីស្វែងយល់ថែមទៀត ឬស្វែងរកសំណួរ និងចម្លើយណាមួយ។

B1. តើឱសថតាមវេជ្ជបញ្ជាប្រភេទណាខ្លះដែលមាននៅក្នុង *បញ្ជីឱសថដែលមានការធានារ៉ាប់រង* (យើងខ្ញុំហៅ *បញ្ជីឱសថដែលមានការធានារ៉ាប់រង*ថា “*បញ្ជីឱសថ*” ជាពាក្យកាត់។)

ឱសថនៅក្នុង *បញ្ជីឱសថ* ដែលចាប់ផ្តើមនៅក្នុង **ផ្នែក C** គឺជាឱសថដែលត្រូវបានធានារ៉ាប់រងដោយ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP។ ឱសថទាំងនេះអាចរកបាននៅតាមឱសថស្ថាននៅក្នុងបណ្តាញរបស់យើង។ ឱសថស្ថានមួយគឺស្ថិតនៅក្នុងបណ្តាញរបស់យើងខ្ញុំ ប្រសិនបើយើងខ្ញុំមានកិច្ចសន្យាព្រមព្រៀងជាមួយនឹងឱសថស្ថាននោះ ដើម្បីធ្វើការជាមួយនឹងយើងខ្ញុំ ហើយផ្តល់សេវាជូនអ្នក។ យើងសំដៅលើឱសថស្ថានទាំងនេះថាជា “ឱសថស្ថាននៅក្នុងបណ្តាញ”។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល

www.hpsj-mvhp.org។



ឱសថផ្សេងទៀត ដូចជាថ្នាំដែលគ្មានវេជ្ជបញ្ជា (OTC) និងវិភាគមិនមួយចំនួន អាចត្រូវបានធានារ៉ាប់រងដោយ Medi-Cal Rx។ សូមចូលទៅកាន់គេហទំព័រ Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) ដើម្បីទទួលបានព័ត៌មានបន្ថែម។ អ្នកក៏អាចទូរស័ព្ទទៅមជ្ឈមណ្ឌលសេវាកម្មអតិថិជន Medi-Cal Rx តាមលេខ 800-977-2273 ផងដែរ។ សូមយកបញ្ជីសមាជិកអ្នកទទួលបាន Medi-Cal (BIC) របស់អ្នកមកជាមួយ នៅពេលមកទទួលឱសថតាមវេជ្ជបញ្ជាតាមរយៈ Medi-Cal Rx។

- Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP នឹងធានារ៉ាប់រងលើឱសថដែលចាំបាច់ខាងវេជ្ជសាស្ត្រទាំងអស់នៅក្នុង *បញ្ជីឱសថ* ប្រសិនបើ៖
 - វេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាដទៃទៀតរបស់អ្នកនិយាយថា អ្នកត្រូវការឱសថទាំងនោះដើម្បីឱ្យជាសះស្បើយ ឬមានសុខភាពល្អ
 - Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP យល់ព្រមថា ឱសថនេះគឺចាំបាច់ផ្នែកវេជ្ជសាស្ត្រសម្រាប់អ្នក **និង**
 - អ្នកបើកឱសថមានវេជ្ជបញ្ជានៅឱសថស្ថានក្នុងបណ្តាញរបស់គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP។
- ក្នុងករណីខ្លះ អ្នកត្រូវតែធ្វើអ្វីមួយ មុនពេលអ្នកអាចទទួលបានឱសថ។ សូមមើលសំណួរ B4 សម្រាប់ព័ត៌មានបន្ថែម។

អ្នកក៏អាចស្វែងរកបញ្ជីឱសថចុងក្រោយបំផុតដែលយើងខ្ញុំធានារ៉ាប់រងនៅលើគេហទំព័ររបស់យើង នៅ www.hpsj-mvhp.org ឬទូរស័ព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមរយៈលេខដែលមាននៅជើងទំព័រនៃឯកសារនេះបានផងដែរ។

B2. តើ បញ្ជីឱសថធ្លាប់ផ្លាស់ប្តូរដែរឬទេ?

បាទ/ចាស ហើយ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ត្រូវតែអនុវត្តតាមវិធានរបស់កម្មវិធី Medicare និង Medi-Cal នៅពេលធ្វើការផ្លាស់ប្តូរ។ យើងអាចនឹងបន្ថែម ឬដកឱសថចេញនៅក្នុង *បញ្ជីឱសថ* ក្នុងអំឡុងឆ្នាំ។

យើងក៏អាចផ្លាស់ប្តូរបញ្ជីរបស់យើងអំពីថ្នាំទាំងនោះដែរ។ ឧទាហរណ៍ យើងខ្ញុំអាច៖

- សម្រេចចិត្តទាមទារ ឬមិនទាមទារការអនុញ្ញាតជាមុនសម្រាប់ឱសថ។ (ការអនុញ្ញាតជាមុនគឺជាការអនុញ្ញាតពីគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP មុនពេលអ្នកអាចទទួលបានឱសថ។)
- បន្ថែម ឬផ្លាស់ប្តូរបរិមាណឱសថដែលអ្នកអាចទទួលបាន (គេហៅថា ការកំណត់បរិមាណ)។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរស័ព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល

www.hpsj-mvhp.org។

បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027



- បន្ថែម ឬផ្លាស់ប្តូរការរឹតបន្តឹងលើការព្យាបាលជាជំហានទៅលើឱសថ។
(ការព្យាបាលជាជំហានមានន័យថា អ្នកត្រូវតែសាកល្បងប្រើឱសថមួយមុនពេលយើងខ្ញុំនឹងធានារ៉ាប់រងឱសថមួយផ្សេងទៀត។)

សម្រាប់ព័ត៌មានបន្ថែមអំពីវិធានឱសថទាំងនេះ សូមមើលសំណួរ B4។

ប្រសិនបើអ្នកកំពុងប្រើឱសថដែលត្រូវបានធានារ៉ាប់រង **នៅដើមឆ្នាំ** ជាទូទៅយើងខ្ញុំនឹងមិនដកចេញ ឬផ្លាស់ប្តូរការធានារ៉ាប់រងលើឱសថនោះ **ក្នុងអំឡុងពេលនៅសល់នៃឆ្នាំ** នោះទេ លុះត្រាតែ៖

- មានឱសថថ្មីដែលមានតម្លៃថោកជាងនៅលើទីផ្សារ ដែលមានប្រសិទ្ធភាពដូចគ្នានឹងឱសថនៅក្នុង **បញ្ជីឱសថ** នាពេលនេះ ឬ
- យើងខ្ញុំបានដឹងថាឱសថនោះមិនមានសុវត្ថិភាព ឬ
- ថ្នាំនោះ ត្រូវបានដកចេញ មិនឲ្យចរាចរក្នុងទីផ្សារ។

សំណួរ B3 និង B6 ខាងក្រោម មានព័ត៌មានបន្ថែមទៀតអំពីអ្វីដែលកើតមានឡើង នៅពេលមានការផ្លាស់ប្តូរ **បញ្ជីឱសថ**។

- អ្នកតែងតែអាចពិនិត្យមើលបញ្ជីឱសថចុងក្រោយបំផុតរបស់ Health Plan of San Joaquin/ Mountain Valley Health Plan Advantage D-SNP តាមអនឡាញនៅលើគេហទំព័រ www.hpsj-mvhp.org។ ការធ្វើបច្ចុប្បន្នភាពចំពោះ **បញ្ជីឱសថ** ត្រូវបានបង្ហាញនៅលើគេហទំព័រជារៀងរាល់ខែ។
- អ្នកក៏អាចទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមលេខដែលមាននៅជើងទំព័រនៃឯកសារ នេះផងដែរ ដើម្បីពិនិត្យមើល **បញ្ជីឱសថថ្មី**។

B3. តើនឹងមានអ្វីកើតឡើងនៅពេលដែលមានការផ្លាស់ប្តូរចំពោះ បញ្ជីឱសថ?

ការផ្លាស់ប្តូរមួយចំនួនចំពោះ **បញ្ជីឱសថ**នឹងកើតឡើងភ្លាមៗ។ ឧទាហរណ៍៖

- **ការជំនួសកំណែឱសថថ្មីមួយចំនួន។** យើងខ្ញុំអាចនឹងដកឱសថចេញពី **បញ្ជីឱសថ** ភ្លាមៗ ប្រសិនបើយើងខ្ញុំជំនួសឱសថទាំងនេះដោយកំណែថ្មីជាក់លាក់នៃឱសថនោះប៉ុន្តែថ្លៃចំណាយរបស់អ្នកសម្រាប់ឱសថថ្មីនឹងនៅ \$0 ដដែល។ នៅពេលយើងខ្ញុំបន្ថែម កំណែឱសថថ្មី យើងខ្ញុំក៏អាចសម្រេចចិត្តរក្សាទុកឱសថមានម៉ាកយីហោ ឬផលិតផលជីវសាស្ត្រដើមនៅក្នុងបញ្ជីផងដែរ ប៉ុន្តែនឹងមានការផ្លាស់ប្តូរវិធានធានារ៉ាប់រង ឬដែនកំណត់របស់វា។
 - យើងអាចមិនប្រាប់អ្នកឲ្យដឹង មុនពេលយើងធ្វើការផ្លាស់ប្តូរនេះទេ ប៉ុន្តែយើងនឹងធ្វើព័ត៌មានអំពីការផ្លាស់ប្តូរជាក់លាក់ ឲ្យអ្នកបានដឹង។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

- យើងខ្ញុំអាចធ្វើការផ្លាស់ប្តូរទាំងនេះបាន លុះត្រាតែឱសថដែលយើងខ្ញុំកំពុងបន្ថែម៖
 - គឺជាកំណែឱសថទូទៅថ្មីនៃឱសថមានម៉ាកយីហោ ឬ
 - គឺជាកំណែផលិតផលជីវសាស្ត្រស្រដៀងគ្នាថ្មីជាក់លាក់នៃផលិតផលជីវសាស្ត្រដើមនៅក្នុង **បញ្ជីឱសថ** (ឧទាហរណ៍ ការបន្ថែមផលិតផលជីវសាស្ត្រស្រដៀងគ្នាដែលអាចផ្លាស់ប្តូរគ្នាបាន ដែលអាចជំនួសបានសម្រាប់ផលិតផលជីវសាស្ត្រដើមដោយគ្មានវេជ្ជបញ្ជាថ្មី។
 - ប្រភេទឱសថមួយចំនួនក្នុងចំណោមប្រភេទឱសថទាំងនេះអាចជាប្រភេទថ្មីសម្រាប់អ្នក។ សម្រាប់ព័ត៌មានបន្ថែម សូមមើល **ផ្នែក B14**។
- អ្នក ឬក៏អ្នកផ្តល់សេវារបស់អ្នកអាចស្នើសុំការលើកលែងចេញពីការផ្លាស់ប្តូរទាំងនេះបាន។ យើងនឹងធ្វើសេចក្តីជូនដំណឹងដល់អ្នកជាមួយនឹងជំហានដែលអ្នកអាចធ្វើបានដើម្បីស្នើសុំករណីលើកលែង។ សូមមើលសំណួរ B10-B12 សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។

- **ដកឱសថមិនមានសុវត្ថិភាពចេញ និងឱសថផ្សេងទៀតដែលត្រូវបានដកចេញពីទីផ្សារ។**
 ពេលខ្លះ ឱសថមួយអាចត្រូវបានរកឃើញថាមិនមានសុវត្ថិភាព ឬត្រូវបានដកចេញពីទីផ្សារដោយហេតុផលមួយផ្សេងទៀត។ ប្រសិនបើរឿងនេះកើតឡើង យើងខ្ញុំអាចដកវាចេញពី **បញ្ជីឱសថ**បានភ្លាមៗ។ ប្រសិនបើអ្នកកំពុងប្រើថ្នាំនោះ យើងនឹងធ្វើការជូនដំណឹងដល់អ្នកបន្ទាប់ពីយើងធ្វើការផ្លាស់ប្តូរ។ សេចក្តីជូនដំណឹងនឹងផ្តល់ឱ្យអ្នកនូវការណែនាំអំពីអ្វីដែលត្រូវធ្វើ។ ឧទាហរណ៍ អ្នកអាចត្រូវបានស្នើសុំឱ្យទូរសព្ទទៅអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក។

យើងអាចធ្វើការផ្លាស់ប្តូរផ្សេងទៀត ដែលប៉ះពាល់ដល់ថ្នាំដែលអ្នកកំពុងប្រើ។
 យើងខ្ញុំនឹងប្រាប់អ្នកជាមុនអំពីការផ្លាស់ប្តូរផ្សេងៗទៀតចំពោះ **បញ្ជីឱសថ** ការផ្លាស់ប្តូរនេះអាចកើតឡើង ប្រសិនបើ៖

- FDA ផ្តល់ការណែនាំថ្មី ឬមានគោលការណ៍ណែនាំការប្រើប្រាស់ថ្មីអំពីថ្នាំនេះ។
- យើងខ្ញុំដកឱសថមានម៉ាកយីហោចេញពី **បញ្ជីឱសថ** នៅពេលធ្វើការបន្ថែមឱសថទូទៅដែលមិនមែនជាឱសថថ្មីក្នុងទីផ្សារ ឬ
- យើងខ្ញុំដកផលិតផលជីវសាស្ត្រដើមចេញ នៅពេលធ្វើការបន្ថែមផលិតផលជីវសាស្ត្រស្រដៀងគ្នា ឬ
- យើងខ្ញុំផ្លាស់ប្តូរវិធាន ឬដែនកំណត់នៃការធានារ៉ាប់រងចំពោះឱសថដែលមានម៉ាកយីហោ។

នៅពេលដែលការផ្លាស់ប្តូរទាំងនេះបានកើតឡើង យើងខ្ញុំនឹង៖

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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- ប្រាប់អ្នកយ៉ាងហោចណាស់ 30 ថ្ងៃ មុនពេលយើងធ្វើការផ្លាស់ប្តូរចំពោះ **បញ្ជីឱសថ**
- ជម្រាបឱ្យអ្នកដឹង ហើយនឹងផ្តល់ឱ្យអ្នកនូវការផ្គត់ផ្គង់ឱសថនេះរយៈពេល 30 ថ្ងៃបន្ទាប់ពីអ្នកស្នើសុំបើកឱសថជាថ្មី។

នេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកពិគ្រោះគ្នាជាមួយវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។ ពួកគេអាចជួយអ្នកសម្រេចចិត្ត ៖

- ប្រសិនបើមានឱសថស្រដៀងគ្នានៅក្នុង **បញ្ជីឱសថ** ដែលអាចប្រើជំនួស ឬ
- ថា តើត្រូវស្នើសុំការលើកលែងពីការផ្លាស់ប្តូរទាំងនេះដែរឬអត់។ ដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែងនេះ សូមអានសំណួរ B10-B12។

B4. តើមានការរឹតបន្តឹង ឬដែនកំណត់ណាមួយលើការធានារ៉ាប់រងឱសថ ឬសកម្មភាពតម្រូវណាមួយដែលត្រូវធ្វើ ដើម្បីទទួលបានឱសថជាក់លាក់ដែរឬទេ?

បាទ/ចាស ឱសថមួយចំនួនមានវិធាននៃការធានារ៉ាប់រង ឬមានដែនកំណត់លើចំនួនដែលអ្នកអាចទទួលបាន។ ក្នុងករណីខ្លះ អ្នក ឬវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកវេជ្ជបញ្ជាផ្សេងទៀតត្រូវតែធ្វើអ្វីមួយសិន មុនពេលដែលអ្នកអាចទទួលបានឱសថនេះ។ ឧទាហរណ៍ ៖

- **ការអនុញ្ញាតជាមុន៖** សម្រាប់ឱសថមួយចំនួន អ្នក ឬវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតត្រូវតែទទួលបានការអនុញ្ញាតពី Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ដោយផ្អែកលើលក្ខណៈវិនិច្ឆ័យជាក់លាក់ មុនពេលអ្នកបើកឱសថតាមវេជ្ជបញ្ជារបស់អ្នក។ ការអនុញ្ញាតជាមុនមានភាពខុសគ្នាពីការបញ្ជូនបន្ត។ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP អាចនឹងមិនធានារ៉ាប់រងលើឱសថនេះទេ ប្រសិនបើអ្នកមិនទទួលបានការអនុញ្ញាតជាមុន។
- **ដែនកំណត់បរិមាណ៖** ជួនកាល Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ដាក់កំណត់ចំនួនឱសថដែលអ្នកអាចទទួលបាន។
- **ការព្យាបាលជាជំហាន៖** ជួនកាល Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តម្រូវឱ្យអ្នកធ្វើការព្យាបាលជាជំហាន។ នេះមានន័យថា អ្នកត្រូវសាកល្បងប្រើឱសថតាមលំដាប់ដោយជាក់លាក់ទៅតាមស្ថានភាពវេជ្ជសាស្ត្ររបស់អ្នក។ អ្នកប្រហែលជាត្រូវសាកល្បងប្រើឱសថមួយប្រភេទនេះសិន មុននឹងយើងខ្ញុំធានារ៉ាប់រងលើ

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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ឱសថមួយផ្សេងទៀត។ ប្រសិនបើអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគិតថា ឱសថទីមួយមិនមានប្រសិទ្ធភាពសម្រាប់អ្នកទេ នោះយើងខ្ញុំនឹងធានារ៉ាប់រងលើឱសថទីពីរ។

- **ការធានារ៉ាប់រងដោយផ្អែកលើចង្អុលបង្ហាញ៖** ប្រសិនបើ Health Plan of San Joaquin/ Mountain Valley Health Plan Advantage D-SNP ធានារ៉ាប់រងលើឱសថសម្រាប់ស្ថានភាពវេជ្ជសាស្ត្រមួយចំនួនតែប៉ុណ្ណោះ យើងនឹងបញ្ជាក់យ៉ាងច្បាស់លើ **បញ្ជីឱសថ** ជាមួយនឹងស្ថានភាពវេជ្ជសាស្ត្រជាក់លាក់ដែលត្រូវបានធានារ៉ាប់រង។

អ្នកអាចស្វែងយល់ថា តើឱសថរបស់អ្នកមានលក្ខខណ្ឌតម្រូវ ឬដែនកំណត់បន្ថែមដែរឬអត់ ដោយមើលតារាងនៅក្នុង **ផ្នែក C**។

អ្នកក៏អាចទទួលបានព័ត៌មានបន្ថែមដោយចូលទៅកាន់គេហទំព័ររបស់យើងខ្ញុំតាមរយៈ www.hpsj-mvhp.org។ យើងបានបង្ហាញឯកសារតាមប្រព័ន្ធអនឡាញ ដែលពន្យល់ពី ការអនុញ្ញាតជាមុន និងការរឹតបន្តឹងការព្យាបាលជាជំហានរបស់យើង។ អ្នកក៏អាចស្នើសុំឱ្យយើងខ្ញុំផ្ញើច្បាប់ចម្លងទៅកាន់អ្នកបានផងដែរ។

អ្នកអាចស្នើសុំការលើកលែងចេញពីដែនកំណត់ទាំងនេះបាន។

នេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកពិគ្រោះគ្នាជាមួយវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។ ពួកគេអាចជួយអ្នកក្នុងការសម្រេចចិត្ត ប្រសិនបើមានឱសថស្រដៀងគ្នានៅក្នុង **បញ្ជីឱសថ** ដែលអ្នកអាចប្រើជំនួស ឬថាតើត្រូវស្នើសុំឱ្យមានការលើកលែងដែរឬអត់។ សូមមើលសំណួរ B10-B12 សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។

B5. តើខ្ញុំនឹងដឹងថា ឱសថដែលខ្ញុំចង់បានមានដែនកំណត់ ឬថាមានសកម្មភាពតម្រូវណាមួយដែលត្រូវធ្វើ ដើម្បីទទួលបានឱសថនោះបានដោយរបៀបណា?

តារាងនៅក្នុងផ្នែកដែលមានចំណងជើងថា “បញ្ជីឱសថតាមប្រភេទឱសថ” មានជួរឈរដែលមានស្លាកឈ្មោះថា “វិធានការចាំបាច់ ការរឹតបន្តឹង ឬដែនកំណត់លើការប្រើប្រាស់”។

B6. តើមានអ្វីកើតឡើង ប្រសិនបើគម្រោង Health Plan San Joaquin/Mountain Valley Health Plan Advantage D-SNP ផ្លាស់ប្តូរវិធានរបស់គម្រោងអំពីរបៀបដែលគម្រោងធានារ៉ាប់រងលើឱសថមួយចំនួន (ឧទាហរណ៍ ការអនុញ្ញាតជាមុន ការកំណត់បរិមាណ និង/ឬការរឹតបន្តឹងលើការព្យាបាលជាជំហាន)?

ក្នុងករណីខ្លះទៀត យើងខ្ញុំនឹងប្រាប់អ្នកជាមុនប្រសិនបើយើងខ្ញុំបន្ថែម ឬផ្លាស់ប្តូរវិធាននៃការអនុញ្ញាតជាមុន ការកំណត់បរិមាណ និង/ឬការរឹតបន្តឹងលើការព្យាបាលជាជំហានលើការប្រើឱសថ។ សូមមើលសំណួរ B3

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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ដើម្បីដឹងព័ត៌មានបន្ថែមអំពីសេចក្តីជូនដំណឹងជាមុននេះ
និងស្ថានភាពដែលយើងខ្ញុំមិនអាចប្រាប់អ្នកឱ្យដឹងជាមុនបាន
នៅពេលដែលវិធានការរបស់យើងខ្ញុំអំពីការប្រើប្រាស់ឱសថក្នុង **បញ្ជីឱសថ**មានការផ្លាស់ប្តូរ។

B7. តើខ្ញុំអាចស្វែងរកឱសថនៅក្នុង បញ្ជីឱសថបានដោយរបៀបណាដែរ?

មានវិធីពីរយ៉ាងក្នុងការស្វែងរកឱសថ៖

- អ្នកអាចស្វែងរកតាមអក្ខរក្រម **ឬ**
- អ្នកអាចស្វែងរកតាមប្រភេទឱសថ។

ដើម្បីស្វែងរក តាមអក្ខរក្រម

សូមរកមើលឱសថរបស់អ្នកនៅក្នុងលិបិក្រមនៃផ្នែកឱសថដែលមានការធានារ៉ាប់រង។
អ្នកអាចស្វែងរកបាននៅ លើទំព័រ 1-1។

ដើម្បីស្វែងរក **ប្រភេទឱសថ** សូមស្វែងរក **ផ្នែក C1** ដែលមានស្លាកថា “បញ្ជីឱសថតាមប្រភេទឱសថ”។
ឱសថនៅក្នុងផ្នែកនេះត្រូវបានគេដាក់ជាក្រុមទៅតាមប្រភេទ។ ឧទាហរណ៍
ប្រសិនបើអ្នកកំពុងប្រើប្រាស់ថ្នាំព្យាបាលជំងឺឈឺក្បាលប្រកាំង នោះអ្នកគួរតែពិនិត្យមើលក្នុងប្រភេទ
“ឱសថប្រឆាំងនឹងជំងឺឈឺក្បាលប្រកាំង”។
នោះគឺជាកន្លែងដែលអ្នកនឹងរកឃើញឱសថដែលព្យាបាលជំងឺឈឺក្បាល
ប្រកាំង។

B8. ចុះបើឱសថដែលខ្ញុំចង់ប្រើមិនមានក្នុង បញ្ជីឱសថវិញនោះ?

ប្រសិនបើអ្នករកមិនឃើញឱសថរបស់អ្នកនៅក្នុង **បញ្ជីឱសថ**
សូមទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមរយៈលេខដែលមាននៅក្នុងដើមទំព័រនៃឯកសារនេះ
ហើយសួរអំពីឱសថនោះ។ ប្រសិនបើ
អ្នកដឹងថា Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP
នឹងមិនធានារ៉ាប់រងលើឱសថនេះទេ អ្នកអាចធ្វើកិច្ចការមួយក្នុងចំណោមកិច្ចការដូចតទៅ៖

- សួរផ្នែកសេវាបម្រើអតិថិជនរកបញ្ជីឱសថ ដូចឱសថដែលអ្នកចង់ប្រើ។ បន្ទាប់មក
ត្រូវបង្ហាញបញ្ជីនេះដល់វេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។
ពួកគេអាចចេញវេជ្ជបញ្ជាឱសថនៅក្នុង **បញ្ជីឱសថ**ដែលដូចនឹងឱសថដែលអ្នកចង់ប្រើ។ **ឬ**
- ស្នើសុំគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage
D-SNP ឱ្យធ្វើការលើកលែងចំពោះការធានារ៉ាប់រងលើឱសថរបស់អ្នក។ សូមមើលសំណួរ
B10-B12 សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley
Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក
ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា
និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30
ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

B9. ចុះបើខ្ញុំជាសមាជិកថ្មីរបស់គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ហើយមិនអាចរកឃើញឱសថរបស់ខ្ញុំនៅក្នុង បញ្ជីឱសថ ឬមានបញ្ហាក្នុងការទទួលបានឱសថរបស់ខ្ញុំវិញនោះ?

