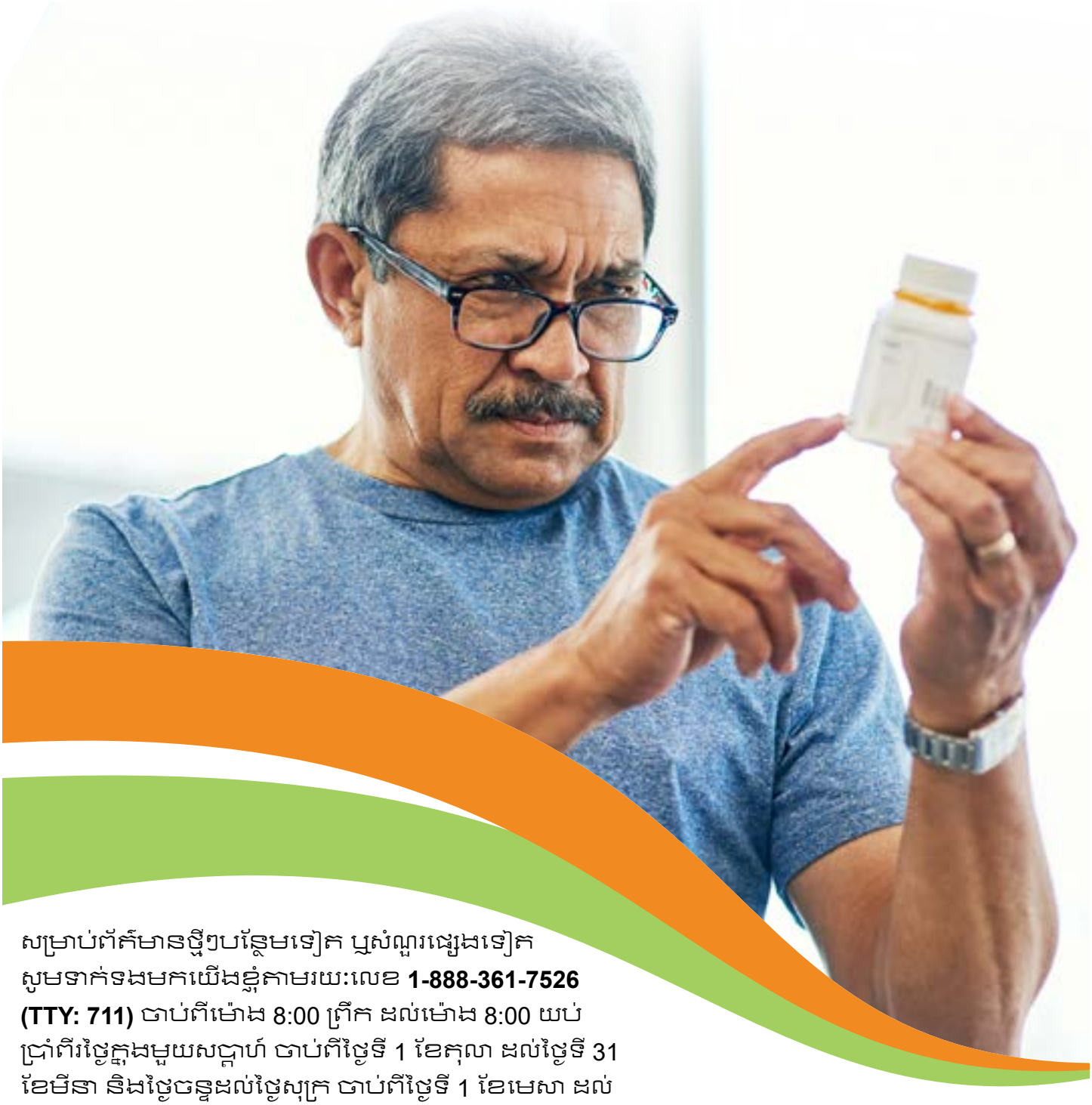
ខែវិច្ឆិកា 2026

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

# បញ្ជីឈ្មោះឱសថដែលមានការធានារ៉ាប់រង

**សូមអាន៖ ឯកសារនេះមានព័ត៌មានអំពីឱសថដែលយើងរ៉ាប់រងនៅក្នុងគម្រោងនេះ**
បញ្ជីឱសថនេះត្រូវបានធ្វើបច្ចុប្បន្នភាពនៅថ្ងៃទី 11/01/2026 ។ Formulary ID 26347 Version # 17



សម្រាប់ព័ត៌មានថ្មីៗបន្ថែមទៀត ឬសំណួរផ្សេងទៀត 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 ដល់ថ្ងៃទី 30 ខែកញ្ញា ឬចូលមើលគេហទំព័រ **www.hpsj-mvhp.org.**

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

***បញ្ជីឈ្មោះឱសថដែលមានការជានាវ៉ាប់រង (បញ្ជីឱសថ*ឬសៀវភៅរូបមន្តឱសថ) ឆ្នាំ 2026**

**សូមអាន៖ ឯកសារនេះមានព័ត៌មានអំពីឱសថដែលយើងវ៉ាប់រងនៅក្នុងគម្រោងនេះ**

**សេចក្តីផ្តើម**

ឯកសារនេះត្រូវបានគេហៅថា *បញ្ជីឱសថដែលមានការជានាវ៉ាប់រង* (គេស្គាល់ផងដែរថាជា *បញ្ជីឱសថ*)។ បញ្ជីឱសថនេះប្រាប់អ្នកថាតើឱសថ និងផលិតផលមិនមែនឱសថមួយណាត្រូវបានជានាវ៉ាប់រងដោយគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO)។ *បញ្ជីឱសថ* ក៏ប្រាប់អ្នកផងដែរថាតើមានវិធាន ឬការរឹតបន្តឹងពិសេសណាមួយលើឱសថដែលជានាវ៉ាប់រងដោយគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ដែរឬទេ។ ពាក្យគន្លឹះ និងនិយមន័យរបស់វាមាននៅក្នុងជំពូកចុងក្រោយនៃ *សៀវភៅណែនាំសមាជិក*.

**តារាងមាតិកា**


A. សេចក្តីប្រកាសបដិសេធមិនទទួលខុសត្រូវ.....3

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B1. តើឱសថតាមវេជ្ជបញ្ជាប្រភេទណាខ្លះដែលមាននៅក្នុង *បញ្ជីឱសថដែលមានការជានាវ៉ាប់រង*? (យើងខ្ញុំហៅ *បញ្ជីឱសថដែលមានការជានាវ៉ាប់រង* ថា "*បញ្ជីឱសថ*" ជាពាក្យកាត់។).....9

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**ប្រសិនបើអ្នកមានសំណួរ**សូមទូរសព្ទទៅគម្រោង HealthPlan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមរយៈលេខ 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 ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅមកលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់គេហទំព័រ www.hpsj-mvhp.org។

B6. តើមានអ្វីកើតឡើង ប្រសិនបើគម្រោង Health Plan San Joaquin/Mountain Valley Health Plan Advantage D-SNP ផ្លាស់ប្តូរវិធានរបស់គម្រោងអំពីរបៀបដែលគម្រោងធានារ៉ាប់រងលើឱសថមួយចំនួន (ឧទាហរណ៍ ការអនុញ្ញាតជាមុន ការកំណត់បរិមាណ និង/ឬការរឹតបន្តឹងលើការព្យាបាលជាជំហាន)? .....14

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B17. តើគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ធានារ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថតាមវេជ្ជបញ្ជារយៈពេលវែងដែរឬទេ?.....18

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## A. សេចក្តីប្រកាសបដិសេធមិនទទួលខុសត្រូវ

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

- គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP គឺជា HMO ដែលមានកិច្ចសន្យា Medicare និង Medi-Cal។ ការចុះឈ្មោះក្នុងគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP អាស្រ័យលើការបន្តកិច្ចសន្យា។
- គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP អនុលោមតាមច្បាប់សិទ្ធិស៊ីវិលរបស់សហព័ន្ធជាធរមាន និងមិនរើសអើងដោយផ្អែកលើពូជសាសន៍ ពណ៌សម្បុរ សញ្ជាតិដើម អាយុ ពិការភាព ឬភេទឡើយ។ សូមទូរសព្ទទៅគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ដោយឥតគិតថ្លៃតាមរយៈលេខ **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 ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ជួបយើងខ្ញុំតាមគេហទំព័រ www.hpsj-mvhp.org.
- ជានិច្চកាល អ្នកអាចពិនិត្យមើល *បញ្ជីឱសថដែលមានការជានាវ៉ាប់រង* ចុងក្រោយរបស់ Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមអនឡាញតាម www.hpsj-mvhp.org ឬដោយទូរសព្ទទៅលេខ **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 ដល់ថ្ងៃទី 30 ខែកញ្ញា**។** ការហៅមកលេខនេះគឺឥតគិតថ្លៃ។
- អ្នកអាចទទួលបានឯកសារនេះដោយឥតគិតថ្លៃជាទម្រង់ផ្សេងៗទៀត ដូចជាអក្សរបោះពុម្ពធំ អក្សរស្នាប ឬសំឡេង។ ទូរសព្ទទៅលេខដែលមាននៅជើងទំព័រនៃឯកសារនេះ។ ការហៅមកលេខនេះគឺឥតគិតថ្លៃ។ ឯកសារនេះអាចរកបានដោយឥតគិតថ្លៃជាភាសាអង់គ្លេស អេស្ប៉ាញ ខ្មែរ និងវៀតណាម។

សេចក្តីជូនដំណឹងអំពីលទ្ធភាពអាចរកបានសេវាកម្មជំនួយភាសា និងការផ្តល់ជំនួយ និងសេវាកម្មបន្ថែម

**ប្រសិនបើអ្នកមានសំណួរ**សូមទូរសព្ទទៅគម្រោង HealthPlan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមរយៈលេខ 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 ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅមកលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់គេហទំព័រ www.hpsj-mvhp.org។

## English

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

## العربية (Arabic)

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

## Հայերեն (Armenian)

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

## 中文 (Chinese)

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

## ਪੰਜਾਬੀ (Punjabi)

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

## हिंदी (Hindi)

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

## Hmoob (Hmong)

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

## 日本語 (Japanese)

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

## 한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-888-361-7526 (TTY: 711)** 번으로 의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다.

**1-888-361-7526 (TTY: 711)** 번으로 의하십시오. 이러한 서비스는 무료로 제공됩니다.

## ພາສາລາວ (Laotian)

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

## Mien

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

## ខ្មែរ (Cambodian)

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

## فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-888-361-7526 (TTY: 711)** تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط

بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-888-361-7526 (TTY: 711)** تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

## Русский (Russian)

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

## Español (Spanish)

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

## Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-888-361-7526 (TTY: 711)**. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-888-361-7526 (TTY: 711)**. Libre ang mga serbisyong ito.

## ภาษาไทย (Thai)

**โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-361-7526 (TTY: 711). นอกจากนี้ ยังพร้อมให้ค วามช่วยเหลือและบริการต่าง ๆ ส าหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วย**

**ตัวอักษรขนาดใหญ่. กรุณาโทรศัพท์ไปที่หมายเลข 1-888-361-7526 (TTY: 711). ไม่มีค่าใช้จ่ายส าหรับบริการเหล่านี้.**

## Українська (Ukrainian)

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

## Tiếng Việt (Vietnamese)

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

- សូមទូរសព្ទទៅគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ដើម្បីចែករំលែកភាសា ឬទម្រង់ដែលអ្នកពេញចិត្ត។ យើងនឹងសួរថាតើសំណើនេះគឺសម្រាប់ឯកសារមួយ ឬសម្រាប់ឯកសារអស់។
- ប្រសិនបើអ្នកស្នើសុំវាជាភាសាអង់គ្លេស ភាសាអេស្ប៉ាញ ភាសាខ្មែរ ភាសាវៀតណាម ឬទម្រង់ផ្សេងទៀតសម្រាប់ឯកសារទាំងអស់ នេះត្រូវបានហៅថាជាសំណើសុំព័ត៌មាន។ ចំណង់ចំណូលចិត្តរបស់អ្នកនឹងត្រូវបានរក្សាទុកនៅក្នុងប្រព័ន្ធរបស់យើងសម្រាប់ការផ្ទៀ និងការជ្រាស្រ័យទាក់ទងនាពេលអនាគតទាំងអស់។ អ្នកត្រូវស្នើសុំជម្រើសទាំងនេះតែម្តងប៉ុណ្ណោះ។ សំណើសុំភាសាផ្សេងទៀតត្រូវតែធ្វើឡើងសម្រាប់ឯកសារនីមួយៗ។
- ដើម្បីធ្វើបច្ចុប្បន្នភាពចំណូលចិត្តរបស់អ្នក សូមទូរសព្ទទៅលេខ 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 ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅមកលេខនេះគឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់គេហទំព័រ www.hpsj-mvhp.org.

## B. សំណួរដែលគេសួរញឹកញាប់ (FAQ)

ស្វែងរកចម្លើយនៅទីនេះសម្រាប់សំណួរដែលអ្នកមានអំពី *បញ្ជីឱសថដែលមានការធានារ៉ាប់រង (បញ្ជីឱសថ) នេះ*។ អ្នកអាចអានសំណួរដែលគេសួរញឹកញាប់ (FAQ) ទាំងអស់បាន ដើម្បីស្វែងយល់ថែមទៀត ឬស្វែងរកសំណួរ និងចម្លើយណាមួយ។

### B1.
### តើឱសថតាមវេជ្ជបញ្ជាប្រភេទណាខ្លះដែលមាននៅក្នុង *បញ្ជីឱសថដែលមានការធានារ៉ាប់រង*? (យើងខ្ញុំហៅ *បញ្ជីឱសថដែលមានការធានារ៉ាប់រង* ថា "*បញ្ជីឱសថ*" ជាពាក្យកាត់។)

ឱសថនៅក្នុង *បញ្ជីឱសថ* ដែលចាប់ផ្តើមនៅក្នុង **ផ្នែក C**
គឺជាឱសថដែលត្រូវបានធានារ៉ាប់រងដោយគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP។
ឱសថទាំងនេះអាចរកបាននៅតាមឱសថស្ថាននៅក្នុងបណ្តាញរបស់យើង។
ឱសថស្ថានមួយគឺស្ថិតនៅក្នុងបណ្តាញរបស់យើងខ្ញុំ
ប្រសិនបើយើងខ្ញុំមានកិច្ចសន្យាព្រមព្រៀងជាមួយនឹងឱសថស្ថាននោះ
ដើម្បីធ្វើការជាមួយនឹងយើងខ្ញុំ ហើយផ្តល់សេវាជូនអ្នក។
យើងខ្ញុំសំដៅលើឱសថស្ថានទាំងនេះថាជា "ឱសថស្ថាននៅក្នុងបណ្តាញ"។

ឱសថផ្សេងទៀត ដូចជាឱសថគ្មានវេជ្ជបញ្ជា (OTC) មួយចំនួន
និងវីតាមីនជាក់លាក់ប្រហែលជាអាចត្រូវបានធានារ៉ាប់រងដោយ Medi-Cal Rx ផងដែរ។
សូមចូលទៅកាន់គេហទំព័ររបស់ Medi-Cal Rx (www.medi-calrx.dhcs.ca.go)
សម្រាប់ព័ត៌មានបន្ថែម។ អ្នកក៏អាចទូរសព្ទទៅកាន់មជ្ឈមណ្ឌលផ្នែកសេវាបម្រើអតិថិជនរបស់ Medi-Cal Rx តាមរយៈលេខ 800-977-2273 បានផងដែរ។ សូមយកបណ្ណសម្គាល់អ្នកទទួលផល (BIC) របស់កម្មវិធី Medi-Cal របស់អ្នកមកជាមួយ
នៅពេលមកបើកឱសថតាមវេជ្ជបញ្ជាតាមរយៈ Medi-Cal Rx។

- គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP
  នឹងធានារ៉ាប់រងលើឱសថដែលចាំបាច់ខាងវេជ្ជសាស្ត្រទាំងអស់នៅក្នុង *បញ្ជីឱសថ* ប្រសិនបើ៖
  - វេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាដទៃទៀតរបស់អ្នកនិយាយថា អ្នកត្រូវការឱសថទាំងនោះដើម្បីឱ្យជាសះស្បើយ ឬមានសុខភាពល្អ
  - គម្រោង 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។

**ប្រសិនបើអ្នកមានសំណួរ**សូមទូរសព្ទទៅគម្រោង HealthPlan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមរយៈលេខ 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 ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅមកលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម**
សូមចូលទៅកាន់គេហទំព័រ www.hpsj-mvhp.org។

- ក្នុងករណីខ្លះ អ្នកត្រូវតែធ្វើអ្វីមួយ មុនពេលអ្នកអាចទទួលបានឱសថ។ សូមមើលសំណួរ B4 សម្រាប់ព័ត៌មានបន្ថែម។

អ្នកក៏អាចស្វែងរកបញ្ជីឱសថចុងក្រោយបំផុតដែលយើងខ្ញុំជានាវ៉ាប់រងនៅលើគេហទំព័ររបស់យើងនៅ www.hpsj-mvhp.org
ឬទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមរយៈលេខដែលមាននៅជើងទំព័រនៃឯកសារនេះបានផងដែរ។

## B2.តើ *បញ្ជីឱសថ*ធ្លាប់ផ្លាស់ប្តូរដែរឬទេ?

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

យើងខ្ញុំក៏អាចផ្លាស់ប្តូរវិធាននានាអំពីឱសថរបស់យើងផងដែរ។ ឧទាហរណ៍ យើងខ្ញុំអាចៈ

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

- បន្ថែម ឬផ្លាស់ប្តូរបរិមាណឱសថដែលអ្នកអាចទទួលបាន (គេហៅថាការកំណត់បរិមាណ)។

- បន្ថែម ឬផ្លាស់ប្តូរការរឹតបន្តឹងលើការព្យាបាលជាជំហានទៅលើឱសថ។ (ការព្យាបាលជាជំហានមានន័យថាអ្នកត្រូវតែសាកល្បងប្រើឱសថមួយមុនពេលយើងខ្ញុំនឹងជានាវ៉ាប់រងឱសថមួយផ្សេងទៀត។)

សម្រាប់ព័ត៌មានបន្ថែមអំពីវិធានឱសថទាំងនេះ សូមមើលសំណួរ B4។

ប្រសិនបើអ្នកកំពុងប្រើឱសថដែលត្រូវបានជានាវ៉ាប់រង **នៅដើម** ឆ្នាំ ជាទូទៅយើងខ្ញុំនឹងមិនដកចេញ ឬផ្លាស់ប្តូរការជានាវ៉ាប់រងលើឱសថនោះ **ក្នុងអំឡុងពេលនៅសល់នៃឆ្នាំ** នោះទេ លុះត្រាតែៈ

- ឱសថថ្មីដែលមានតម្លៃទាបជាងមុនមាននៅក្នុងទីផ្សារដែលមានប្រសិទ្ធភាពដូចនឹងឱសថនៅក្នុង *បញ្ជីឱសថ*បច្ចុប្បន្នផងដែរ ឬ

- យើងខ្ញុំបានដឹងថាឱសថនោះមិនមានសុវត្ថិភាព ឬ

- ឱសថត្រូវបានដកចេញពីទីផ្សារ។

សំណួរ B3 និង B6 ខាងក្រោម មានព័ត៌មានបន្ថែមទៀតអំពីអ្វីដែលកើតមានឡើងនៅពេលមានការផ្លាស់ប្តូរ *បញ្ជីឱសថ*។

- អ្នកតែងតែអាចពិនិត្យមើល*បញ្ជីឱសថ*ចុងក្រោយបំផុតរបស់គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមអនឡាញតាម www.hpsj-mvhp.org។ ការធ្វើបច្ចុប្បន្នភាពចំពោះ*បញ្ជីឱសថ*ត្រូវបានបង្ហោះនៅលើគេហទំព័រជារៀងរាល់ខែ។

- អ្នកក៏អាចទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមលេខដែលមាននៅជើងទំព័រនៃឯកសារនេះផងដែរ ដើម្បីពិនិត្យមើល *បញ្ជីឱសថ*ថ្មីៗ.

## B3. តើនឹងមានអ្វីកើតឡើងនៅពេលដែលមានការផ្លាស់ប្តូរចំពោះ *បញ្ជីឱសថ*?

ការផ្លាស់ប្តូរមួយចំនួនចំពោះ*បញ្ជីឱសថ*នឹងកើតឡើង**ភ្លាមៗ**។ ឧទាហរណ៍៖

- **ការជំនួសកំណែឱសថថ្មីមួយចំនួន។** យើងខ្ញុំអាចនឹងដកឱសថចេញពី *បញ្ជីឱសថ* ភ្លាមៗ
  ប្រសិនបើយើងខ្ញុំជំនួសឱសថទាំងនេះដោយកំណែថ្មីជាក់លាក់នៃឱសថនោះ
  ប៉ុន្តែថ្លៃចំណាយរបស់អ្នកសម្រាប់ឱសថថ្មីនឹងនៅ $0 ដដែល។
  នៅពេលយើងខ្ញុំបន្ថែម កំណែឱសថថ្មី
  យើងខ្ញុំក៏អាចសម្រេចចិត្តរក្សាទុកឱសថមានម៉ាកយីហោ
  ឬផលិតផលជីវសាស្ត្រដើមនៅក្នុងបញ្ជីផងដែរ
  ប៉ុន្តែនឹងមានការផ្លាស់ប្តូរវិធានធានារ៉ាប់រង ឬដែនកំណត់របស់វា។

  - យើងខ្ញុំប្រហែលជាមិនប្រាប់អ្នកមុនពេលយើងខ្ញុំធ្វើការផ្លាស់ប្តូរនេះទេ
    ប៉ុន្តែយើងខ្ញុំនឹងផ្ញើជូនអ្នកនូវព័ត៌មានអំពីការផ្លាស់ប្តូរជាក់លាក់ដែលយើងខ្ញុំបានធ្វើនៅពេលដែលរឿងនេះកើតឡើង។

  - យើងខ្ញុំអាចធ្វើការផ្លាស់ប្តូរទាំងនេះបាន
    លុះត្រាតែឱសថដែលយើងខ្ញុំកំពុងបន្ថែម៖

    - គឺជាកំណែឱសថទូទៅថ្មីនៃឱសថមានម៉ាកយីហោ ឬ

    - គឺជាកំណែផលិតផលជីវសាស្ត្រស្រដៀងគ្នាថ្មីជាក់លាក់នៃផលិតផលជីវសាស្ត្រដើមនៅក្នុង *បញ្ជីឱសថ* (ឧទាហរណ៍
      ការបន្ថែមផលិតផលជីវសាស្ត្រស្រដៀងគ្នាដែលអាចផ្លាស់ប្តូរគ្នាបាន
      ដែលអាចជំនួសបានសម្រាប់ផលិតផលជីវសាស្ត្រដើមដោយគ្មានវេជ្ជបញ្ជាថ្មី)។

    - ប្រភេទឱសថមួយចំនួនក្នុងចំណោមប្រភេទឱសថទាំងនេះអាចជាប្រភេទថ្មីសម្រាប់អ្នក។ សម្រាប់ព័ត៌មានបន្ថែម សូមមើល **ផ្នែក B14**.

  - អ្នក
    ឬក៏អ្នកផ្តល់សេវារបស់អ្នកអាចស្នើសុំការលើកលែងចេញពីការផ្លាស់ប្តូរទាំងនេះបាន។
    យើងខ្ញុំនឹងផ្ញើជូនអ្នកនូវសេចក្តីជូនដំណឹងដែលមានដំហានដែលអ្នកអាចអនុវត្ត ដើម្បីស្នើសុំការលើកលែង។ សូមមើលសំណួរ B10-B12
    សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។

- **ដកឱសថមិនមានសុវត្ថិភាពចេញ
  និងឱសថផ្សេងទៀតដែលត្រូវបានដកចេញពីទីផ្សារ។** ពេលខ្លះ
  ឱសថមួយអាចត្រូវបានរកឃើញថាមិនមានសុវត្ថិភាព

ឬត្រូវបានដកចេញពីទីផ្សារដោយហេតុផលមួយផ្សេងទៀត។
ប្រសិនបើរឿងនេះកើតឡើង យើងខ្ញុំអាចដករាចេញពី *បញ្ជីឱសថ* ភ្លាមៗ។
ប្រសិនបើអ្នកកំពុងប្រើឱសថនោះ
យើងខ្ញុំនឹងផ្ញើសេចក្តីជូនដំណឹងជូនអ្នកបន្ទាប់ពីយើងខ្ញុំធ្វើការផ្លាស់ប្តូររួច។
សេចក្តីជូនដំណឹងនឹងផ្តល់ឱ្យអ្នកនូវការណែនាំអំពីអ្វីដែលត្រូវធ្វើ។ ឧទាហរណ៍
អ្នកអាចត្រូវបានស្នើសុំឱ្យទូរសព្ទទៅអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក។

**យើងខ្ញុំអាចធ្វើការផ្លាស់ប្តូរផ្សេងៗទៀតដែលប៉ះពាល់ដល់ឱសថដែលអ្នកប្រើ។**
យើងខ្ញុំនឹងប្រាប់អ្នកជាមុនអំពីការផ្លាស់ប្តូរផ្សេងៗទៀតចំពោះ *បញ្ជីឱសថ*។
ការផ្លាស់ប្តូរនេះអាចកើតឡើង ប្រសិនបើ៖

- រដ្ឋបាលចំណីអាហារនិងឱសថ (FDA) ផ្តល់សេចក្តីណែនាំថ្មី
ឬមានគោលការណ៍ណែនាំព្យាបាលជំងឺថ្មីអំពីឱសថ។

- យើងខ្ញុំដកឱសថមានម៉ាកយីហោចេញពី *បញ្ជីឱសថ*
នៅពេលធ្វើការបន្ថែមឱសថទូទៅដែលមិនមែនជាឱសថថ្មីក្នុងទីផ្សារ/ឬ

- យើងខ្ញុំដកផលិតផលជីវសាស្ត្រដើមចេញ
នៅពេលធ្វើការបន្ថែមផលិតផលជីវសាស្ត្រស្រដៀងគ្នា ឬ

- យើងខ្ញុំផ្លាស់ប្តូរវិធាន
ឬដែនកំណត់នៃការធានារ៉ាប់រងចំពោះឱសថដែលមានម៉ាកយីហោ។

នៅពេលដែលការផ្លាស់ប្តូរទាំងនេះបានកើតឡើង យើងខ្ញុំនឹង៖

- ប្រាប់អ្នកយ៉ាងហោចណាស់ 30 ថ្ងៃ មុនពេលយើងធ្វើការផ្លាស់ប្តូរចំពោះ
*បញ្ជីឱសថ***ឬ**

- ជម្រាបឱ្យអ្នកដឹង ហើយនឹងផ្តល់ឱ្យអ្នកនូវការផ្គត់ផ្គង់ឱសថនេះរយៈពេល 30
ថ្ងៃបន្ទាប់ពីអ្នកស្នើសុំបើកឱសថជាថ្មី។

នេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកពិគ្រោះគ្នាជាមួយវេជ្ជបណ្ឌិតរបស់អ្នក
ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។ ពួកគេអាចជួយអ្នកក្នុងការសម្រេចចិត្ត៖

- ប្រសិនបើមានឱសថស្រដៀងគ្នានៅក្នុង *បញ្ជីឱសថ*
របស់យើងខ្ញុំដែលអ្នកអាចប្រើឱសថនោះជំនួសបាន ឬ

- ថាតើត្រូវស្នើសុំការលើកលែងពីការផ្លាស់ប្តូរទាំងនេះដែរឬអត់។
ដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែងនេះ សូមអានសំណួរ B10-B12។

## B4. តើមានការរឹតបន្តឹង ឬដែនកំណត់ណាមួយលើការធានារ៉ាប់រងឱសថ ឬសកម្មភាពតម្រូវណាមួយដែលត្រូវធ្វើ ម្បីទទួលបានឱសថជាក់លាក់ដែរឬទេ?

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

- **ការអនុញ្ញាតជាមុន៖** សម្រាប់ឱសថមួយចំនួន អ្នក ឬវេជ្ជបណ្ឌិតរបស់អ្នក
ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតត្រូវតែទទួលបានការអនុញ្ញាតពីគម្រោង Health

Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP
មុនពេលអ្នកបើកឱសថមានវេជ្ជបញ្ជារបស់អ្នក។
ការអនុញ្ញាតជាមុនមានភាពខុសគ្នាពីការបញ្ជូនបន្ត។ គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP
អាចនឹងមិនធានារ៉ាប់រងលើឱសថនេះទេ
ប្រសិនបើអ្នកមិនទទួលបានការអនុញ្ញាតជាមុន។

- **ដែនកំណត់បរិមាណ៖**ជួនកាលគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP
ដាក់កំណត់ចំនួនឱសថដែលអ្នកអាចទទួលបាន។

- **ការព្យាបាលជាជំហាន៖** ជួនកាលគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP
តម្រូវឱ្យអ្នកធ្វើការព្យាបាលជាជំហាន។ នេះមានន័យថា
អ្នកត្រូវសាកល្បងប្រើឱសថតាមលំដាប់លំដោយជាក់លាក់ទៅតាមស្ថានភាពវេជ្ជសាស្ត្ររបស់អ្នក។ អ្នកប្រហែលជាត្រូវសាកល្បងប្រើឱសថមួយប្រភេទនេះសិនមុននឹងយើងខ្ញុំធានារ៉ាប់រងលើឱសថមួយផ្សេងទៀត។
ប្រសិនបើអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគិតថា
ឱសថទីមួយមិនមានប្រសិទ្ធភាពសម្រាប់អ្នកទេ
នោះយើងខ្ញុំនឹងធានារ៉ាប់រងលើឱសថទីពីរ។

អ្នកអាចស្វែងយល់ថា តើឱសថរបស់អ្នកមានលក្ខខណ្ឌតម្រូវ ឬដែនកំណត់បន្ថែមដែរឬអត់ ដោយមើលតារាងនៅក្នុង **ផ្នែក C**។
អ្នកក៏អាចទទួលបានព័ត៌មានបន្ថែមដោយចូលទៅកាន់គេហទំព័ររបស់យើងខ្ញុំតាមរយៈ www.hpsj-mvhp.org។ យើងបានបង្ហោះឯកសារតាមប្រព័ន្ធអនឡាញ ដែលពន្យល់ពីការអនុញ្ញាតជាមុន និងការរឹតបន្តឹងការព្យាបាលជាជំហាន*របស់យើងខ្ញុំ*។
អ្នកក៏អាចស្នើសុំឱ្យយើងខ្ញុំផ្ញើច្បាប់ចម្លងទៅកាន់អ្នកបានផងដែរ។

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

## B5. តើខ្ញុំនឹងដឹងថា ឱសថដែលខ្ញុំចង់បានមានដែនកំណត់ ឬថាមានសកម្មភាពតម្រូវណាមួយដែលត្រូវធ្វើ ដើម្បីទទួលបានឱសថនោះបានដោយរបៀបណា?

តារាងនៅក្នុងផ្នែកដែលមានចំណងជើងថា “បញ្ជីឱសថតាមប្រភេទឱសថ” មានជួរឈរដែលមានស្លាកឈ្មោះថា “វិធានការចាំបាច់ ការរឹតបន្តឹង ឬដែនកំណត់លើការប្រើប្រាស់។”

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**ប្រសិនបើអ្នកមានសំណួរ**សូមទូរសព្ទទៅគម្រោង HealthPlan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមរយៈលេខ 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 ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅមកលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់គេហទំព័រ www.hpsj-mvhp.org។

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

ក្នុងករណីខ្លះ យើងខ្ញុំនឹងប្រាប់អ្នកជាមុនប្រសិនបើយើងខ្ញុំបន្ថែម
ឬផ្លាស់ប្តូរវិធាននៃការអនុញ្ញាតជាមុន ការកំណត់បរិមាណ
និង/ឬការរឹតបន្តឹងលើការព្យាបាលជាជំហានលើការប្រើឱសថ។ សូមមើលសំណួរ B3
ដើម្បីដឹងព័ត៌មានបន្ថែមអំពីសេចក្តីជូនដំណឹងជាមុននេះ
និងស្ថានភាពដែលយើងខ្ញុំមិនអាចប្រាប់អ្នកឱ្យដឹងជាមុនបាន
នៅពេលដែលវិធានការរបស់យើងខ្ញុំអំពីការប្រើប្រាស់ឱសថក្នុង *បញ្ជីឱសថ*មានការផ្លាស់ប្តូរ។

## B7. តើខ្ញុំអាចស្វែងរកឱសថនៅក្នុង *បញ្ជីឱសថ*បានដោយរបៀបណាដែរ?

មានវិធីពីរយ៉ាងក្នុងការស្វែងរកឱសថ៖

- អ្នកអាចស្វែងរកតាមអក្ខរក្រម **ឬ**
- អ្នកអាចស្វែងរកតាមប្រភេទឱសថ។

ដើម្បីស្វែងរក **តាមអក្ខរក្រម**
សូមរកមើលឱសថរបស់អ្នកនៅក្នុងលិបិក្រមនៃផ្នែកឱសថដែលមានការធានារ៉ាប់រង។
អ្នកអាចស្វែងរកបាននៅលើទំព័រ I-1។

ដើម្បីស្វែងរក **តាមប្រភេទឱសថ**សូមស្វែងរកនៅ **ផ្នែក C1** ដែលមានស្លាកថា
“បញ្ជីឱសថតាមប្រភេទឱសថ”។ ឱសថនៅក្នុងផ្នែកនេះត្រូវបានគេដាក់ជាក្រុមទៅតាមប្រភេទ។
ឧទាហរណ៍ ប្រសិនបើអ្នកកំពុងប្រើប្រាស់ថ្នាំព្យាបាលជំងឺឈឺក្បាលប្រកាំង
នោះអ្នកគួរតែពិនិត្យមើលក្នុងប្រភេទ “ឱសថប្រឆាំងនឹងជំងឺឈឺក្បាលប្រកាំង”។
នោះគឺជាកន្លែងដែលអ្នកនឹងរកឃើញឱសថដែលព្យាបាលជំងឺឈឺក្បាលប្រកាំង។

## B8. ចុះបើឱសថដែលខ្ញុំចង់ប្រើមិនមានក្នុង *បញ្ជីឱសថ*វិញនោះ?

ប្រសិនបើអ្នករកមិនឃើញឱសថរបស់អ្នកនៅក្នុង *បញ្ជីឱសថ*ទេ
សូមទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមរយៈលេខដែលមាននៅក្នុងជើងទំព័រនៃឯកសារ
នេះ ហើយសួរអំពីឱសថនោះ។ ប្រសិនបើអ្នកដឹងថាគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP
នឹងមិនធានារ៉ាប់រងលើឱសថនេះទេ អ្នកអាចធ្វើកិច្ចការមួយក្នុងចំណោមកិច្ចការដូចតទៅ៖