យើងខ្ញុំអាចជួយបាន។ យើងខ្ញុំអាចធានារ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថរបស់អ្នកជាបណ្តោះអាសន្ន រយៈពេល 30 ថ្ងៃ ក្នុងអំឡុងពេល 90 ថ្ងៃដំបូងដែលអ្នកក្លាយជាសមាជិករបស់ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP។

នេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកពិគ្រោះគ្នាជាមួយវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។ ពួកគេអាចជួយអ្នកក្នុងការសម្រេចចិត្ត ប្រសិនបើមានឱសថស្រដៀងគ្នានៅក្នុង បញ្ជីឱសថដែលអ្នកអាចប្រើជំនួស ឬថាតើត្រូវស្នើសុំឱ្យមានការលើកលែងដែរឬអត់។

ប្រសិនបើវេជ្ជបញ្ជារបស់អ្នកត្រូវបានសរសេរឡើងសម្រាប់រយៈពេលពីរថ្ងៃ នោះយើងខ្ញុំនឹងអនុញ្ញាតឱ្យមានការបើកថ្នាំមានវេជ្ជបញ្ជាច្រើនដងដើម្បីផ្តល់ការប្រើថ្នាំរហូតដល់ 30 ថ្ងៃជាអតិបរមា។

យើងខ្ញុំនឹងធានារ៉ាប់រងលើ ការផ្គត់ផ្គង់រយៈពេល 30 ថ្ងៃ ចំពោះឱសថរបស់អ្នក ប្រសិនបើ៖

- អ្នកកំពុងប្រើប្រាស់ឱសថដែលមិនមាននៅក្នុង បញ្ជីឱសថរបស់យើងទេ ឬ
- វិធាននៃគម្រោងរបស់យើងមិនអនុញ្ញាតឱ្យអ្នកទទួលបានចំនួនដែលបានបង្ហាត់ដោយអ្នក ចេញវេជ្ជបញ្ជារបស់អ្នកទេ ឬ
- ឱសថនេះតម្រូវឱ្យមានការអនុញ្ញាតជាមុនពី Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ឬ
- អ្នកកំពុងប្រើប្រាស់ឱសថដែលជាផ្នែកនៃការរឹតបន្តឹងលើការព្យាបាលតាមជំហាន។

ប្រសិនបើអ្នកកំពុងប្រើប្រាស់ឱសថដែល Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP មិនចាត់ទុកថាជាឱសថផ្នែក D ហើយឱសថនោះមិនស្ថិតនៅក្នុង បញ្ជីឱសថ ហើយអ្នកមានបញ្ហាក្នុងការទទួលបានឱសថនោះ វាអាចនឹងត្រូវបានធានារ៉ាប់រងតាមរយៈ

Medi-Cal Rx។ ប្រសិនបើឱសថមិនរាប់បញ្ចូល Part D តម្រូវឱ្យមានការលើកលែង

ហើយអ្នកស្ថិតក្នុងភាពអាសន្ន នោះ Medi-Cal Rx

នឹងអនុញ្ញាតឱ្យមានការផ្គត់ផ្គង់ឱសថមិនលើសពី 72 ម៉ោង។ សូមចូលទៅកាន់គេហទំព័រ Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) ដើម្បីទទួលបានព័ត៌មានបន្ថែម។

អ្នកក៏អាចទូរស័ព្ទទៅមជ្ឈមណ្ឌលសេវាកម្មអតិថិជន Medi-Cal Rx តាមលេខ 800-977-2273

ផងដែរ។ សូមយកប័ណ្ណសម្គាល់ Medi-Cal BIC របស់អ្នកមកជាមួយ

នៅពេលមកទទួលថ្នាំមានវេជ្ជបញ្ជាតាមរយៈ Medi-Cal Rx។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល

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ប្រសិនបើអ្នកកំពុងស្ថិតនៅក្នុងមណ្ឌលថែទាំមនុស្សចាស់ ឬមណ្ឌលថែទាំរយៈពេលវែងផ្សេងទៀត ហើយត្រូវការឱសថដែលមិនមាននៅក្នុង *បញ្ជីឱសថ*

ឬប្រសិនបើអ្នកពិបាកក្នុងការទទួលបានឱសថដែលអ្នកត្រូវការ នោះយើងខ្ញុំអាចជួយអ្នកបាន។ ប្រសិនបើអ្នកបានស្ថិតនៅក្នុងគម្រោងអស់រយៈពេលយូរជាង 90 ថ្ងៃ រស់នៅមណ្ឌលថែទាំរយៈពេលវែង និងត្រូវការការផ្គត់ផ្គង់ភ្លាមៗ៖

- យើងខ្ញុំនឹងធានារ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថរយៈពេល 31 ថ្ងៃ សម្រាប់មួយវេជ្ជបញ្ជាដែលអ្នកត្រូវការ (លុះត្រាតែអ្នកមានវេជ្ជបញ្ជាសម្រាប់រយៈពេលពីរឬបីថ្ងៃ) មិនថាអ្នកជា ឬមិនមែនជាសមាជិកថ្មីនៃ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ក៏ដោយ។
- នេះគឺជាការបន្ថែមទៅលើការផ្គត់ផ្គង់បណ្តោះអាសន្នក្នុងអំឡុងពេល 90 ថ្ងៃដំបូងដែលអ្នកក្លាយជាសមាជិករបស់គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP។

ប្រសិនបើអ្នកកំពុងផ្លាស់ប្តូររវាងកម្រិតនៃការថែទាំផ្សេងៗគ្នា (ឧទាហរណ៍ ចេញពីមន្ទីរពេទ្យ) នោះគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP នឹងធានារ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថផ្លាស់ប្តូររយៈពេល 31 ថ្ងៃជូនអ្នកដើម្បីប្រើប្រាស់នៅក្នុងការមជ្ឈដ្ឋានថ្មីរបស់អ្នក។

B10. តើខ្ញុំអាចស្នើសុំការលើកលែងចំពោះការធានារ៉ាប់រងលើឱសថរបស់ខ្ញុំបានដែរឬទេ?

បាទ/ចាស។ អ្នកអាចស្នើសុំឱ្យ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ធ្វើការលើកលែង ដើម្បីធ្វើការធានារ៉ាប់រងលើឱសថដែលមិនមាននៅក្នុង *បញ្ជីឱសថ*។

អ្នកក៏អាចស្នើសុំឱ្យយើងខ្ញុំផ្លាស់ប្តូរវិធានស្តីពីឱសថរបស់អ្នកបានផងដែរ។

- ឧទាហរណ៍ គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP អាចកំណត់បរិមាណឱសថដែលយើងខ្ញុំនឹងធានារ៉ាប់រង។ ប្រសិនបើឱសថរបស់អ្នកមានការដាក់កំណត់ នោះអ្នកអាចស្នើសុំមកយើងខ្ញុំឱ្យផ្លាស់ប្តូរដែនកំណត់ ហើយឱ្យធានារ៉ាប់រងបន្ថែមទៀតបាន។
- ឧទាហរណ៍ផ្សេងទៀត៖ អ្នកអាចស្នើសុំឱ្យយើងខ្ញុំដកការរឹតបន្តឹងលើការព្យាបាលជាជំហានៗ ឬលក្ខខណ្ឌតម្រូវឱ្យមានការអនុញ្ញាតជាមុន។

B11. តើខ្ញុំអាចស្នើសុំការលើកលែងដោយរបៀបណា?

ដើម្បីស្នើសុំនូវការលើកលែង សូមទូរសព្ទទៅ ផ្នែកបម្រើសេវាអតិថិជន។ អ្នកកំណត់ផ្នែកសេវាបម្រើអតិថិជនរបស់អ្នកនឹងធ្វើការជាមួយអ្នក

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

និងអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក ដើម្បីជួយអ្នកស្នើសុំការលើកលែង។ អ្នកក៏អាចអានជំពូកទី 9 ផ្នែក G នៃ សៀវភៅណែនាំសមាជិកដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែង។

B12. តើត្រូវប្រើប្រាស់ពេលវេលាយូរប៉ុណ្ណាដែរ ទើបអាចទទួលបានការលើកលែង?

បន្ទាប់ពីយើងខ្ញុំទទួលបានសេចក្តីថ្លែងការណ៍ពីអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកដែលគាំទ្រការស្នើសុំការលើកលែងរបស់អ្នក នោះយើងខ្ញុំនឹងផ្តល់សេចក្តីសម្រេចក្នុងរយៈពេល 72 ម៉ោងជូនដល់អ្នក។ ប្រសិនបើអ្នកកំពុងស្នើសុំការលើកលែង វេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកត្រូវតែផ្តល់ឱ្យយើងខ្ញុំនូវហេតុផលសម្រាប់ការលើកលែងឱសថនេះ។ យើងខ្ញុំហៅវាថា “សេចក្តីថ្លែងការណ៍គាំទ្រ”។ វេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកអាចប្រាប់មកយើងខ្ញុំតាមទូរសព្ទ និងទូរសារ ឬផ្ញើសេចក្តីថ្លែងការណ៍មកយើងខ្ញុំតាមប្រៃសណីយ៍តាមរយៈ៖

- ទូរសព្ទ៖ 1-833-546-0796 (TTY: 711) បាន 7 ថ្ងៃក្នុងមួយសប្តាហ៍ 24 ម៉ោងក្នុងមួយថ្ងៃ
- ទូរសារ៖ 1-858-790-7100
- ប្រៃសណីយ៍៖ MedImpact

10181 Scripps Gateway Court

San Diego, CA 92131

ប្រសិនបើអ្នក ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគិតថាសុខភាពរបស់អ្នកអាចមានគ្រោះថ្នាក់ ប្រសិនបើអ្នកត្រូវរង់ចាំរយៈពេល 72 ម៉ោងសម្រាប់សេចក្តីសម្រេច នោះអ្នកអាចស្នើសុំការលើកលែងបែបពន្លឺនបាន។ នេះគឺជាសេចក្តីសម្រេចឆាប់រហ័សជាងមុន។ បើអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគាំទ្រសំណើរបស់អ្នក នោះយើងខ្ញុំនឹងផ្តល់សេចក្តីសម្រេចមួយក្នុងរយៈពេល 24 ម៉ោងដល់អ្នក បន្ទាប់ពីទទួលបានសេចក្តីថ្លែងការណ៍គាំទ្រពីអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក។

B13. តើអ្វីទៅជាឱសថទូទៅ?

ឱសថទូទៅត្រូវបានផ្សំឡើងដោយសារធាតុផ្សំដូចគ្នានឹងឱសថមានម៉ាកយីហៅដែរ។ ជាទូទៅ ឱសថទាំងនោះមានតម្លៃទាបជាងឱសថមានម៉ាកយីហៅ ហើយជាទូទៅមានប្រសិទ្ធភាពដូចគ្នាដែរ។ ជាទូទៅ ឱសថទាំងនោះមិនមានឈ្មោះល្បីល្បាញឡើយ។ ឱសថទូទៅត្រូវបានការអនុញ្ញាតឱ្យប្រើដោយរដ្ឋបាលចំណីអាហារ និងឱសថ (FDA)។ មានឱសថទូទៅដែលអាចរកបានសម្រាប់ឱសថមានម៉ាកយីហៅជាច្រើនផងដែរ។ ជាទូទៅ ឱសថទូទៅអាចត្រូវបានប្រើជំនួសឱសថមានម៉ាកយីហៅនៅតាម ឱសថស្ថានដោយគ្មានវេជ្ជបញ្ជាថ្មីបាន—អាស្រ័យលើច្បាប់របស់រដ្ឋ។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ធានារ៉ាប់រងទាំងឱសថមានម៉ាកយីហោ និងឱសថទូទៅ។

B14. តើផលិតផលជីវសាស្ត្រដើមគឺជាអ្វី

ហើយតើពួកវាទាក់ទងទៅនឹងផលិតផលជីវសាស្ត្រស្រដៀងគ្នាយ៉ាងដូចម្តេច?

នៅពេលដែលយើងខ្ញុំប្រើពាក្យថាឱសថ វាអាចមានន័យថាជាឱសថ ឬផលិតផលជីវសាស្ត្រ។ ផលិតផលជីវសាស្ត្រ គឺជាថ្នាំដែលមានលក្ខណៈស្មុគស្មាញជាងថ្នាំធម្មតា។ ដោយសារផលិតផលជីវសាស្ត្រមានភាពស្មុគស្មាញជាងឱសថធម្មតា ជំនួសឱ្យការមានទម្រង់ទូទៅ ផលិតផលជីវសាស្ត្រមានទម្រង់ដែលហៅថា ផលិតផលជីវសាស្ត្រស្រដៀងគ្នា។ ជាទូទៅ ផលិតផលជីវសាស្ត្រស្រដៀងគ្នាមានប្រសិទ្ធភាពដូចគ្នាទៅនឹងផលិតផលជីវសាស្ត្រដើម ហើយអាចមានតម្លៃថោកជាងផងដែរ។ មានជម្រើសផលិតផលជីវសាស្ត្រស្រដៀងគ្នាសម្រាប់ផលិតផលជីវសាស្ត្រដើមមួយចំនួន។ ផលិតផលជីវសាស្ត្រស្រដៀងគ្នាមួយចំនួនគឺជាផលិតផលជីវសាស្ត្រស្រដៀងគ្នាដែលអាចផ្លាស់ប្តូរគ្នាបាន ហើយយោងទៅតាមច្បាប់របស់រដ្ឋ ប្រហែលជាអាចត្រូវបានប្រើជំនួសផលិតផលជីវសាស្ត្រដើមនៅឱសថស្ថានដោយមិនចាំបាច់មានវេជ្ជបញ្ជាថ្មី ដូចគ្នានឹងឱសថទូទៅដែលអាចត្រូវបានប្រើជំនួសឱសថមានម៉ាកយីហោអញ្ចឹងដែរ។

សម្រាប់ព័ត៌មានបន្ថែមអំពីប្រភេទឱសថ សូមមើលជំពូកទី 5 នៃ សៀវភៅណែនាំសមាជិកនេះ

B15. តើឱសថ OTC ជាអ្វី?

OTC មានន័យថា “ឱសថគ្មានវេជ្ជបញ្ជា”។ គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ធានារ៉ាប់រងលើឱសថ OTC មួយចំនួននៅពេលឱសថទាំងនោះត្រូវបានចេញវេជ្ជបញ្ជាដោយអ្នកផ្តល់សេវារបស់អ្នក។

គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ផ្តល់ជូនឱសថ និងផលិតផល OTC ជាអត្ថប្រយោជន៍បន្ថែមនៃ Part C។ សម្រាប់ព័ត៌មានបន្ថែមអំពីអត្ថប្រយោជន៍បន្ថែមរបស់អ្នក សូមមើលជំពូកទី 4 នៃ សៀវភៅណែនាំសមាជិកនេះ។

B16. តើគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ធានារ៉ាប់រងលើផលិតផល OTC ដែលមិនមែនជាឱសថដែរឬទេ?

គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ធានារ៉ាប់រងលើផលិតផល OTC ដែលមិនមែនជាឱសថមួយចំនួននៅពេលឱសថទាំងនោះត្រូវបានចេញវេជ្ជបញ្ជាដោយអ្នកផ្តល់សេវារបស់អ្នក។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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ឧទាហរណ៍អំពីផលិតផល OTC ដែលមិនមែនជាឱសថរួមមាន ម្ហូបជ្រះឈាម សំឡីអាល់កុល និងស៊ីរ៉ាំងចាក់អាងស៊ុយលីន។

អ្នកអាចអាន *បញ្ជីឱសថ* នៃគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ដើម្បីស្វែងយល់ថាតើផលិតផល OTC ដែលមិនមែនជាឱសថប្រភេទអ្វីដែលត្រូវបានធានារ៉ាប់រង។

B17. តើគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ធានារ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថតាមវេជ្ជបញ្ជារយៈពេលវែងដែរឬទេ?

- **កម្មវិធីបញ្ជាទិញតាមប្រៃសណីយ៍។** យើងខ្ញុំផ្តល់ជូននូវកម្មវិធីបញ្ជាទិញតាមប្រៃសណីយ៍ ដែលអនុញ្ញាតឱ្យអ្នកទទួលបានការផ្គត់ផ្គង់រហូតដល់រយៈពេល 90 ថ្ងៃ (កម្រិតទី 2 ទី 3 និងទី 4) ឬការផ្គត់ផ្គង់រយៈពេល 100 ថ្ងៃ (កម្រិតទី 1 និងទី 6) នៃឱសថរបស់អ្នកដែលផ្ញើដោយផ្ទាល់ទៅកាន់ផ្ទះរបស់អ្នក។ ការផ្គត់ផ្គង់ក្នុងរយៈពេល 90 ថ្ងៃ ឬ 100 ថ្ងៃ គឺមានកម្រិតដូចគ្នានៃថ្លៃចំណាយរួម សម្រាប់ការផ្គត់ផ្គង់រយៈពេលមួយខែដែរ។
- **កម្មវិធីឱសថស្ថានលក់រាយរយៈពេល 90 ថ្ងៃ ឬ 100 ថ្ងៃ។** ឱសថស្ថានលក់រាយមួយចំនួនក៏អាចផ្តល់ជូនការផ្គត់ផ្គង់រហូតដល់រយៈពេល 90 ថ្ងៃ (កម្រិតទី 2 ទី 3 និងទី 4) ឬការផ្គត់ផ្គង់រយៈពេល 100 ថ្ងៃ (កម្រិតទី 1 និងទី 6) នៃឱសថដែលត្រូវបានធានារ៉ាប់រងផងដែរ។ ការផ្គត់ផ្គង់ក្នុងរយៈពេល 90 ថ្ងៃ ឬ 100 ថ្ងៃ គឺមានកម្រិតដូចគ្នានៃថ្លៃចំណាយរួម សម្រាប់ការផ្គត់ផ្គង់រយៈពេលមួយខែដែរ។

B18. តើការបង់ប្រាក់រួមរបស់ខ្ញុំមានចំនួនប៉ុន្មាន?

សមាជិករបស់ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP មិនត្រូវបង់ \$0 នៃការបង់ប្រាក់រួមទេសម្រាប់ផលិតផលតាមវេជ្ជបញ្ជា និងផលិតផលមិនមែនជាឱសថ ប្រសិនបើសមាជិកអនុវត្តតាមវិធានរបស់គម្រោង។ សូមមើលសំណួរ B15 និង B16 សម្រាប់ព័ត៌មានបន្ថែមអំពីឱសថ OTC និងផលិតផលមិនមែនជាឱសថ។

កម្រិតគឺជាក្រុមឱសថដែលមាននៅក្នុង *បញ្ជីឱសថ* របស់យើង។

- កម្រិត 1 ជាថ្នាំទូទៅដែលគេចូលចិត្តឱ្យប្រើ ការចំណាយរួមគឺ \$0។
- ឱសថទូទៅកម្រិត 2 មានការបង់ប្រាក់រួម \$0។
- ឱសថមានម៉ាកយីហោដែលចង់បានកម្រិត 3 មានការបង់ប្រាក់រួម \$0។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

- ឱសថមានម៉ាកយីហោដែលមិនចង់បានកម្រិត 4 មានការបង់ប្រាក់រួម \$0។
- ឱសថឯកទេសកម្រិត 5 មានការបង់ប្រាក់រួម \$0។
- កម្រិត 6 ជាថ្នាំដែលជ្រើសរើសសម្រាប់ការថែទាំ ដែលមានការចំណាយរួម \$0។

ប្រសិនបើអ្នកមានសំណួរ

សូមទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមលេខដែលមាននៅផ្នែកខាងក្រោមនៃឯកសារនេះ។

C. ទិដ្ឋភាពទូទៅនៃបញ្ជីឱសថដែលមានការធានារ៉ាប់រង

បញ្ជីឱសថដែលមានការធានារ៉ាប់រងផ្តល់ព័ត៌មានដល់អ្នកអំពីឱសថដែល Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP រ៉ាប់រង។

ប្រសិនបើអ្នកពិបាកស្វែងរកឱសថរបស់អ្នកនៅក្នុងបញ្ជី

សូមមើលលិបិក្រមនៃឱសថដែលមានការធានារ៉ាប់រង ដែលចាប់ផ្តើមនៅក្នុងផ្នែក C។

លិបិក្រមរាយឈ្មោះឱសថទាំងអស់ដែលត្រូវបានរ៉ាប់រងដោយ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលំដាប់

អក្ខរក្រម។

ឱសថផ្សេងទៀត ដូចជាថ្នាំដែលគ្មានវេជ្ជបញ្ជា (OTC) និងវិភាគមិនមួយចំនួន អាចត្រូវបានធានារ៉ាប់រងដោយ Medi-Cal Rx។ សូមចូលទៅកាន់គេហទំព័រ Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov)

ដើម្បីទទួលបានព័ត៌មានបន្ថែម។ អ្នកក៏អាចទូរសព្ទទៅមជ្ឈមណ្ឌលសេវាកម្មអតិថិជន Medi-Cal Rx តាមលេខ 800-977-2273 ផងដែរ។ សូមយកបញ្ជីសមាជិកអ្នកទទួលបាន Medi-Cal (BIC) របស់អ្នកមកជាមួយ នៅពេលមកទទួលឱសថតាមវេជ្ជបញ្ជាតាមរយៈ Medi-Cal Rx។

បណ្តឹងឧទ្ធរណ៍នៅក្រោម Part D

- បណ្តឹងឧទ្ធរណ៍គឺជាវិធីផ្លូវការនៃការស្នើសុំឱ្យយើងខ្ញុំពិនិត្យឡើងវិញលើសេចក្តីសម្រេចមួយដែលយើងបានធ្វើឡើងចំពោះការធានារ៉ាប់រងរបស់អ្នក និងដើម្បីផ្លាស់ប្តូរវា ប្រសិនបើអ្នកគិតឃើញថា យើងខ្ញុំបានប្រព្រឹត្តកំហុស។
- ឧទាហរណ៍ យើងខ្ញុំអាចសម្រេចថា ឱសថមួយប្រភេទដែលអ្នកចង់បានមិនត្រូវបានរ៉ាប់រង ឬលែងត្រូវបានរ៉ាប់រងដោយកម្មវិធី Medicare ឬ Medi-Cal តទៅទៀត។
- ប្រសិនបើអ្នក ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកមិនយល់ព្រមតាមសេចក្តីសម្រេចរបស់យើងខ្ញុំទេ អ្នកអាចដាក់បណ្តឹងឧទ្ធរណ៍បាន។ ប្រសិនបើអ្នកមានសំណួរ សូមទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមលេខដែលមាននៅក្នុងជើងទំព័រនៃឯកសារនេះ។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលមើល

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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

- អ្នកក៏អាចអានជំពូកទី 9 នៃ សៀវភៅណែនាំសមាជិក ដើម្បីស្វែងយល់អំពីរបៀបប្តឹងឧទ្ធរណ៍ចំពោះសេចក្តីសម្រេចបានផងដែរ។
- ឱសថដែលមិនមែនជាឱសថ Part D មានវិធានផ្សេងៗសម្រាប់បណ្តឹងឧទ្ធរណ៍។

C1. បញ្ជីឱសថតាមប្រភេទឱសថ

ឱសថនៅក្នុងផ្នែកនេះត្រូវបានគេដាក់ជាក្រុមទៅតាមប្រភេទ អាស្រ័យលើប្រភេទស្ថានភាពវេជ្ជសាស្ត្រដែលឱសថទាំងនោះត្រូវបានប្រើសម្រាប់ព្យាបាល។ ឧទាហរណ៍ ប្រសិនបើអ្នកមានបញ្ហាជំងឺបេះដូង នោះអ្នកគួរតែពិនិត្យមើលក្នុងប្រភេទឱសថនៃភ្នាក់ងារព្យាបាលជំងឺសរសៃឈាមបេះដូង។ នោះគឺជាកន្លែងដែលអ្នកនឹងរកឃើញឱសថដែលព្យាបាលជំងឺបេះដូង។

នេះគឺជាអត្ថន័យនៃកូដដែលគេប្រើនៅក្នុងផ្លូវឈរ “វិធានការចាំបាច់ ការរឹតបន្តឹង ឬការដែនកំណត់លើការប្រើប្រាស់ឱសថ”:

ពាក្យសរសេរកាត់	ការពិពណ៌នា	ការពន្យល់
G	សូចនាករទូទៅ	ឱសថនេះត្រូវបានផ្សំឡើងដោយសារធាតុផ្សំដូចគ្នានឹងឱសថមានម៉ាកយីហោដែរ។
QL	ការកំណត់បរិមាណ	ទម្រង់នៃការគ្រប់គ្រងការប្រើប្រាស់ (UM) ដែលបញ្ជាក់ពីការកំណត់បរិមាណ ឬការរឹតបន្តឹងលើឱសថមានវេជ្ជបញ្ជាតាមពេលវេលា។ ការដាក់កម្រិតបរិមាណអាចមានទម្រង់ផ្សេងៗគ្នា ដែលធម្មតាបំផុតគឺការរឹតបន្តឹងប្រចាំថ្ងៃ និងប្រចាំខែ លើការចេញបរិមាណនៃឱសថមានវេជ្ជបញ្ជា ឬការចេញវេជ្ជបញ្ជាឡើងវិញ។
ST	ការព្យាបាលជាជំហាន	អ្នកត្រូវតែសាកល្បងឱសថផ្សេងទៀតជាមុនសិន ដើម្បីព្យាបាលបញ្ហាវេជ្ជសាស្ត្ររបស់អ្នក។ ឱសថនេះអាចត្រូវបានធានារ៉ាប់រងលុះត្រាតែឱសថផ្សេងទៀតមិនមានប្រសិទ្ធភាពចំពោះអ្នក។
PA	ការអនុញ្ញាតជាមុន	អ្នក (ឬគ្រូពេទ្យរបស់អ្នក) ត្រូវបានតម្រូវឱ្យទទួលបានការអនុញ្ញាតជាមុន មុនពេលអ្នកបើកឱសថដែលមានវេជ្ជបញ្ជារបស់អ្នកសម្រាប់ឱសថនេះ។ គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP អាចនឹងមិនធានារ៉ាប់រងលើឱសថនេះទេ បើគ្មានការយល់ព្រមជាមុន។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