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

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

យើងខ្ញុំអាចជួយបាន។
យើងខ្ញុំអាចធានារ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថរបស់អ្នកជាបណ្តោះអាសន្នរយៈពេល 30 ថ្ងៃ ក្នុងអំឡុងពេល 90 ថ្ងៃដំបូងដែលអ្នកក្លាយជាសមាជិករបស់គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP។
នេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកពិគ្រោះគ្នាជាមួយវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។ ពួកគេអាចជួយអ្នកក្នុងការសម្រេចចិត្ត ប្រសិនបើមានឱសថស្រដៀងគ្នានៅក្នុង *បញ្ជីឱសថ* ដែលអ្នកអាចប្រើជំនួស ឬថាតើត្រូវស្នើសុំឱ្យមានការលើកលែងដែរឬអត់។

ប្រសិនបើវេជ្ជបញ្ជារបស់អ្នកត្រូវបានសរសេរឡើងសម្រាប់រយៈពេលពីរបីថ្ងៃ នោះយើងខ្ញុំនឹងអនុញ្ញាតឱ្យមានការបើកថ្នាំមានវេជ្ជបញ្ជាច្រើនដងដើម្បីផ្តល់ការប្រើថ្នាំរហូតដល់ 30 ថ្ងៃជាអតិបរមា។

យើងខ្ញុំនឹងធានារ៉ាប់រងទៅលើការផ្គត់ផ្គង់ឱសថរបស់អ្នករយៈពេល 30 ថ្ងៃ ប្រសិនបើ៖

- អ្នកកំពុងប្រើប្រាស់ឱសថដែលមិនមាននៅក្នុង *បញ្ជីឱសថ*របស់យើងខ្ញុំ **ឬ**
- វិធាននៃគម្រោងរបស់យើងខ្ញុំមិនអនុញ្ញាតឱ្យអ្នកទទួលបានចំនួនដែលបានបង្គាប់ដោយអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក **ឬ**
- ឱសថនេះតម្រូវឱ្យមានការអនុញ្ញាតជាមុនពីគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP **ឬ**
- អ្នកកំពុងប្រើប្រាស់ឱសថដែលជាផ្នែកនៃការរឹតបន្តឹងលើការព្យាបាលតាមដំហាន។

ប្រសិនបើអ្នកកំពុងប្រើប្រាស់ឱសថដែលគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP មិនចាត់ទុកថាជាឱសថ Part D ហើយឱសថនោះមិនស្ថិតនៅក្នុង*បញ្ជីឱសថ* ហើយអ្នកមានបញ្ហាក្នុងការទទួលបានឱសថនោះ វាអាចនឹងត្រូវបានរ៉ាប់រងតាមរយៈ Medi-Cal Rx។ ប្រសិនបើឱសថមិនរាប់បញ្ចូល Part D តម្រូវឱ្យមានការលើកលែង ហើយអ្នកស្ថិតក្នុងភាពអាសន្ន នោះ Medi-Cal Rx នឹងអនុញ្ញាតឱ្យមានការផ្គត់ផ្គង់ឱសថមិនលើសពី 72 ម៉ោង។ សូមចូលទៅកាន់គេហទំព័ររបស់ Medi-Cal Rx (www.medi-calrx.dhcs.ca.go) សម្រាប់ព័ត៌មានបន្ថែម។
អ្នកក៏អាចទូរសព្ទទៅកាន់មជ្ឈមណ្ឌលផ្នែកសេវាបម្រើអតិថិជនរបស់ Medi-Cal Rx តាមរយៈលេខ 800-977-2273 បានផងដែរ។ សូមយក Medi-Cal BIC របស់អ្នកមកជាមួយនៅពេលមកទទួលថ្នាំមានវេជ្ជបញ្ជាតាមរយៈ
Medi-Cal Rx។

**ប្រសិនបើអ្នកមានសំណួរ**សូមទូរសព្ទទៅគម្រោង HealthPlan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមរយៈលេខ 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 ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅមកលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់គេហទំព័រ www.hpsj-mvhp.org។

ប្រសិនបើអ្នកកំពុងស្ថិតនៅក្នុងមណ្ឌលថែទាំមនុស្សចាស់
ឬមណ្ឌលថែទាំរយៈពេលវែងផ្សេងទៀត ហើយត្រូវការឱសថដែលមិនមាននៅក្នុង *បញ្ជីឱសថ*
ឬប្រសិនបើអ្នកពិបាកក្នុងការទទួលបានឱសថដែលអ្នកត្រូវការ
នោះយើងខ្ញុំអាចជួយអ្នកបាន។ ប្រសិនបើអ្នកបានស្ថិតនៅក្នុងគម្រោងអស់រយៈពេលយូរជាង
90 ថ្ងៃ នៅមណ្ឌលថែទាំរយៈពេលវែង និងត្រូវការការផ្គត់ផ្គង់ភ្លាមៗ៖

- យើងខ្ញុំនឹងធានារ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថរយៈពេល 31 ថ្ងៃ ដែលអ្នកត្រូវការ
(លុះត្រាតែអ្នកមានវេជ្ជបញ្ជាសម្រាប់រយៈពេលពីរបីថ្ងៃ) មិនថាអ្នកជា
ឬមិនមែនជាសមាជិកថ្មីនៃគម្រោង 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។ អ្នកអាចស្នើសុំឲ្យគម្រោង Health Plan of San Joaquin/Mountain Valley Health
Plan Advantage D-SNP ធ្វើការលើកលែង
ដើម្បីធ្វើការធានារ៉ាប់រងលើឱសថដែលមិនមាននៅក្នុង *បញ្ជីឱសថ*បាន.

អ្នកក៏អាចស្នើសុំឱ្យយើងខ្ញុំផ្លាស់ប្តូរវិធានស្តីពីឱសថរបស់អ្នកបានផងដែរ។

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

## B11. តើខ្ញុំអាចស្នើសុំការលើកលែងដោយរបៀបណា?

ដើម្បីស្នើសុំនូវការលើកលែង សូមទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជន។
អ្នកតំណាងផ្នែកសេវាបម្រើអតិថិជនរបស់អ្នកនឹងធ្វើការជាមួយអ្នក
និងអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក ដើម្បីជួយអ្នកស្នើសុំការលើកលែង។ អ្នកក៏អាចអាន **ជំពូកទី 9 ផ្នែក G** នៃ *សៀវភៅណែនាំសមាជិក*ផងដែរ ដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែង។

## B12. តើត្រូវប្រើប្រាស់ពេលវេលាយូរប៉ុនណាដែរ ទើបអាចទទួលបានការលើកលែង?

បន្ទាប់ពីយើងខ្ញុំទទួលបានសេចក្តីថ្លែងការណ៍ពីអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកដែលគាំទ្រការស្នើសុំ
ការលើកលែងរបស់អ្នក 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
- តាមប្រៃសណីយ៍៖ MedImpact
  10181 Scripps Gateway Court
  San Diego, CA 92131

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

## B13. តើអ្វីទៅជាឱសថទូទៅ?

ឱសថទូទៅត្រូវបានផ្សំឡើងដោយសារធាតុផ្សំដូចគ្នានឹងឱសថមានម៉ាកយីហោដែរ។ ជាទូទៅ
ឱសថទាំងនោះមានតម្លៃទាបជាងឱសថមានម៉ាកយីហោ
ហើយជាទូទៅមានប្រសិទ្ធភាពដូចគ្នាដែរ។ ជាទូទៅ
ឱសថទាំងនោះមិនមានឈ្មោះល្បីល្បាញឡើយ។
ឱសថទូទៅត្រូវបានការអនុញ្ញាតឱ្យប្រើដោយរដ្ឋបាលចំណីអាហារ និងឱសថ (FDA)។
មានឱសថទូទៅដែលអាចរកបានសម្រាប់ឱសថមានម៉ាកយីហោជាច្រើនផងដែរ។ ជាទូទៅ
ឱសថទូទៅអាចត្រូវបានប្រើជំនួសឱសថមានម៉ាកយីហោនៅតាមឱសថស្ថានដោយគ្មានវេជ្ជប
ញ្ជាថ្មីបាន—អាស្រ័យលើច្បាប់របស់រដ្ឋ។

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

## B14. តើផលិតផលជីវសាស្ត្រដើមគឺជាអ្វី ហើយតើពួកវាទាក់ទងទៅនឹងផលិតផលជីវសាស្ត្រស្រដៀងគ្នាយ៉ាងដូចម្តេច?

នៅពេលដែលយើងខ្ញុំប្រើពាក្យថាឱសថ វាអាចមានន័យថាជាឱសថ ឬផលិតផលជីវសាស្ត្រ។
ផលិតផលជីវសាស្ត្រគឺជាឱសថដែលមានភាពស្មុគស្មាញជាងឱសថធម្មតា។
ដោយសារផលិតផលជីវសាស្ត្រមានភាពស្មុគស្មាញជាងឱសថធម្មតា
ជំនួសឱ្យការមានទម្រង់ទូទៅ ផលិតផលជីវសាស្ត្រមានទម្រង់ដែលហៅថា
ផលិតផលជីវសាស្ត្រស្រដៀងគ្នា។ ជាទូទៅ
ផលិតផលជីវសាស្ត្រស្រដៀងគ្នាមានប្រសិទ្ធភាពដូចគ្នាទៅនឹងផលិតផលជីវសាស្ត្រដើម

**ប្រសិនបើអ្នកមានសំណួរ**សូមទូរសព្ទទៅគម្រោង HealthPlan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមរយៈលេខ 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 ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ការហៅមកលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់គេហទំព័រ www.hpsj-mvhp.org។

ហើយអាចមានតម្លៃថោកជាងផងដែរ។
មានជម្រើសផលិតផលជីវសាស្ត្រស្រដៀងគ្នាសម្រាប់ផលិតផលជីវសាស្ត្រដើមមួយចំនួន។
ផលិតផលជីវសាស្ត្រស្រដៀងគ្នាមួយចំនួនគឺជាផលិតផលជីវសាស្ត្រស្រដៀងគ្នាដែលអាចផ្លាស់ប្តូរគ្នាបាន ហើយយោងទៅតាមច្បាប់របស់រដ្ឋ
ប្រហែលជាអាចត្រូវបានប្រើជំនួសផលិតផលជីវសាស្ត្រដើមនៅឱសថស្ថានដោយមិនចាំបាច់មានវេជ្ជបញ្ជាថ្មី ដូចគ្នានឹងឱសថទូទៅដែលអាចត្រូវបានប្រើជំនួសឱសថមានម៉ាកយីហោអញ្ចឹងដែរ។

សម្រាប់ព័ត៌មានបន្ថែមអំពីប្រភេទឱសថ សូមមើល **ជំពូកទី 5** នៃ *សៀវភៅណែនាំសមាជិក*.

## B15. តើឱសថ OTC ជាអ្វី?

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

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

គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP ផ្តល់ជូនឱសថ និងផលិតផល OTC ជាអត្ថប្រយោជន៍បន្ថែមនៃ Part C។
សម្រាប់ព័ត៌មានបន្ថែមអំពីអត្ថប្រយោជន៍បន្ថែមរបស់អ្នក សូមមើល**ជំពូកទី 4**
នៃ *សៀវភៅណែនាំសមាជិក*នេះ.

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

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

ឧទាហរណ៍នៃផលិតផល OTC ដែលមិនមែនជាឱសថរួមមានម្ជុលចោះឈាម សំឡីអាល់កុល និងសីរាំងអាំងស៊ុយលីន ។

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

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

- **កម្មវិធីបញ្ជាទិញតាមប្រៃសណីយ៍។**
  យើងខ្ញុំផ្តល់ជូននូវកម្មវិធីបញ្ជាទិញតាមប្រៃសណីយ៍ដែលអនុញ្ញាតឱ្យអ្នកទទួលបានការផ្គត់ផ្គង់រហូតដល់រយៈពេល 90 ថ្ងៃ (កម្រិតទី 2 ទី 3 និងទី 4)
  ឬការផ្គត់ផ្គង់រយៈពេល 100 ថ្ងៃ (កម្រិតទី 1 និងទី 6)
  នៃឱសថរបស់អ្នកដែលផ្ញើដោយផ្ទាល់ទៅកាន់ផ្ទះរបស់អ្នក។

ការផ្គត់ផ្គង់ឱសថសម្រាប់រយៈពេល 90 ថ្ងៃ ឬ 100
ថ្ងៃដែលមានការបង់ប្រាក់រួមដូចនឹងការផ្គត់ផ្គង់សម្រាប់រយៈពេលមួយខែដែរ។

- **កម្មវិធីឱសថស្ថានលក់រាយរយៈពេល 90 ថ្ងៃ ឬ 100 ថ្ងៃ**
ឱសថស្ថានលក់រាយមួយចំនួនក៏អាចផ្តល់ជូនការផ្គត់ផ្គង់រហូតដល់រយៈពេល 90 ថ្ងៃ (កម្រិតទី 2 ទី 3 និងទី 4) ឬការផ្គត់ផ្គង់រយៈពេល 100 ថ្ងៃ (កម្រិតទី 1 និងទី 6) នៃឱសថដែលត្រូវបានធានារ៉ាប់រងផងដែរ។
ការផ្គត់ផ្គង់ឱសថសម្រាប់រយៈពេល 90 ថ្ងៃ ឬ 100
ថ្ងៃដែលមានការបង់ប្រាក់រួមដូចនឹងការផ្គត់ផ្គង់សម្រាប់រយៈពេលមួយខែដែរ។

## B18. តើការបង់ប្រាក់រួមរបស់ខ្ញុំមានចំនួនប៉ុន្មាន?

សមាជិករបស់គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP មានការបង់ប្រាក់រួមដែលមានចំនួនចាប់ពីចំនួន $0 ដល់ $12.65 សម្រាប់ផលិតផលតាមវេជ្ជបញ្ជា និងផលិតផលមិនមែនជាឱសថ ប្រសិនបើសមាជិកអនុវត្តតាមវិធានរបស់គម្រោង។ សូមមើលសំណួរ B15 និង B16 សម្រាប់ព័ត៌មានបន្ថែមអំពីឱសថ OTC និងផលិតផលមិនមែនជាឱសថ។

កម្រិតគឺជាក្រុមឱសថដែលមាននៅក្នុង *បញ្ជីឱសថ*របស់យើងខ្ញុំ.

- ឱសថទូទៅដែលចង់បានកម្រិតទី 1 មានការបង់ប្រាក់រួមចំនួន $0។
- ឱសថទូទៅកម្រិតទី 2 មានការបង់ប្រាក់រួមគ្នាចន្លោះពី $1.60 ទៅ $5.10។
- ឱសថមានម៉ាកយីហោដែលចង់បានកម្រិតទី 3 មានការបង់ប្រាក់រួមគ្នាចន្លោះពី $4.90 ទៅ $12.65។
- ឱសថមានម៉ាកយីហោដែលមិនចង់បានកម្រិតទី 4 មានការបង់ប្រាក់រួមគ្នាចន្លោះពី $4.90 ទៅ $12.65។
- ឱសថទូទៅឯកទេសកម្រិតទី 5 មានការបង់ប្រាក់រួមគ្នាចន្លោះពី $1.60 ទៅ $5.10។
- ឱសថមានម៉ាកយីហោឯកទេសកម្រិតទី 5 មានការបង់ប្រាក់រួមគ្នាចន្លោះពី $4.90 ទៅ $12.65។
- ឱសថសម្រាប់ការថែទាំជម្រើសកម្រិតទី 6 មានការបង់ប្រាក់រួមចំនួន $0។

ប្រសិនបើអ្នកមានសំណួរ
សូមទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមរយៈលេខដែលបានរាយនៅផ្នែកខាងក្រោមទំព័រនេះ ។

## C. ទិដ្ឋភាពទូទៅនៃបញ្ជីឱសថដែលមានការធានារ៉ាប់រង

*បញ្ជីឱសថដែលមានការធានារ៉ាប់រង*
ផ្តល់ឱ្យអ្នកនូវព័ត៌មានអំពីឱសថដែលត្រូវបានធានារ៉ាប់រងដោយគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP។
ប្រសិនបើអ្នកមានបញ្ហាក្នុងការស្វែងរកឱសថរបស់អ្នកនៅក្នុងបញ្ជីនេះ
សូមដាក់ទៅមើលលិបិក្រមនៃឱសថដែលមានការធានារ៉ាប់រងដែលចាប់ផ្តើមនៅក្នុង**ផ្នែក C**។
លិបិក្រមនេះរាយឈ្មោះឱសថទាំងអស់ដែលបានធានារ៉ាប់រងដោយគម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP តាមលំដាប់អក្ខរក្រម។

ឱសថផ្សេងទៀត ដូចជាឱសថគ្មានវេជ្ជបញ្ជា (OTC) មួយចំនួន
និងវីតាមីនជាក់លាក់ប្រហែលជាអាចត្រូវបានធានារ៉ាប់រងដោយ Medi-Cal Rx ផងដែរ។
សូមចូលទៅកាន់គេហទំព័ររបស់ Medi-Cal Rx (www.medi-calrx.dhcs.ca.go)
សម្រាប់ព័ត៌មានបន្ថែម។ អ្នកក៏អាចទូរសព្ទទៅកាន់មជ្ឈមណ្ឌលផ្នែកសេវាបម្រើអតិថិជនរបស់ Medi-Cal Rx តាមរយៈលេខ 800-977-2273 បានផងដែរ។ សូមយកបណ្ណសម្គាល់អ្នកទទួលផល (BIC) របស់កម្មវិធី Medi-Cal របស់អ្នកមកជាមួយ
នៅពេលមកបើកឱសថតាមវេជ្ជបញ្ជាតាមរយៈ Medi-Cal Rx។