ពាក្យសរសេរកាត់	ការពិពណ៌នា	ការពន្យល់
PA NSO	ការអនុញ្ញាតជាមុន – ការចាប់ផ្តើមថ្មី	ប្រសិនបើអ្នកមិនបានប្រើឱសថនេះពីមុនទេ អ្នក (ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក) ត្រូវបានតម្រូវឱ្យទទួលបានការអនុញ្ញាតជាមុន មុនពេលអ្នកបើកឱសថតាមវេជ្ជបញ្ជារបស់អ្នកសម្រាប់ឱសថនេះ។
PA BvD	ការអនុញ្ញាតជាមុន – Part B ទល់នឹង Part D	ឱសថនេះអាចមានសិទ្ធិទទួលបានការបង់ប្រាក់ក្រោមកម្មវិធី Medicare Part B ឬ Part D។ ចាំបាច់ត្រូវមានការពិនិត្យឡើងវិញនូវការអនុញ្ញាតជាមុន ដោយផ្អែកលើវិធាននៃការធានារ៉ាប់រងរបស់កម្មវិធី Medicare។
LA	ការប្រើមានដែនកំណត់	ឱសថនេះអាចមានតែនៅឱសថស្ថានជាក់លាក់ប៉ុណ្ណោះ។ សម្រាប់ព័ត៌មានបន្ថែម សូមមើលសៀវភៅបញ្ជីរាយឈ្មោះឱសថស្ថានរបស់អ្នក ឬទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមរយៈលេខ 1-888-361-7526 (TTY: 711) បាន 7 ថ្ងៃក្នុងមួយសប្តាហ៍។
AGE	ការរឹតបន្តឹងលើអាយុ	ឱសថនេះមានដែនកំណត់ការធានារ៉ាប់រងដោយផ្អែកលើក្រុមអាយុ។ ដែនកំណត់នេះអាចផ្អែកលើរបៀបដែលឱសថត្រូវបានអនុម័តដោយ FDA ឬការព្រមានពីសេសសម្រាប់ការប្រើប្រាស់ដោយមនុស្សនៅក្នុងក្រុមអាយុជាក់លាក់។
NDS	ការផ្គត់ផ្គង់សម្រាប់ថ្ងៃមិនបន្ថែម	ឱសថនេះមិនមានសិទ្ធិទទួលបានការផ្គត់ផ្គង់រយៈពេលវែងទេ (ត្រូវបានគេហៅផងដែរថា “ការផ្គត់ផ្គង់បន្ថែម”)។
PA-HRM	ការអនុញ្ញាតជាមុន – ឱសថដែលមានហានិភ័យខ្ពស់	ឱសថនេះត្រូវបានចាត់ទុកដោយមជ្ឈមណ្ឌលសម្រាប់សេវា Medicare និង Medicaid (CMS) ថាអាចបង្កគ្រោះថ្នាក់ ហើយបើមិនដូច្នោះទេជាឱសថដែលមានហានិភ័យខ្ពស់សម្រាប់អ្នកទទួលបានផលពីកម្មវិធី Medicare ដែលមានអាយុ 65 ឆ្នាំឡើងទៅ។ ឱសថនេះប្រហែលជាមិនត្រូវបានធានារ៉ាប់រងសម្រាប់សមាជិកដែលមានអាយុចាប់ពី 65 ឆ្នាំឡើងទៅឡើយ បើគ្មានការអនុញ្ញាតជាមុន។

ផ្លូវឈាមមួយនៃតារាងដែលរាយឈ្មោះឱសថ។ ឱសថទូទៅត្រូវបានសរសេរជាអក្សរតូចនិងទ្រេក (ឧទាហរណ៍ *lisinopril*) ឱសថមានម៉ាកយីហោសរសេរជាអក្សរធំ (ឧទាហរណ៍ HUMIRA) និងផលិតផលមិនមែនឱសថសរសេរជាអក្សរតូច (ឧទាហរណ៍ lancets) ។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

ព័ត៌មាននៅក្នុងផ្លូវឈរដែលមានឈ្មោះ “ចំណាត់ការចាំបាច់ ការវិភាគបន្តិច
ឬដែនកំណត់លើការប្រើប្រាស់” ប្រាប់អ្នកថា គឺ Health Plan of San Joaquin/Mountain Valley
Health Plan Advantage D-SNP មានវិធានសម្រាប់ការធានារ៉ាប់រងឱសថរបស់អ្នកដែរឬទេ។

បញ្ជីអក្សរកាត់ជាទម្រង់កម្រិតដូស

បញ្ជីអក្សរកាត់ជាទម្រង់កម្រិតដូសនេះ គឺជាទម្រង់ពាក្យ ឬឃ្លាអក្សរកាត់
ឬខ្លីៗដែលអាចមានរាយក្នុងផ្លូវឈរដែលមានឈ្មោះថា “ឈ្មោះឱសថ” នៅក្នុងផ្នែកបន្ទាប់។

អក្សរកាត់ជាទម្រង់កម្រិតដូស	និយមន័យ
8 hr	8 ម៉ោង
12 hr ឬ 12h	12 ម៉ោង
24 hr ឬ 24hr	24 ម៉ោង
72 hr	72 ម៉ោង
act	បានដាក់ឱ្យដំណើរការ
admix	ការលាយបញ្ចូលគ្នា
aero	អេរូសូល
admin	ការផ្តល់ថ្នាំ
ampul	ថ្នាំអំពូល
app, appl	ប្រដាប់លាប
auto	ស្វ័យប្រវត្តិ
cap	ថ្នាំគ្រាប់មានសម្បក
chew	អាចទំពាបាន
CT	មានស្រទាប់
comb	ការផ្សំ
del	ឱសថពន្យារពេលមានសកម្មភាព
diagn.	រោគវិនិច្ឆ័យ
disinteg, disintegrat	ការកិនជាកំរេចជាតូចៗ

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley
Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក
ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា
និងពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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បានធ្វើបច្ចុប្បន្នភាពចុងក្រោយ៖ 01/2027

អក្សរកាត់ជាទម្រង់កម្រិតដូស	និយមន័យ
dose	កម្រិតដូស
DR	ឱសថបញ្ចេញសារធាតុសកម្មយឺត
EC	ឱសថគ្រាប់មិនរលាយក្នុងក្រពះ
emolnt	សារធាតុបន្លន់
ENFit	ឧបករណ៍ភ្ជាប់អាហារូបត្ថម្ភតាមពោះវៀន
er, ER	ឱសថបញ្ចេញសកម្មភាពរយៈពេលវែង
ext, extndnd, extend	ឱសថមានសកម្មភាពរយៈពេលវែង
ext.rel, ext.rel., extend.release.	ឱសថបញ្ចេញសកម្មភាពរយៈពេលវែង
gast	ក្រពះ
HFA	ហ៊ីដ្រូផ្លូរ៉ូអាល់ខេន
hi	ខ្ពស់
IR	ឱសថបញ្ចេញសារធាតុសកម្មភ្លាមៗ
liqd	សារធាតុរាវ
lo	ទាប
loz, lozeng	ថ្នាំគ្រាប់បៀម
mini lozenge	ថ្នាំគ្រាប់បៀមទំហំតូច
misc	ផ្សេងៗ
MP	ពហុដំណាក់កាល
muco-adhesive	សារធាតុតភ្ជាប់ស្លឹកនឹងភ្នាសរំអិល
pak, pack	កញ្ចប់
PCA	ការគ្រប់គ្រងការឈឺចាប់ដោយខ្លួនឯងរបស់អ្នកជំងឺ
pca	ការគ្រប់គ្រងការឈឺចាប់ដោយខ្លួនឯងរបស់អ្នកជំងឺ
Pell	គ្រាប់ថ្នាំតូចៗ
pk	កញ្ចប់
Powdr	ម្សៅ

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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អក្សរកាត់ជាទម្រង់កម្រិតដូស	និយមន័យ
pt	អ្នកជំងឺ
recon	បានបង្កើតឡើងវិញ
rel, releas	ការបញ្ចេញ
soln	សូលុយស្យុង
sprink, sprinkl	រោយ
susp, suspen	ការផ្ដាក់
syring	ស៊ីរាំង
tab	ថ្នាំគ្រាប់
TD	តាមស្បែក
var	ប្រែប្រួល
w/	ជាមួយ

<ប្រភេទព្យាបាល>

ឈ្មោះឱសថ	គេឱសថអ្វីខ្លះដែលអ្នកត្រូវចំណាយ (កម្រិតថ្នាក់)	វិធានការចាំបាច់ ការរឹតបន្តឹង ឬផែនការណ៍ការប្រើប្រាស់

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលេខ 1-888-361-7526 (TTY 711) ចាប់ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលមើល



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Table of Contents

Analgesics	30
Anesthetics.....	33
Anti-Addiction/Substance Abuse Treatment Agents.....	34
Antianxiety Agents.....	35
Antibacterials	36
Anticancer Agents.....	43
Anticonvulsants.....	61
Antidementia Agents.....	66
Antidepressants.....	67
Antidiabetic Agents.....	70
Antifungals	75
Antigout Agents.....	78
Antihistamines.....	78
Antihypoglycemic Agents	78
Antimigraine Agents.....	78
Antimycobacterials	79
Antinausea Agents.....	80
Antiparasite Agents.....	81
Antiparkinsonian Agents.....	82
Antipsychotic Agents	83
Antivirals (Systemic).....	89
Blood Products/Modifiers/Volume Expanders	96
Caloric Agents.....	98
Cardiovascular Agents.....	99
Central Nervous System Agents	109
Contraceptives.....	111
Dental And Oral Agents.....	121

Dermatological Agents	121
Devices	125
Enzyme Replacement/Modifiers	172
Eye, Ear, Nose, Throat Agents	173
Gastrointestinal Agents	177
Genitourinary Agents	181
Heavy Metal Antagonists	182
Hormonal Agents, Stimulant/Replacement/Modifying	182
Immunological Agents	189
Metabolic Bone Disease Agents	203
Miscellaneous Therapeutic Agents	204
Ophthalmic Agents	204
Parasympathomimetic (Cholinergic Agents)	206
Replacement Preparations	206
Respiratory Tract Agents	207
Skeletal Muscle Relaxants	212
Sleep Disorder Agents	212
Sympathomimetic (Adrenergic) Agents	213
Vasodilating Agents	213
Vitamins And Minerals	214

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg/12.5 ml</i>	\$0 (Tier 2)	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 2)	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (Tier 2)	NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 2)	NDS; QL (180 per 30 days)
<i>buprenorphine transdermal patch (Butrans) weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	\$0 (Tier 2)	NDS; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	\$0 (Tier 2)	PA-HRM; NDS; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	\$0 (Tier 2)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	\$0 (Tier 2)	NDS; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	\$0 (Tier 2)	NDS; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	\$0 (Tier 2)	NDS; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 5)	PA; NDS; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	\$0 (Tier 2)	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (Tier 2)	NDS; QL (10 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
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	\$0 (Tier 2)	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 2)	NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 2)	NDS; QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	\$0 (Tier 2)	NDS; QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	\$0 (Tier 2)	NDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	\$0 (Tier 2)	NDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	\$0 (Tier 2)	NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	\$0 (Tier 2)	NDS; QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 2)	PA; NDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml (2 mg/ml)</i>	\$0 (Tier 2)	NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$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)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	\$0 (Tier 2)	NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	\$0 (Tier 2)	NDS; QL (90 per 30 days)
<i>morphine oral tablet extended release 60 mg</i> (MS Contin)	\$0 (Tier 2)	NDS; QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0 (Tier 2)	NDS; 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
<i>oxycodone oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	\$0 (Tier 2)	NDS; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	\$0 (Tier 2)	NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	\$0 (Tier 2)	NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	\$0 (Tier 2)	NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	\$0 (Tier 2)	NDS; QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1)	NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 2)	NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	\$0 (Tier 2)	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 2)	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 2)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	\$0 (Tier 2)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	\$0 (Tier 2)	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	\$0 (Tier 2)	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	\$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
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 2)	
<i>etodolac oral tablet 400 mg</i> (Lodine)	\$0 (Tier 2)	
<i>etodolac oral tablet 500 mg</i>	\$0 (Tier 2)	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	\$0 (Tier 2)	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	\$0 (Tier 1)	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	\$0 (Tier 2)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	\$0 (Tier 1)	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	\$0 (Tier 2)	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 2)	
<i>naproxen oral tablet 250 mg, 375 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	\$0 (Tier 1)	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	\$0 (Tier 2)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 2)	
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	\$0 (Tier 2)	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	\$0 (Tier 2)	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	\$0 (Tier 2)	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	\$0 (Tier 2)	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	\$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
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 2)	PA; QL (240 per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>lidocaine iii topical adhesive patch,medicated 5 %</i> (lidocaine)	\$0 (Tier 2)	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	\$0 (Tier 2)	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 2)	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	\$0 (Tier 2)	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 2)	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 2)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 2)	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	\$0 (Tier 3)	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 2)	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	\$0 (Tier 2)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 2)	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	\$0 (Tier 4)	QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	\$0 (Tier 2)	QL (336 per 365 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	\$0 (Tier 2)	QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	\$0 (Tier 2)	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	\$0 (Tier 1)	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	\$0 (Tier 1)	NDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 2)	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	\$0 (Tier 1)	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 2)	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 2)	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 2)	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	\$0 (Tier 2)	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	\$0 (Tier 2)	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	\$0 (Tier 2)	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 2)	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	\$0 (Tier 1)	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	\$0 (Tier 2)	NDS; QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	\$0 (Tier 4)	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	\$0 (Tier 1)	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
<i>lorazepam intensol oral concentrate</i> (lorazepam) 2 mg/ml	\$0 (Tier 2)	NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	\$0 (Tier 1)	NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	\$0 (Tier 1)	NDS; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	\$0 (Tier 1)	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	\$0 (Tier 2)	NDS; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	\$0 (Tier 2)	NDS; QL (120 per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	\$0 (Tier 2)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	\$0 (Tier 5)	PA; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (Tier 2)	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	\$0 (Tier 2)	
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 2)	
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0 (Tier 5)	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	\$0 (Tier 5)	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	\$0 (Tier 5)	PA BvD; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 2)	
Antibacterials, Miscellaneous		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	\$0 (Tier 2)	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)</i>	\$0 (Tier 2)	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	\$0 (Tier 2)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	\$0 (Tier 2)	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	\$0 (Tier 2)	PA BvD
<i>fosfomycin tromethamine oral packet 3 gram</i>	\$0 (Tier 2)	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	\$0 (Tier 2)	PA BvD
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	\$0 (Tier 5)	NDS
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 2)	
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (Tier 2)	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	\$0 (Tier 2)	PA BvD
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 2)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (Tier 2)	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	\$0 (Tier 2)	QL (60 per 30 days)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	\$0 (Tier 5)	PA BvD; NDS
SIVEXTRO ORAL TABLET 200 MG	\$0 (Tier 5)	NDS
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 2)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	\$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
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	\$0 (Tier 2)	QL (77 per 28 days)
<i>vancomycin oral capsule 250 mg</i> (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 3)	PA; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 2)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 2)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 2)	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	\$0 (Tier 2)	
<i>cefazolin intravenous recon soln 10 gram</i>	\$0 (Tier 2)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 2)	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 2)	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 2)	
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 2)	
<i>cefixime oral tablet 400 mg</i>	\$0 (Tier 2)	
<i>cefprozime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 2)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 2)	
<i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i> (Teflaro)	\$0 (Tier 5)	PA BvD; NDS
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	\$0 (Tier 2)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 2)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$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
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 2)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	\$0 (Tier 2)	PA BvD
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 2)	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	\$0 (Tier 2)	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (Tier 2)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (Tier 2)	
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> (Zithromax)	\$0 (Tier 2)	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	\$0 (Tier 1)	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 2)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 2)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	\$0 (Tier 2)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	\$0 (Tier 2)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$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
<i>fidaxomicin oral tablet 200 mg</i> (Difcid)	\$0 (Tier 5)	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 2)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (Tier 5)	PA; LA; NDS
<i>cefotaxime intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 2)	PA BvD
<i>ertapenem injection recon soln 1 gram</i>	\$0 (Tier 2)	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	\$0 (Tier 2)	PA BvD
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	\$0 (Tier 2)	PA BvD
<i>meropenem intravenous recon soln 1 gram, 2 gram, 500 mg</i>	\$0 (Tier 2)	PA BvD
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 2)	
<i>amoxicillin oral suspension for reconstitution 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (Tier 2)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	\$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
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	\$0 (Tier 2)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	\$0 (Tier 2)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	\$0 (Tier 2)	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	\$0 (Tier 2)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 2)	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	\$0 (Tier 2)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (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)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 2)	
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)	
<i>naftcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 2)	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	\$0 (Tier 2)	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$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
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (Tier 2)	PA BvD
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	\$0 (Tier 2)	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	\$0 (Tier 2)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 2)	PA BvD
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 2)	PA BvD
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 2)	
<i>moxifloxacin 400 mg/250 ml bag sub, p/f, inner</i>	\$0 (Tier 2)	PA BvD
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (Tier 2)	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0 (Tier 2)	PA BvD
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 5)	NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	\$0 (Tier 2)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	\$0 (Tier 1)	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	\$0 (Tier 2)	PA BvD
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	\$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
<i>doxycycline hyclate oral capsule 100 mg</i>	\$0 (Tier 2)	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	\$0 (Tier 2)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 2)	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	\$0 (Tier 2)	
<i>doxycycline monohydrate oral capsule 50 mg</i>	\$0 (Tier 2)	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	\$0 (Tier 2)	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	\$0 (Tier 2)	
<i>doxycycline monohydrate oral tablet 50 mg</i>	\$0 (Tier 2)	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (Tier 2)	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	\$0 (Tier 2)	PA BvD
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Abirtega)	\$0 (Tier 2)	PA NSO; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i> (abiraterone)	\$0 (Tier 2)	PA NSO; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALUNBRIG ORAL TABLET 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
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0 (Tier 1)	
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)
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)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (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)
<i>bendamustine intravenous recon soln 25 mg</i> (Treanda)	\$0 (Tier 2)	PA NSO
BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG	\$0 (Tier 5)	PA NSO; NDS
BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG	\$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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 (Tier 5)	PA NSO; NDS; QL (2 per 28 days)
<i>bexarotene oral capsule 75 mg</i> (Targretin)	\$0 (Tier 2)	PA NSO
<i>bexarotene topical gel 1 %</i> (Targretin)	\$0 (Tier 5)	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	\$0 (Tier 2)	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	\$0 (Tier 2)	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	\$0 (Tier 4)	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	\$0 (Tier 5)	PA NSO; NDS
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)
<i>bosutinib oral tablet 100 mg</i> (Bosulif)	\$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
<i>bosutinib oral tablet 400 mg, 500 mg</i> (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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
<i>cyclophosphamide intravenous recon soln 1 gram</i>	\$0 (Tier 2)	PA BvD
<i>cyclophosphamide intravenous recon soln 2 gram, 500 mg</i>	\$0 (Tier 5)	PA BvD; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	\$0 (Tier 5)	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 2)	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 3)	PA BvD; ST
DANZITEN ORAL TABLET 71 MG, 95 MG	\$0 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	\$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	\$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>decitabine intravenous recon soln 50 mg</i>	\$0 (Tier 2)	
<i>doxorubicin, peg-liposomal</i> (Caelyx) <i>intravenous suspension 2 mg/ml</i>	\$0 (Tier 5)	PA BvD; 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
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)
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)
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg</i>	\$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	\$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	\$0 (Tier 2)	PA NSO; QL (60 per 30 days)
<i>etoposide intravenous solution 20 mg/ml</i> (Avopef)	\$0 (Tier 2)	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	\$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
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Yulithira)	\$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg</i> (Yulithira)	\$0 (Tier 2)	PA NSO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i> (Yulithira)	\$0 (Tier 2)	PA NSO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	\$0 (Tier 5)	PA NSO; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0 (Tier 2)	
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
<i>floxuridine injection recon soln 0.5 gram</i>	\$0 (Tier 2)	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	\$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)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Cligavyx)	\$0 (Tier 2)	
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	\$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib)	\$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
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)
<i>hydroxyurea oral capsule 500 mg</i> (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)
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)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	\$0 (Tier 2)	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	\$0 (Tier 2)	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	\$0 (Tier 2)	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
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)
JIDEYTRO ORAL TABLET 100 MG, 25 MG	\$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
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
KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1)	\$0 (Tier 5)	PA NSO; NDS; QL (21 per 28 days)
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
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (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)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	\$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
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
<i>letrozole oral tablet 2.5 mg</i> (Femara)	\$0 (Tier 1)	
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 5)	NDS
<i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	\$0 (Tier 4)	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$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
<i>lomustine oral capsule 10 mg, 40 mg</i> (Gleostine)	\$0 (Tier 2)	
<i>lomustine oral capsule 100 mg</i> (Gleostine)	\$0 (Tier 5)	NDS
LONSURF ORAL TABLET 15-6.14 MG	\$0 (Tier 5)	PA NSO; NDS; QL (100 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
LONSURF ORAL TABLET 20-8.19 MG	\$0 (Tier 5)	PA NSO; NDS; QL (80 per 28 days)
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)
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 VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	\$0 (Tier 5)	PA BvD; 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
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)
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 5)	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$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)
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	\$0 (Tier 5)	NDS
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 2)	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	\$0 (Tier 2)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 2)	
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 2)	
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 2)	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	\$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)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i> (Tasigna)	\$0 (Tier 5)	PA NSO; NDS; QL (112 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
<i>nilotinib hcl oral capsule 50 mg</i> (Tasigna)	\$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	\$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
ORSERDU ORAL TABLET 345 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
ORSERDU ORAL TABLET 86 MG	\$0 (Tier 5)	PA NSO; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	\$0 (Tier 5)	PA BvD; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	\$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
<i>pazopanib oral tablet 400 mg</i>	\$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)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg</i>	\$0 (Tier 2)	
<i>pemetrexed disodium intravenous recon soln 500 mg, 750 mg</i>	\$0 (Tier 5)	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	\$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)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i> (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)
RASONQUE ORAL TABLET 100 MG, 150 MG	\$0 (Tier 5)	PA NSO; NDS
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
RYBREVA NT 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
RYBREVA NT 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)
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
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	\$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
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 5)	PA NSO; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	\$0 (Tier 5)	PA NSO; NDS; QL (28 per 28 days)
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)
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (Tier 5)	PA NSO; LA; NDS; QL (30 per 30 days)
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)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 2)	
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
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)	
<i>toremifene oral tablet 60 mg</i> (Fareston)	\$0 (Tier 2)	
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	\$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	\$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (Tier 5)	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (Tier 5)	PA NSO; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 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
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)
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)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	\$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)
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
WELIREG ORAL TABLET 40 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
XALKORI ORAL CAPSULE 200 MG, 250 MG		\$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG		\$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG		\$0 (Tier 5)	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 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)
YONSA ORAL TABLET 125 MG	(abiraterone, submicronized)	\$0 (Tier 5)	PA NSO; NDS; QL (120 per 30 days)
<i>yulithira oral tablet 10 mg, 7.5 mg</i>	(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
<i>yulithira oral tablet 2.5 mg, 5 mg</i> (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)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	\$0 (Tier 5)	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	\$0 (Tier 5)	PA BvD; NDS
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)
Anticonvulsants		
Anticonvulsants		
<i>brivaracetam intravenous solution 50 mg/5 ml</i> (Briviact)	\$0 (Tier 5)	NDS; QL (80 per 30 days)
<i>brivaracetam oral solution 10 mg/ml</i> (Briviact)	\$0 (Tier 2)	QL (600 per 30 days)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i> (Briviact)	\$0 (Tier 5)	NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	\$0 (Tier 2)	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	\$0 (Tier 2)	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	\$0 (Tier 2)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	\$0 (Tier 2)	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	\$0 (Tier 2)	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	\$0 (Tier 2)	QL (480 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
<i>clobazam oral tablet 10 mg, 20 mg</i> (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)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (Tier 2)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 4)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	\$0 (Tier 2)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	\$0 (Tier 2)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	\$0 (Tier 2)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 5)	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	\$0 (Tier 2)	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	\$0 (Tier 2)	ST; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	\$0 (Tier 2)	ST; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	\$0 (Tier 2)	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	\$0 (Tier 2)	
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (Tier 2)	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	\$0 (Tier 2)	
FINTEPLA ORAL SOLUTION 2.2 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
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	\$0 (Tier 2)	
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	\$0 (Tier 1)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	\$0 (Tier 1)	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	\$0 (Tier 2)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	\$0 (Tier 2)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	\$0 (Tier 2)	QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	\$0 (Tier 2)	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	\$0 (Tier 2)	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	\$0 (Tier 1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	\$0 (Tier 2)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	\$0 (Tier 2)	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	\$0 (Tier 2)	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	\$0 (Tier 2)	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	\$0 (Tier 2)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	\$0 (Tier 2)	
<i>levetiracetam oral tablet for suspension 250 mg, 500 mg</i> (Spritam)	\$0 (Tier 4)	ST
<i>methsuximide oral capsule 300 mg</i> (Celontin)	\$0 (Tier 2)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 4)	PA NSO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	\$0 (Tier 2)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	\$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
<i>perampanel oral suspension 0.5 mg/ml</i> (Fycompa)	\$0 (Tier 5)	ST; NDS; QL (720 per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg</i> (Fycompa)	\$0 (Tier 2)	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	\$0 (Tier 2)	ST; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytek oral capsule 200 mg, 300 mg</i> (phenytoin sodium extended)	\$0 (Tier 2)	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	\$0 (Tier 2)	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	\$0 (Tier 2)	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	\$0 (Tier 2)	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	\$0 (Tier 2)	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 2)	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	\$0 (Tier 2)	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	\$0 (Tier 2)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	\$0 (Tier 2)	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	\$0 (Tier 2)	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	\$0 (Tier 2)	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	\$0 (Tier 2)	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	\$0 (Tier 5)	NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	\$0 (Tier 2)	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	\$0 (Tier 4)	ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUBVENITE ORAL SUSPENSION 10 MG/ML	\$0 (Tier 4)	PA NSO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0 (Tier 5)	PA NSO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	\$0 (Tier 4)	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 2)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	\$0 (Tier 2)	
<i>topiramate oral capsule, sprinkle 50 mg</i>	\$0 (Tier 2)	
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	\$0 (Tier 2)	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	\$0 (Tier 1)	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	\$0 (Tier 2)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 2)	
<i>valproic acid oral capsule 250 mg</i>	\$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)	PA NSO; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	\$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	\$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	\$0 (Tier 5)	PA NSO; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	\$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
<i>vigpoder oral powder in packet 500 mg</i> (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)
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 5)	NDS
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	\$0 (Tier 2)	
<i>zonisamide oral capsule 50 mg</i>	\$0 (Tier 2)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 5)	PA NSO; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	\$0 (Tier 2)	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	\$0 (Tier 2)	
<i>donepezil oral tablet,disintegrating 5 mg</i>	\$0 (Tier 2)	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	\$0 (Tier 2)	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 2)	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 2)	QL (200 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
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 2)	QL (60 per 30 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	\$0 (Tier 5)	PA; NDS; QL (7.2 per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML (250MG/1.25MLX2)	\$0 (Tier 5)	PA; NDS; QL (10 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (Tier 2)	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	\$0 (Tier 2)	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 2)	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	\$0 (Tier 2)	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$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
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 2)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	\$0 (Tier 2)	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	\$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
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 2)	
<i>citalopram oral tablet 10 mg</i> (Celexa)	\$0 (Tier 1)	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	\$0 (Tier 1)	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	\$0 (Tier 2)	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	\$0 (Tier 2)	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$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)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	\$0 (Tier 2)	QL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	\$0 (Tier 2)	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	\$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)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 2)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	\$0 (Tier 5)	PA NSO; NDS; QL (30 per 30 days)
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)
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	\$0 (Tier 1)	
<i>fluoxetine oral capsule 40 mg</i>	\$0 (Tier 1)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 2)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 4)	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	\$0 (Tier 1)	
<i>mirtazapine oral tablet 45 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet 7.5 mg</i>	\$0 (Tier 2)	
<i>mirtazapine oral tablet,disintegrating</i> (Remeron SolTab) 15 mg, 30 mg, 45 mg	\$0 (Tier 2)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 2)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 2)	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	\$0 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	\$0 (Tier 1)	PA NSO-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
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	\$0 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	\$0 (Tier 2)	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	\$0 (Tier 2)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	
RALDESY ORAL SOLUTION 10 MG/ML	\$0 (Tier 5)	PA NSO; NDS; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	\$0 (Tier 2)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	\$0 (Tier 1)	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	\$0 (Tier 2)	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 4)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	\$0 (Tier 2)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	\$0 (Tier 2)	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (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		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
<i>dapagliflozin oral tablet 10 mg, 5 mg</i> (Farxiga)	\$0 (Tier 2)	QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg</i> (Xigduo XR)	\$0 (Tier 2)	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin)	\$0 (Tier 3)	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (Tier 3)	QL (30 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)
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 6)	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 6)	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 6)	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 6)	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 6)	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	\$0 (Tier 5)	PA; NDS; QL (112 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 6)	QL (90 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	\$0 (Tier 6)	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	\$0 (Tier 6)	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
<i>pioglitazone-metformin oral tablet</i> (Actoplus MET) 15-850 mg	\$0 (Tier 6)	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 6)	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 6)	QL (240 per 30 days)
<i>sitagliptin phos-metformin oral tablet</i> (Janumet) 50-1,000 mg, 50-500 mg	\$0 (Tier 2)	QL (60 per 30 days)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i> (Janumet XR)	\$0 (Tier 2)	QL (30 per 30 days)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i> (Janumet XR)	\$0 (Tier 2)	QL (60 per 30 days)
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i> (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)
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)
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)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 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)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Semglee(insulin glarg-yfgn)Pen)	\$0 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	(Semglee(insulin glargine-yfgn))	\$0 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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 aspart 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)
NOVOLOG MIX 70-30 U-100 (insulin asp prt-insulin aspart) INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin aspart) U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG U-100 INSULIN (insulin aspart u-100) ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$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 (15 per 25 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 conc) SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	\$0 (Tier 3)	max \$35 copay per month supply; QL (18 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
TOUJEO SOLOSTAR U-300 (insulin glargine u-300 conc) INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	\$0 (Tier 3)	max \$35 copay per month supply; QL (13.5 per 28 days)
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		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0 (Tier 6)	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 6)	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 6)	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	\$0 (Tier 6)	QL (90 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 6)	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 6)	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	\$0 (Tier 6)	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 6)	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 6)	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	\$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 4)	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 2)	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	\$0 (Tier 5)	PA BvD; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	\$0 (Tier 2)	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	\$0 (Tier 2)	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	\$0 (Tier 2)	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 2)	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	\$0 (Tier 2)	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	\$0 (Tier 2)	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$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
<i>econazole nitrate topical cream 1 %</i>	\$0 (Tier 2)	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 2)	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	\$0 (Tier 2)	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	\$0 (Tier 2)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 2)	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	\$0 (Tier 5)	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 2)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 2)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 2)	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	\$0 (Tier 2)	
<i>ketoconazole oral tablet 200 mg</i>	\$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
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 2)	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 2)	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	\$0 (Tier 2)	
<i>miconazole-3 vaginal suppository 200 mg</i>	\$0 (Tier 2)	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	\$0 (Tier 2)	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 2)	
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 2)	
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nystop)	\$0 (Tier 2)	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	\$0 (Tier 2)	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	\$0 (Tier 2)	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	\$0 (Tier 2)	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0 (Tier 2)	PA
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	\$0 (Tier 2)	PA BvD
<i>voriconazole intravenous solution 10 mg/ml</i>	\$0 (Tier 2)	PA BvD
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	\$0 (Tier 5)	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$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
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	\$0 (Tier 1)	
<i>allopurinol oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	\$0 (Tier 2)	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	\$0 (Tier 2)	QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 2)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (Tier 2)	
Antihistamines		
Antihistamines		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	\$0 (Tier 1)	
Antihypoglycemic Agents		
Antihypoglycemic Agents, Miscellaneous		
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	\$0 (Tier 5)	NDS
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 3)	PA; QL (1 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	\$0 (Tier 2)	PA; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 (Tier 3)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 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 300 MG/3 ML (100 MG/ML X 3)	\$0 (Tier 3)	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$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)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	\$0 (Tier 2)	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	\$0 (Tier 2)	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	\$0 (Tier 2)	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	\$0 (Tier 2)	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, suv</i> (Imitrex STATdose Pen)	\$0 (Tier 2)	QL (4 per 28 days)
<i>sumatriptan 6 mg/0.5 ml autoinj suv</i> (Imitrex STATdose Pen)	\$0 (Tier 4)	QL (4 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	\$0 (Tier 2)	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	\$0 (Tier 2)	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	\$0 (Tier 2)	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	\$0 (Tier 4)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	\$0 (Tier 2)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$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		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$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
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (Tier 2)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
PRETOMANID ORAL TABLET 200 MG	\$0 (Tier 4)	QL (30 per 30 days)
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 2)	
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 2)	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	\$0 (Tier 2)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 2)	
<i>rifapentine oral tablet 150 mg</i> (Priftin)	\$0 (Tier 2)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 5)	PA; NDS
TRECTOR ORAL TABLET 250 MG	\$0 (Tier 4)	
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	\$0 (Tier 2)	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	\$0 (Tier 2)	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	\$0 (Tier 2)	PA BvD; QL (8 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	\$0 (Tier 2)	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	\$0 (Tier 2)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	\$0 (Tier 1)	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	\$0 (Tier 1)	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$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
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	\$0 (Tier 2)	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	\$0 (Tier 2)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	\$0 (Tier 2)	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	\$0 (Tier 2)	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	\$0 (Tier 2)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 2)	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	\$0 (Tier 2)	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	\$0 (Tier 2)	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	\$0 (Tier 2)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 2)	
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 4)	
<i>hydroxychloroquine oral tablet 100 mg</i>	\$0 (Tier 2)	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	\$0 (Tier 2)	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	\$0 (Tier 2)	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	\$0 (Tier 2)	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	\$0 (Tier 5)	PA; NDS; QL (84 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
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	\$0 (Tier 2)	
<i>ivermectin oral tablet 6 mg</i>	\$0 (Tier 2)	
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 2)	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	\$0 (Tier 5)	NDS; QL (60 per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	\$0 (Tier 2)	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	\$0 (Tier 2)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 2)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (Tier 4)	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	\$0 (Tier 5)	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	\$0 (Tier 2)	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 2)	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 2)	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 2)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 2)	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 2)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 2)	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	\$0 (Tier 2)	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	\$0 (Tier 2)	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	\$0 (Tier 2)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$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
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 2)	
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 2)	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	\$0 (Tier 5)	PA; NDS; QL (600 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	\$0 (Tier 2)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	\$0 (Tier 2)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 2)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 2)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$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)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	\$0 (Tier 5)	NDS; 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
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 5)	NDS; QL (2 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 2)	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	\$0 (Tier 2)	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	\$0 (Tier 2)	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	\$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)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (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)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0 (Tier 4)	ST