**បណ្តឹងឧទ្ធរណ៍នៅក្រោម Part D**

- បណ្តឹងឧទ្ធរណ៍គឺជាវិធីផ្លូវការនៃការស្នើសុំឱ្យយើងខ្ញុំពិនិត្យឡើងវិញលើសេចក្តីសម្រេចមួយ ដែលយើងបានធ្វើឡើងចំពោះការធានារ៉ាប់រងរបស់អ្នក
និងដើម្បីផ្លាស់ប្តូរវា ប្រសិនបើអ្នកគិតឃើញថា យើងខ្ញុំបានប្រព្រឹត្តកំហុស។

- ឧទាហរណ៍ យើងខ្ញុំអាចសម្រេចថា
ឱសថមួយប្រភេទដែលអ្នកចង់បានមិនត្រូវបានរ៉ាប់រង
ឬលែងត្រូវបានរ៉ាប់រងដោយកម្មវិធី Medicare ឬ Medi-Cal តទៅទៀត។

- ប្រសិនបើអ្នក
ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកមិនយល់ព្រមតាមសេចក្តីសម្រេចរបស់យើងខ្ញុំទេ
អ្នកអាចដាក់បណ្តឹងឧទ្ធរណ៍បាន។ ប្រសិនបើអ្នកមានសំណួរ
សូមទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមលេខដែលមាននៅក្នុងជើងទំព័រនៃឯកសារនេះ។

- អ្នកក៏អាចអាន**ជំពូកទី 9** នៃ *សៀវភៅណែនាំសមាជិក*
ដើម្បីស្វែងយល់អំពីរបៀបដាក់បណ្តឹងឧទ្ធរណ៍ទល់នឹងសេចក្តីសម្រេចនេះបានផងដែរ។

- ឱសថដែលមិនមែនជាឱសថ Part D មានវិធានផ្សេងៗសម្រាប់បណ្តឹងឧទ្ធរណ៍។

## C1. បញ្ជីឱសថតាមប្រភេទឱសថ

ឱសថនៅក្នុងផ្នែកនេះត្រូវបានគេដាក់ជាក្រុមទៅតាមប្រភេទ
អាស្រ័យលើប្រភេទស្ថានភាពវេជ្ជសាស្ត្រដែលឱសថទាំងនោះត្រូវបានប្រើសម្រាប់ព្យាបាល។
ឧទាហរណ៍ ប្រសិនបើជាអ្នកមានបញ្ហាជំងឺបេះដូង
នោះអ្នកគួរតែពិនិត្យមើលក្នុងប្រភេទឱសថនៃភ្នាក់ងារព្យាបាលជំងឺសរសៃឈាមបេះដូង។
នោះគឺជាកន្លែងដែលអ្នកនឹងរកឃើញឱសថដែលព្យាបាលជំងឺបេះដូង។

នេះគឺជាអត្ថន័យនៃកូដដែលគេប្រើនៅក្នុងជួរឈរ “វិធានការចាំបាច់ ការរឹតបន្តឹង
ឬការដែនកំណត់លើការប្រើប្រាស់ឱសថ”៖

| ពាក្យសរសេរកាត់ | ការពិពណ៌នា | ការពន្យល់ |
|---|---|---|
| G | សូចនាការទូទៅ | ឱសថនេះត្រូវបានផ្សំឡើងដោយសារធាតុផ្សំដូចគ្នានឹងឱសថមានម៉ាកយីហោដែរ។ |
| QL | ការកំណត់បរិមាណ | ទម្រង់នៃការគ្រប់គ្រងការប្រើប្រាស់ (UM) ដែលបញ្ជាក់ពីការកំណត់បរិមាណ ឬការរឹតបន្តឹងលើឱសថមានវេជ្ជបញ្ជាតាមពេលវេលា។ ការដាក់កម្រិតបរិមាណអាចមានទម្រង់ផ្សេងៗគ្នា ដែលធម្មតាបំផុតគឺការរឹតបន្តឹងប្រចាំថ្ងៃ និងប្រចាំខែលើការចេញបរិមាណនៃឱសថមានវេជ្ជបញ្ជា ឬការចេញវេជ្ជបញ្ជាឡើងវិញ។ |
| ST | ការព្យាបាលជាជំហាន | អ្នកត្រូវតែសាកល្បងឱសថផ្សេងទៀតជាមុនសិនដើម្បីព្យាបាលបញ្ហាវេជ្ជសាស្ត្ររបស់អ្នក។ ឱសថនេះអាចត្រូវបានធានារ៉ាប់រងលុះត្រាតែឱសថផ្សេងទៀតមិនមានប្រសិទ្ធភាពចំពោះអ្នក។ |
| PA | ការអនុញ្ញាតជាមុន | អ្នក (ឬតំណាងរបស់អ្នក) ត្រូវបានតម្រូវឱ្យទទួលបានការអនុញ្ញាតជាមុនមុនពេលអ្នកបើកឱសថដែលមានវេជ្ជបញ្ជារបស់អ្នកសម្រាប់ឱសថនេះ។ គម្រោង Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP អាចនឹងមិនធានារ៉ាប់រងលើឱសថនេះទេ បើគ្មានការយល់ព្រមជាមុន។ |
| PA NSO | ការអនុញ្ញាតជាមុន – ការចាប់ផ្តើមថ្មី | ប្រសិនបើអ្នកមិនបានប្រើឱសថនេះពីមុនទេ អ្នក (ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក) ត្រូវបានតម្រូវឱ្យទទួលបានការអនុញ្ញាតជាមុនមុនពេលអ្នកបើកឱសថតាមវេជ្ជបញ្ជារបស់អ្នកសម្រាប់ ឱសថនេះ។ |
| PA BvD | ការអនុញ្ញាតជាមុន – Part B ទល់នឹង Part D | ឱសថនេះអាចមានសិទ្ធិទទួលបានការបង់ប្រាក់ក្រោមកម្មវិធី Medicare Part B ឬ Part D។ ចាំបាច់ត្រូវមានការពិនិត្យឡើងវិញនូវការអនុញ្ញាតជា |

| ពាក្យសរសេរកាត់ | ការពិពណ៌នា | ការពន្យល់ |
|---|---|---|
| | | មុនដោយផ្អែកលើវិធាននៃការធានារ៉ាប់រងរបស់កម្មវិធី Medicare។ |
| LA | ការប្រើមានដែនកំណត់ | ឱសថនេះអាចមានតែនៅឱសថស្ថានជាក់លាក់ប៉ុណ្ណោះ។ សម្រាប់ព័ត៌មានបន្ថែម សូមមើលសៀវភៅបញ្ជីរាយឈ្មោះឱសថស្ថានរបស់អ្នក ឬទូរសព្ទទៅផ្នែកសេវាបម្រើអតិថិជនតាមរយៈលេខ 1-888-361-7526 (TTY: 711) បាន 7 ថ្ងៃក្នុងមួយសប្តាហ៍។ |
| អាយុ | ការរឹតបន្តឹងលើអាយុ | ឱសថនេះមានដែនកំណត់ការធានារ៉ាប់រងដោយផ្អែកលើក្រុមអាយុ។ ដែនកំណត់នេះអាចផ្អែកលើរបៀបដែលឱសថត្រូវបានអនុម័តដោយ FDA ឬការព្រមានពិសេសសម្រាប់ការប្រើប្រាស់ដោយមនុស្សនៅក្នុងក្រុមអាយុជាក់លាក់។ |
| NDS | ការផ្គត់ផ្គង់សម្រាប់ថ្ងៃមិនបន្ថែម | ឱសថនេះមិនមានសិទ្ធិទទួលបានការផ្គត់ផ្គង់រយៈពេលវែងទេ (ត្រូវបានគេហៅផងដែរថា “ការផ្គត់ផ្គង់បន្ថែម”)។ |
| PA-HRM | ការអនុញ្ញាតជាមុន – ឱសថដែលមានហានិភ័យខ្ពស់ | ឱសថនេះត្រូវបានចាត់ទុកដោយមជ្ឈមណ្ឌលសម្រាប់សេវា Medicare និង Medicaid (CMS) ថាអាចបង្កគ្រោះថ្នាក់ ហើយបើមិនដូច្នោះទេជាឱសថដែលមានហានិភ័យខ្ពស់សម្រាប់អ្នកទទួលផលពីកម្មវិធី Medicare ដែលមានអាយុ 65 ឆ្នាំឡើងទៅ។ ឱសថនេះប្រហែលជាមិនត្រូវបានធានារ៉ាប់រងសម្រាប់សមាជិកដែលមានអាយុចាប់ពី 65 ឆ្នាំឡើងទៅឡើយ បើគ្មានការអនុញ្ញាតជាមុន។ |

ជួរឈរទីមួយនៃតារាងដែលរាយឈ្មោះឱសថ។ ឱសថទូទៅសរសេរជាអក្សរតូចនិងទ្រេត (ឧទាហរណ៍ lisinopril) ឱសថមានម៉ាកយីហោសរសេរជាអក្សរធំ (ឧទាហរណ៍ HUMIRA) និងផលិតផលមិនមែនឱសថសរសេរជាអក្សរតូច (ឧទាហរណ៍ lancets)) ។ ព័ត៌មាននៅក្នុងជួរឈរដែលមានឈ្មោះ “ចំណាត់ការចាំបាច់ ការរឹតបន្តឹង ឬដែនកំណត់លើការប្រើប្រាស់” ប្រាប់អ្នកថាតើគម្រោង San Joaquin/Mountain Valley Health Plan Advantage D-SNP មានវិធានសម្រាប់ការធានារ៉ាប់រងឱសថរបស់អ្នកដែរឬទេ។

**បញ្ជីអក្សរកាត់ជាទម្រង់កម្រិតដូស**

បញ្ជីអក្សរកាត់ជាទម្រង់កម្រិតដូសនេះ គឺជាទម្រង់ពាក្យ ឬឃ្លាអក្សរកាត់ ឬខ្លីៗដែលអាចមានរាយក្នុងជួរឈរដែលមានឈ្មោះថា “ឈ្មោះឱសថ” នៅក្នុងផ្នែកបន្ទាប់។

| DOSAGE FORM ABBREVIATION | និយមន័យ |
|---|---|
| 8 ម៉ោង | 8 ម៉ោង |
| 12 hr ឬ 12h | 12 ម៉ោង |

| DOSAGE FORM ABBREVIATION | និយមន័យ |
|---|---|
| 24 hr ឬ 24h | 24 ម៉ោង |
| 72 ម៉ោង | 72 ម៉ោង |
| act | បានដាក់ឱ្យដំណើរការ |
| admix | ការលាយបញ្ចូលគ្នា |
| aero | ថ្នាំប្រភេទជាញ់ |
| admin | ការផ្តល់ថ្នាំ |
| ampul | ថ្នាំអំពូល |
| app, appl | ប្រដាប់លាប |
| auto | ស្វ័យប្រវត្តិ |
| cap | ថ្នាំគ្រាប់មានសម្បក |
| chew | អាចទំពាបាន |
| CT | ចំនួន |
| comb | ឱសថច្រើនបន្សំចូលគ្នា |
| del, delayed | ឱសថពន្យារពេលមានសកម្មភាព |
| disinteg, disintegrat | ការកិនជាកំទេចជាតូចៗ |
| dose | កម្រិតដូស |
| DR | ឱសថបញ្ចេញសារធាតុសកម្មយឺត |
| EC | ឱសថគ្រាប់មិនរលាយក្នុងក្រពះ |
| emolnt | សារធាតុបន្ទន់ |
| ENFit | ឧបករណ៍សុងតាមពោះវៀន |
| er, ER | ឱសថបញ្ចេញសកម្មភាពរយៈពេលវែង |
| ext, extnd, extend | ឱសថមានសកម្មភាពរយៈពេលវែង |
| gast | ក្រពះ |
| HFA | hydrofluoroalkane |
| hi | ខ្ពស់ |
| IR | ឱសថបញ្ចេញសារធាតុសកម្មភ្លាមៗ |