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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 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)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 2)	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
<i>clozapine oral tablet 100 mg, 200</i> (Clozaril) <i>mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	\$0 (Tier 2)	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	\$0 (Tier 2)	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	\$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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 2)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 2)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 2)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 2)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 2)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 2)	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	\$0 (Tier 2)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 2)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INTRAMUSCULAR 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)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 2)	
<i>lurasidone oral tablet 120 mg, 20 mg, (Latuda) 40 mg, 60 mg, 80 mg</i>	\$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)
<i>molindone oral tablet 10 mg, 5 mg</i>	\$0 (Tier 2)	QL (120 per 30 days)
<i>molindone oral tablet 25 mg</i>	\$0 (Tier 2)	QL (270 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)
<i>olanzapine intramuscular recon soln (Zyprexa) 10 mg</i>	\$0 (Tier 2)	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, (Zyprexa) 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	\$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
<i>olanzapine oral tablet,disintegrating</i> (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg	\$0 (Tier 2)	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	\$0 (Tier 5)	ST; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	\$0 (Tier 2)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	\$0 (Tier 2)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	\$0 (Tier 2)	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 2)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 2)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	\$0 (Tier 2)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (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)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	\$0 (Tier 2)	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml</i> (Rykindo)	\$0 (Tier 2)	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	\$0 (Tier 5)	NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	\$0 (Tier 2)	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	\$0 (Tier 1)	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	\$0 (Tier 1)	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	\$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
<i>risperidone oral tablet,disintegrating 4 mg</i>	\$0 (Tier 2)	QL (120 per 30 days)
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)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 2)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 2)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 2)	
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 3)	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	\$0 (Tier 2)	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (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)
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		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	\$0 (Tier 2)	
<i>abacavir oral tablet 300 mg</i>	\$0 (Tier 2)	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 2)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 5)	NDS
<i>atazanavir oral capsule 150 mg</i>	\$0 (Tier 2)	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (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
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	\$0 (Tier 5)	NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	\$0 (Tier 5)	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 5)	NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	\$0 (Tier 2)	
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 5)	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 5)	NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	\$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
<i>efavirenz oral capsule 200 mg, 50 mg</i>	\$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
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 2)	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	\$0 (Tier 2)	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	\$0 (Tier 5)	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	\$0 (Tier 5)	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0 (Tier 2)	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	\$0 (Tier 2)	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i> (Complera)	\$0 (Tier 5)	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 4)	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	\$0 (Tier 2)	
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 5)	NDS
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (Tier 2)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 5)	NDS
IDVYNZO ORAL TABLET 100-0.25 MG	\$0 (Tier 5)	NDS; QL (30 per 30 days)
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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	\$0 (Tier 2)	
<i>lamivudine oral tablet 100 mg</i>	\$0 (Tier 2)	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	\$0 (Tier 2)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 2)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	\$0 (Tier 2)	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	\$0 (Tier 2)	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	\$0 (Tier 2)	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	\$0 (Tier 5)	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (Tier 2)	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (Tier 5)	NDS
<i>rilpivirine hcl oral tablet 25 mg</i> (Edurant)	\$0 (Tier 5)	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	\$0 (Tier 5)	NDS
<i>ritonavir oral tablet 100 mg</i> (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
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 2)	
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
SYMITUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 5)	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0 (Tier 4)	
TYBOST ORAL TABLET 150 MG	\$0 (Tier 3)	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
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	\$0 (Tier 2)	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	\$0 (Tier 2)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 2)	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	\$0 (Tier 5)	PA; NDS
<i>oseltamivir oral capsule 30 mg</i>	\$0 (Tier 2)	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	\$0 (Tier 2)	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	\$0 (Tier 2)	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (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)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 5)	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (Tier 5)	PA; NDS
PREVYMIS ORAL TABLET 240 MG, 480 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
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 (sofosbuvir-velpatasvir) MG	\$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)
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 2)	
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0 (Tier 2)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 2)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 2)	PA BvD
<i>adefovir oral tablet 10 mg</i>	\$0 (Tier 2)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	\$0 (Tier 2)	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 2)	
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 2)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 2)	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	\$0 (Tier 2)	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	\$0 (Tier 5)	NDS
<i>valganciclovir oral tablet 450 mg</i>	\$0 (Tier 2)	
VEMLIDY ORAL TABLET 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
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	\$0 (Tier 2)	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)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	\$0 (Tier 2)	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	\$0 (Tier 2)	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	\$0 (Tier 2)	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	\$0 (Tier 2)	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	\$0 (Tier 2)	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	\$0 (Tier 5)	NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	\$0 (Tier 2)	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	\$0 (Tier 5)	NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	\$0 (Tier 2)	QL (18 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
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	\$0 (Tier 2)	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	\$0 (Tier 1)	
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)	\$0 (Tier 2)	QL (600 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	\$0 (Tier 2)	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
Blood Formation Modifiers		
<i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)	\$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)	\$0 (Tier 5)	PA; NDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)	\$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i> (Promacta)	\$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (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)
LEUKINE INJECTION RECON SOLN 250 MCG	\$0 (Tier 5)	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 (Tier 5)	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/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
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		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	\$0 (Tier 2)	
<i>anagrelide oral capsule 1 mg</i>	\$0 (Tier 2)	
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 2)	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 2)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 2)	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	\$0 (Tier 1)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 2)	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	\$0 (Tier 2)	
<i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)	\$0 (Tier 2)	
Caloric Agents		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	\$0 (Tier 4)	PA BvD

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<i>d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution</i> (d5 % and 0.9 % sodium chloride)	\$0 (Tier 2)	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> (D5 % (d-glucose)-0.9 % sodchlr)	\$0 (Tier 2)	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 2)	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (Tier 2)	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 4)	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	\$0 (Tier 2)	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	\$0 (Tier 2)	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	\$0 (Tier 2)	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 2)	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2)	
Alpha-Adrenergic Blocking Agents		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	\$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 2)	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	\$0 (Tier 6)	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	\$0 (Tier 6)	
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	\$0 (Tier 6)	
<i>irbesartan oral tablet 75 mg</i>	\$0 (Tier 6)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	\$0 (Tier 6)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	\$0 (Tier 6)	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	\$0 (Tier 6)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	\$0 (Tier 6)	
<i>olmesartan-amlodipin-hcthiiazid 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</i> (Tribenzor)	\$0 (Tier 6)	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	\$0 (Tier 6)	
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	\$0 (Tier 2)	QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	\$0 (Tier 2)	QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg</i>	\$0 (Tier 6)	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (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
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	\$0 (Tier 6)	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	\$0 (Tier 6)	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	\$0 (Tier 6)	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	\$0 (Tier 6)	
<i>benazepril oral tablet 5 mg</i>	\$0 (Tier 6)	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	\$0 (Tier 6)	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	\$0 (Tier 6)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 6)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	\$0 (Tier 6)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	\$0 (Tier 6)	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (Tier 6)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 6)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 6)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	\$0 (Tier 6)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	\$0 (Tier 6)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$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
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 6)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 6)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 6)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 6)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 6)	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	\$0 (Tier 2)	
<i>amiodarone oral tablet 400 mg</i>	\$0 (Tier 2)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	\$0 (Tier 2)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 2)	
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 3)	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	\$0 (Tier 2)	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 2)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 2)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 2)	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 2)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$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
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 2)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	\$0 (Tier 1)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 2)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	\$0 (Tier 2)	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	\$0 (Tier 2)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 2)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 2)	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	\$0 (Tier 2)	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	\$0 (Tier 2)	
<i>sotalol oral tablet 240 mg</i>	\$0 (Tier 2)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 2)	
Calcium-Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	\$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
<i>amlodipine-benazepril oral capsule</i> (Lotrel) 10-20 mg	\$0 (Tier 6)	
<i>amlodipine-benazepril oral capsule</i> 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	\$0 (Tier 6)	
<i>amlodipine-olmesartan oral tablet</i> (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	\$0 (Tier 6)	
<i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	\$0 (Tier 6)	
<i>amlodipine-valsartan-hcthiiazid oral tablet</i> 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)	
<i>cartia xt oral capsule,extended release</i> 24hr 120 mg, 180 mg, 240 mg, 300 mg (diltiazem hcl)	\$0 (Tier 2)	
<i>diltiazem hcl oral capsule,extended release</i> 12 hr 120 mg, 60 mg, 90 mg	\$0 (Tier 2)	
<i>diltiazem hcl oral capsule,extended release</i> 24 hr 360 mg, 420 mg (Tiadylt ER)	\$0 (Tier 2)	
<i>diltiazem hcl oral capsule,extended release</i> 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	\$0 (Tier 2)	
<i>diltiazem hcl oral tablet</i> 120 mg, 30 mg, 60 mg (Cardizem)	\$0 (Tier 2)	
<i>diltiazem hcl oral tablet</i> 90 mg	\$0 (Tier 2)	
<i>dilt-xr oral capsule,ext.rel</i> 24h degradable 120 mg, 180 mg, 240 mg (diltiazem hcl)	\$0 (Tier 2)	
<i>felodipine oral tablet extended release</i> 24 hr 10 mg, 2.5 mg, 5 mg	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release</i> 24hr 30 mg, 60 mg (Procardia XL)	\$0 (Tier 2)	
<i>nifedipine oral tablet extended release</i> 24hr 90 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
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 2)	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	\$0 (Tier 2)	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	\$0 (Tier 2)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 2)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	\$0 (Tier 4)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 2)	
Cardiovascular Agents, Miscellaneous		
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Lanoxin)	\$0 (Tier 1)	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	\$0 (Tier 5)	PA; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	\$0 (Tier 2)	ST; QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 5)	PA; NDS
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	\$0 (Tier 2)	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (Tier 2)	
VYNDAMAX ORAL CAPSULE 61 MG	\$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
Diuretics		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$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
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 2)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 2)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	\$0 (Tier 1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (Tier 2)	
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i> (Jynarque)	\$0 (Tier 5)	PA; NDS; QL (120 per 30 days)
<i>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)</i> (Jynarque)	\$0 (Tier 5)	PA; NDS; QL (56 per 28 days)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)	
Dyslipidemics		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	\$0 (Tier 6)	
<i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	\$0 (Tier 6)	
<i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	\$0 (Tier 6)	
<i>cholestyramine (with sugar) oral powder in packet</i> 4 gram (Questran)	\$0 (Tier 2)	
<i>cholestyramine light oral powder in packet</i> 4 gram (cholestyramine)	\$0 (Tier 2)	
<i>colesevelam oral tablet</i> 625 mg (WelChol)	\$0 (Tier 2)	
<i>colestipol oral packet</i> 5 gram	\$0 (Tier 2)	
<i>colestipol oral tablet</i> 1 gram (Colestid)	\$0 (Tier 2)	
<i>ezetimibe oral tablet</i> 10 mg (Zetia)	\$0 (Tier 1)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-10 mg (Vytorin 10-10)	\$0 (Tier 6)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-20 mg (Vytorin 10-20)	\$0 (Tier 6)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-40 mg (Vytorin 10-40)	\$0 (Tier 6)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-80 mg (Vytorin 10-80)	\$0 (Tier 6)	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i> 134 mg, 200 mg, 67 mg	\$0 (Tier 1)	
<i>fenofibrate nanocrystallized oral tablet</i> 145 mg, 48 mg	\$0 (Tier 1)	
<i>fenofibrate oral tablet</i> 160 mg, 54 mg	\$0 (Tier 1)	
<i>fluvastatin oral capsule</i> 20 mg, 40 mg	\$0 (Tier 6)	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release</i> 24 hr 80 mg (Lescol XL)	\$0 (Tier 6)	
<i>gemfibrozil oral tablet</i> 600 mg (Lopid)	\$0 (Tier 1)	
<i>icosapent ethyl oral capsule</i> 0.5 gram (Vascepa)	\$0 (Tier 2)	QL (240 per 30 days)
<i>icosapent ethyl oral capsule</i> 1 gram (Vascepa)	\$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
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$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)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0 (Tier 2)	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	\$0 (Tier 2)	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	\$0 (Tier 2)	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 6)	
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine)	\$0 (Tier 2)	
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)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	\$0 (Tier 6)	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0 (Tier 6)	
<i>simvastatin oral tablet 5 mg, 80 mg</i>	\$0 (Tier 6)	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	\$0 (Tier 5)	PA; NDS; QL (0.8 per 28 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	\$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
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 2)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 3)	PA; QL (30 per 30 days)
Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 2)	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	\$0 (Tier 2)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 2)	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 2)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	\$0 (Tier 2)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 4)	PA; QL (30 per 30 days)
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	\$0 (Tier 2)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	\$0 (Tier 2)	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	\$0 (Tier 2)	QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (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)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium carbonate oral tablet extended release 300 mg</i>	(Lithobid)	\$0 (Tier 2)	
<i>lithium carbonate oral tablet extended release 450 mg</i>		\$0 (Tier 2)	
<i>lithium citrate oral solution 8 meq/5 ml</i>		\$0 (Tier 2)	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	(Methylin)	\$0 (Tier 2)	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	(Ritalin)	\$0 (Tier 2)	QL (90 per 30 days)
<i>riluzole oral tablet 50 mg</i>		\$0 (Tier 2)	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	(Xenazine)	\$0 (Tier 2)	PA; QL (112 per 28 days)
VEOZAH ORAL TABLET 45 MG		\$0 (Tier 4)	PA; QL (30 per 30 days)
Contraceptives			
Contraceptives			
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	\$0 (Tier 2)	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		\$0 (Tier 2)	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0 (Tier 1)	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(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
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 2)	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 2)	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 2)	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 2)	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0 (Tier 2)	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-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
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	\$0 (Tier 2)	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 2)	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))	\$0 (Tier 1)	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	\$0 (Tier 2)	
<i>dolishale oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Lo-Zumandimine (28))	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	\$0 (Tier 1)	
<i>elimest oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	\$0 (Tier 2)	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	\$0 (Tier 2)	QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i> (norethindrone (contraceptive))	\$0 (Tier 1)	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	\$0 (Tier 2)	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	\$0 (Tier 2)	
<i>enskyce oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	\$0 (Tier 1)	
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	\$0 (Tier 1)	
<i>estarylla oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)	\$0 (Tier 2)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	\$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
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Valtya)	\$0 (Tier 2)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	\$0 (Tier 2)	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	\$0 (Tier 2)	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0 (Tier 2)	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 4)	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-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
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 2)	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 2)	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 2)	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0 (Tier 2)	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0 (Tier 2)	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		\$0 (Tier 4)	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	\$0 (Tier 1)	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	\$0 (Tier 1)	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	\$0 (Tier 1)	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 2)	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 2)	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$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
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	\$0 (Tier 2)	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	\$0 (Tier 4)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Aviane)	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	\$0 (Tier 2)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Setlakin)	\$0 (Tier 1)	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	\$0 (Tier 2)	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		\$0 (Tier 3)	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0 (Tier 2)	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	\$0 (Tier 1)	
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	(norethindrone ac-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
<i>luta</i> (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>lyleq</i> oral tablet 0.35 mg	(norethindrone (contraceptive))	\$0 (Tier 2)	
<i>lyza</i> oral tablet 0.35 mg	(norethindrone (contraceptive))	\$0 (Tier 2)	
<i>marlissa</i> (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>meleya</i> oral tablet 0.35 mg	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>microgestin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	\$0 (Tier 2)	
<i>microgestin</i> 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	\$0 (Tier 2)	
<i>microgestin fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>microgestin fe</i> 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>mili</i> oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
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)	
<i>mono-lynyah</i> oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
NEXPLANON SUBDERMAL IMPLANT 68 MG		\$0 (Tier 3)	
<i>nikki</i> (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	\$0 (Tier 1)	
<i>norelgestromin-ethin.estradiol</i> transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	\$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
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Deblitane)	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Blisovi Fe 1/20 (28))	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Blisovi Fe 1.5/30 (28))	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	\$0 (Tier 2)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(Tri-Lo-Estarylla)	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Tri-Sprintec (28))	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Mili)	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		\$0 (Tier 2)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		\$0 (Tier 2)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	\$0 (Tier 2)	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		\$0 (Tier 2)	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	\$0 (Tier 1)	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		\$0 (Tier 1)	
<i>orquidea oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 2)	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 2)	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-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
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 2)	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 2)	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		\$0 (Tier 4)	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 2)	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 2)	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 2)	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(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
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 2)	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 2)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 2)	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 2)	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	\$0 (Tier 2)	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 2)	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0 (Tier 2)	
<i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>		\$0 (Tier 4)	
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0 (Tier 2)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 2)	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 2)	
<i>vylibra oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 2)	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 2)	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(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
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	\$0 (Tier 2)	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0 (Tier 2)	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	\$0 (Tier 2)	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	\$0 (Tier 1)	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	\$0 (Tier 2)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	\$0 (Tier 2)	
Dermatological Agents			
Anti-Infectives (Skin And Mucous Membrane)			
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	\$0 (Tier 2)	QL (30 per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	(Cleocin)	\$0 (Tier 2)	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	(Vandazole)	\$0 (Tier 2)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		\$0 (Tier 2)	
<i>terconazole vaginal suppository 80 mg</i>		\$0 (Tier 2)	
Dermatological Agents, Other			
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		\$0 (Tier 2)	
ALTRENO TOPICAL LOTION 0.05 %		\$0 (Tier 4)	PA
<i>ammonium lactate topical cream 12 %</i>		\$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
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	\$0 (Tier 2)	
<i>calcipotriene scalp solution 0.005 %</i> (Pellix)	\$0 (Tier 2)	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	\$0 (Tier 2)	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (Tier 2)	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i> (Efudex)	\$0 (Tier 2)	
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (Tier 2)	
<i>imiquimod topical cream in packet 5 %</i>	\$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)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	\$0 (Tier 5)	NDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) (w/w)	\$0 (Tier 2)	QL (30 per 30 days)
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 5)	NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 2)	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (Tier 4)	QL (180 per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 2)	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	\$0 (Tier 2)	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	\$0 (Tier 4)	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	\$0 (Tier 2)	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A)	\$0 (Tier 2)	PA
VALCHLOR TOPICAL GEL 0.016 %	\$0 (Tier 5)	PA NSO; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	\$0 (Tier 2)	
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1 %</i>	\$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
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	\$0 (Tier 2)	
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 2)	
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 2)	QL (90 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	\$0 (Tier 2)	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	\$0 (Tier 2)	
<i>metronidazole topical gel 1 %</i>	\$0 (Tier 2)	
<i>mupirocin topical ointment 2 %</i> (Centany)	\$0 (Tier 1)	QL (220 per 30 days)
<i>rosadan topical cream 0.75 %</i> (metronidazole)	\$0 (Tier 2)	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	\$0 (Tier 2)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 2)	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 2)	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 2)	
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 2)	
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 2)	
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 2)	
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 2)	
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 2)	
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 2)	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	\$0 (Tier 2)	
<i>clobetasol scalp solution 0.05 %</i>	\$0 (Tier 2)	
<i>clobetasol topical cream 0.05 %</i>	\$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
<i>clobetasol topical gel 0.05 %</i>	\$0 (Tier 2)	
<i>clobetasol topical ointment 0.05 %</i>	\$0 (Tier 2)	
<i>clobetasol topical shampoo 0.05 %</i> (Clodan)	\$0 (Tier 2)	
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (Tier 2)	
<i>diclofenac sodium topical drops 1.5 %</i>	\$0 (Tier 2)	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	\$0 (Tier 2)	PA; QL (224 per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	\$0 (Tier 3)	
<i>fluocinolone topical cream 0.01 %</i>	\$0 (Tier 2)	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	\$0 (Tier 2)	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	\$0 (Tier 2)	
<i>fluocinonide topical cream 0.05 %</i>	\$0 (Tier 2)	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	\$0 (Tier 2)	
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 2)	
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 2)	
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 2)	
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (Tier 2)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 2)	
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (Tier 2)	
<i>hydrocortisone 2.5% cream</i>	\$0 (Tier 2)	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	\$0 (Tier 2)	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	\$0 (Tier 2)	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0 (Tier 2)	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone valerate topical cream 0.2 %</i>		\$0 (Tier 2)	
<i>mometasone topical cream 0.1 %</i>		\$0 (Tier 2)	
<i>mometasone topical ointment 0.1 %</i>		\$0 (Tier 2)	
<i>mometasone topical solution 0.1 %</i>		\$0 (Tier 2)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	\$0 (Tier 2)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	\$0 (Tier 2)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	\$0 (Tier 2)	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>		\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.5 %</i>	(Triderm)	\$0 (Tier 1)	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		\$0 (Tier 2)	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		\$0 (Tier 2)	
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	\$0 (Tier 2)	
<i>permethrin topical cream 5 %</i>		\$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
1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2"	(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 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
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$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-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)
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)
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)
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 2)
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	\$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
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 (insulin syringe-needle 27GX5/8 1 ML 27 GAUGE X 5/8" 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 (pen needle, diabetic) 6MMX32G 32 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
BD UF MINI PEN NEEDLE (pen needle, diabetic) 5MMX31G 31 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
BD UF NANO PEN NEEDLE (pen needle, diabetic) 4MMX32G 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
BD UF ORIG PEN NDL (pen needle, diabetic) 12.7MMX29G 29 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
BD UF SHORT PEN NEEDLE (pen needle, diabetic) 8MMX31G 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 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
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
CARETOUCH 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
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
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