| DOSAGE FORM ABBREVIATION | និយមន័យ |
|---|---|
| liqd | សារធាតុរាវ |
| lo | ទាប |
| loz, lozenge | ថ្នាំគ្រាប់បៀម |
| mini lozenge | ថ្នាំគ្រាប់បៀមទំហំតូច |
| misc | ផ្សេងៗ |
| MP | ម៉ាស៊ីនបូមមានមាត្រដ្ឋាន |
| muco | សំបោរ |
| pak, pack | កញ្ចប់ |
| PCA | ការផ្តល់ឱសថដែលបានគ្រប់គ្រងដល់អ្នកជំងឺ |
| Pell | ថ្នាំគ្រាប់ |
| pk | កញ្ចប់ |
| powdr | ម្សៅ |
| pt | អ្នកជំងឺ |
| recon | បានបង្កើតឡើងវិញ |
| rel, release | ការបញ្ចេញ |
| soln | សូលុយស្យុង |
| sprink, sprinkl | រោយ |
| susp, suspen | ការផ្អាក |
| syring | សឺរ៉ុង |
| tab | ថ្នាំគ្រាប់ |
| TD | តាមស្បែក |
| var | ប្រែប្រួល |
| w/ | ជាមួយ |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| **Analgesics** | | | |
| **Analgesics, Miscellaneous** | | | |
| *acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml* | | $0 (Tier 1) | NDS; QL (4500 per 30 days) |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml* | | $0 (Tier 1) | NDS; QL (4500 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | | $1.60 - $5.10 (Tier 2) | NDS; QL (360 per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | | $1.60 - $5.10 (Tier 2) | NDS; QL (180 per 30 days) |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | (Butrans) | $1.60 - $5.10 (Tier 2) | NDS; QL (4 per 28 days) |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | | $1.60 - $5.10 (Tier 2) | PA-HRM; NDS; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-acetaminophen-caff oral capsule 50-300-40 mg* | (Fioricet) | $1.60 - $5.10 (Tier 2) | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | | $1.60 - $5.10 (Tier 2) | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | | $1.60 - $5.10 (Tier 2) | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| *endocet oral tablet 10-325 mg* | (oxycodone-acetaminophen) | $1.60 - $5.10 (Tier 2) | NDS; QL (180 per 30 days) |
| *endocet oral tablet 2.5-325 mg, 5-325 mg* | (oxycodone-acetaminophen) | $1.60 - $5.10 (Tier 2) | NDS; QL (360 per 30 days) |
| *endocet oral tablet 7.5-325 mg* | (oxycodone-acetaminophen) | $1.60 - $5.10 (Tier 2) | NDS; QL (240 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg* | | $1.60 - $12.65 (Tier 5) | PA; 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 |
|---|---|---|
| *fentanyl citrate buccal lozenge on a handle 200 mcg* | $1.60 - $5.10 (Tier 2) | PA; NDS; QL (120 per 30 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | $1.60 - $5.10 (Tier 2) | NDS; QL (10 per 30 days) |
| *hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml* | $1.60 - $5.10 (Tier 2) | NDS; QL (2700 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg* | $1.60 - $5.10 (Tier 2) | NDS; QL (180 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 5-325 mg* | $1.60 - $5.10 (Tier 2) | NDS; QL (240 per 30 days) |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* (Dilaudid) | $1.60 - $5.10 (Tier 2) | NDS; QL (180 per 30 days) |
| *methadone oral tablet 10 mg* | $1.60 - $5.10 (Tier 2) | NDS; QL (120 per 30 days) |
| *methadone oral tablet 5 mg* | $1.60 - $5.10 (Tier 2) | NDS; QL (180 per 30 days) |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | $1.60 - $5.10 (Tier 2) | PA; NDS; QL (180 per 30 days) |
| *morphine oral solution 10 mg/5 ml (2 mg/ml)* | $1.60 - $5.10 (Tier 2) | NDS; QL (700 per 30 days) |
| *morphine oral solution 20 mg/5 ml (4 mg/ml)* | $1.60 - $5.10 (Tier 2) | NDS; QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG | $4.90 - $12.65 (Tier 4) | NDS; QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | $4.90 - $12.65 (Tier 4) | NDS; QL (120 per 30 days) |
| *morphine oral tablet extended release 100 mg, 200 mg* | $1.60 - $5.10 (Tier 2) | NDS; QL (60 per 30 days) |
| *morphine oral tablet extended release 15 mg, 30 mg* (MS Contin) | $1.60 - $5.10 (Tier 2) | NDS; QL (90 per 30 days) |
| *morphine oral tablet extended release 60 mg* (MS Contin) | $1.60 - $5.10 (Tier 2) | NDS; QL (60 per 30 days) |
| *oxycodone oral capsule 5 mg* | $1.60 - $5.10 (Tier 2) | NDS; QL (180 per 30 days) |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *oxycodone oral tablet 10 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | NDS; QL (180 per 30 days) |
| *oxycodone oral tablet 15 mg, 30 mg* | (Roxicodone) | $1.60 - $5.10 (Tier 2) | NDS; QL (120 per 30 days) |
| *oxycodone oral tablet 20 mg* | | $1.60 - $5.10 (Tier 2) | NDS; QL (120 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg* | (Endocet) | $1.60 - $5.10 (Tier 2) | NDS; QL (180 per 30 days) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | (Endocet) | $1.60 - $5.10 (Tier 2) | NDS; QL (360 per 30 days) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | (Endocet) | $1.60 - $5.10 (Tier 2) | NDS; QL (240 per 30 days) |
| *tramadol oral tablet 50 mg* | | $0 (Tier 1) | NDS; QL (240 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | | $1.60 - $5.10 (Tier 2) | NDS; QL (300 per 30 days) |
| **Nonsteroidal Anti-Inflammatory Agents** | | | |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | (Celebrex) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *diclofenac epolamine transdermal patch 12 hour 1.3 %* | (Flector) | $4.90 - $12.65 (Tier 4) | PA; QL (60 per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | | $1.60 - $5.10 (Tier 2) | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg* | | $1.60 - $5.10 (Tier 2) | |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg* | | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg* | | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *diclofenac sodium topical drops 1.5 %* | | $1.60 - $5.10 (Tier 2) | QL (300 per 30 days) |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)* | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (224 per 28 days) |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg* | (Arthrotec 50) | $1.60 - $5.10 (Tier 2) | |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg* | (Arthrotec 75) | $1.60 - $5.10 (Tier 2) | |
| *etodolac oral capsule 200 mg, 300 mg* | | $1.60 - $5.10 (Tier 2) | |
| *etodolac oral tablet 400 mg* | (Lodine) | $1.60 - $5.10 (Tier 2) | |
| *etodolac oral tablet 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| *flurbiprofen oral tablet 100 mg* | (Lurbiro) | $1.60 - $5.10 (Tier 2) | |
| *ibu oral tablet 400 mg* | (ibuprofen) | $0 (Tier 1) | QL (240 per 30 days) |
| *ibu oral tablet 600 mg, 800 mg* | (ibuprofen) | $0 (Tier 1) | |
| *ibuprofen oral tablet 400 mg* | (IBU) | $0 (Tier 1) | QL (240 per 30 days) |
| *ibuprofen oral tablet 600 mg, 800 mg* | (IBU) | $0 (Tier 1) | |
| *indomethacin oral capsule 25 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| *ketorolac oral tablet 10 mg* | | $1.60 - $5.10 (Tier 2) | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |
| *meloxicam oral tablet 15 mg, 7.5 mg* | | $0 (Tier 1) | |
| *nabumetone oral tablet 500 mg, 750 mg* | | $1.60 - $5.10 (Tier 2) | |
| *naproxen oral tablet 250 mg, 375 mg* | | $0 (Tier 1) | |
| *naproxen oral tablet 500 mg* | (Naprosyn) | $0 (Tier 1) | |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg* | (EC-Naprosyn) | $1.60 - $5.10 (Tier 2) | |
| *sulindac oral tablet 150 mg, 200 mg* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| **Anesthetics** | | | |
| **Local Anesthetics** | | | |
| *dermacinrx lidocan 5% patch outer* | (lidocaine) | $1.60 - $5.10 (Tier 2) | PA; QL (90 per 30 days) |
| *glydo mucous membrane jelly in applicator 2 %* | (lidocaine hcl) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *lidocaine hcl mucous membrane jelly in applicator 2 %* | (Glydo) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *lidocaine hcl mucous membrane solution 2 %* | | $1.60 - $5.10 (Tier 2) | |
| *lidocaine topical adhesive patch,medicated 5 %* | (DermacinRx Lidocan) | $1.60 - $5.10 (Tier 2) | PA; QL (90 per 30 days) |
| *lidocaine topical ointment 5 %* | | $1.60 - $5.10 (Tier 2) | PA; QL (240 per 30 days) |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | | $1.60 - $5.10 (Tier 2) | PA; QL (30 per 30 days) |
| *lidocan iii topical adhesive patch,medicated 5 %* | (lidocaine) | $1.60 - $5.10 (Tier 2) | PA; QL (90 per 30 days) |
| *tridacaine iii topical adhesive patch,medicated 5 %* | (lidocaine) | $1.60 - $5.10 (Tier 2) | PA; QL (90 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | | $4.90 - $12.65 (Tier 3) | PA; QL (90 per 30 days) |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | | $1.60 - $5.10 (Tier 2) | |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | | $1.60 - $5.10 (Tier 2) | |
| *buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | (Suboxone) | $1.60 - $5.10 (Tier 2) | |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | | $1.60 - $5.10 (Tier 2) | |
| *disulfiram oral tablet 250 mg, 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION | | $4.90 - $12.65 (Tier 3) | QL (4 per 30 days) |
| *naloxone injection solution 0.4 mg/ml* | | $1.60 - $5.10 (Tier 2) | |
| *naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml* | | $1.60 - $5.10 (Tier 2) | |
| *naloxone nasal spray,non-aerosol 4 mg/actuation* | (Narcan) | $1.60 - $5.10 (Tier 2) | QL (4 per 30 days) |
| *naltrexone oral tablet 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML | | $4.90 - $12.65 (Tier 4) | QL (240 per 180 days) |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | (Chantix) | $1.60 - $5.10 (Tier 2) | QL (336 per 365 days) |
| *varenicline tartrate oral tablet 1 mg (56 pack)* | | $1.60 - $5.10 (Tier 2) | QL (336 per 365 days) |
| *varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)* | (Chantix Starting Month Box) | $1.60 - $5.10 (Tier 2) | |
| **Antianxiety Agents** | | | |
| **Benzodiazepines** | | | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | (Xanax) | $0 (Tier 1) | NDS; QL (120 per 30 days) |
| *alprazolam oral tablet 2 mg* | (Xanax) | $0 (Tier 1) | NDS; QL (150 per 30 days) |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | NDS; QL (120 per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | (Klonopin) | $0 (Tier 1) | QL (90 per 30 days) |
| *clonazepam oral tablet 2 mg* | (Klonopin) | $0 (Tier 1) | QL (300 per 30 days) |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | | $1.60 - $5.10 (Tier 2) | QL (90 per 30 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | | $1.60 - $5.10 (Tier 2) | QL (300 per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | | $1.60 - $5.10 (Tier 2) | QL (180 per 30 days) |
| *diazepam injection solution 5 mg/ml* | | $1.60 - $5.10 (Tier 2) | QL (10 per 28 days) |
| *diazepam injection syringe 5 mg/ml* | | $1.60 - $5.10 (Tier 2) | |
| *diazepam intensol oral concentrate 5 mg/ml* | (diazepam) | $1.60 - $5.10 (Tier 2) | QL (1200 per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | | $1.60 - $5.10 (Tier 2) | QL (1200 per 30 days) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | (Valium) | $0 (Tier 1) | QL (120 per 30 days) |
| *lorazepam 2 mg/ml oral concent* | (Lorazepam Intensol) | $1.60 - $5.10 (Tier 2) | NDS; QL (150 per 30 days) |
| *lorazepam 4 mg/ml vial inner* | (Ativan) | $0 (Tier 1) | QL (2 per 30 days) |
| *lorazepam injection solution 2 mg/ml* | (Ativan) | $0 (Tier 1) | QL (2 per 30 days) |
| *lorazepam injection solution 4 mg/ml* | (Ativan) | $4.90 - $12.65 (Tier 4) | QL (2 per 30 days) |
| *lorazepam injection syringe 2 mg/ml* | | $0 (Tier 1) | QL (2 per 30 days) |
| *lorazepam intensol oral concentrate 2 mg/ml* | (lorazepam) | $1.60 - $5.10 (Tier 2) | NDS; QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | (Ativan) | $0 (Tier 1) | NDS; QL (90 per 30 days) |
| *lorazepam oral tablet 2 mg* | (Ativan) | $0 (Tier 1) | NDS; QL (150 per 30 days) |
| *temazepam oral capsule 15 mg, 30 mg* | (Restoril) | $0 (Tier 1) | NDS; QL (30 per 30 days) |
| *temazepam oral capsule 22.5 mg* | (Restoril) | $1.60 - $5.10 (Tier 2) | NDS; QL (30 per 30 days) |
| *temazepam oral capsule 7.5 mg* | (Restoril) | $1.60 - $5.10 (Tier 2) | 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 |
|---|---|---|
| **Antibacterials** | | |
| **Aminoglycosides** | | |
| *amikacin injection solution 500 mg/2 ml* | $1.60 - $5.10 (Tier 2) | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (235.2 per 28 days) |
| *gentamicin injection solution 40 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml* | $1.60 - $5.10 (Tier 2) | |
| *neomycin oral tablet 500 mg* | $1.60 - $5.10 (Tier 2) | |
| *streptomycin intramuscular recon soln 1 gram* | $1.60 - $12.65 (Tier 5) | NDS |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | $1.60 - $12.65 (Tier 5) | NDS; QL (224 per 28 days) |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* (Tobi) | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| **Antibacterials, Miscellaneous** | | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* (Cleocin HCl) | $1.60 - $5.10 (Tier 2) | |
| *clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)* | $1.60 - $5.10 (Tier 2) | |
| *clindamycin phosphate injection solution 150 mg/ml* (Cleocin) | $1.60 - $5.10 (Tier 2) | |
| *colistin (colistimethate na) injection recon soln 150 mg* (Coly-Mycin M Parenteral) | $1.60 - $12.65 (Tier 5) | NDS |
| *daptomycin intravenous recon soln 350 mg, 500 mg* | $1.60 - $12.65 (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 |
|---|---|---|---|
| *fosfomycin tromethamine oral packet 3 gram* | | $1.60 - $5.10 (Tier 2) | |
| *linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml* | (Zyvox) | $1.60 - $5.10 (Tier 2) | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | (Zyvox) | $1.60 - $12.65 (Tier 5) | NDS |
| *linezolid oral tablet 600 mg* | | $1.60 - $5.10 (Tier 2) | |
| *methenamine hippurate oral tablet 1 gram* | | $1.60 - $5.10 (Tier 2) | |
| *metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml* | (Metro I.V.) | $1.60 - $5.10 (Tier 2) | |
| *metronidazole oral tablet 250 mg, 500 mg* | | $0 (Tier 1) | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | (Macrobid) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *trimethoprim oral tablet 100 mg* | | $1.60 - $5.10 (Tier 2) | |
| *vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg* | | $1.60 - $5.10 (Tier 2) | |
| *vancomycin oral capsule 125 mg* | (Vancocin) | $1.60 - $5.10 (Tier 2) | QL (56 per 14 days) |
| *vancomycin oral capsule 250 mg* | (Vancocin) | $1.60 - $5.10 (Tier 2) | QL (112 per 14 days) |
| XIFAXAN ORAL TABLET 200 MG | | $4.90 - $12.65 (Tier 3) | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (90 per 30 days) |
| **Cephalosporins** | | | |
| *cefaclor oral capsule 250 mg, 500 mg* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *cefadroxil oral capsule 500 mg* | $1.60 - $5.10 (Tier 2) | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | $1.60 - $5.10 (Tier 2) | |
| *cefazolin injection recon soln 1 gram, 500 mg* | $1.60 - $5.10 (Tier 2) | |
| *cefazolin intravenous recon soln 10 gram* | $1.60 - $5.10 (Tier 2) | |
| *cefdinir oral capsule 300 mg* | $1.60 - $5.10 (Tier 2) | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | $1.60 - $5.10 (Tier 2) | |
| *cefepime injection recon soln 1 gram, 2 gram* | $1.60 - $5.10 (Tier 2) | |
| *cefixime oral capsule 400 mg* | $1.60 - $5.10 (Tier 2) | |
| *cefixime oral tablet 400 mg* | $1.60 - $5.10 (Tier 2) | |
| *cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram* | $1.60 - $5.10 (Tier 2) | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | $1.60 - $5.10 (Tier 2) | |
| *cefprozil oral tablet 250 mg, 500 mg* | $1.60 - $5.10 (Tier 2) | |
| *ceftaroline fosamil intravenous recon soln 400 mg, 600 mg* (Teflaro) | $1.60 - $12.65 (Tier 5) | NDS |
| *ceftazidime injection recon soln 1 gram, 2 gram, 6 gram* (Tazicef) | $1.60 - $5.10 (Tier 2) | |
| *ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg* | $1.60 - $5.10 (Tier 2) | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *cefuroxime sodium injection recon soln 750 mg* | | $1.60 - $5.10 (Tier 2) | |
| *cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram* | | $1.60 - $5.10 (Tier 2) | |
| *cephalexin oral capsule 250 mg, 500 mg* | | $0 (Tier 1) | |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *tazicef injection recon soln 1 gram, 2 gram, 6 gram* | (ceftazidime) | $1.60 - $5.10 (Tier 2) | |
| **Macrolides** | | | |
| *azithromycin intravenous recon soln 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *azithromycin oral suspension for reconstitution 200 mg/5 ml* | (Zithromax) | $1.60 - $5.10 (Tier 2) | |
| *azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg* | | $0 (Tier 1) | |
| *azithromycin oral tablet 250 mg, 500 mg* | (Zithromax) | $0 (Tier 1) | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *clarithromycin oral tablet 250 mg, 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml* | (E.E.S. Granules) | $1.60 - $5.10 (Tier 2) | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml* | (EryPed 400) | $1.60 - $5.10 (Tier 2) | |
| *erythromycin oral tablet 250 mg, 500 mg* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *fidaxomicin oral tablet 200 mg* | (Dificid) | $1.60 - $12.65 (Tier 5) | NDS; QL (20 per 10 days) |
| **Miscellaneous B-Lactam Antibiotics** | | | |
| *aztreonam injection recon soln 1 gram, 2 gram* | | $1.60 - $5.10 (Tier 2) | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | | $1.60 - $12.65 (Tier 5) | PA; LA; NDS |
| *ertapenem injection recon soln 1 gram* | | $1.60 - $5.10 (Tier 2) | |
| *imipenem-cilastatin intravenous recon soln 250 mg* | | $1.60 - $5.10 (Tier 2) | |
| *imipenem-cilastatin intravenous recon soln 500 mg* | (Primaxin IV) | $1.60 - $5.10 (Tier 2) | |
| *meropenem intravenous recon soln 1 gram, 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| *meropenem intravenous recon soln 2 gram* | | $4.90 - $12.65 (Tier 4) | |
| **Penicillins** | | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | | $0 (Tier 1) | |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | | $0 (Tier 1) | |
| *amoxicillin oral tablet 500 mg, 875 mg* | | $0 (Tier 1) | |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | | $1.60 - $5.10 (Tier 2) | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml* | (Augmentin) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml* (Augmentin ES-600) | $1.60 - $5.10 (Tier 2) | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg* | $1.60 - $5.10 (Tier 2) | |
| *amoxicillin-pot clavulanate oral tablet 500-125 mg* (Augmentin) | $1.60 - $5.10 (Tier 2) | |
| *amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg* | $1.60 - $5.10 (Tier 2) | |
| *ampicillin oral capsule 500 mg* | $1.60 - $5.10 (Tier 2) | |
| *ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg* | $1.60 - $5.10 (Tier 2) | |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram* (Unasyn) | $1.60 - $5.10 (Tier 2) | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | $4.90 - $12.65 (Tier 4) | |
| *dicloxacillin oral capsule 250 mg, 500 mg* | $1.60 - $5.10 (Tier 2) | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT | $4.90 - $12.65 (Tier 4) | |
| LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 % | $4.90 - $12.65 (Tier 4) | |
| *nafcillin injection recon soln 1 gram, 10 gram, 2 gram* | $1.60 - $5.10 (Tier 2) | |
| *penicillin g potassium injection recon soln 20 million unit* (Pfizerpen-G) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml* | $1.60 - $5.10 (Tier 2) | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | $0 (Tier 1) | |
| *piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram* | $1.60 - $5.10 (Tier 2) | |
| **Quinolones** | | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* (Cipro) | $0 (Tier 1) | |
| *ciprofloxacin hcl oral tablet 750 mg* | $0 (Tier 1) | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | $1.60 - $5.10 (Tier 2) | |
| *levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml* | $1.60 - $5.10 (Tier 2) | |
| *levofloxacin oral solution 250 mg/10 ml* | $1.60 - $5.10 (Tier 2) | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | $0 (Tier 1) | |
| *moxifloxacin 400 mg/250 ml bag suv, p/f, inner* | $1.60 - $5.10 (Tier 2) | |
| *moxifloxacin oral tablet 400 mg* | $1.60 - $5.10 (Tier 2) | |
| *moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml* | $1.60 - $5.10 (Tier 2) | |
| **Sulfonamides** | | |
| *sulfadiazine oral tablet 500 mg* | $1.60 - $5.10 (Tier 2) | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* (Sulfatrim) | $1.60 - $5.10 (Tier 2) | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg* (Bactrim) | $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 |
|---|---|---|---|
| *sulfamethoxazole-trimethoprim oral tablet 800-160 mg* | (Bactrim DS) | $0 (Tier 1) | |
| **Tetracyclines** | | | |
| *demeclocycline oral tablet 150 mg, 300 mg* | | $1.60 - $5.10 (Tier 2) | |
| *doxy-100 intravenous recon soln 100 mg* | (doxycycline hyclate) | $1.60 - $5.10 (Tier 2) | |
| *doxycycline hyclate intravenous recon soln 100 mg* | (Doxy-100) | $1.60 - $5.10 (Tier 2) | |
| *doxycycline hyclate oral capsule 100 mg* | | $1.60 - $5.10 (Tier 2) | |
| *doxycycline hyclate oral capsule 50 mg* | (Morgidox) | $1.60 - $5.10 (Tier 2) | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | | $1.60 - $5.10 (Tier 2) | |
| *doxycycline monohydrate oral capsule 100 mg* | (Mondoxyne NL) | $1.60 - $5.10 (Tier 2) | |
| *doxycycline monohydrate oral capsule 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *doxycycline monohydrate oral tablet 100 mg* | (Avidoxy) | $1.60 - $5.10 (Tier 2) | |
| *doxycycline monohydrate oral tablet 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | | $1.60 - $5.10 (Tier 2) | |
| *tetracycline oral capsule 250 mg, 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| *tigecycline intravenous recon soln 50 mg* | (Tygacil) | $1.60 - $5.10 (Tier 2) | |
| **Anticancer Agents** | | | |
| **Anticancer Agents** | | | |
| *abiraterone oral tablet 250 mg* | (Abirtega) | $1.60 - $12.65 (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 |
|---|---|---|---|
| *abiraterone oral tablet 500 mg* | (Zytiga) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| *abiraterone, submicronized oral tablet 125 mg* | (Yonsa) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| *abirtega oral tablet 250 mg* | (abiraterone) | $1.60 - $5.10 (Tier 2) | PA NSO; QL (120 per 30 days) |
| *adrucil intravenous solution 2.5 gram/50 ml* | (fluorouracil) | $1.60 - $5.10 (Tier 2) | PA BvD |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23) | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| *anastrozole oral tablet 1 mg* | (Arimidex) | $0 (Tier 1) | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (240 per 30 days) |
| AVMAPKI ORAL CAPSULE 0.8 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (24 per 28 days) |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (66 per 28 days) |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | | $1.60 - $12.65 (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 |
|---|---|---|---|
| *azacitidine injection recon soln 100 mg* | (Vidaza) | $1.60 - $12.65 (Tier 5) | NDS |
| BALVERSA ORAL TABLET 3 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (28 per 28 days) |
| *bendamustine intravenous recon soln 100 mg, 25 mg* | (Treanda) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML | (Bendeka) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | (bendamustine) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (1 per 28 days) |
| *bexarotene oral capsule 75 mg* | (Targretin) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| *bexarotene topical gel 1 %* | (Targretin) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| *bicalutamide oral tablet 50 mg* | (Casodex) | $1.60 - $5.10 (Tier 2) | |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML) | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (75 per 28 days) |
| *bleomycin injection recon soln 15 unit, 30 unit* | | $1.60 - $5.10 (Tier 2) | |
| *bortezomib injection recon soln 1 mg, 2.5 mg* | | $4.90 - $12.65 (Tier 4) | PA NSO |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *bortezomib injection recon soln 3.5 mg* (Velcade) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| BORUZU INJECTION SOLUTION 2.5 MG/ML | $4.90 - $12.65 (Tier 4) | PA NSO |
| BOSULIF ORAL CAPSULE 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG (bosutinib) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 500 MG (bosutinib) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| *bosutinib oral tablet 100 mg* (Bosulif) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| *bosutinib oral tablet 400 mg, 500 mg* (Bosulif) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG | $4.90 - $12.65 (Tier 4) | PA NSO |
| CAPRELSA ORAL TABLET 100 MG (vandetanib) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG (vandetanib) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | $1.60 - $12.65 (Tier 5) | PA NSO; LA; NDS; QL (63 per 28 days) |
| *cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg* | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml* | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *cyclophosphamide intravenous solution 500 mg/ml* (Frindovyx) | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | PA BvD; ST |
| *cyclophosphamide oral tablet 25 mg, 50 mg* | $4.90 - $12.65 (Tier 3) | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (112 per 28 days) |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg* (Sprycel) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| *dasatinib oral tablet 20 mg* (Sprycel) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| DAURISMO ORAL TABLET 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| *decitabine intravenous recon soln 50 mg* | $1.60 - $12.65 (Tier 5) | NDS |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *doxorubicin, peg-liposomal intravenous suspension 2 mg/ml* (Caelyx) | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | $4.90 - $12.65 (Tier 4) | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | $4.90 - $12.65 (Tier 4) | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | $4.90 - $12.65 (Tier 4) | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | $4.90 - $12.65 (Tier 4) | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | $1.60 - $12.65 (Tier 5) | NDS |
| EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ENSACOVE ORAL CAPSULE 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| ENSACOVE ORAL CAPSULE 25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (270 per 30 days) |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | $1.60 - $12.65 (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 |
|---|---|---|---|
| ERLEADA ORAL TABLET 240 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| *erlotinib oral tablet 100 mg, 25 mg* | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| *erlotinib oral tablet 150 mg* | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | | $4.90 - $12.65 (Tier 4) | |
| *etoposide intravenous solution 20 mg/ml* | (Avopef) | $1.60 - $5.10 (Tier 2) | |
| EULEXIN ORAL CAPSULE 125 MG | (flutamide) | $1.60 - $12.65 (Tier 5) | NDS |
| *everolimus (antineoplastic) oral tablet 10 mg* | (Yulithira) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (56 per 28 days) |
| *everolimus (antineoplastic) oral tablet 2.5 mg* | (Yulithira) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (28 per 28 days) |
| *everolimus (antineoplastic) oral tablet 5 mg* | (Yulithira) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet 7.5 mg* | (Yulithira) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg* | (Afinitor Disperz) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (112 per 28 days) |
| *exemestane oral tablet 25 mg* | (Aromasin) | $1.60 - $5.10 (Tier 2) | |
| FAKZYNJA ORAL TABLET 200 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (42 per 28 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | | $4.90 - $12.65 (Tier 3) | PA BvD |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *floxuridine injection recon soln 0.5 gram* | $1.60 - $5.10 (Tier 2) | PA BvD |
| *fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml* | $1.60 - $5.10 (Tier 2) | PA BvD |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (21 per 28 days) |
| *fulvestrant intramuscular syringe 250 mg/5 ml* (Cligavyx) | $1.60 - $12.65 (Tier 5) | NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| GAVRETO ORAL CAPSULE 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| *gefitinib oral tablet 250 mg* (Iressa) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (224 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (112 per 28 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (224 per 28 days) |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (5 per 21 days) |
| HERNEXEOS ORAL TABLET 60 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| *hydroxyurea oral capsule 500 mg* (Hydrea) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| HYRNUO ORAL TABLET 10 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (21 per 28 days) |
| IBTROZI ORAL CAPSULE 200 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| *ifosfamide intravenous recon soln 1 gram* (Ifex) | $1.60 - $5.10 (Tier 2) | |
| *ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml* | $1.60 - $5.10 (Tier 2) | |
| *imatinib oral tablet 100 mg* (Gleevec) | $1.60 - $5.10 (Tier 2) | PA NSO; QL (180 per 30 days) |
| *imatinib oral tablet 400 mg* (Gleevec) | $1.60 - $5.10 (Tier 2) | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| IMKELDI ORAL SOLUTION 80 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (280 per 28 days) |
| INLEXZO INTRAVESICAL IMPLANT 225 MG | $1.60 - $12.65 (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 |
|---|---|---|
| INLURIYO ORAL TABLET 200 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| INLYTA ORAL TABLET 1 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | $1.60 - $12.65 (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 | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| JIDEYTRO ORAL TABLET 100 MG, 25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | $4.90 - $12.65 (Tier 4) | PA BvD; ST |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | $1.60 - $12.65 (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 |
|---|---|---|
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (2 per 28 days) |
| KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1) | $1.60 - $12.65 (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 | $1.60 - $12.65 (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 | $1.60 - $12.65 (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 | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (63 per 28 days) |
| KOMZIFTI ORAL CAPSULE 200 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| KOSELUGO ORAL CAPSULE 10 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (600 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (390 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | $1.60 - $12.65 (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 |
|---|---|---|---|
| *lapatinib oral tablet 250 mg* | (Tykerb) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LAZCLUZE ORAL TABLET 240 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* | (Revlimid) | $1.60 - $12.65 (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) | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| *letrozole oral tablet 2.5 mg* | (Femara) | $1.60 - $5.10 (Tier 2) | |
| LEUKERAN ORAL TABLET 2 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| *leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg* | (Lutrate Depot (3 month)) | $4.90 - $12.65 (Tier 4) | PA NSO |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | | $1.60 - $5.10 (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) | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| *lomustine oral capsule 10 mg* | (Gleostine) | $1.60 - $5.10 (Tier 2) | |
| *lomustine oral capsule 100 mg, 40 mg* | (Gleostine) | $1.60 - $12.65 (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 |
|---|---|---|
| LONSURF ORAL TABLET 15-6.14 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LORBRENA ORAL TABLET 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide acetate (3 month)) | $4.90 - $12.65 (Tier 4) | PA NSO |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (15 per 8 days) |
| LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (40 per 28 days) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | $1.60 - $12.65 (Tier 5) | NDS |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | $1.60 - $12.65 (Tier 5) | NDS |
| *megestrol oral tablet 20 mg, 40 mg* | $1.60 - $5.10 (Tier 2) | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| *mercaptopurine oral suspension 20 mg/ml* (Purixan) | $1.60 - $12.65 (Tier 5) | NDS |
| *mercaptopurine oral tablet 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *methotrexate sodium (pf) injection recon soln 1 gram* | $1.60 - $5.10 (Tier 2) | |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *methotrexate sodium injection solution 25 mg/ml* | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *methotrexate sodium oral tablet 2.5 mg* | $1.60 - $5.10 (Tier 2) | PA BvD; ST |
| *mitoxantrone intravenous concentrate 2 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| MODEYSO ORAL CAPSULE 125 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (20 per 28 days) |
| NERLYNX ORAL TABLET 40 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| *nilotinib hcl oral capsule 150 mg, 200 mg* (Tasigna) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (112 per 28 days) |
| *nilotinib hcl oral capsule 50 mg* (Tasigna) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| *nilutamide oral tablet 150 mg* | $1.60 - $12.65 (Tier 5) | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | $1.60 - $12.65 (Tier 5) | PA NSO; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | $1.60 - $12.65 (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) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | $1.60 - $12.65 (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 |
|---|---|---|
| ONUREG ORAL TABLET 200 MG, 300 MG | $1.60 - $12.65 (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 | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ORSERDU ORAL TABLET 345 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| *paclitaxel protein-bound intravenous suspension for reconstitution 100 mg* (Abraxane) | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *pazopanib oral tablet 200 mg* (Votrient) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| *pazopanib oral tablet 400 mg* | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| *pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg* | $1.60 - $12.65 (Tier 5) | NDS |
| *pemetrexed disodium intravenous solution 25 mg/ml* | $1.60 - $12.65 (Tier 5) | NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | $1.60 - $12.65 (Tier 5) | NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | $1.60 - $12.65 (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) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (56 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 |
|---|---|---|
| *pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg* (Pomalyst) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (21 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (21 per 28 days) |
| QINLOCK ORAL TABLET 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| RASONQUE ORAL TABLET 100 MG, 150 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| RETEVMO ORAL CAPSULE 40 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (240 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; 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 |
|---|---|---|
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| RYDAPT ORAL CAPSULE 25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| SCEMBLIX ORAL TABLET 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | $1.60 - $12.65 (Tier 5) | NDS |
| *sorafenib oral tablet 200 mg* (Nexavar) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (84 per 28 days) |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* (Sutent) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG (thioguanine) | $1.60 - $12.65 (Tier 5) | NDS |
| TABRECTA ORAL TABLET 150 MG, 200 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | $1.60 - $12.65 (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 |
|---|---|---|---|
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (900 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| *tamoxifen oral tablet 10 mg, 20 mg* | | $1.60 - $5.10 (Tier 2) | |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| TEPMETKO ORAL TABLET 225 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| TIBSOVO ORAL TABLET 250 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | | $4.90 - $12.65 (Tier 4) | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (5 per 21 days) |
| *toremifene oral tablet 60 mg* | (Fareston) | $1.60 - $12.65 (Tier 5) | NDS |
| *torpenz oral tablet 10 mg* | (everolimus (antineoplastic)) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| *torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg* | (everolimus (antineoplastic)) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | | $4.90 - $12.65 (Tier 4) | PA NSO |
| *tretinoin (antineoplastic) oral capsule 10 mg* | | $1.60 - $12.65 (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 |
|---|---|---|
| TRUQAP ORAL TABLET 160 MG, 200 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (64 per 28 days) |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| TUKYSA ORAL TABLET 150 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | $4.90 - $12.65 (Tier 3) | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; LA; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; LA; NDS |
| VEPPANU ORAL TABLET 100 MG, 200 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (56 per 28 days) |
| *vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml* | $1.60 - $5.10 (Tier 2) | |
| VITRAKVI ORAL CAPSULE 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (300 per 30 days) |
| VIVIMUSTA INTRAVENOUS (bendamustine) SOLUTION 25 MG/ML | $1.60 - $12.65 (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 |
|---|---|---|
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| WELIREG ORAL TABLET 40 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLET 150 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLET 20 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLET 50 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | $4.90 - $12.65 (Tier 4) | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | $1.60 - $12.65 (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) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4) | $1.60 - $12.65 (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) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (32 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 |
|---|---|---|---|
| XTANDI ORAL CAPSULE 40 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG | (abiraterone, submicronized) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| *yulithira oral tablet 10 mg, 7.5 mg* | (everolimus (antineoplastic)) | $1.60 - $5.10 (Tier 2) | PA NSO; QL (60 per 30 days) |
| *yulithira oral tablet 2.5 mg, 5 mg* | (everolimus (antineoplastic)) | $1.60 - $5.10 (Tier 2) | PA NSO; QL (30 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (240 per 30 days) |
| ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | | $4.90 - $12.65 (Tier 4) | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | | $1.60 - $12.65 (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 |
|---|---|---|---|
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (20 per 28 days) |
| **Anticonvulsants** | | | |
| **Anticonvulsants** | | | |
| *brivaracetam intravenous solution 50 mg/5 ml* | (Briviact) | $1.60 - $12.65 (Tier 5) | NDS; QL (80 per 30 days) |
| *brivaracetam oral solution 10 mg/ml* | (Briviact) | $1.60 - $5.10 (Tier 2) | QL (600 per 30 days) |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | (Briviact) | $1.60 - $12.65 (Tier 5) | NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | (brivaracetam) | $1.60 - $12.65 (Tier 5) | NDS; QL (80 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | (Carbatrol) | $1.60 - $5.10 (Tier 2) | |
| *carbamazepine oral suspension 100 mg/5 ml* | (Tegretol) | $1.60 - $5.10 (Tier 2) | |
| *carbamazepine oral tablet 200 mg* | (Tegretol) | $1.60 - $5.10 (Tier 2) | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | (Tegretol XR) | $1.60 - $5.10 (Tier 2) | |
| *carbamazepine oral tablet,chewable 100 mg, 200 mg* | | $1.60 - $5.10 (Tier 2) | |
| *clobazam oral suspension 2.5 mg/ml* | (Onfi) | $1.60 - $5.10 (Tier 2) | QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | (Onfi) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | | $1.60 - $12.65 (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 |
|---|---|---|---|
| *diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg* | | $1.60 - $5.10 (Tier 2) | |
| *diazepam rectal kit 2.5 mg* | | $4.90 - $12.65 (Tier 4) | |