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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 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
COMFORT EZ PEN NEEDLES 8MM 33G 33 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 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
COMFORT TOUCH PEN NDL 31G 4MM 31 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
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 5MM 33 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	\$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 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	\$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 (insulin syringe-needle 29GX12.5MM 0.3 ML 29 GAUGE u-100) X 1/2"	\$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 (insulin syringe-needle 30GX12.5MM 0.3 ML 30 GAUGE u-100) X 1/2"	\$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 (insulin syringe-needle 12.7MM OUTER 0.5 ML 29 u-100) GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 30G (insulin syringe-needle 12.7MM OUTER 0.5 ML 30 u-100) GAUGE X 1/2"	\$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 (insulin syringe-needle 30GX8MM 0.3 ML 30 GAUGE X u-100) 5/16"	\$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX6MM 0.3 ML 31 GAUGE X u-100) 15/64"	\$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML (insulin syringe-needle 31GX8MM 0.3 ML 31 GAUGE X u-100) 5/16"	\$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 30G (insulin syringe-needle 8MM OUTER 0.5 ML 30 GAUGE X u-100) 5/16"	\$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 31G (insulin syringe-needle 6MM OUTER 1/2 ML 31 GAUGE X u-100) 15/64"	\$0 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 31G (insulin syringe-needle 8MM OUTER 0.5 ML 31 GAUGE X u-100) 5/16"	\$0 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 29G (insulin syringe-needle 12.7MM OUTER 1 ML 29 GAUGE X u-100) X 1/2"	\$0 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30G (insulin syringe-needle 12.5MM 1 ML 30 GAUGE X 1/2" 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 (insulin syringe-needle 8MM OUTER 1 ML 30 GAUGE X u-100) 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 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% (alcohol swabs) PADS GAMMA-STERILIZED	\$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 (insulin syringe-needle u-100) 8MM 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
EASY TOUCH INS 0.3 ML 31G (insulin syringe-needle u-100) 8MM 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 30G (insulin syringe-needle u-100) 8MM 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 31G (insulin syringe-needle u-100) 6MM 1/2 ML 31 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 31G (insulin syringe-needle u-100) 8MM 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" (insulin syringe-needle u-100) 1 ML 27 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
EASY TOUCH INS 1 ML 28G (insulin syringe-needle u-100) 12.7MM 1 ML 28 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 30G (insulin syringe-needle u-100) 8MM 1 ML 30 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 31G (insulin syringe-needle u-100) 6MM 1 ML 31 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 31G (insulin syringe-needle u-100) 8MM 1 ML 31 GAUGE X 5/16"	\$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 (pen needle, diabetic) 32GX5/32 32 GAUGE X 5/32"	\$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 (insulin syringe-needle u-100) 12.7MM 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
EASY TOUCH SYR 0.5 ML 29G (insulin syringe-needle u-100) 12.7MM 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
EASY TOUCH SYR 1 ML 27G (insulin syringe-needle u-100) 16MM 1 ML 27 GAUGE X 5/8"	\$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 (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G (pen needle, diabetic) 4MM 31 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G (pen needle, diabetic) 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
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 PENTIP 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 (Ultrilet Insulin Syringe) 29	\$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 SYRINGE 0.5 ML 27G 1/2" (Easy Touch Insulin Syringe) INNER 1/2 ML 27 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML (insulin syringe-needle u-100) 29 GAUGE	\$0 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML (Sure Comfort Insulin Syringe) 31GX1/4 0.3 ML 31 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML (insulin syringe-needle u-100) 29	\$0 (Tier 2)	PA; ST
INSULIN SYRINGE 0.5 ML (Easy Touch Insulin Syringe) 31GX1/4 1/2 ML 31 GAUGE X 1/4"	\$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" (Comfort EZ Insulin Syringe) INNER 1 ML 27 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML (Comfort EZ Insulin Syringe) 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML (BD Eclipse Luer-Lok) 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML (Advocate Syringes) 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	\$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML (Easy Touch Insulin Syringe) 31GX1/4" 1 ML 31 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML (Advocate Syringes) 31GX5/16" SHORT NEEDLE, THIN II (OTC) 1 ML 31 GAUGE X 5/16	\$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" (pen needle, diabetic) 29 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 31G 8MM (pen needle, diabetic) 31 GAUGE X 5/16"	\$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 (pen needle, diabetic) 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (pen needle, diabetic) (RX) 32 GAUGE X 1/4"	\$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
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
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

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NANO PEN NEEDLE 32G 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
NOVOFINE 32G NEEDLES 32 (pen needle, diabetic) GAUGE X 1/4"	\$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 (Embrace Pen Needle) 30 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
PEN NEEDLE 30G X 5/16" 30 (pen needle, diabetic) GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 (1st Tier Unifine Pentips) 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
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
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

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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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 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
PURE COMFORT ALCOHOL 70% (alcohol swabs) PADS	\$0 (Tier 1)	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
RA ISOPROPYL ALCOHOL 70% (alcohol swabs) WIPES	\$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 (Comfort Touch Pen Needle) 4MM 31 GAUGE X 5/32"	\$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 (True-Comfort Pro Pen Needle) 6MM 31 GAUGE X 15/64"	\$0 (Tier 2)	PA; ST
RELION INS SYR 0.3 ML (Comfort EZ Insulin Syringe) 31GX6MM 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 2)	PA; ST
RELION INS SYR 0.5 ML (Comfort EZ Insulin Syringe) 31GX6MM 1/2 ML 31 GAUGE X 15/64"	\$0 (Tier 2)	PA; ST
RELION INS SYR 1 ML (Comfort EZ Insulin Syringe) 31GX15/64" 1 ML 31 GAUGE X 15/64"	\$0 (Tier 2)	PA; ST
RELION PEN NEEDLE 32GX5/32" (1st Tier Unifine Pentips) 32 GAUGE X 5/32"	\$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 SYRING 0.3 ML (Advocate Syringes) 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
RELION SYRING 0.5 ML (Advocate Syringes) 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	\$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 (Comfort EZ PRO Safety Pen Ndl) 31 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
SAFETY PEN NEEDLE 5MM X (pen needle, diabetic, safety) 31G 31 GAUGE X 3/16"	\$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 (pen needle, diabetic, safety) 5MM OUTER 31 GAUGE X 3/16"	\$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 (insulin syringe-needle u-100) 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	\$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 (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 30G (insulin syringe-needle u-100) 5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 31G (insulin syringe-needle u-100) 5/16" 0.5 ML 31 GAUGE X 5/16"	\$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 (pen needle, diabetic, safety) 5MM 31 GAUGE X 3/16"	\$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 (insulin syringe-needle u-100) 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
TRUE COMFORT 1 ML 31GX5/16" (insulin syringe-needle u-100) 1 ML 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
TRUE COMFORT ALCOHOL 70% (alcohol swabs) PADS	\$0 (Tier 1)	PA; ST
TRUE COMFORT PEN NDL 31G (pen needle, diabetic) 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
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 COMFORT 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 COMFORT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		\$0 (Tier 2)	PA; ST
TRUE COMFORT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		\$0 (Tier 2)	PA; ST
TRUE COMFORT 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 (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 15/64"	\$0 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 31G X (pen needle, diabetic) 1/4" 31 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle 0.3 ML 29 GAUGE X 1/2" u-100)	\$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 30GX5/16" 0.3 ML 30 GAUGE X u-100) 5/16"	\$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle 31GX5/16" 0.3 ML 31 GAUGE X u-100) 5/16"	\$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" (insulin syringe-needle 1/2 ML 28 GAUGE X 1/2" u-100)	\$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" (insulin syringe-needle 0.5 ML 29 GAUGE X 1/2" u-100)	\$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 30GX5/16" 0.5 ML 30 GAUGE X u-100) 5/16"	\$0 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML (insulin syringe-needle 31GX5/16" 0.5 ML 31 GAUGE X u-100) 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
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 SAFE 0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	\$0 (Tier 2)	PA; ST
ULTIGUARD SAFE 0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	\$0 (Tier 2)	PA; ST
ULTIGUARD SAFE PACK 1 ML 31G 8MM 1 ML 31 X 5/16"	\$0 (Tier 2)	PA; ST
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
ULTIGUARD SAFE PACK 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
ULTIGUARD SAFE PACK 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
ULTIGUARD SAFE PACK 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
ULTIGUARD SAFE PACK 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 SAFE PK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	\$0 (Tier 2)	PA; ST
ULTIGUARD SAFE PK 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"	(insulin syringe-needle u-100)	\$0 (Tier 2)	PA; ST
0.5 ML 29 GAUGE X 1/2"			
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"	(insulin syringe-needle u-100)	\$0 (Tier 2)	PA; ST
0.3 ML 30 GAUGE X 5/16"			
ULTRACARE INS 0.3 ML 31GX5/16"	(insulin syringe-needle u-100)	\$0 (Tier 2)	PA; ST
0.3 ML 31 GAUGE X 5/16"			
ULTRACARE INS 0.5 ML 30GX1/2"	(insulin syringe-needle u-100)	\$0 (Tier 2)	PA; ST
0.5 ML 30 GAUGE X 1/2"			
ULTRACARE INS 0.5 ML 30GX5/16"	(insulin syringe-needle u-100)	\$0 (Tier 2)	PA; ST
0.5 ML 30 GAUGE X 5/16"			
ULTRACARE INS 0.5 ML 31GX5/16"	(insulin syringe-needle u-100)	\$0 (Tier 2)	PA; ST
0.5 ML 31 GAUGE X 5/16"			
ULTRACARE INS 1 ML 30G X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 2)	PA; ST
1 ML 30 GAUGE X 5/16"			
ULTRACARE INS 1 ML 30GX1/2"	(insulin syringe-needle u-100)	\$0 (Tier 2)	PA; ST
1 ML 30 GAUGE X 1/2"			
ULTRACARE INS 1 ML 31G X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 2)	PA; ST
1 ML 31 GAUGE X 5/16"			
ULTRACARE PEN NEEDLE 31GX1/4"	(pen needle, diabetic)	\$0 (Tier 2)	PA; ST
31 GAUGE X 1/4"			
ULTRACARE PEN NEEDLE 31GX3/16"	(pen needle, diabetic)	\$0 (Tier 2)	PA; ST
31 GAUGE X 3/16"			
ULTRACARE PEN NEEDLE 31GX5/16"	(pen needle, diabetic)	\$0 (Tier 2)	PA; ST
31 GAUGE X 5/16"			
ULTRACARE PEN NEEDLE 32GX1/4"	(pen needle, diabetic)	\$0 (Tier 2)	PA; ST
32 GAUGE X 1/4"			
ULTRACARE PEN NEEDLE 32GX3/16"	(pen needle, diabetic)	\$0 (Tier 2)	PA; ST
32 GAUGE X 3/16"			

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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 (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	\$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	\$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	\$0 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	\$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 (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	\$0 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	\$0 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G X (pen needle, diabetic) 6MM 31 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
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
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
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<i>javygtor oral tablet,soluble 100 mg</i> (sapropterin)	\$0 (Tier 5)	PA; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	\$0 (Tier 5)	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 (Tier 5)	PA; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	\$0 (Tier 5)	PA; NDS
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	\$0 (Tier 5)	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	\$0 (Tier 5)	PA; LA; NDS
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		
<i>atropine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 2)	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	\$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
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	\$0 (Tier 2)	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 2)	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 2)	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 2)	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	\$0 (Tier 2)	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	\$0 (Tier 2)	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	\$0 (Tier 2)	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	\$0 (Tier 2)	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 2)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 2)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 2)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 2)	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 2)	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 2)	QL (3.5 per 4 days)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 2)	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	\$0 (Tier 2)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	\$0 (Tier 2)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 2)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 2)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	\$0 (Tier 2)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 2)	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 2)	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 2)	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	\$0 (Tier 2)	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)	\$0 (Tier 2)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	\$0 (Tier 2)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 2)	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)	\$0 (Tier 2)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (Tier 2)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$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
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 2)	
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i> (Zylet)	\$0 (Tier 2)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 2)	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (Tier 5)	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 4)	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	\$0 (Tier 2)	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	\$0 (Tier 2)	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 2)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 2)	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	\$0 (Tier 2)	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	\$0 (Tier 3)	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 2)	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	\$0 (Tier 2)	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	\$0 (Tier 2)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$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
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (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)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (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)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	\$0 (Tier 2)	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	\$0 (Tier 2)	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	\$0 (Tier 2)	QL (15 per 19 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	\$0 (Tier 3)	QL (12 per 28 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	\$0 (Tier 2)	QL (34 per 30 days)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (Tier 2)	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	\$0 (Tier 2)	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 2)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	\$0 (Tier 3)	QL (60 per 30 days)
Gastrointestinal Agents		
Antulcer Agents And Acid Suppressants		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	\$0 (Tier 2)	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	\$0 (Tier 1)	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	\$0 (Tier 1)	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	\$0 (Tier 1)	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	\$0 (Tier 2)	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	\$0 (Tier 2)	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	\$0 (Tier 2)	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	\$0 (Tier 1)	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	\$0 (Tier 2)	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	\$0 (Tier 2)	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	\$0 (Tier 4)	QL (168 per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 4)	PA
Gastrointestinal Agents, Other		
<i>bismuth subcit k-metronidz-tn oral capsule 140-125-125 mg</i> (Pylera)	\$0 (Tier 2)	QL (168 per 14 days)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	\$0 (Tier 2)	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	\$0 (Tier 2)	
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	\$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
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	\$0 (Tier 2)	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	\$0 (Tier 2)	
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 2)	
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 2)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 2)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	\$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	\$0 (Tier 2)	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	\$0 (Tier 2)	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	\$0 (Tier 2)	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	\$0 (Tier 2)	
<i>kionex oral suspension 15 gram/60 ml</i> (sodium polystyrene sulfonate)	\$0 (Tier 2)	
<i>lactulose oral solution 10 gram/15 ml</i> (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	\$0 (Tier 3)	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	\$0 (Tier 3)	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	\$0 (Tier 2)	
<i>lubiprostone oral capsule 24 mcg</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	\$0 (Tier 2)	QL (120 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 2)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	\$0 (Tier 1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 3)	QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	\$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
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	\$0 (Tier 2)	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	\$0 (Tier 2)	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	\$0 (Tier 2)	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (Kionex)	\$0 (Tier 2)	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (Tier 2)	
TRULANCE ORAL TABLET 3 MG	\$0 (Tier 3)	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 2)	
<i>ursodiol oral tablet 250 mg</i>	\$0 (Tier 2)	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	\$0 (Tier 2)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	\$0 (Tier 3)	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	\$0 (Tier 5)	PA; NDS; QL (12 per 30 days)
XERMELO ORAL TABLET 250 MG	\$0 (Tier 5)	PA; NDS; QL (84 per 28 days)
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	\$0 (Tier 2)	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	\$0 (Tier 2)	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0 (Tier 2)	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	\$0 (Tier 2)	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	\$0 (Tier 2)	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	\$0 (Tier 2)	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	\$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
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	\$0 (Tier 2)	QL (120 per 30 days)
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	\$0 (Tier 2)	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	\$0 (Tier 2)	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	\$0 (Tier 2)	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	\$0 (Tier 4)	
Laxatives		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	\$0 (Tier 2)	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	\$0 (Tier 2)	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	\$0 (Tier 2)	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	\$0 (Tier 2)	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	\$0 (Tier 2)	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	\$0 (Tier 2)	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	\$0 (Tier 2)	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 2)	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	\$0 (Tier 2)	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	\$0 (Tier 2)	
<i>flavoxate oral tablet 100 mg</i>	\$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
MYRBETRIQ ORAL TABLET (mirabegron) EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (Tier 2)	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 2)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	\$0 (Tier 2)	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	\$0 (Tier 2)	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	\$0 (Tier 2)	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 2)	
<i>trospium oral tablet 20 mg</i>	\$0 (Tier 2)	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	\$0 (Tier 2)	
<i>finasteride oral tablet 5 mg</i> (Proscar)	\$0 (Tier 1)	
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	\$0 (Tier 5)	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	\$0 (Tier 2)	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	\$0 (Tier 5)	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	\$0 (Tier 5)	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 2)	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	\$0 (Tier 2)	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	\$0 (Tier 2)	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 2)	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	\$0 (Tier 2)	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	\$0 (Tier 2)	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	\$0 (Tier 2)	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	\$0 (Tier 2)	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
<i>abigale lo oral tablet 0.5-0.1 mg</i> (estradiol-norethindrone acet)	\$0 (Tier 1)	
<i>abigale oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	\$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i> (Premarin)	\$0 (Tier 2)	
<i>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</i> (estradiol)	\$0 (Tier 2)	QL (8 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>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</i> (Dotti)	\$0 (Tier 2)	QL (8 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
<i>estradiol transdermal patch weekly</i> (Climara) 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	\$0 (Tier 2)	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1</i> (Estrace) <i>mg/gram)</i>	\$0 (Tier 2)	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	\$0 (Tier 2)	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral</i> (Abigale Lo) <i>tablet 0.5-0.1 mg</i>	\$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral</i> (Abigale) <i>tablet 1-0.5 mg</i>	\$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (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)
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0 (Tier 2)	
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	\$0 (Tier 2)	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5</i> <i>mg/5 ml</i>	\$0 (Tier 2)	
<i>dexamethasone oral tablet 0.5 mg,</i> <i>0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6</i> <i>mg</i>	\$0 (Tier 2)	
<i>dexamethasone sodium phosphate</i> <i>injection solution 10 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 2)	
<i>hydrocortisone oral tablet 10 mg, 20</i> (Cortef) <i>mg, 5 mg</i>	\$0 (Tier 2)	
ISTURISA ORAL TABLET 1 MG	\$0 (Tier 5)	PA; 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
ISTURISA ORAL TABLET 5 MG	\$0 (Tier 5)	PA; NDS; QL (360 per 30 days)
<i>methylprednisolone acetate injection</i> (Depo-Medrol) <i>suspension 40 mg/ml</i>	\$0 (Tier 2)	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	\$0 (Tier 2)	
<i>methylprednisolone oral tablet 32 mg</i>	\$0 (Tier 2)	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	\$0 (Tier 2)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 2)	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 2)	
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 2)	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 2)	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	\$0 (Tier 5)	PA; NDS; QL (120 per 30 days)
<i>triamcinolone acetanide injection suspension 40 mg/ml</i> (Kenalog)	\$0 (Tier 2)	
Incretin Mimetics		
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)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	\$0 (Tier 3)	PA; 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
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)
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)
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)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	\$0 (Tier 3)	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	\$0 (Tier 3)	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	\$0 (Tier 3)	PA; QL (3 per 28 days)
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	\$0 (Tier 5)	PA; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 2)	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 2)	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	\$0 (Tier 2)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (Tier 5)	PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
NORDITROPIN FLEXP 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
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	\$0 (Tier 2)	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$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 (lanreotide) SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	\$0 (Tier 5)	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT (lanreotide) SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	\$0 (Tier 5)	PA NSO; NDS; QL (0.3 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
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)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	\$0 (Tier 2)	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0 (Tier 1)	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0 (Tier 2)	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	\$0 (Tier 1)	
<i>megestrol 400 mg/10 ml susp cup outer 400 mg/10 ml (10 ml)</i>	\$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	\$0 (Tier 2)	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	\$0 (Tier 2)	
Thyroid And Antithyroid Agents		
<i>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</i> (Levo-T)	\$0 (Tier 1)	
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i> (liothyronine)	\$0 (Tier 2)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)	\$0 (Tier 2)	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 2)	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 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
Immunological Agents		
Immunological Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (Tier 5)	PA; NDS
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml</i> (Yuflyma(CF) Autoinjector)	\$0 (Tier 5)	PA; NDS
<i>adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty(CF) AI Crohns)	\$0 (Tier 5)	PA; NDS
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Yuflyma(CF))	\$0 (Tier 5)	PA; NDS
<i>adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty)	\$0 (Tier 5)	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$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)
<i>azathioprine oral tablet 50 mg</i> (Imuran)	\$0 (Tier 2)	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	\$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)
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 5)	PA; NDS; QL (15 per 30 days)
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	\$0 (Tier 2)	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	\$0 (Tier 2)	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	\$0 (Tier 2)	PA BvD
<i>cyclosporine modified oral solution</i> (Neoral) 100 mg/ml	\$0 (Tier 2)	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	\$0 (Tier 2)	PA BvD
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (Tecfidera)	\$0 (Tier 2)	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg (14)- 240 mg (46) (Tecfidera)	\$0 (Tier 2)	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 240 mg (Tecfidera)	\$0 (Tier 2)	PA; QL (60 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	\$0 (Tier 5)	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 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
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	\$0 (Tier 5)	PA; NDS
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	\$0 (Tier 5)	PA; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (Tier 4)	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$0 (Tier 2)	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 1 mg</i>	\$0 (Tier 5)	PA BvD; NDS
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)
<i>fingolimod oral capsule 0.5 mg (Gilenya)</i>	\$0 (Tier 2)	PA; QL (30 per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 5)	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	\$0 (Tier 2)	PA BvD
<i>gengraf oral solution 100 mg/ml (cyclosporine modified)</i>	\$0 (Tier 2)	PA BvD
<i>glatiramer subcutaneous syringe 20 mg/ml (Glatopa)</i>	\$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml (Glatopa)</i>	\$0 (Tier 5)	PA; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml (glatiramer)</i>	\$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml (glatiramer)</i>	\$0 (Tier 5)	PA; NDS; QL (12 per 28 days)
HADLIMA PUSH TOUCH SUBCUTANEOUS AUTO- INJECTOR 40 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
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	\$0 (Tier 5)	PA; NDS
HADLIMA(CF) PUSHTOUCH (adalimumab-bwwd) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	\$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; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 5)	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 5)	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 5)	PA; NDS; Only NDCs starting with 00074
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; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	\$0 (Tier 5)	PA; NDS; Only NDCs starting with 00074
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; Only NDCs starting with 00074
<i>infliximab intravenous recon soln</i> (Remicade) 100 mg	\$0 (Tier 5)	PA; NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	\$0 (Tier 5)	PA; NDS; QL (1.2 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 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
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	\$0 (Tier 5)	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (Tier 5)	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	\$0 (Tier 2)	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	\$0 (Tier 2)	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	\$0 (Tier 2)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	\$0 (Tier 2)	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	\$0 (Tier 2)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	\$0 (Tier 2)	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML	\$0 (Tier 5)	PA NSO; NDS
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)
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	\$0 (Tier 5)	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 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
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
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	\$0 (Tier 5)	PA; NDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (Tier 3)	PA
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aauz)	\$0 (Tier 3)	PA
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aauz)	\$0 (Tier 5)	PA; NDS
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
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (Tier 4)	PA BvD
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	\$0 (Tier 5)	PA; NDS
SAPHNELO PEN SUBCUTANEOUS AUTO- INJECTOR 120 MG/0.8 ML	\$0 (Tier 5)	PA; NDS; QL (3.2 per 28 days)
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
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 2)	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$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
<i>tacrolimus intravenous solution 5 mg/ml</i> (Prograf)	\$0 (Tier 2)	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	\$0 (Tier 2)	PA BvD
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	\$0 (Tier 2)	PA BvD
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (Tier 2)	QL (100 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
TAVNEOS ORAL CAPSULE 10 MG	\$0 (Tier 5)	PA; NDS; QL (180 per 30 days)
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)
<i>tofacitinib oral solution 1 mg/ml</i> (Xeljanz)	\$0 (Tier 5)	PA; NDS
<i>tofacitinib oral tablet 10 mg, 5 mg</i> (Xeljanz)	\$0 (Tier 5)	PA; NDS
<i>tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg</i> (Xeljanz XR)	\$0 (Tier 5)	PA; NDS
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VELSIPITY ORAL TABLET 2 MG	\$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	\$0 (Tier 5)	PA; NDS; QL (120 per 30 days)
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
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	\$0 (Tier 5)	PA; NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	\$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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	\$0 (Tier 3)	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0 (Tier 3)	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (Tier 3)	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (Tier 3)	PA BvD; \$0 copay
ENGRIX-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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)	
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	\$0 (Tier 1)	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	\$0 (Tier 2)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	\$0 (Tier 2)	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	\$0 (Tier 2)	QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1)	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (Tier 5)	PA; NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemlar)	\$0 (Tier 2)	
<i>paricalcitol oral capsule 4 mcg</i>	\$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)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	\$0 (Tier 5)	PA; NDS; QL (2.24 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
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		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	\$0 (Tier 3)	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	\$0 (Tier 5)	PA; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	\$0 (Tier 2)	PA; QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	\$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (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)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 (Tier 3)	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 2)	
<i>mesna oral tablet 400 mg</i> (Mesnex)	\$0 (Tier 2)	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$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
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 2)	
<i>acetazolamide sodium injection recon soln 500 mg</i>	\$0 (Tier 2)	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 2)	
<i>bimatoprost ophthalmic (eye) drops 0.01 %</i> (Lumigan)	\$0 (Tier 2)	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 2)	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	\$0 (Tier 2)	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	\$0 (Tier 2)	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	\$0 (Tier 2)	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	\$0 (Tier 2)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (Tier 2)	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	\$0 (Tier 1)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	\$0 (Tier 1)	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 2)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 2)	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (Tier 2)	
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	\$0 (Tier 3)	QL (2.5 per 25 days)
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 (Tier 3)	QL (2.5 per 25 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	\$0 (Tier 3)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	\$0 (Tier 1)	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (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)
Parasympathomimetic (Cholinergic Agents)		
Parasympathomimetic (Cholinergic Agents)		
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	\$0 (Tier 2)	
Replacement Preparations		
Replacement Preparations		
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride)	\$0 (Tier 2)	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	\$0 (Tier 2)	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	\$0 (Tier 2)	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	\$0 (Tier 2)	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	\$0 (Tier 2)	
<i>potassium chloride intravenous solution 2 meq/ml</i>	\$0 (Tier 2)	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 2)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 2)	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	\$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
<i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>	\$0 (Tier 2)	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	\$0 (Tier 2)	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	\$0 (Tier 2)	
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	\$0 (Tier 2)	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	\$0 (Tier 2)	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	\$0 (Tier 2)	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	\$0 (Tier 2)	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	\$0 (Tier 2)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 2)	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 2)	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	\$0 (Tier 2)	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	\$0 (Tier 3)	QL (30 per 30 days)
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	\$0 (Tier 3)	QL (30 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	\$0 (Tier 2)	PA BvD; 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
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	\$0 (Tier 2)	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	\$0 (Tier 2)	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	\$0 (Tier 2)	QL (21.2 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	\$0 (Tier 1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	\$0 (Tier 1)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 2)	
Bronchodilators		
ADVAIR HFA INHALATION HFA (fluticasone propion- AEROSOL INHALER 115-21 salmeterol) MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (Tier 3)	QL (12 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	\$0 (Tier 3)	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	\$0 (Tier 2)	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0 (Tier 2)	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	\$0 (Tier 2)	QL (36 per 30 days)
<i>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</i>	\$0 (Tier 2)	PA BvD
ANORO ELLIPTA INHALATION (umeclidinium- BLISTER WITH DEVICE 62.5-25 vilanterol) MCG/ACTUATION	\$0 (Tier 3)	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
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)
<i>breyana inhalation hfa aerosol inhaler</i> (budesonide-formoterol) 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	\$0 (Tier 2)	QL (30.9 per 30 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION	\$0 (Tier 3)	QL (23.6 per 28 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION	\$0 (Tier 3)	QL (23.6 per 28 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)
<i>fluticasone furoate-vilanterol inhalation blister with device</i> 100-25 mcg/dose, 200-25 mcg/dose (Breo Ellipta)	\$0 (Tier 3)	QL (60 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Wixela Inhub)	\$0 (Tier 2)	QL (60 per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler</i> 17 mcg/actuation (Atrovent HFA)	\$0 (Tier 2)	QL (25.8 per 28 days)
<i>ipratropium bromide inhalation solution</i> 0.02 %	\$0 (Tier 2)	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization</i> 0.5 mg-3 mg(2.5 mg base)/3 ml	\$0 (Tier 2)	PA BvD; QL (540 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
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)
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (Tier 2)	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 450 mg</i>	\$0 (Tier 2)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 2)	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (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)
<i>wixela inhale inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	\$0 (Tier 2)	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 2)	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	\$0 (Tier 5)	NDS; QL (560 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
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 2)	PA BvD
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)
<i>nintedanib oral capsule 100 mg, 150 mg</i> (Ofev)	\$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib)	\$0 (Tier 5)	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 5)	PA; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 2)	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	\$0 (Tier 5)	PA; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	\$0 (Tier 5)	PA; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	\$0 (Tier 2)	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0 (Tier 5)	PA BvD; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (Tier 5)	PA BvD; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	\$0 (Tier 2)	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 2)	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	\$0 (Tier 2)	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	\$0 (Tier 2)	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0 (Tier 2)	
<i>tizanidine oral tablet 2 mg</i>	\$0 (Tier 2)	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	\$0 (Tier 2)	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (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)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	\$0 (Tier 2)	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	\$0 (Tier 2)	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	\$0 (Tier 2)	PA; 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
<i>sodium oxybate oral solution 500 mg/ml</i>	(Xyrem)	\$0 (Tier 5)	PA; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>		\$0 (Tier 2)	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	(Ambien)	\$0 (Tier 1)	QL (30 per 30 days)
Sympathomimetic (Adrenergic) Agents			
Sympathomimetic (Adrenergic) Agents			
<i>droxidopa oral capsule 100 mg, 300 mg</i>	(Northera)	\$0 (Tier 2)	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg</i>	(Northera)	\$0 (Tier 5)	PA; NDS; QL (180 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	(Auvi-Q)	\$0 (Tier 3)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	(EpiPen Jr)	\$0 (Tier 2)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>		\$0 (Tier 3)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	(Auvi-Q)	\$0 (Tier 2)	QL (4 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)
<i>alyq oral tablet 20 mg</i>	(tadalafil (pulm. hypertension))	\$0 (Tier 2)	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg</i>	(Letairis)	\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>ambrisentan oral tablet 5 mg</i>	(Letairis)	\$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
<i>macitentan oral tablet 10 mg</i>	(Opsumit)	\$0 (Tier 5)	PA; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	(Revatio)	\$0 (Tier 2)	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>		\$0 (Tier 2)	PA; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	(Cialis)	\$0 (Tier 2)	PA; 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
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