| DILANTIN ORAL CAPSULE 30 MG | | $4.90 - $12.65 (Tier 4) | |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | (Depakote Sprinkles) | $1.60 - $5.10 (Tier 2) | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | (Depakote ER) | $1.60 - $5.10 (Tier 2) | |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | (Depakote) | $1.60 - $5.10 (Tier 2) | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG | | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (90 per 30 days) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG | | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (60 per 30 days) |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| *epitol oral tablet 200 mg* | (carbamazepine) | $1.60 - $5.10 (Tier 2) | |
| *eslicarbazepine oral tablet 200 mg, 400 mg* | (Aptiom) | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (30 per 30 days) |
| *eslicarbazepine oral tablet 600 mg, 800 mg* | (Aptiom) | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (60 per 30 days) |
| *ethosuximide oral capsule 250 mg* | (Zarontin) | $1.60 - $5.10 (Tier 2) | |
| *ethosuximide oral solution 250 mg/5 ml* | (Zarontin) | $1.60 - $5.10 (Tier 2) | |
| *felbamate oral suspension 600 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *felbamate oral tablet 400 mg, 600 mg* | (Felbatol) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| *fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml* | (Cerebyx) | $1.60 - $5.10 (Tier 2) | |
| *gabapentin oral capsule 100 mg, 300 mg* | (Neurontin) | $1.60 - $5.10 (Tier 2) | QL (360 per 30 days) |
| *gabapentin oral capsule 400 mg* | (Neurontin) | $1.60 - $5.10 (Tier 2) | QL (270 per 30 days) |
| *gabapentin oral solution 250 mg/5 ml* | (Neurontin) | $1.60 - $5.10 (Tier 2) | QL (2160 per 30 days) |
| *gabapentin oral tablet 600 mg* | (Neurontin) | $1.60 - $5.10 (Tier 2) | QL (180 per 30 days) |
| *gabapentin oral tablet 800 mg* | (Neurontin) | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *lacosamide intravenous solution 200 mg/20 ml* | (Vimpat) | $1.60 - $5.10 (Tier 2) | QL (200 per 5 days) |
| *lacosamide oral solution 10 mg/ml* | (Vimpat) | $1.60 - $5.10 (Tier 2) | QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | (Vimpat) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (Subvenite) | $0 (Tier 1) | |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | (Lamictal) | $1.60 - $5.10 (Tier 2) | |
| *lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg* | (Lamictal ODT) | $1.60 - $5.10 (Tier 2) | |
| *levetiracetam intravenous solution 500 mg/5 ml* | (Keppra) | $1.60 - $5.10 (Tier 2) | |
| *levetiracetam oral solution 100 mg/ml* | (Keppra) | $1.60 - $5.10 (Tier 2) | |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | (Keppra) | $1.60 - $5.10 (Tier 2) | |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | (Keppra XR) | $1.60 - $5.10 (Tier 2) | |
| *levetiracetam oral tablet for suspension 250 mg* | (Spritam) | $1.60 - $5.10 (Tier 2) | ST |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *levetiracetam oral tablet for suspension 500 mg* | (Spritam) | $4.90 - $12.65 (Tier 4) | ST |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | | $4.90 - $12.65 (Tier 4) | QL (10 per 30 days) |
| *methsuximide oral capsule 300 mg* | (Celontin) | $1.60 - $5.10 (Tier 2) | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | | $4.90 - $12.65 (Tier 4) | QL (10 per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | (Trileptal) | $1.60 - $5.10 (Tier 2) | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | (Trileptal) | $1.60 - $5.10 (Tier 2) | |
| *perampanel oral suspension 0.5 mg/ml* | (Fycompa) | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (720 per 30 days) |
| *perampanel oral tablet 10 mg, 12 mg, 8 mg* | (Fycompa) | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (30 per 30 days) |
| *perampanel oral tablet 2 mg* | (Fycompa) | $1.60 - $5.10 (Tier 2) | ST; QL (30 per 30 days) |
| *perampanel oral tablet 4 mg, 6 mg* | (Fycompa) | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (60 per 30 days) |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | | $1.60 - $5.10 (Tier 2) | PA NSO-HRM; AGE (Max 64 Years) |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | | $1.60 - $5.10 (Tier 2) | PA NSO-HRM; AGE (Max 64 Years) |
| *phenytek oral capsule 200 mg, 300 mg* | (phenytoin sodium extended) | $1.60 - $5.10 (Tier 2) | |
| *phenytoin oral suspension 125 mg/5 ml* | (Dilantin-125) | $1.60 - $5.10 (Tier 2) | |
| *phenytoin oral tablet,chewable 50 mg* | (Dilantin Infatabs) | $1.60 - $5.10 (Tier 2) | |
| *phenytoin sodium extended oral capsule 100 mg* | (Dilantin Extended) | $1.60 - $5.10 (Tier 2) | |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | (Phenytek) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *phenytoin sodium intravenous solution 50 mg/ml* | | $1.60 - $5.10 (Tier 2) | |
| *phenytoin sodium intravenous syringe 50 mg/ml* | | $1.60 - $5.10 (Tier 2) | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | (Lyrica) | $1.60 - $5.10 (Tier 2) | QL (90 per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | (Lyrica) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *pregabalin oral solution 20 mg/ml* | (Lyrica) | $1.60 - $5.10 (Tier 2) | QL (900 per 30 days) |
| *primidone oral tablet 125 mg* | | $1.60 - $5.10 (Tier 2) | |
| *primidone oral tablet 250 mg, 50 mg* | (Mysoline) | $1.60 - $5.10 (Tier 2) | |
| *rufinamide oral suspension 40 mg/ml* | (Banzel) | $1.60 - $12.65 (Tier 5) | ST; NDS |
| *rufinamide oral tablet 200 mg* | (Banzel) | $1.60 - $5.10 (Tier 2) | ST |
| *rufinamide oral tablet 400 mg* | (Banzel) | $1.60 - $12.65 (Tier 5) | ST; NDS |
| SEZABY INTRAVENOUS RECON SOLN 100 MG | | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG | | $4.90 - $12.65 (Tier 4) | ST |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG | (levetiracetam) | $4.90 - $12.65 (Tier 4) | ST |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | | $4.90 - $12.65 (Tier 4) | PA NSO |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | (lamotrigine) | $0 (Tier 1) | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (60 per 30 days) |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | | $1.60 - $5.10 (Tier 2) | |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | (Topamax) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *topiramate oral capsule, sprinkle 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *topiramate oral solution 25 mg/ml* | (Eprontia) | $1.60 - $5.10 (Tier 2) | ST |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | (Topamax) | $0 (Tier 1) | |
| *valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)* | | $1.60 - $5.10 (Tier 2) | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *valproic acid oral capsule 250 mg* | | $1.60 - $5.10 (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) | | $1.60 - $12.65 (Tier 5) | NDS; QL (10 per 30 days) |
| *vigabatrin oral powder in packet 500 mg* | (Vigadrone) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| *vigabatrin oral tablet 500 mg* | (Vigadrone) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral powder in packet 500 mg* | (vigabatrin) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| *vigadrone oral tablet 500 mg* | (vigabatrin) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (180 per 30 days) |
| *vigpoder oral powder in packet 500 mg* | (vigabatrin) | $1.60 - $12.65 (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) | | $1.60 - $12.65 (Tier 5) | NDS; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | | $1.60 - $12.65 (Tier 5) | NDS; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | | $1.60 - $12.65 (Tier 5) | NDS; QL (60 per 30 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14) | $4.90 - $12.65 (Tier 4) | |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | $1.60 - $12.65 (Tier 5) | NDS |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | $4.90 - $12.65 (Tier 4) | |
| *zonisamide oral capsule 100 mg, 25 mg* (Zonegran) | $1.60 - $5.10 (Tier 2) | |
| *zonisamide oral capsule 50 mg* | $1.60 - $5.10 (Tier 2) | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (1080 per 30 days) |
| **Antidementia Agents** | | |
| **Antidementia Agents** | | |
| *donepezil oral tablet 10 mg, 5 mg* (Aricept) | $0 (Tier 1) | QL (30 per 30 days) |
| *donepezil oral tablet 23 mg* (Aricept) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *donepezil oral tablet,disintegrating 10 mg* | $1.60 - $5.10 (Tier 2) | |
| *donepezil oral tablet,disintegrating 5 mg* | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *ergoloid oral tablet 1 mg* | $1.60 - $5.10 (Tier 2) | |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *galantamine oral solution 4 mg/ml* | $1.60 - $5.10 (Tier 2) | QL (200 per 30 days) |
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg* | $1.60 - $5.10 (Tier 2) | ST; QL (30 per 30 days) |
| *memantine oral solution 2 mg/ml* | $1.60 - $5.10 (Tier 2) | QL (300 per 30 days) |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *memantine oral tablet 10 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | | $1.60 - $5.10 (Tier 2) | |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* | (Exelon Patch) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| **Antidepressants** | | | |
| **Antidepressants** | | | |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | | $1.60 - $5.10 (Tier 2) | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| *bupropion hcl oral tablet 100 mg, 75 mg* | | $1.60 - $5.10 (Tier 2) | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | (Wellbutrin XL) | $1.60 - $5.10 (Tier 2) | |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* | (Wellbutrin SR) | $1.60 - $5.10 (Tier 2) | |
| *citalopram oral solution 10 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *citalopram oral tablet 10 mg* | (Celexa) | $0 (Tier 1) | QL (120 per 30 days) |
| *citalopram oral tablet 20 mg, 40 mg* | (Celexa) | $0 (Tier 1) | QL (30 per 30 days) |
| *clomipramine oral capsule 25 mg, 50 mg, 75 mg* | (Anafranil) | $1.60 - $5.10 (Tier 2) | |
| *desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | | $1.60 - $5.10 (Tier 2) | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | (Pristiq) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | $1.60 - $5.10 (Tier 2) | |
| *doxepin oral concentrate 10 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | $4.90 - $12.65 (Tier 4) | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | $4.90 - $12.65 (Tier 4) | ST; QL (30 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg* | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 30 mg* | $1.60 - $5.10 (Tier 2) | QL (90 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 60 mg* | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (30 per 30 days) |
| *escitalopram oxalate oral solution 5 mg/5 ml* | $1.60 - $5.10 (Tier 2) | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* (Lexapro) | $0 (Tier 1) | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | $4.90 - $12.65 (Tier 4) | ST |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | $4.90 - $12.65 (Tier 4) | ST; QL (30 per 30 days) |
| *fluoxetine oral capsule 10 mg, 20 mg* (Prozac) | $0 (Tier 1) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *fluoxetine oral capsule 40 mg* | $0 (Tier 1) | |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | $1.60 - $5.10 (Tier 2) | |
| *fluvoxamine oral tablet 100 mg, 25 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| MARPLAN ORAL TABLET 10 MG | $4.90 - $12.65 (Tier 4) | |
| *mirtazapine oral tablet 15 mg, 30 mg* (Remeron) | $1.60 - $5.10 (Tier 2) | |
| *mirtazapine oral tablet 45 mg, 7.5 mg* | $1.60 - $5.10 (Tier 2) | |
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* (Remeron SolTab) | $1.60 - $5.10 (Tier 2) | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | $0 (Tier 1) | |
| *nortriptyline oral solution 10 mg/5 ml* | $1.60 - $5.10 (Tier 2) | |
| *paroxetine hcl oral suspension 10 mg/5 ml* | $1.60 - $5.10 (Tier 2) | PA NSO-HRM; AGE (Max 64 Years) |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* (Paxil) | $0 (Tier 1) | PA NSO-HRM; AGE (Max 64 Years) |
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg* (Paxil CR) | $1.60 - $5.10 (Tier 2) | PA NSO-HRM; AGE (Max 64 Years) |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | $1.60 - $5.10 (Tier 2) | |
| *phenelzine oral tablet 15 mg* (Nardil) | $1.60 - $5.10 (Tier 2) | |
| *protriptyline oral tablet 10 mg, 5 mg* | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| RALDESY ORAL SOLUTION 10 MG/ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (1200 per 30 days) |
| *sertraline oral concentrate 20 mg/ml* | (Zoloft) | $1.60 - $5.10 (Tier 2) | |
| *sertraline oral tablet 100 mg, 25 mg, 50 mg* | (Zoloft) | $0 (Tier 1) | |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| *tranylcypromine oral tablet 10 mg* | (Parnate) | $1.60 - $5.10 (Tier 2) | |
| *trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | | $0 (Tier 1) | |
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg* | (Effexor XR) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg* | (Effexor XR) | $1.60 - $5.10 (Tier 2) | QL (90 per 30 days) |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | | $1.60 - $5.10 (Tier 2) | |
| *vilazodone oral tablet 10 mg, 20 mg, 40 mg* | (Viibryd) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (14 per 14 days) |
| **Antidiabetic Agents** | | | |
| **Antidiabetic Agents, Miscellaneous** | | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *dapagliflozin oral tablet 10 mg, 5 mg* | (Farxiga) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg* (Xigduo XR) | $1.60 - $5.10 (Tier 2) | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | $4.90 - $12.65 (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) | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| *metformin oral solution 500 mg/5 ml* (Riomet) | $1.60 - $5.10 (Tier 2) | QL (765 per 30 days) |
| *metformin oral tablet 1,000 mg* | $0 (Tier 6) | QL (75 per 30 days) |
| *metformin oral tablet 500 mg* | $0 (Tier 6) | QL (150 per 30 days) |
| *metformin oral tablet 850 mg* | $0 (Tier 6) | QL (90 per 30 days) |
| *metformin oral tablet extended release 24 hr 500 mg* | $0 (Tier 6) | QL (120 per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | $0 (Tier 6) | QL (60 per 30 days) |
| *mifepristone oral tablet 300 mg* (Korlym) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (112 per 28 days) |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | $4.90 - $12.65 (Tier 3) | PA; QL (2 per 28 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | $0 (Tier 6) | QL (90 per 30 days) |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG | $4.90 - $12.65 (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) | | $4.90 - $12.65 (Tier 3) | PA; QL (3 per 28 days) |
| *pioglitazone oral tablet 15 mg, 30 mg, 45 mg* | (Actos) | $0 (Tier 6) | QL (30 per 30 days) |
| *pioglitazone-metformin oral tablet 15-500 mg* | | $0 (Tier 6) | QL (90 per 30 days) |
| *pioglitazone-metformin oral tablet 15-850 mg* | (Actoplus MET) | $0 (Tier 6) | QL (90 per 30 days) |
| *repaglinide oral tablet 0.5 mg, 1 mg* | | $0 (Tier 6) | QL (120 per 30 days) |
| *repaglinide oral tablet 2 mg* | | $0 (Tier 6) | QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG | | $4.90 - $12.65 (Tier 3) | PA; QL (30 per 30 days) |
| *sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg* | (Janumet) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg* | (Janumet XR) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg* | (Janumet XR) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg* | (Januvia) | $1.60 - $5.10 (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 | | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | (linagliptin) | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | $4.90 - $12.65 (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 | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | $4.90 - $12.65 (Tier 3) | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapagliflozin-metformin) | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapagliflozin-metformin) | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| **Insulins** | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | $4.90 - $12.65 (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) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (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 |
|---|---|---|---|
| *insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)* | (Novolog Mix 70-30FlexPen U-100) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)* | (Novolog Mix 70-30 U-100 Insuln) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin aspart u-100 subcutaneous cartridge 100 unit/ml* | (Novolog PenFill U-100 Insulin) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)* | (Novolog FlexPen U-100 Insulin) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin aspart u-100 subcutaneous solution 100 unit/ml* | (Novolog U-100 Insulin aspart) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)* | (Semglee(insulin glarg-yfgn)Pen) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| *insulin glargine-yfgn subcutaneous solution 100 unit/ml* | (Semglee(insulin glargine-yfgn)) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (40 per 28 days) |
| *insulin lispro subcutaneous solution 100 unit/ml* | (Admelog U-100 Insulin lispro) | $4.90 - $12.65 (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) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine) | $4.90 - $12.65 (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) | | $4.90 - $12.65 (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) | | $4.90 - $12.65 (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) | | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | (insulin aspart u-100) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (40 per 28 days) |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | (insulin asp prt-insulin aspart) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | (insulin aspart u-100) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin aspart u-100) | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (40 per 28 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | (insulin glargine u-300 conc) | $4.90 - $12.65 (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 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | (insulin glargine u-300 conc) | $4.90 - $12.65 (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) | | $4.90 - $12.65 (Tier 3) | max $35 copay per month supply; QL (15 per 28 days) |
| **Sulfonylureas** | | | |
| *glimepiride oral tablet 1 mg, 2 mg* | | $0 (Tier 6) | QL (30 per 30 days) |
| *glimepiride oral tablet 4 mg* | | $0 (Tier 6) | QL (60 per 30 days) |
| *glipizide oral tablet 10 mg* | | $0 (Tier 6) | QL (120 per 30 days) |
| *glipizide oral tablet 2.5 mg* | | $0 (Tier 6) | QL (90 per 30 days) |
| *glipizide oral tablet 5 mg* | | $0 (Tier 6) | QL (240 per 30 days) |
| *glipizide oral tablet extended release 24hr 10 mg* | | $0 (Tier 6) | QL (60 per 30 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg, 5 mg* | | $0 (Tier 6) | QL (30 per 30 days) |
| *glipizide-metformin oral tablet 2.5-250 mg* | | $0 (Tier 6) | QL (240 per 30 days) |
| *glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg* | | $0 (Tier 6) | QL (120 per 30 days) |
| *glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg* | | $0 (Tier 6) | PA-HRM; AGE (Max 64 Years) |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | | $0 (Tier 6) | PA-HRM; AGE (Max 64 Years) |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | | $0 (Tier 6) | PA-HRM; AGE (Max 64 Years) |
| **Antifungals** | | | |
| **Antifungals** | | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | | $4.90 - $12.65 (Tier 4) | PA BvD |
| *amphotericin b injection recon soln 50 mg* | | $1.60 - $5.10 (Tier 2) | PA BvD |
| *amphotericin b liposome intravenous suspension for reconstitution 50 mg* | (AmBisome) | $1.60 - $12.65 (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 |
|---|---|---|---|
| *ciclopirox topical cream 0.77 %* | (Ciclodan) | $1.60 - $5.10 (Tier 2) | QL (180 per 30 days) |
| *ciclopirox topical solution 8 %* | (Ciclodan) | $1.60 - $5.10 (Tier 2) | QL (19.8 per 30 days) |
| *ciclopirox topical suspension 0.77 %* | (Loprox (as olamine)) | $1.60 - $5.10 (Tier 2) | QL (180 per 30 days) |
| *clotrimazole mucous membrane troche 10 mg* | | $1.60 - $5.10 (Tier 2) | |
| *clotrimazole topical cream 1 %* | (Antifungal (clotrimazole)) | $1.60 - $5.10 (Tier 2) | |