<i>bal-care dha combo pack 27-1-430 mg</i>	\$0 (Tier 1)	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	\$0 (Tier 1)	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	\$0 (Tier 1)	
<i>folivane-ob capsule 85-1 mg</i>	\$0 (Tier 1)	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	\$0 (Tier 1)	
<i>mynatal advance oral tablet 90-1-50 mg</i>	\$0 (Tier 1)	
<i>mynatal oral tablet 90-1-50 mg</i>	\$0 (Tier 1)	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	\$0 (Tier 1)	
<i>pnv-omega softgel 28-1-300 mg</i>	\$0 (Tier 1)	
<i>pnv-select tablet 27-1 mg</i>	\$0 (Tier 1)	
<i>pr natal 400 combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	\$0 (Tier 1)	
<i>prenaisance oral capsule 29-1.25-55-325 mg</i>	\$0 (Tier 1)	
<i>prenaisance plus oral capsule 28-1-50-250 mg</i>	\$0 (Tier 1)	
<i>prenatabs fa tablet 29-1 mg</i>	\$0 (Tier 1)	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	\$0 (Tier 1)	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	(pnv,calcium 72-iron,carb-folic) \$0 (Tier 1)	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) \$0 (Tier 1)	
<i>prenatal-u capsule 106.5-1 mg</i>	\$0 (Tier 1)	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>taron-c dha capsule 35-1-200 mg</i>	\$0 (Tier 1)	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	\$0 (Tier 1)	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	\$0 (Tier 1)	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	\$0 (Tier 1)	
<i>zatean-pn plus softgel 28-1-300 mg</i>	\$0 (Tier 1)	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	\$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. លិបិក្រមនៃឱសថដែលមានធានារ៉ាប់រង

ក្នុងផ្នែកនេះ អ្នកអាចស្វែងរកឱសថដោយស្វែងរកឈ្មោះរបស់វាតាមលំដាប់អក្ខរក្រម។
វានឹងប្រាប់អ្នកអំពីលេខទំព័រ
ដែលអ្នកអាចរកឃើញពីឱសថនីមួយៗដែលមានអំពីការធានារ៉ាប់រងបន្ថែមសម្រាប់ឱសថរបស់អ្នក។



INDEX

1		
1ST TIER UNIFINE PENTIPS		
.....	125	
1ST TIER UNIFINE PENTIPS		
PLUS	125, 126	
A		
<i>abacavir</i>	90	
<i>abacavir-lamivudine</i>	90	
ABELCET	75	
<i>abigale</i>	183	
<i>abigale lo</i>	183	
ABILIFY ASIMTUFII	83	
ABILIFY MAINTENA	83, 84	
<i>abiraterone</i>	43	
<i>abirtega</i>	43	
ABRYSVO (PF)	197	
<i>acamprosate</i>	34	
<i>acarbose</i>	71	
<i>acebutolol</i>	102	
<i>acetaminophen-codeine</i>	30	
<i>acetazolamide</i>	204, 205	
<i>acetazolamide sodium</i>	205	
<i>acetic acid</i>	174	
<i>acetylcysteine</i>	210	
<i>acitretin</i>	121	
ACTHIB (PF)	197	
ACTIMMUNE	189	
<i>acyclovir</i>	95, 121	
<i>acyclovir sodium</i>	95	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)	197	
<i>adalimumab-aaty</i>	189	
<i>adalimumab-aaty(cf) ai crohns</i>		
.....	189	
<i>adefovir</i>	95	
ADEMPAS	213	
<i>adrucil</i>	43	
ADVAIR HFA	208	
ADVOCATE PEN NEEDLE		
.....	126	
ADVOCATE SYRINGES ...	126	
<i>afirmelle</i>	111	
AIMOVIG AUTOINJECTOR		
.....	78	
AIRSUPRA	208	
AKEEGA	43	
<i>ala-cort</i>	123	
<i>albendazole</i>	81	
<i>albuterol sulfate</i>	208	
ALCOHOL PADS	126	
ALCOHOL PREP PADS	148	
ALCOHOL SWABS	144	
ALCOHOL WIPES	154	
ALECENSA	43	
<i>alendronate</i>	203	
<i>alfuzosin</i>	182	
<i>aliskiren</i>	108	
<i>allopurinol</i>	78	
<i>alosetron</i>	180	
<i>alprazolam</i>	35	
<i>altavera (28)</i>	111	
ALTRENO	121	
ALUNBRIG	44	
<i>alyacen 1/35 (28)</i>	111	
<i>alyacen 7/7/7 (28)</i>	111	
<i>alyq</i>	213	
<i>amantadine hcl</i>	82	
<i>ambrisentan</i>	213	
<i>amethia</i>	111	
<i>amethyst (28)</i>	111	
<i>amikacin</i>	36	
<i>amiloride</i>	105	
<i>amiloride-hydrochlorothiazide</i>		
.....	105	
<i>amiodarone</i>	102	
<i>amitriptyline</i>	67	
<i>amlodipine</i>	103	
<i>amlodipine-atorvastatin</i>	107	
<i>amlodipine-benazepril</i>	104	
<i>amlodipine-olmesartan</i>	104	
<i>amlodipine-valsartan</i>	104	
<i>amlodipine-valsartan-hcthiacid</i>		
.....	104	
<i>ammonium lactate</i>	121, 122	
<i>amoxapine</i>	67	
<i>amoxicillin</i>	40	
<i>amoxicillin-pot clavulanate</i>	40,	
41		
<i>amphotericin b</i>	75	
<i>amphotericin b liposome</i>	75	
<i>ampicillin</i>	41	
<i>ampicillin sodium</i>	41	
<i>ampicillin-sulbactam</i>	41	
<i>anagrelide</i>	98	
<i>anastrozole</i>	44	
ANORO ELLIPTA	208	
<i>aprepitant</i>	80	
<i>apri</i>	111	
APTIVUS	90	
AQINJECT PEN NEEDLE .	126	
ARCALYST	189	
AREXVY (PF)	197	
ARIKAYCE	36	
<i>aripiprazole</i>	84	
ARISTADA	84	
ARISTADA INITIO	84	
<i>armodafinil</i>	212	
ARNUITY ELLIPTA	207	
<i>asenapine maleate</i>	84	
<i>ashlyna</i>	111	
<i>aspirin-dipyridamole</i>	98	

ASSURE ID DUO PRO SFTY PEN NDL	126
ASSURE ID DUO-SHIELD	127
ASSURE ID INSULIN SAFETY	127
ASSURE ID PEN NEEDLE	127
ASSURE ID PRO PEN NEEDLE.....	127
atazanavir	90
atenolol.....	102
atenolol-chlorthalidone	102
atomoxetine.....	109
atorvastatin.....	107
atovaquone	81
atovaquone-proguanil	81
atropine	173
aubra eq.....	111
AUGTYRO.....	44
aurovela 1.5/30 (21).....	112
aurovela 1/20 (21).....	112
aurovela 24 fe	112
aurovela fe 1.5/30 (28).....	112
aurovela fe 1-20 (28).....	112
AUSTEDO	109
AUSTEDO XR.....	109, 110
AUSTEDO XR TITRATION KT(WK1-4)	110
AUTOKEEPER SAFETY PEN NEEDLE.....	127
AUVELITY	67
aviane	112
AVMAPKI	44
AVMAPKI-FAKZYNJA	44
AVONEX	189
ayuna	112
AYVAKIT	44
azacitidine.....	44
azathioprine	189
azathioprine sodium	189
azelastine	173, 174
azithromycin	39
aztreonam	40

azurette (28)	112
B	
bacitracin	174
bacitracin-polymyxin b	174
baclofen	212
bal-care dha	214
bal-care dha essential	214
balsalazide.....	180
BALVERSA	44
BAQSIMI	204
BCG VACCINE, LIVE (PF)	198
BD ALCOHOL SWABS	128
BD AUTOSHIELD DUO PEN NEEDLE	127
BD ECLIPSE LUER-LOK ..	127
BD INSULIN SYRINGE.....	127
BD INSULIN SYRINGE (HALF UNIT).....	127
BD INSULIN SYRINGE ULTRA-FINE.....	127
BD SAFETYGLIDE INSULIN SYRINGE.....	128
BD SAFETYGLIDE SYRINGE	128
BD ULTRA-FINE MICRO PEN NEEDLE	128
BD ULTRA-FINE MINI PEN NEEDLE	128
BD ULTRA-FINE NANO PEN NEEDLE	128
BD ULTRA-FINE ORIG PEN NEEDLE	128
BD ULTRA-FINE SHORT PEN NEEDLE	128
BD VEO INSULIN SYR (HALF UNIT).....	128
BD VEO INSULIN SYRINGE UF	129
BELSOMRA	212
benazepril	101
benazepril-hydrochlorothiazide	101

bendamustine.....	44
BENLYSTA.....	189
benztropine.....	82
BEQALZI.....	44
BEQALZI STARTER PACK	44
BESREMI	45
BESREMI PEN	44
betaine.....	204
betamethasone dipropionate	123
betamethasone valerate	123
betamethasone, augmented ..	123
BETASERON	189
betaxolol.....	205
bethanechol chloride	181
bexarotene	45
BEXSERO	198
bicalutamide.....	45
BICILLIN L-A	41
BIKTARVY	90
bimatoprost	205
bismuth subcit k-metronidz-tn	178
bisoprolol fumarate	103
bisoprolol-hydrochlorothiazide	103
bleomycin	45
blisovi 24 fe	112
blisovi fe 1.5/30 (28).....	112
blisovi fe 1/20 (28).....	112
BOOSTRIX TDAP.....	198
BORDERED GAUZE	129
bortezomib.....	45
BOSULIF	45
bosutinib.....	45
BRAFTOVI.....	45
BREO ELLIPTA	209
breyana	209
BREZTRI AEROSPHERE ..	209
brimonidine	205
brimonidine-timolol	205
brinzolamide.....	205
brivaracetam	61

<i>bromfenac</i>	176	<i>candesartan-hydrochlorothiazid</i>	100	<i>cholestyramine (with sugar)</i> ..	107
<i>bromocriptine</i>	82	CAPLYTA	85	<i>cholestyramine light</i>	107
BRONCHITOL.....	210	CAPRELSA	46	<i>ciclopirox</i>	76
BRUKINSA.....	45	<i>captopril</i>	101	<i>cilostazol</i>	98
<i>budesonide</i>	180, 207	<i>carbamazepine</i>	61	CIMDUO	90
<i>bumetanide</i>	106	<i>carbidopa-levodopa</i>	82, 83	<i>cimetidine hcl</i>	178
<i>buprenorphine</i>	30	CAREFINE PEN NEEDLE .	129	<i>cinacalcet</i>	203
<i>buprenorphine hcl</i>	34	CARETOUCH ALCOHOL		<i>ciprofloxacin hcl</i>	42, 174
<i>buprenorphine-naloxone</i>	34	PREP PAD	129	<i>ciprofloxacin in 5 % dextrose</i> ..	42
<i>bupropion hcl</i>	67	CARETOUCH INSULIN		<i>ciprofloxacin-dexamethasone</i>	174
<i>bupropion hcl (smoking deter)</i>	34	SYRINGE.....	130	<i>citalopram</i>	68
<i>bupirone</i>	204	CARETOUCH PEN NEEDLE		<i>clarithromycin</i>	39
<i>butalbital-acetaminop-caf-cod</i>	30	.....	129, 130	CLICKFINE PEN NEEDLE	130
<i>butalbital-acetaminophen-caff</i> 30		<i>carglumic acid</i>	178	<i>clindamycin hcl</i>	37
BYSANTI.....	84	<i>carteolol</i>	205	<i>clindamycin phosphate</i> .	37, 121,
BYSANTI TITRATION PACK		<i>cartia xt</i>	104	122, 123	
A.....	84	<i>carvedilol</i>	103	CLINIMIX 6%-D5W	
BYSANTI TITRATION PACK		CAYSTON	40	(SULFITE-FREE).....	98
B.....	85	<i>cefaclor</i>	38	CLINIMIX 8%-	
BYSANTI TITRATION PACK		<i>cefadroxil</i>	38	D10W(SULFITE-FREE) ...	99
C.....	85	<i>cefazolin</i>	38	CLINIMIX 8%-	
C		<i>cefdinir</i>	38	D14W(SULFITE-FREE) ...	99
CABENUVA	90	<i>cefepime</i>	38	CLINIMIX E 8%-D10W	
<i>cabergoline</i>	82	<i>cefixime</i>	38	SULFITEFREE	99
CABOMETYX	45	<i>cefoxitin</i>	40	CLINIMIX E 8%-D14W	
<i>cabotegravir</i>	90	<i>cefpodoxime</i>	38	SULFITEFREE	99
<i>calcipotriene</i>	122	<i>cefprozil</i>	38	<i>clobazam</i>	61, 62
<i>calcitonin (salmon)</i>	203	<i>ceftaroline fosamil</i>	38	<i>clobetasol</i>	123, 124
<i>calcitriol</i>	203	<i>ceftazidime</i>	38	<i>clobetasol-emollient</i>	124
<i>calcium acetate(phosphat bind)</i>	178	<i>ceftriaxone</i>	38	<i>clomipramine</i>	68
CALQUENCE		<i>cefuroxime axetil</i>	38	<i>clonazepam</i>	35
(ACALABRUTINIB MAL)		<i>cefuroxime sodium</i>	39	<i>clonidine</i>	99
.....	45	<i>celecoxib</i>	32	<i>clonidine hcl</i>	99
CAMCEVI (6 MONTH)	46	<i>cephalexin</i>	39	<i>clopidogrel</i>	98
<i>camila</i>	112	<i>cevimeline</i>	121	<i>clorazepate dipotassium</i>	35
<i>camrese</i>	112	<i>chateal eq (28)</i>	112	<i>clotrimazole</i>	76
<i>camrese lo</i>	112	<i>chlordiazepoxide hcl</i>	35	<i>clotrimazole-betamethasone</i> ..	76
<i>candesartan</i>	100	<i>chlorhexidine gluconate</i>	121	<i>clozapine</i>	85
		<i>chloroquine phosphate</i>	81	<i>c-nate dha</i>	214
		<i>chlorpromazine</i>	85	COARTEM	81
		<i>chlorthalidone</i>	106	COBENFY	85

COBENFY STARTER PACK	85
<i>colchicine</i>	78
<i>colesevelam</i>	107
<i>colestipol</i>	107
<i>colistin (colistimethate na)</i>	37
COMBIVENT RESPIMAT.	209
COMETRIQ	46
COMFORT EZ INSULIN SYRINGE.....	130, 131, 132
COMFORT EZ PEN NEEDLES	131
COMFORT EZ PLUS PEN NEEDLE.....	132
COMFORT EZ PRO SAFETY PEN NDL	132
COMFORT TOUCH PEN NEEDLE.....	132, 133
<i>compro</i>	80
<i>conjugated estrogens</i>	183
<i>constulose</i>	179
COPIKTRA	46
CORTROPHIN GEL	186
COSENTYX.....	190
COSENTYX (2 SYRINGES)	189
COSENTYX PEN (2 PENS)	189
COSENTYX UNOREADY PEN	190
COTELLIC.....	46
CREON	173
CRESEMBA.....	76
<i>cromolyn</i>	174, 179, 211
<i>cryselle (28)</i>	112
CURITY ALCOHOL SWABS	133
CURITY GAUZE	133
<i>cyclobenzaprine</i>	212
<i>cyclophosphamide</i>	46
<i>cyclosporine</i>	176, 190
<i>cyclosporine modified</i>	190
<i>cyred eq</i>	112

D	
<i>d5 % (d-glucose)-0.9 % sodchlr</i>	99
<i>d5 % and 0.9 % sodium chloride</i>	99
<i>d5 %-0.45 % sodium chloride</i>	99
<i>dabigatran etexilate</i>	96
<i>dalfampridine</i>	204
<i>danazol</i>	183
<i>dantrolene</i>	212
DANZITEN.....	46
<i>dapagliflozin</i>	71
<i>dapagliflozin-metformin</i>	71
<i>dapsone</i>	79
DAPTACEL (DTAP PEDIATRIC) (PF)	198
<i>daptomycin</i>	37
<i>darifenacin</i>	181
<i>darunavir</i>	90
<i>dasatinib</i>	46
<i>dasetta 1/35 (28)</i>	113
<i>dasetta 7/7/7 (28)</i>	113
DAURISMO.....	46
<i>daysee</i>	113
<i>deblitane</i>	113
<i>decitabine</i>	47
<i>deferasirox</i>	182
DELSTRIGO.....	90
DENG VAXIA (PF)	198
DEPO-SUBQ PROVERA	104
DERMACEA.....	133
DERMACEA NON-WOVEN	133
<i>dermacinrx lidocan</i>	33
DESCOVY	90
<i>desipramine</i>	68
<i>desmopressin</i>	186
<i>desog-e.estradiol/e.estradiol</i>	113
<i>desvenlafaxine succinate</i>	68
<i>dexamethasone</i>	184

<i>dexamethasone sodium phosphate</i>	176, 184
<i>dextroamphetamine-amphetamine</i>	110
<i>dextrose 5 % in water (d5w)</i> ..	99
DIACOMIT	62
<i>diazepam</i>	35, 62
<i>diazepam intensol</i>	35
<i>diazoxide</i>	78
<i>diclofenac potassium</i>	32
<i>diclofenac sodium</i> ..	32, 124, 176
<i>diclofenac-misoprostol</i>	32
<i>dicloxacillin</i>	41
<i>dicyclomine</i>	179
<i>didanosine</i>	90
<i>difluprednate</i>	176
<i>digoxin</i>	105
<i>dihydroergotamine</i>	78
DILANTIN.....	62
<i>diltiazem hcl</i>	104
<i>dilt-xr</i>	104
<i>dimethyl fumarate</i>	190
<i>diphenoxylate-atropine</i>	179
<i>dipyridamole</i>	98
<i>disulfiram</i>	34
<i>divalproex</i>	62
<i>dofetilide</i>	102
<i>dolishale</i>	113
<i>donepezil</i>	66
<i>dorzolamide</i>	205
<i>dorzolamide-timolol</i>	205
<i>dotti</i>	183
DOVATO.....	90
<i>doxazosin</i>	100
<i>doxepin</i>	68, 212
<i>doxorubicin, peg-liposomal</i> ...	47
<i>doxy-100</i>	42
<i>doxycycline hyclate</i>	42, 43
<i>doxycycline monohydrate</i>	43
DRIZALMA SPRINKLE	68
<i>dronabinol</i>	80

DROPLET INSULIN SYR(HALF UNIT) .133, 134, 135	EASY TOUCH FLIPLOCK SYRINGE.....140	<i>eluryng</i> 113
DROPLET INSULIN SYRINGE..... 134, 135, 136	EASY TOUCH INS SYR (HALF UNIT).....139	EMBRACE PEN NEEDLE 143, 144
DROPLET MICRON PEN NEEDLE..... 136	EASY TOUCH INSULIN SAFETY SYR 139, 140	EMGALITY PEN.....78
DROPLET PEN NEEDLE.. 136	EASY TOUCH INSULIN SYRINGE.139, 140, 141, 142	EMGALITY SYRINGE ..78, 79
DROPSAFE ALCOHOL PREP PADS..... 136	EASY TOUCH LUER LOCK INSULIN.....141	EMSAM.....68
DROPSAFE INSULIN SYRINGE.....136, 137	EASY TOUCH PEN NEEDLE 141	<i>emtricitabine</i> 91
DROPSAFE PEN NEEDLE 137	EASY TOUCH SAFETY PEN NEEDLE 142, 143	<i>emtricitabine-tenofovir (tdf)</i> ...91
<i>drospirenone-ethinyl estradiol</i> 113	EASY TOUCH SHEATHLOCK INSULIN 140, 141	<i>emtricitabine-tenofovir (tdf)</i> ...91
<i>droxidopa</i> 213	EASY TOUCH UNI-SLIP...142	<i>emtricitabine-tenofovir (tdf)</i> ...91
<i>duloxetine</i> 68	EASYLIFE ALCOHOL PADS 142	EMTRIVA 91
DUPIXENT PEN..... 190	EASYLIFE INSULIN PEN NEEDLE 142, 143	<i>emzahn</i> 113
DUPIXENT SYRINGE..... 190	EASYLIFE INSULIN SYRINGE.....143	<i>enalapril maleate</i> 101
<i>dutasteride</i> 182	EASYLIFE SAFETY PEN NEEDLE 143	<i>enalapril-hydrochlorothiazide</i> 101
E	<i>econazole nitrate</i> 76	ENBREL 190
EASY COMFORT ALCOHOL PAD..... 138	EDURANT PED.....90	ENBREL MINI 190
EASY COMFORT INSULIN SYRINGE.....137, 138	<i>efavirenz</i> 90, 91	ENBREL SURECLICK.....191
EASY COMFORT PEN NEEDLES 138	<i>efavirenz-emtricitabine-tenofovir</i> 91	<i>endocet</i> 30
EASY COMFORT SAFETY PEN NEEDLE 137	<i>efavirenz-lamivudine-tenofovir</i> 91	ENGERIX-B (PF) 198
EASY GLIDE INSULIN SYRINGE..... 139	ELIGARD 47	ENGERIX-B PEDIATRIC (PF) 198
EASY GLIDE PEN NEEDLE 139	ELIGARD (3 MONTH).....47	<i>enilloring</i> 113
EASY TOUCH 141, 142	ELIGARD (4 MONTH).....47	<i>enoxaparin</i> 96
EASY TOUCH ALCOHOL PREP PADS..... 140	ELIGARD (6 MONTH).....47	<i>enpresse</i> 113
EASY TOUCH AUTORETRACT SYRINGE 140	<i>elinest</i> 113	ENSACOVE 47
EASY TOUCH FLIPLOCK INSULIN 141	ELIQUIS 96	<i>enskyce</i> 113
	ELIQUIS DVT-PE TREAT 30D START 96	<i>entacapone</i> 83
	ELIQUIS SPRINKLE.....96	<i>entecavir</i> 95
	<i>eltrombopag olamine</i> 97	ENTYVIO.....191
		ENTYVIO PEN.....191
		<i>enulose</i> 179
		ENVARUS XR 191
		EPCLUSA.....95
		EPIDIOLEX.....62
		<i>epinastine</i> 174
		<i>epinephrine</i> 213
		<i>epitol</i> 62
		<i>eplerenone</i> 109
		<i>ergoloid</i> 66
		ERIVEDGE.....47
		ERLEADA 47
		<i>erlotinib</i> 47

errin 113
ertapenem 40
erythromycin 39, 174
erythromycin ethylsuccinate .. 39
erythromycin with ethanol... 123
escitalopram oxalate 68
eslicarbazepine 62
esomeprazole magnesium 178
estarylla 113
estradiol..... 183, 184
estradiol-norethindrone acet 184
eszopiclone 212
ethambutol 80
ethosuximide 62
ethynodiol diac-eth estradiol
..... 113, 114
etodolac 33
etonogestrel-ethinyl estradiol
..... 114
etoposide..... 47
etravirine 91
EUCRISA 124
EULEXIN 47
everolimus (antineoplastic) ... 48
everolimus
(immunosuppressive)..... 191
EVOTAZ 91
EXEL INSULIN 144
exemestane 48
EXTENCILLINE 41
EXXUA 68, 69
EYSUVIS 176
ezetimibe 107
ezetimibe-simvastatin 107
F
falmina (28) 114
famciclovir 95
famotidine 178
FANAPT 85
FANAPT TITRATION PACK
A 85

FANAPT TITRATION PACK
B 85
FANAPT TITRATION PACK
C 85
FARXIGA 71
FASENRA 191
FASENRA PEN 191
febuxostat 78
feirza 114
felbamate 62
felodipine 104
fenofibrate 107
fenofibrate micronized 107
fenofibrate nanocrystallized .107
fentanyl 30
fentanyl citrate 30
fesoterodine 181
FETZIMA 69
FIASP FLEXTOUCH U-100
INSULIN 72
FIASP PENFILL U-100
INSULIN 73
FIASP U-100 INSULIN 73
fidaxomicin 40
FILSPARI 204
finasteride 182
fingolimod 191
FINTEPLA 62
FIRMAGON KIT W DILUENT
SYRINGE 48
flavoxate 181
flecainide 102
floxuridine 48
fluconazole 76
fluconazole in nacl (iso-osm) .76
flucytosine 76
fludrocortisone 184
flunisolide 176
fluocinolone 124
fluocinolone acetonide oil ... 176
fluocinonide 124
fluorometholone 176

fluorouracil 48, 122
fluoxetine 69
fluphenazine decanoate 86
fluphenazine hcl 86
flurbiprofen 33
flurbiprofen sodium 176
fluticasone furoate-vilanterol
..... 209
fluticasone propionate 124, 177,
208
fluticasone propion-salmeterol
..... 209
fluvastatin 107
fluvoxamine 69
folivane-ob 214
fondaparinux 96
fosamprenavir 91
fosfomycin tromethamine 37
fosinopril 101
fosinopril-hydrochlorothiazide
..... 101
fosphephenytoin 63
FOTIVDA 48
FRUZAQLA 48
fulvestrant 48
furosemide 106
G
gabapentin 63
galantamine 66, 67
gallifrey 188
GAMUNEX-C 191
GARDASIL 9 (PF) 198
GAUZE BANDAGE 154
GAUZE PAD 144
gavilyte-c 181
gavilyte-g 181
gavilyte-n 181
GAVRETO 48
gefitinib 48
gemfibrozil 107
generlac 179
gengraf 191

<i>gentamicin</i>	36, 123, 174
<i>gentamicin sulfate (ped) (pf)</i> .	36
GENVOYA	91
GILOTRIF	48
<i>glatiramer</i>	191
<i>glatopa</i>	191
<i>glimepiride</i>	75
<i>glipizide</i>	75
<i>glipizide-metformin</i>	75
<i>glutamine (sickle cell)</i>	204
<i>glyburide</i>	75
<i>glyburide micronized</i>	75
<i>glyburide-metformin</i>	75
<i>glycopyrrolate</i>	179
<i>glydo</i>	33
GLYXAMBI.....	71
GOMEKLI.....	49
<i>griseofulvin microsize</i>	76
<i>griseofulvin ultramicrosize</i>	76
<i>guanfacine</i>	99, 110
GVOKE	204
GVOKE HYPOPEN 2-PACK	
.....	204
GVOKE PFS 1-PACK	
SYRINGE.....	204

H

HADLIMA	192
HADLIMA PUSHTOUCH .	191
HADLIMA(CF)	192
HADLIMA(CF) PUSHTOUCH	
.....	192
HAEGARDA.....	97
<i>hailey 24 fe</i>	114
<i>hailey fe 1.5/30 (28)</i>	114
<i>hailey fe 1/20 (28)</i>	114
<i>halobetasol propionate</i>	124
<i>haloette</i>	114
<i>haloperidol</i>	86
<i>haloperidol decanoate</i>	86
<i>haloperidol lactate</i>	86
HAVRIX (PF).....	198, 199

HEALTHWISE INSULIN	
SYRINGE.....	144, 145
HEALTHWISE PEN NEEDLE	
.....	145
HEALTHY ACCENTS	
UNIFINE PENTIP.....	145
<i>heather</i>	114
<i>heparin (porcine)</i>	97
HEPLISAV-B (PF).....	199
HERCEPTIN HYLECTA	49
HERNEXEOS	49
HIBERIX (PF).....	199
HUMIRA.....	192
HUMIRA PEN	192
HUMIRA(CF)	192
HUMIRA(CF) PEN	192
HUMIRA(CF) PEN CROHNS-	
UC-HS	192
HUMIRA(CF) PEN	
PEDIATRIC UC.....	192
HUMIRA(CF) PEN PSOR-UV-	
ADOL HS.....	192
HUMULIN R U-500 (CONC)	
INSULIN	73
HUMULIN R U-500 (CONC)	
KWIKPEN.....	73
<i>hydralazine</i>	109
<i>hydrochlorothiazide</i>	106
<i>hydrocodone-acetaminophen</i> .	31
<i>hydrocortisone</i>	124, 180, 184
<i>hydrocortisone valerate</i>	125
<i>hydrocortisone-acetic acid</i> ...	174
<i>hydromorphone</i>	31
<i>hydroxychloroquine</i>	81
<i>hydroxyurea</i>	49
<i>hydroxyzine hcl</i>	78
<i>hydroxyzine pamoate</i>	204
HYRNUO	49
I	
<i>ibandronate</i>	203
IBRANCE	49
IBTROZI	49

<i>ibu</i>	33
<i>ibuprofen</i>	33
<i>icatibant</i>	105
<i>iclevia</i>	114
ICLUSIG.....	49
<i>icosapent ethyl</i>	107
IDHIFA	49
IDVYNZO.....	91
<i>ifosfamide</i>	49
ILEVRO.....	177
<i>imatinib</i>	49
IMBRUVICA	49, 50
<i>imipenem-cilastatin</i>	40
<i>imipramine hcl</i>	69
<i>imiquimod</i>	122
IMKELDI.....	50
IMOVAX RABIES VACCINE	
(PF)	199
IMPAVIDO.....	81
<i>incassia</i>	114
INCONTROL ALCOHOL	
PADS	145
INCONTROL PEN NEEDLE	
.....	145
INCRELEX	186
<i>indapamide</i>	106
<i>indomethacin</i>	33
INFANRIX (DTAP) (PF)	199
<i>infliximab</i>	192
INGREZZA.....	110
INGREZZA INITIATION	
PK(TARDIV)	110
INGREZZA SPRINKLE	110
INLEXZO	50
INLURIYO	50
INLYTA.....	50
INPEN (FOR HUMALOG)	
BLUE	146
INPEN (FOR HUMALOG)	
GREY.....	146
INPEN (FOR HUMALOG)	
PINK	146

INPEN (NOVOLOG OR FIASP) BLUE.....	146	<i>ivabradine</i>	105	<i>kionex</i>	179
INPEN (NOVOLOG OR FIASP) GREY	146	<i>ivermectin</i>	82	KISQALI.....	51
INPEN (NOVOLOG OR FIASP) PINK.....	146	IWILFIN	50	KISQALI FEMARA CO-PACK	51
INQOVI.....	50	IXIARO (PF).....	199	KLISYRI (250 MG)	122
INREBIC.....	50	J		<i>klor-con m10</i>	206
<i>insulin glargine-yfgn</i>	73	<i>jaimiess</i>	114	<i>klor-con m15</i>	206
<i>insulin lispro</i>	73	JAKAFI.....	50	<i>klor-con m20</i>	206
INSULIN SYR/NDL U100 HALF MARK	146	JAKAFI XR.....	50	KLOXXADO	34
INSULIN SYRINGE MICROFINE	127	<i>jantoven</i>	97	KOMZIFTI.....	51
INSULIN SYRINGE-NEEDLE U-100.....	144, 146, 147, 154, 155, 159	JARDIANCE.....	71	KOSELUGO	51
INSULIN U-500 SYRINGE- NEEDLE.....	148	JASCAYD.....	211	KRAZATI	52
INSUPEN PEN NEEDLE...	148	<i>javygtor</i>	173	<i>kurvelo (28)</i>	115
INTELENCE	91	JAYPIRCA.....	50	KYLEENA.....	115
<i>introvale</i>	114	<i>jencycla</i>	114	L	
INVEGA HAFYERA.....	86	JENTADUETO	71	<i>l norgest/e.estradiol-e.estradiol</i>	115
INVEGA SUSTENNA.....	86, 87	JENTADUETO XR.....	71	<i>labetalol</i>	103
INVEGA TRINZA.....	87	JIDEYTRO.....	50	<i>lacosamide</i>	63
INVELTYS.....	177	<i>jolessa</i>	114	<i>lactulose</i>	179
IPOL.....	199	<i>juleber</i>	114	<i>lamivudine</i>	92
<i>ipratropium bromide</i>	174, 209	JULUCA	92	<i>lamivudine-zidovudine</i>	92
<i>ipratropium-albuterol</i>	209	<i>junel 1.5/30 (21)</i>	115	<i>lamotrigine</i>	63
<i>irbesartan</i>	100	<i>junel 1/20 (21)</i>	115	<i>lanreotide</i>	186
<i>irbesartan-hydrochlorothiazide</i>	100	<i>junel fe 1.5/30 (28)</i>	115	<i>lansoprazole</i>	178
ISENTRESS	91	<i>junel fe 1/20 (28)</i>	115	LANTUS SOLOSTAR U-100 INSULIN.....	73
ISENTRESS HD.....	91	<i>junel fe 24</i>	115	LANTUS U-100 INSULIN...	73
<i>isibloom</i>	114	JYLAMVO.....	51	<i>lapatinib</i>	52
<i>isoniazid</i>	80	JYNNEOS (PF)	199	<i>larin 1.5/30 (21)</i>	115
<i>isosorbide dinitrate</i>	109	K		<i>larin 1/20 (21)</i>	115
<i>isosorbide mononitrate</i>	109	KALETRA	92	<i>larin 24 fe</i>	115
ISTURISA	184, 185	KALYDECO	211	<i>larin fe 1.5/30 (28)</i>	116
ITOVEBI.....	50	<i>kariva (28)</i>	115	<i>larin fe 1/20 (28)</i>	116
<i>itraconazole</i>	76	<i>kelnor 1/35 (28)</i>	115	<i>latanoprost</i>	205
IV PREP WIPES.....	148	<i>kelnor 1/50 (28)</i>	115	LAZCLUZE	52
		KERENDIA.....	109	<i>leflunomide</i>	193
		KESIMPTA PEN.....	192	<i>lenalidomide</i>	52
		<i>ketoconazole</i>	76, 77	LENTOCILIN S (WITH LIDOCAINE).....	41
		<i>ketorolac</i>	33, 177	LENVIMA	52
		KEVZARA.....	192, 193	LEQEMBI IQLIK	67
		KEYTRUDA	51	<i>lessina</i>	116
		KEYTRUDA QLEX.....	51		
		KINERET.....	193		
		KINRIX (PF).....	199		

<i>letrozole</i>	52	<i>lorazepam</i>	35, 36	<i>magnesium sulfate</i>	206
<i>leucovorin calcium</i>	204	<i>lorazepam intensol</i>	36	<i>malathion</i>	125
LEUKERAN.....	52	LORBRENA.....	53	<i>maraviroc</i>	92
LEUKINE.....	97	<i>losartan</i>	100	<i>marlissa (28)</i>	117
<i>leuprolide</i>	52	<i>losartan-hydrochlorothiazide</i>	100	<i>marnatal-f</i>	214
<i>leuprolide acetate (3 month)</i> .	52	LOTEMAX.....	177	MARPLAN.....	69
<i>levetiracetam</i>	63	LOTEMAX SM.....	177	MATULANE.....	54
<i>levobunolol</i>	205	<i>loteprednol etabonate</i>	177	MAXICOMFORT II PEN NEEDLE.....	148
<i>levocetirizine</i>	78	<i>lovastatin</i>	108	MAXICOMFORT INSULIN SYRINGE.....	148, 149
<i>levofloxacin</i>	42	<i>low-ogestrel (28)</i>	116	MAXI-COMFORT INSULIN SYRINGE.....	148
<i>levofloxacin in d5w</i>	42	<i>loxapine succinate</i>	87	MAXI-COMFORT INSULIN SYRINGE.....	149
<i>levonest (28)</i>	116	<i>lo-zumandimine (28)</i>	116	MAXICOMFORT SAFETY PEN NEEDLE.....	149
<i>levonorgest-eth.estradiol-iron</i>	116	<i>lubiprostone</i>	179	<i>meclizine</i>	80
<i>levonorgestrel-ethinyl estrad</i>	116	<i>luizza</i>	116	<i>medroxyprogesterone</i>	188
<i>levonorg-eth estrad triphasic</i>	116	LUMAKRAS.....	53	<i>mefloquine</i>	82
<i>levora-28</i>	116	LUNSUMIO VELO.....	53	<i>megestrol</i>	54, 188
<i>levothyroxine</i>	188	LUPRON DEPOT.....	53, 187	MEKINIST.....	54
<i>lidocaine</i>	33, 34	LUPRON DEPOT (3 MONTH)	53, 186	MEKTOVI.....	54
<i>lidocaine hcl</i>	33	LUPRON DEPOT (4 MONTH)	53	<i>meleya</i>	117
<i>lidocaine-prilocaine</i>	34	LUPRON DEPOT (6 MONTH)	53	<i>meloxicam</i>	33
<i>lidocan iii</i>	34	LUPRON DEPOT-PED.....	187	<i>memantine</i>	67
LIFYORLI.....	52	LUPRON DEPOT-PED (3 MONTH).....	187	MENQUADFI (PF).....	199
LILETTA.....	116	<i>lurasidone</i>	87	MENVEO A-C-Y-W-135-DIP (PF).....	199
<i>linezolid</i>	37	<i>lutea (28)</i>	117	<i>mercaptopurine</i>	54
<i>linezolid in dextrose 5%</i>	37	LUTRATE DEPOT (3 MONTH).....	53	<i>meropenem</i>	40
LINZESS.....	179	LYBALVI.....	87	<i>mesalamine</i>	180, 181
<i>liomny</i>	188	<i>lyleq</i>	117	<i>mesna</i>	204
<i>liothyronine</i>	188	LYNPARZA.....	53	<i>metformin</i>	71
LISCO.....	148	LYSODREN.....	53	<i>methadone</i>	31
<i>lisinopril</i>	101	LYTGOBI.....	54	<i>methazolamide</i>	205
<i>lisinopril-hydrochlorothiazide</i>	101	<i>lyza</i>	117	<i>methenamine hippurate</i>	37
<i>lithium carbonate</i>	110, 111	M		<i>methimazole</i>	188
<i>lithium citrate</i>	111	<i>macitentan</i>	213	<i>methocarbamol</i>	212
LIVTENCITY.....	94	MAGELLAN INSULIN SAFETY SYRNG.....	148	<i>methotrexate sodium</i>	54
<i>lojaimiess</i>	116	MAGELLAN SYRINGE.....	148	<i>methotrexate sodium (pf)</i>	54
LOKELMA.....	179			<i>methoxsalen</i>	122
<i>lomustine</i>	52				
LONSURF.....	52, 53				
<i>loperamide</i>	179				
<i>lopinavir-ritonavir</i>	92				

<i>methsuximide</i>	63	MONOJECT INSULIN		<i>nebivolol</i>	103
<i>methylphenidate hcl</i>	111	SAFETY SYRINGE.....	150	<i>nefazodone</i>	69
<i>methylprednisolone</i>	185	MONOJECT INSULIN		<i>neomycin</i>	36
<i>methylprednisolone acetate</i> ..	185	SYRINGE.....	149, 150	<i>neomycin-bacitracin-poly-hc</i>	175
<i>metoclopramide hcl</i>	179	MONOJECT SYRINGE	149	<i>neomycin-bacitracin-polymyxin</i>	
<i>metolazone</i>	106	MONOJECT ULTRA		.....	175
<i>metoprolol succinate</i>	103	COMFORT INSULIN	166	<i>neomycin-polymyxin b-</i>	
<i>metoprolol tartrate</i>	103	<i>mono-lyyah</i>	117	<i>dexameth</i>	175, 177
<i>metronidazole</i>	37, 121, 123	<i>montelukast</i>	208	<i>neomycin-polymyxin-gramicidin</i>	
<i>metronidazole in nacl (iso-os)</i>	37	<i>morphine</i>	31	.....	175
<i>metyrosine</i>	105	MORPHINE	31	<i>neomycin-polymyxin-hc</i>	175
<i>miconazole-3</i>	77	<i>morphine concentrate</i>	31	<i>neo-polycin</i>	175
MICRODOT INSULIN PEN		MOUNJARO	185	<i>neo-polycin hc</i>	175
NEEDLE.....	149	MOVANTIK	179	NERLYNX.....	54
MICRODOT READYGARD		<i>moxifloxacin</i>	42, 174	<i>nevirapine</i>	92
PEN NEEDLE	149	<i>moxifloxacin-sod.ace,sul-water</i>		NEXLETOL	108
<i>microgestin 1.5/30 (21)</i>	117	.....	42	NEXLIZET	108
<i>microgestin 1/20 (21)</i>	117	<i>moxifloxacin-sod.chloride(iso)</i>		NEXPLANON.....	117
<i>microgestin fe 1.5/30 (28)</i> ...	117	.....	42	<i>niacin</i>	108
<i>microgestin fe 1/20 (28)</i>	117	MRESVIA (PF)	199	NICOTROL NS.....	34
<i>midodrine</i>	99	MULTAQ.....	102	<i>nifedipine</i>	104, 105
MIEBO (PF)	177	<i>mupirocin</i>	123	<i>nikki (28)</i>	117
<i>mifepristone</i>	71	<i>mycophenolate mofetil</i>	193	NIKTIMVO.....	193
<i>mili</i>	117	<i>mycophenolate mofetil (hcl)</i> ..	193	<i>nilotinib hcl</i>	54, 55
<i>mimvey</i>	184	<i>mycophenolate sodium</i>	193	<i>nilutamide</i>	55
MINI ULTRA-THIN II.....	149	<i>mynatal</i>	214	NINLARO.....	55
<i>minocycline</i>	43	<i>mynatal advance</i>	214	<i>nintedanib</i>	211
<i>minoxidil</i>	109	<i>mynate 90 plus</i>	214	<i>nitazoxanide</i>	82
MIRENA	117	MYRBETRIQ.....	182	<i>nitisinone</i>	173
<i>mirtazapine</i>	69	N		<i>nitrofurantoin macrocrystal</i> ...	37
<i>misoprostol</i>	178	<i>nabumetone</i>	33	<i>nitrofurantoin monohyd/m-cryst</i>	
<i>mitoxantrone</i>	54	<i>nafacillin</i>	41	.....	37
MIUDELLA	117	<i>naloxone</i>	34	<i>nitroglycerin</i>	105, 109, 122
M-M-R II (PF).....	199	<i>naltrexone</i>	34	NIVESTYM	97
<i>m-natal plus</i>	214	NANO 2ND GEN PEN		NORDITROPIN FLEXPPO 187	
<i>modafinil</i>	212	NEEDLE	150	<i>norelgestromin-ethin.estradiol</i>	
MODEYSO	54	NANO PEN NEEDLE	151	.....	117
<i>moexipril</i>	101	<i>naproxen</i>	33	<i>norethindrone (contraceptive)</i>	
<i>molindone</i>	87	<i>naratriptan</i>	79	.....	118
<i>mometasone</i>	125, 177	NATACYN	174	<i>norethindrone acetate</i>	188
		<i>nateglinide</i>	71	<i>norethindrone-e.estradiol-iron</i>	
		NAYZILAM.....	63	.....	118

<i>norgestimate-ethinyl estradiol</i>	118
<i>nortrel 0.5/35 (28)</i>	118
<i>nortrel 1/35 (21)</i>	118
<i>nortrel 1/35 (28)</i>	118
<i>nortrel 7/7/7 (28)</i>	118
<i>nortriptyline</i>	69
NORVIR	92
NOVOFINE 32	151
NOVOFINE AUTOCOVER	151
NOVOFINE PLUS	151
NOVOLIN 70/30 U-100	
INSULIN	73
NOVOLIN 70-30 FLEXPEN U-100	73
NOVOLIN N FLEXPEN	74
NOVOLIN N NPH U-100	
INSULIN	74
NOVOLIN R FLEXPEN	74
NOVOLIN R REGULAR U100	
INSULIN	74
NOVOLOG FLEXPEN U-100	
INSULIN	74
NOVOLOG MIX 70-30 U-100	
INSULIN	74
NOVOLOG MIX 70-30FLEXPEN U-100	74
NOVOLOG PENFILL U-100	
INSULIN	74
NOVOLOG U-100 INSULIN	
ASPART	74
NUBEQA	55
NUCALA	193
NUPLAZID	87
NURTEC ODT	79
<i>nyamyc</i>	77
<i>nylia 1/35 (28)</i>	118
<i>nylia 7/7/7 (28)</i>	118
<i>nystatin</i>	77
<i>nystatin-triamcinolone</i>	77
<i>nystop</i>	77
NYVEPRIA	98

O	
<i>obstetrix dha</i>	214
<i>octreotide acetate</i>	187
ODEFSEY	92
ODOMZO	55
OFEV	211
<i>ofloxacin</i>	175
OGIVRI	55
OGSIVEO	55
OJEMDA	55
OJJAARA	55
<i>olanzapine</i>	87, 88
<i>olmesartan</i>	100
<i>olmesartan-amlodipin-hcthiazid</i>	100
<i>olmesartan-hydrochlorothiazide</i>	100
<i>olopatadine</i>	174
<i>omega-3 acid ethyl esters</i>	108
<i>omeprazole</i>	178
OMLYCLO	193
OMNIPOD 5 (LIBRE 2/3 PLUS)	151
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	151
OMNIPOD 5 G6-G7 PODS (GEN 5)	151
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	151
OMNIPOD CLASSIC PODS (GEN 3)	151
OMNIPOD DASH INTRO KIT (GEN 4)	151
OMNIPOD DASH PDM KIT (GEN 4)	151
OMNIPOD DASH PODS (GEN 4)	151
ONAPGO	83
<i>ondansetron</i>	81
<i>ondansetron hcl</i>	80
ONUREG	55
OPDIVO	55

OPDIVO QVANTIG	55
OIPZA	88
ORFADIN	173
ORGOVYX	187
ORILISSA	187
ORKAMBI	211
<i>orquidea</i>	118
ORSERDU	55, 56
<i>oseltamivir</i>	94
OSENVELT	203
OTEZLA	193
OTEZLA STARTER	194
OTEZLA XR	194
OTEZLA XR INITIATION	194
OTULFI	194
<i>oxcarbazepine</i>	63
<i>oxybutynin chloride</i>	182
<i>oxycodone</i>	31, 32
<i>oxycodone-acetaminophen</i>	32
OZEMPIC	185, 186
P	
<i>pacerone</i>	102
<i>paclitaxel protein-bound</i>	56
<i>paliperidone</i>	88
PANRETIN	122
<i>pantoprazole</i>	178
<i>paricalcitol</i>	203
<i>paroxetine hcl</i>	69, 70
PAXLOVID	94
<i>pazopanib</i>	56
PEDIARIX (PF)	200
PEDVAX HIB (PF)	200
<i>peg 3350-electrolytes</i>	181
PEGASYS	94
<i>peg-electrolyte soln</i>	181
PEMAZYRE	56
<i>pemetrexed disodium</i>	56
PEN NEEDLE	151, 152
PEN NEEDLE, DIABETIC	132, 144, 149, 151, 152, 154
PEN NEEDLE, DIABETIC, SAFETY	155

PENBRAYA (PF).....	200	<i>pnv-dha + docusate</i>	215	PREVENT DROPSAFE PEN	
PENBRAYA MENACWY		<i>pnv-omega</i>	215	NEEDLE	152
COMPONENT(PF).....	200	<i>pnv-select</i>	215	PREVYMIS.....	94
PENBRAYA MENB		<i>podofilox</i>	122	PREZCOBIX.....	92
COMPONENT (PF).....	200	<i>polycin</i>	175	PREZISTA	92
<i>penicillamine</i>	182	<i>polymyxin b sulf-trimethoprim</i>		PRIMAQUINE	82
<i>penicillin g potassium</i>	41	.....	175	<i>primidone</i>	64
<i>penicillin v potassium</i>	41, 42	<i>pomalidomide</i>	56	PRIORIX (PF).....	200
PENMENVY MEN A-B-C-W-		POMALYST	56	PRO COMFORT ALCOHOL	
Y (PF).....	200	<i>portia 28</i>	118	PADS	153
PENMENVY MENACWY		<i>posaconazole</i>	77	PRO COMFORT INSULIN	
COMPONENT(PF).....	200	<i>potassium chloride</i>	206, 207	SYRINGE	153
PENMENVY MENB		<i>potassium citrate</i>	207	PRO COMFORT PEN	
COMPONENT (PF).....	200	<i>pr natal 400</i>	215	NEEDLE	153
PENTACEL (PF).....	200	<i>pr natal 400 ec</i>	215	<i>probenecid</i>	78
<i>pentamidine</i>	82	<i>pr natal 430</i>	215	<i>probenecid-colchicine</i>	78
PENTIPS PEN NEEDLE	152	<i>pr natal 430 ec</i>	215	<i>prochlorperazine</i>	81
<i>pentoxifylline</i>	98	<i>pramipexole</i>	83	<i>prochlorperazine edisylate</i>	81
<i>perampanel</i>	64	<i>prasugrel hcl</i>	98	<i>prochlorperazine maleate</i>	81
<i>perindopril erbumine</i>	102	<i>pravastatin</i>	108	PRO-COMFORT ALCOHOL	
<i>periogard</i>	121	<i>praziquantel</i>	82	PADS	153
<i>permethrin</i>	125	<i>prazosin</i>	100	<i>procto-med hc</i>	125
<i>perphenazine</i>	88	<i>prednisolone</i>	185	<i>proctosol hc</i>	125
<i>perphenazine-amitriptyline</i>	70	<i>prednisolone acetate</i>	177	<i>proctozone-hc</i>	125
<i>phenelzine</i>	70	<i>prednisolone sodium phosphate</i>		PRODIGY INSULIN	
<i>phenobarbital</i>	64	.....	185	SYRINGE	153
<i>phenytek</i>	64	<i>prednisone</i>	185	<i>progesterone micronized</i>	188
<i>phenytoin</i>	64	<i>pregabalin</i>	64	PROGRAF	194
<i>phenytoin sodium</i>	64	PREMARIN	184	PROLASTIN-C	211
<i>phenytoin sodium extended</i>	64	PREMPHASE.....	184	<i>promethazine</i>	81
PIFELTRO	92	PREMPRO	184	<i>propafenone</i>	102
<i>pilocarpine hcl</i>	121, 205	<i>prenaissance</i>	215	<i>propranolol</i>	103
<i>pimozide</i>	88	<i>prenaissance plus</i>	215	<i>propylthiouracil</i>	188
<i>pimtree (28)</i>	118	<i>prenatabs fa</i>	215	PROQUAD (PF).....	201
<i>pioglitazone</i>	71	<i>prenatal 19</i>	215	PROSOL 20 %	99
<i>pioglitazone-metformin</i>	71, 72	<i>prenatal 19 (with docusate)</i> ..	215	<i>protriptyline</i>	70
PIP PEN NEEDLE.....	152	<i>prenatal plus</i>	215	PULMOZYME.....	211
<i>piperacillin-tazobactam</i>	42	<i>prenatal vitamin plus low iron</i>		PURE COMFORT ALCOHOL	
PIQRAY	56	.....	215	PADS	154
<i>pirfenidone</i>	211	<i>prenatal-u</i>	215	PURE COMFORT PEN	
<i>pitavastatin calcium</i>	108	PRETOMANID	80	NEEDLE	154
PLEGRIDY	194	<i>prevalite</i>	108		

PURE COMFORT SAFETY		
PEN NEEDLE	153, 154	
<i>pyrazinamide</i>	80	
<i>pyridostigmine bromide</i>	206	
<i>pyrimethamine</i>	82	
Q		
QINLOCK	56	
QUADRACEL (PF).....	201	
<i>quetiapine</i>	88	
<i>quinapril</i>	102	
<i>quinapril-hydrochlorothiazide</i>	102	
<i>quinidine sulfate</i>	102	
<i>quinine sulfate</i>	82	
QULIPTA.....	79	
R		
RABAVERT (PF).....	201	
<i>rabeprazole</i>	178	
RALDESY.....	70	
<i>raloxifene</i>	184	
<i>ramipril</i>	102	
<i>ranolazine</i>	105	
<i>rasagiline</i>	83	
RASONQUE	56	
RAYALDEE.....	203	
<i>reclipsen (28)</i>	118	
RECOMBIVAX HB (PF) ...	201	
RELENZA DISKHALER	95	
<i>repaglinide</i>	72	
REPATHA PUSHTRONEX	108	
REPATHA SURECLICK ...	108	
REPATHA SYRINGE	108	
RETACRIT.....	98	
RETEVMO.....	56	
REVCovi	173	
REVUFORJ.....	56, 57	
REXULTI.....	88	
REYATAZ	93	
REZDIFFRA	188	
REZLIDHIA.....	57	
REZUROCK.....	194	
RHOPRESSA	205	
<i>ribavirin</i>	95	
<i>rifabutin</i>	80	
<i>rifampin</i>	80	
<i>rifapentine</i>	80	
<i>rilpivirine</i>	93	
<i>rilpivirine hcl</i>	93	
<i>riluzole</i>	111	
RINVOQ	195	
RINVOQ LQ	194	
<i>risperidone</i>	88, 89	
<i>risperidone microspheres</i>	88	
<i>ritonavir</i>	93	
<i>rivaroxaban</i>	97	
<i>rivastigmine</i>	67	
<i>rivastigmine tartrate</i>	67	
<i>rivelsa</i>	119	
<i>rizatriptan</i>	79	
ROCKLATAN	205	
<i>roflumilast</i>	211	
ROMVIMZA.....	57	
<i>ropinirole</i>	83	
<i>rosadan</i>	123	
<i>rosuvastatin</i>	108	
<i>rosyrah</i>	119	
ROTARIX.....	201	
ROTATEQ VACCINE	201	
ROZLYTREK	57	
RUBRACA.....	57	
<i>rufinamide</i>	64	
RUKOBIA.....	93	
RYBELSUS	186	
RYBREVANT.....	57	
RYBREVANT FASPRO	57	
RYDAPT.....	57	
RYKINDO	89	
S		
<i>sacubitril-valsartan</i>	100	
SAFESNAP INSULIN		
SYRINGE.....	155	
SAFETY PEN NEEDLE	155	
SANTYL	122	
SAPHNELO PEN.....	195	
<i>sapropterin</i>	173	
SCSEMBLIX.....	57	
<i>scopolamine base</i>	81	
SECUADO.....	89	
SECURESAFE INSULIN		
SYRINGE	155, 156	
SECURESAFE PEN NEEDLE		
.....	155	
SELARSDI.....	195	
<i>select-ob</i>	215	
<i>select-ob (folic acid)</i>	215	
<i>selegiline hcl</i>	83	
<i>selenium sulfide</i>	122	
SELZENTRY	93	
<i>se-natal 19 chewable</i>	215	
SEREVENT DISKUS	210	
SEROSTIM.....	187	
<i>sertraline</i>	70	
<i>setlakin</i>	119	
<i>sevelamer carbonate</i>	179, 180	
<i>sevelamer hcl</i>	180	
<i>sharobel</i>	119	
SHINGRIX (PF).....	201	
SIGNIFOR	187	
<i>sildenafil (pulm.hypertension)</i>	213	
<i>silver sulfadiazine</i>	122	
SIMBRINZA.....	206	
<i>simliya (28)</i>	119	
<i>simpanse</i>	119	
SIMPLI PEN NEEDLE	144	
<i>simvastatin</i>	108	
<i>sirolimus</i>	195	
SIRTURO.....	80	
<i>sitagliptin phos-metformin</i>	72	
<i>sitagliptin phosphate</i>	72	
SIVEXTRO	37	
SKY SAFETY PEN NEEDLE		
.....	156	
SKYLA	119	
SKYRIZI.....	195	
<i>sodium chloride 0.45 %</i>	207	

<i>sodium chloride 0.9 %</i>	207	<i>sumatriptan succinate</i>	79	<i>tazarotene</i>	122
<i>sodium oxybate</i>	213	<i>sunitinib malate</i>	58	<i>tazicef</i>	39
<i>sodium polystyrene sulfonate</i>	180	SUNLENCA.....	93	<i>taztia xt</i>	105
<i>sodium,potassium,mag sulfates</i>	181	SURE COMFORT ALCOHOL		TDVAX.....	201
.....	181	PREP PADS	156	TECHLITE INSULIN	
<i>solifenacin</i>	182	SURE COMFORT INS. SYR.		SYRINGE	158
SOLQUA 100/33	74	U-100	156	TECHLITE INSULN	
SOLTAMOX	57	SURE COMFORT INSULIN		SYR(HALF UNIT).....	158
SOMATULINE DEPOT	187	SYRINGE.....	156, 157	TECHLITE PEN NEEDLE	158,
SOMAVERT	188	SURE COMFORT PEN		159	
<i>sorafenib</i>	57	NEEDLE	156, 157	TECHLITE PLUS PEN	
<i>sotalol</i>	103	SURE COMFORT SAFETY		NEEDLE	159
<i>sotalol af</i>	103	PEN NEEDLE	156	<i>telmisartan</i>	100
SPIRIVA RESPIMAT	210	SURE-FINE PEN NEEDLES		<i>telmisartan-hydrochlorothiazid</i>	
<i>spironolactone</i>	106	.....	157	.....	101
<i>spironolacton-hydrochlorothiaz</i>	106	SURE-JECT INSULIN		<i>temazepam</i>	36
.....	106	SYRINGE.....	157	TENIVAC (PF)	201, 202
<i>sprintec (28)</i>	119	SURE-PREP ALCOHOL PREP		<i>tenofovir disoproxil fumarate</i>	93
SPRITAM.....	64	PADS	158	TEPMETKO	58
<i>sps (with sorbitol)</i>	180	SYMPAZAN	65	<i>terazosin</i>	182
<i>sronyx</i>	119	SYMTUZA.....	93	<i>terbinafine hcl</i>	77
<i>ssd</i>	122	SYNJARDY	72	<i>terconazole</i>	121
<i>stavudine</i>	93	SYNJARDY XR.....	72	<i>teriparatide</i>	203
STERILE PADS	144	SYRINGE WITH NEEDLE,		TERUMO INSULIN SYRINGE	
STIOLTO RESPIMAT	210	SAFETY	155	.....	159
STIVARGA.....	58	T		<i>testosterone</i>	183
STOBOCLO	203	TABLOID	58	<i>testosterone cypionate</i>	183
STRENSIQ.....	173	TABRECTA.....	58	<i>testosterone enanthate</i>	183
<i>streptomycin</i>	36	<i>tacrolimus</i>	195	<i>tetrabenazine</i>	111
STRIBILD	93	<i>tadalafil</i>	213	<i>tetracycline</i>	43
STRIVERDI RESPIMAT ...	210	TAFINLAR	58	THALOMID	196
<i>subvenite</i>	65	TAGRISSO	58	<i>theophylline</i>	210
SUBVENITE.....	65	TALICIA.....	178	THINPRO INSULIN SYRINGE	
<i>sucralfate</i>	178	TALZENNA.....	58	.....	159, 160
<i>sulfacetamide sodium</i>	175	<i>tamoxifen</i>	58	<i>thioridazine</i>	89
<i>sulfacetamide-prednisolone</i>	177	<i>tamsulosin</i>	182	<i>thiothixene</i>	89
<i>sulfadiazine</i>	42	<i>tarina 24 fe</i>	119	<i>tiadylt er</i>	105
<i>sulfamethoxazole-trimethoprim</i>	42	<i>tarina fe 1-20 eq (28)</i>	119	<i>tiagabine</i>	65
.....	42	<i>taron-c dha</i>	215	TIBSOVO	58
<i>sulfasalazine</i>	181	<i>taron-prex prenatal-dha</i>	215	<i>ticagrelor</i>	98
<i>sulindac</i>	33	TARPEYO	185	TICE BCG.....	58
<i>sumatriptan</i>	79	TAVNEOS	196	TICOVAC.....	202

<i>tigecycline</i>	43	TREMFYA PEN INDUCTION PK(2PEN).....	196	TRUE COMFORT PRO INS SYRINGE	160, 161
<i>tilia fe</i>	119	<i>tretinoin</i>	122	TRUE COMFORT SAFE INSULIN SYRG.....	160, 161
<i>timolol</i>	206	<i>tretinoin (antineoplastic)</i>	58	TRUE COMFORT SAFETY PEN NEEDLE	160
<i>timolol maleate</i>	103, 206	<i>triamcinolone acetonide</i>	121, 125, 185	TRUE-COMFORT PRO PEN NEEDLE	162
<i>tinidazole</i>	82	<i>triamterene-hydrochlorothiazid</i>	106	TRUEPLUS INSULIN	162, 163
TIVICAY.....	93	<i>trientine</i>	182	TRUEPLUS PEN NEEDLE	162
TIVICAY PD.....	93	<i>tri-estarylla</i>	119	TRULANCE	180
<i>tizanidine</i>	212	<i>trifluoperazine</i>	89	TRULICITY	186
TOBI PODHALER.....	36	<i>trifluridine</i>	176	TRUMENBA	202
<i>tobramycin</i>	176	<i>trihexyphenidyl</i>	83	TRUQAP.....	58
<i>tobramycin in 0.225 % nacl</i> ...	36	TRIJARDY XR	72	TRYNGOLZA.....	108
<i>tobramycin sulfate</i>	36	TRIKAFTA	211	TUKYSA	58, 59
<i>tobramycin-dexamethasone</i> .	176	<i>tri-legest fe</i>	119	TURALIO	59
<i>tobramycin-lotepred</i>	176	<i>tri-lynyah</i>	119	<i>turqoz (28)</i>	120
<i>tofacitinib</i>	196	<i>tri-lo-estarylla</i>	119	TWINRIX (PF).....	202
<i>tolterodine</i>	182	<i>tri-lo-marzia</i>	120	<i>tyblume</i>	120
<i>tolvaptan (polycys kidney dis)</i>	106	<i>tri-lo-mili</i>	120	TYBOST	94
TOPFINE INSULIN PEN NEEDLE.....	160	<i>tri-lo-sprintec</i>	120	TYENNE.....	196
<i>topiramate</i>	65	<i>trimethoprim</i>	37	TYENNE AUTOINJECTOR	196
<i>toremifene</i>	58	<i>tri-mili</i>	120	TYMLOS	204
<i>torpenz</i>	58	<i>trimipramine</i>	70	TYPHIM VI	202
<i>torsemide</i>	106	TRINTELLIX.....	70	U	
TOUJEO MAX U-300 SOLOSTAR.....	74	<i>tri-nymyo</i>	120	UBRELVY	79
TOUJEO SOLOSTAR U-300 INSULIN	75	<i>tri-sprintec (28)</i>	120	UDENYCA ONBODY	98
TRADJENTA	72	TRIUMEQ.....	93	ULTICARE	163, 164
<i>tramadol</i>	32	TRIUMEQ PD.....	94	ULTICARE INSULIN SYRINGE	163
<i>tramadol-acetaminophen</i>	32	<i>trivora (28)</i>	120	ULTICARE INSULN SYR(HALF UNIT).....	163
<i>trandolapril</i>	102	<i>tri-vylibra</i>	120	ULTICARE PEN NEEDLE	163
<i>tranexamic acid</i>	98	<i>tri-vylibra lo</i>	120	ULTICARE SAFETY PEN NEEDLE	164
<i>tranylcypromine</i>	70	<i>trospium</i>	182	ULTIGUARD SAFEPACK- INSULIN SYR	164, 165
<i>travoprost</i>	206	TRUE COMFORT ALCOHOL PADS	160	ULTIGUARD SAFEPACK- PEN NEEDLE	164
<i>trazodone</i>	70	TRUE COMFORT INSULIN SYRINGE.....	160		
TRECATOR.....	80	TRUE COMFORT PEN NEEDLE	160, 161		
TRELEGY ELLIPTA	210	TRUE COMFORT PRO ALCOHOL PADS	161		
TREMFYA	196				
TREMFYA ONE-PRESS....	196				
TREMFYA PEN.....	196				

ULTILET ALCOHOL SWAB 165	UNIFINE PENTIPS PLUS .170, 172	VERIFINE INSULIN SYRINGE 171, 172
ULTILET INSULIN SYRINGE 147, 165	UNIFINE PENTIPS PLUS MAXFLOW 170	VERIFINE PEN NEEDLE .171, 172
ULTILET PEN NEEDLE ... 165	UNIFINE PROTECT.....170	VERIFINE PLUS PEN NEEDLE 172
ULTRA CMFT INS SYR (HALF UNIT).....144, 163	UNIFINE SAFECONTROL PEN NEEDLE 170, 171	VERIFINE PLUS PEN NEEDLE-SHARP.....172
ULTRA COMFORT INSULIN SYRINGE..... 144, 165, 166	UNIFINE ULTRA PEN NEEDLE 171	VERQUVO 109
ULTRA FLO INSUL SYR(HALF UNIT) 166	UPTRAVI 214	VERSACLOZ 89
ULTRA FLO INSULIN SYRINGE.....166, 167	<i>ursodiol</i> 180	VERSALON 172
ULTRA FLO PEN NEEDLE 166	V	VERZENIO.....59
ULTRA THIN PEN NEEDLE 167	<i>valacyclovir</i> 95	<i>vienna</i> 120
ULTRACARE INSULIN SYRINGE..... 167	VALCHLOR 122	<i>vigabatrin</i> 65
ULTRACARE PEN NEEDLE 167, 168	<i>valganciclovir</i> 95	<i>vigadrone</i> 65
ULTRA-FINE INS SYR (HALF UNIT)..... 168	<i>valproate sodium</i> 65	<i>vigpoder</i> 66
ULTRA-FINE INSULIN SYRINGE..... 168	<i>valproic acid</i> 65	<i>vilazodone</i> 70
ULTRA-FINE PEN NEEDLE 168	<i>valproic acid (as sodium salt)</i> 65	VIMKUNYA (PF).....202
ULTRA-FINE SAFETY INSULIN SYRN 168	<i>valsartan</i> 101	<i>vinorelbine</i> 59
ULTRA-THIN II (SHORT) INS SYR 169	<i>valsartan-hydrochlorothiazide</i> 101	<i>viocele (28)</i> 120
ULTRA-THIN II (SHORT) PEN NDL 169	VALTOCO 65	VIRACEPT 94
ULTRA-THIN II INS PEN NEEDLES 169	<i>valtya</i> 120	VIREAD 94
ULTRA-THIN II INSULIN SYRINGE..... 169	<i>vancomycin</i> 37, 38	<i>vitafol-ob+dha</i> 216
UNIFINE OTC PEN NEEDLE 169	VANFLYTA 59	VITRAKVI 59
UNIFINE PENTIPS.....169, 170	VANISHPOINT INSULIN SYRINGE.....171	VIVOTIF.....203
UNIFINE PENTIPS MAXFLOW..... 170	VANISHPOINT SYRINGE.171	VIZIMPRO 59
	VAQTA (PF).....202	<i>volnea (28)</i> 120
	<i>varenicline tartrate</i> 34, 35	VONJO 59
	VARIVAX (PF).....202	VOQUEZNA.....178
	VAXCHORA VACCINE ...202	VORANIGO 59
	VELSIPITY.....197	<i>voriconazole</i> 77
	VELTASSA 180	VOSEVI.....95
	VEMLIDY 95	VOWST 180
	VENCLEXTA 59	<i>vp-ch-pnv</i> 216
	VENCLEXTA STARTING PACK 59	VRAYLAR 89
	<i>venlafaxine</i> 70	VUMERITY.....197
	VEOZAH 111	VYALEV 83
	VEPPANU 59	<i>vylibra</i> 120
	<i>verapamil</i> 105	VYNDAMAX 105
		VYZULTA.....206
		W
		<i>warfarin</i> 97

WEBCOL	172	XPOVIO.....	60	ZENBEXUS.....	61
WEGOVY	186	XTANDI	60	ZENPEP	173
WELIREG	59	<i>xulane</i>	120	<i>zidovudine</i>	94
WINREVAIR	212	XULTOPHY 100/3.6.....	75	<i>zingiber</i>	216
<i>wixela inhub</i>	210	Y		<i>ziprasidone hcl</i>	89
X		YESINTEK	197	<i>ziprasidone mesylate</i>	89
XALKORI	60	YF-VAX (PF).....	203	ZIRABEV	61
<i>xarah fe</i>	120	YONSA	60	ZIRGAN	176
XATMEP.....	60	<i>yulithira</i>	60, 61	ZOLINZA	61
XCOPRI	66	YUTREPIA	214	<i>zolpidem</i>	213
XCOPRI MAINTENANCE		<i>yuvafem</i>	184	ZONISADE.....	66
PACK	66	Z		<i>zonisamide</i>	66
XCOPRI TITRATION PACK		<i>zafemy</i>	121	<i>zovia 1-35 (28)</i>	121
.....	66	<i>zafirlukast</i>	208	ZTALMY	66
XDEMVI.....	176	<i>zaleplon</i>	213	ZURZUVAE	70
XERMELO.....	180	<i>zatean-pn dha</i>	216	ZYDELIG	61
XIFAXAN	38	<i>zatean-pn plus</i>	216	ZYKADIA	61
XIIDRA.....	177	ZEJULA	61	ZYMFENTRA	197
XOLAIR.....	212	ZELBORAF	61	ZYPREXA RELPREVV	89
XOSPATA.....	60	<i>zenatane</i>	122		



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