| *clotrimazole topical solution 1 %* | (Athlete's Foot (clotrimazole)) | $1.60 - $5.10 (Tier 2) | |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | | $1.60 - $5.10 (Tier 2) | QL (90 per 30 days) |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *econazole nitrate topical cream 1 %* | | $1.60 - $5.10 (Tier 2) | QL (170 per 30 days) |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | | $1.60 - $5.10 (Tier 2) | |
| *fluconazole oral suspension for reconstitution 10 mg/ml* | | $1.60 - $5.10 (Tier 2) | |
| *fluconazole oral suspension for reconstitution 40 mg/ml* | (Diflucan) | $1.60 - $5.10 (Tier 2) | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *flucytosine oral capsule 250 mg, 500 mg* | (Ancobon) | $1.60 - $12.65 (Tier 5) | NDS |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *griseofulvin microsize oral tablet 500 mg* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg* | $1.60 - $5.10 (Tier 2) | |
| *itraconazole oral capsule 100 mg* (Sporanox) | $1.60 - $5.10 (Tier 2) | |
| *ketoconazole oral tablet 200 mg* | $1.60 - $5.10 (Tier 2) | |
| *ketoconazole topical cream 2 %* | $1.60 - $5.10 (Tier 2) | QL (180 per 30 days) |
| *ketoconazole topical shampoo 2 %* | $1.60 - $5.10 (Tier 2) | QL (360 per 30 days) |
| *micafungin intravenous recon soln 100 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *miconazole-3 vaginal suppository 200 mg* | $1.60 - $5.10 (Tier 2) | |
| *nyamyc topical powder 100,000 unit/gram* (nystatin) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *nystatin oral suspension 100,000 unit/ml* | $1.60 - $5.10 (Tier 2) | |
| *nystatin oral tablet 500,000 unit* | $1.60 - $5.10 (Tier 2) | |
| *nystatin topical cream 100,000 unit/gram* | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *nystatin topical ointment 100,000 unit/gram* | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *nystatin topical powder 100,000 unit/gram* (Nystop) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | $1.60 - $5.10 (Tier 2) | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | $1.60 - $5.10 (Tier 2) | |
| *nystop topical powder 100,000 unit/gram* (nystatin) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *terbinafine hcl oral tablet 250 mg* | $0 (Tier 1) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *voriconazole intravenous recon soln 200 mg* | (Vfend IV) | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *voriconazole intravenous solution 10 mg/ml* | | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | (Vfend) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *voriconazole oral tablet 200 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Antigout Agents** | | | |
| **Antigout Agents, Other** | | | |
| *allopurinol oral tablet 100 mg* | (Zyloprim) | $0 (Tier 1) | |
| *allopurinol oral tablet 300 mg* | | $0 (Tier 1) | |
| *colchicine oral capsule 0.6 mg* | (Mitigare) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *colchicine oral tablet 0.6 mg* | (Colcrys) | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *febuxostat oral tablet 40 mg, 80 mg* | (Uloric) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *probenecid oral tablet 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| *probenecid-colchicine oral tablet 500-0.5 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Antihistamines** | | | |
| **Antihistamines** | | | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *levocetirizine oral tablet 5 mg* | (24HR Allergy Relief) | $0 (Tier 1) | |
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| **Anti-Infectives (Skin And Mucous Membrane)** | | | |
| *clindamycin phosphate vaginal cream 2 %* | (Cleocin) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* (Vandazole) | $1.60 - $5.10 (Tier 2) | |
| *terconazole vaginal cream 0.4 %, 0.8 %* | $1.60 - $5.10 (Tier 2) | |
| *terconazole vaginal suppository 80 mg* | $1.60 - $5.10 (Tier 2) | |
| **Antimigraine Agents** | | |
| **Antimigraine Agents** | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | $4.90 - $12.65 (Tier 3) | PA; QL (1 per 30 days) |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* (Migranal) | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | $4.90 - $12.65 (Tier 3) | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | $4.90 - $12.65 (Tier 3) | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | $4.90 - $12.65 (Tier 3) | PA; QL (3 per 30 days) |
| *naratriptan oral tablet 1 mg, 2.5 mg* | $1.60 - $5.10 (Tier 2) | QL (18 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | $4.90 - $12.65 (Tier 3) | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | $4.90 - $12.65 (Tier 3) | PA; QL (30 per 30 days) |
| *rizatriptan oral tablet 10 mg* (Maxalt) | $1.60 - $5.10 (Tier 2) | QL (18 per 30 days) |
| *rizatriptan oral tablet 5 mg* | $1.60 - $5.10 (Tier 2) | QL (18 per 30 days) |
| *rizatriptan oral tablet,disintegrating 10 mg* (Maxalt-MLT) | $1.60 - $5.10 (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 |
|---|---|---|---|
| *rizatriptan oral tablet,disintegrating 5 mg* | | $1.60 - $5.10 (Tier 2) | QL (18 per 30 days) |
| *sumatriptan 4 mg/0.5 ml inject outer, suv* | (Imitrex STATdose Pen) | $1.60 - $5.10 (Tier 2) | QL (4 per 28 days) |
| *sumatriptan 6 mg/0.5 ml autoinj suv* | (Imitrex STATdose Pen) | $4.90 - $12.65 (Tier 4) | QL (4 per 28 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation* | | $1.60 - $5.10 (Tier 2) | QL (12 per 30 days) |
| *sumatriptan succinate oral tablet 100 mg* | (Imitrex) | $1.60 - $5.10 (Tier 2) | QL (9 per 30 days) |
| *sumatriptan succinate oral tablet 25 mg, 50 mg* | (Imitrex) | $1.60 - $5.10 (Tier 2) | QL (18 per 30 days) |
| *sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml* | (Imitrex STATdose Pen) | $4.90 - $12.65 (Tier 4) | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | (Imitrex STATdose Pen) | $1.60 - $5.10 (Tier 2) | QL (4 per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | | $1.60 - $5.10 (Tier 2) | QL (5 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | | $4.90 - $12.65 (Tier 3) | PA; QL (16 per 30 days) |
| **Antimycobacterials** | | | |
| **Antimycobacterials** | | | |
| *dapsone oral tablet 100 mg, 25 mg* | | $1.60 - $5.10 (Tier 2) | |
| *ethambutol oral tablet 100 mg, 400 mg* | | $1.60 - $5.10 (Tier 2) | |
| *isoniazid oral tablet 100 mg, 300 mg* | | $0 (Tier 1) | |
| *pyrazinamide oral tablet 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| *rifabutin oral capsule 150 mg* | | $1.60 - $5.10 (Tier 2) | |
| *rifampin intravenous recon soln 600 mg* | (Rifadin) | $1.60 - $5.10 (Tier 2) | |
| *rifampin oral capsule 150 mg, 300 mg* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *rifapentine oral tablet 150 mg* | (Priftin) | $1.60 - $5.10 (Tier 2) | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| TRECATOR ORAL TABLET 250 MG | | $4.90 - $12.65 (Tier 4) | |
| **Antinausea Agents** | | | |
| **Antinausea Agents** | | | |
| *aprepitant oral capsule 125 mg* | | $1.60 - $5.10 (Tier 2) | PA BvD; QL (2 per 28 days) |
| *aprepitant oral capsule 40 mg* | | $1.60 - $5.10 (Tier 2) | PA BvD; QL (1 per 28 days) |
| *aprepitant oral capsule 80 mg* | (Emend) | $1.60 - $5.10 (Tier 2) | PA BvD; QL (4 per 28 days) |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | (Emend) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *compro rectal suppository 25 mg* | (prochlorperazine) | $1.60 - $5.10 (Tier 2) | |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | (Marinol) | $1.60 - $5.10 (Tier 2) | PA; QL (60 per 30 days) |
| *meclizine oral tablet 12.5 mg* | | $0 (Tier 1) | |
| *meclizine oral tablet 25 mg* | (Dramamine (meclizine)) | $0 (Tier 1) | |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | | $1.60 - $5.10 (Tier 2) | PA BvD |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | | $1.60 - $5.10 (Tier 2) | PA BvD |
| *prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)* | | $1.60 - $5.10 (Tier 2) | |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | (Compazine) | $1.60 - $5.10 (Tier 2) | |
| *prochlorperazine rectal suppository 25 mg* | (Compro) | $1.60 - $5.10 (Tier 2) | |
| *promethazine injection solution 25 mg/ml* | (Phenergan) | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | | $0 (Tier 1) | PA-HRM; AGE (Max 64 Years) |
| *promethazine rectal suppository 25 mg* | (Promethegan) | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| *promethegan rectal suppository 12.5 mg, 25 mg* | (promethazine) | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | (Transderm-Scop) | $1.60 - $5.10 (Tier 2) | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| **Antiparasite Agents** | | | |
| **Antiparasite Agents** | | | |
| *albendazole oral tablet 200 mg* | | $1.60 - $5.10 (Tier 2) | |
| *atovaquone oral suspension 750 mg/5 ml* | (Mepron) | $1.60 - $5.10 (Tier 2) | |
| *atovaquone-proguanil oral tablet 250-100 mg* | (Malarone) | $1.60 - $5.10 (Tier 2) | |
| *atovaquone-proguanil oral tablet 62.5-25 mg* | (Malarone Pediatric) | $1.60 - $5.10 (Tier 2) | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| COARTEM ORAL TABLET 20-120 MG | | $4.90 - $12.65 (Tier 4) | |
| *hydroxychloroquine oral tablet 100 mg* | | $1.60 - $5.10 (Tier 2) | QL (180 per 30 days) |
| *hydroxychloroquine oral tablet 200 mg* | (Plaquenil) | $1.60 - $5.10 (Tier 2) | QL (90 per 30 days) |
| *hydroxychloroquine oral tablet 300 mg* | (Sovuna) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *hydroxychloroquine oral tablet 400 mg* | | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (84 per 28 days) |
| *ivermectin oral tablet 3 mg* | (Stromectol) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *ivermectin oral tablet 6 mg* | | $1.60 - $5.10 (Tier 2) | |
| *mefloquine oral tablet 250 mg* | | $1.60 - $5.10 (Tier 2) | |
| *nitazoxanide oral tablet 500 mg* | (Alinia) | $1.60 - $12.65 (Tier 5) | NDS; QL (60 per 30 days) |
| *pentamidine inhalation recon soln 300 mg* | (Nebupent) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *pentamidine injection recon soln 300 mg* | (Pentam) | $1.60 - $5.10 (Tier 2) | |
| *praziquantel oral tablet 600 mg* | | $1.60 - $5.10 (Tier 2) | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | | $4.90 - $12.65 (Tier 4) | |
| *pyrimethamine oral tablet 25 mg* | (Daraprim) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *quinine sulfate oral capsule 324 mg* | (Qualaquin) | $1.60 - $5.10 (Tier 2) | PA |
| *tinidazole oral tablet 250 mg, 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Antiparkinsonian Agents** | | | |
| **Antiparkinsonian Agents** | | | |
| *amantadine hcl oral capsule 100 mg* | | $1.60 - $5.10 (Tier 2) | |
| *amantadine hcl oral solution 50 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *amantadine hcl oral tablet 100 mg* | | $1.60 - $5.10 (Tier 2) | |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | | $1.60 - $5.10 (Tier 2) | |
| *bromocriptine oral tablet 2.5 mg* | | $1.60 - $5.10 (Tier 2) | |
| *cabergoline oral tablet 0.5 mg* | | $1.60 - $5.10 (Tier 2) | |
| *carbidopa-levodopa oral tablet 10-100 mg* | (Sinemet) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *carbidopa-levodopa oral tablet 25-100 mg* (Dhivy) | $1.60 - $5.10 (Tier 2) | |
| *carbidopa-levodopa oral tablet 25-250 mg* | $1.60 - $5.10 (Tier 2) | |
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | $1.60 - $5.10 (Tier 2) | |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | $1.60 - $5.10 (Tier 2) | |
| *entacapone oral tablet 200 mg* | $1.60 - $5.10 (Tier 2) | |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (600 per 30 days) |
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | $1.60 - $5.10 (Tier 2) | |
| *rasagiline oral tablet 0.5 mg, 1 mg* (Azilect) | $1.60 - $5.10 (Tier 2) | |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | $1.60 - $5.10 (Tier 2) | |
| *ropinirole oral tablet extended release 24 hr 2 mg, 4 mg* | $1.60 - $5.10 (Tier 2) | |
| *selegiline hcl oral capsule 5 mg* | $1.60 - $5.10 (Tier 2) | |
| *selegiline hcl oral tablet 5 mg* | $1.60 - $5.10 (Tier 2) | |
| *trihexyphenidyl oral tablet 2 mg, 5 mg* | $1.60 - $5.10 (Tier 2) | |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (560 per 28 days) |
| **Antipsychotic Agents** | | |
| **Antipsychotic Agents** | | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | $1.60 - $12.65 (Tier 5) | NDS; QL (2 per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | $1.60 - $12.65 (Tier 5) | NDS; QL (2 per 28 days) |
| *aripiprazole oral solution 1 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* (Abilify) | $1.60 - $5.10 (Tier 2) | |
| *aripiprazole oral tablet,disintegrating 10 mg* | $1.60 - $5.10 (Tier 2) | ST; QL (90 per 30 days) |
| *aripiprazole oral tablet,disintegrating 15 mg* | $1.60 - $5.10 (Tier 2) | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (2.4 per 14 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (3.2 per 14 days) |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* (Saphris) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | $1.60 - $12.65 (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) | $4.90 - $12.65 (Tier 4) | ST |
| BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | $4.90 - $12.65 (Tier 4) | ST |
| BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2) | $4.90 - $12.65 (Tier 4) | ST |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (30 per 30 days) |
| *chlorpromazine injection solution 25 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* (Clozaril) | $1.60 - $5.10 (Tier 2) | |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg* | $1.60 - $5.10 (Tier 2) | ST; QL (90 per 30 days) |
| *clozapine oral tablet,disintegrating 150 mg* | $1.60 - $5.10 (Tier 2) | ST; QL (180 per 30 days) |
| *clozapine oral tablet,disintegrating 200 mg* | $1.60 - $5.10 (Tier 2) | ST; QL (120 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (60 per 30 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG | $1.60 - $12.65 (Tier 5) | ST; NDS |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.75 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML | $1.60 - $12.65 (Tier 5) | NDS; QL (1 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (1.5 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (2.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.5 per 21 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | $1.60 - $12.65 (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) | $4.90 - $12.65 (Tier 4) | ST |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | $4.90 - $12.65 (Tier 4) | ST |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) | $4.90 - $12.65 (Tier 4) | ST |
| *fluphenazine decanoate injection solution 25 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | $1.60 - $5.10 (Tier 2) | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)* | $1.60 - $5.10 (Tier 2) | |
| *haloperidol lactate injection solution 5 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *haloperidol lactate intramuscular syringe 5 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *haloperidol lactate oral concentrate 2 mg/ml* | $1.60 - $5.10 (Tier 2) | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | $1.60 - $5.10 (Tier 2) | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | $1.60 - $12.65 (Tier 5) | NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | $4.90 - $12.65 (Tier 3) | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.5 per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.88 per 70 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (2.63 per 70 days) |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg* (Latuda) | $1.60 - $5.10 (Tier 2) | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | $1.60 - $12.65 (Tier 5) | NDS; QL (30 per 30 days) |
| *molindone oral tablet 10 mg* | $1.60 - $5.10 (Tier 2) | QL (240 per 30 days) |
| *molindone oral tablet 25 mg* | $1.60 - $5.10 (Tier 2) | QL (270 per 30 days) |
| *molindone oral tablet 5 mg* | $1.60 - $12.65 (Tier 5) | NDS; QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (30 per 30 days) |
| *olanzapine intramuscular recon soln 10 mg* (Zyprexa) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* (Zyprexa) | $1.60 - $5.10 (Tier 2) | |
| *olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg* (Zyprexa Zydis) | $1.60 - $5.10 (Tier 2) | |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG | $1.60 - $12.65 (Tier 5) | ST; NDS |
| *paliperidone oral tablet extended release 24hr 1.5 mg* | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *paliperidone oral tablet extended release 24hr 3 mg, 9 mg* | (Invega) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | (Invega) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | | $1.60 - $5.10 (Tier 2) | |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG | | $1.60 - $12.65 (Tier 5) | NDS; QL (1 per 30 days) |
| *pimozide oral tablet 1 mg, 2 mg* | | $1.60 - $5.10 (Tier 2) | |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | (Seroquel) | $1.60 - $5.10 (Tier 2) | |
| *quetiapine oral tablet 150 mg* | | $1.60 - $5.10 (Tier 2) | |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | (Seroquel XR) | $1.60 - $5.10 (Tier 2) | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | | $1.60 - $12.65 (Tier 5) | NDS; QL (30 per 30 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml* | (Risperdal Consta) | $1.60 - $5.10 (Tier 2) | QL (2 per 28 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml* | (Rykindo) | $1.60 - $5.10 (Tier 2) | QL (2 per 28 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml* | (Rykindo) | $1.60 - $12.65 (Tier 5) | NDS; QL (2 per 28 days) |
| *risperidone oral solution 1 mg/ml* | (Risperdal) | $1.60 - $5.10 (Tier 2) | |
| *risperidone oral tablet 0.25 mg* | | $1.60 - $5.10 (Tier 2) | |
| *risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | (Risperdal) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | $1.60 - $5.10 (Tier 2) | |
| RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres) | $1.60 - $12.65 (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 | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (30 per 30 days) |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | $1.60 - $5.10 (Tier 2) | |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | $1.60 - $5.10 (Tier 2) | |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.14 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 |
|---|---|---|
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | $1.60 - $12.65 (Tier 5) | NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | $1.60 - $12.65 (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 | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (30 per 30 days) |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* (Geodon) | $1.60 - $5.10 (Tier 2) | |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* (Geodon) | $1.60 - $5.10 (Tier 2) | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | $4.90 - $12.65 (Tier 4) | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | $1.60 - $12.65 (Tier 5) | NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | $1.60 - $12.65 (Tier 5) | NDS; QL (1 per 28 days) |
| **Antivirals (Systemic)** | | |
| **Antiretrovirals** | | |
| *abacavir oral solution 20 mg/ml* (Ziagen) | $1.60 - $5.10 (Tier 2) | |
| *abacavir oral tablet 300 mg* | $1.60 - $5.10 (Tier 2) | |
| *abacavir-lamivudine oral tablet 600-300 mg* | $1.60 - $5.10 (Tier 2) | |
| APTIVUS ORAL CAPSULE 250 MG | $1.60 - $12.65 (Tier 5) | NDS |
| *atazanavir oral capsule 150 mg* | $1.60 - $5.10 (Tier 2) | |
| *atazanavir oral capsule 200 mg, 300 mg* (Reyataz) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | $1.60 - $12.65 (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 | $1.60 - $12.65 (Tier 5) | NDS |
| *cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)* | $1.60 - $12.65 (Tier 5) | NDS; QL (24 per 365 days) |
| *cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)* (Apretude) | $1.60 - $12.65 (Tier 5) | NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300 MG | $1.60 - $12.65 (Tier 5) | NDS |
| *darunavir oral tablet 600 mg* (Prezista) | $1.60 - $5.10 (Tier 2) | |
| *darunavir oral tablet 800 mg* (Prezista) | $1.60 - $12.65 (Tier 5) | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | $1.60 - $12.65 (Tier 5) | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | $1.60 - $12.65 (Tier 5) | NDS |
| *didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg* | $1.60 - $5.10 (Tier 2) | |
| DOVATO ORAL TABLET 50-300 MG | $1.60 - $12.65 (Tier 5) | NDS |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG | $1.60 - $12.65 (Tier 5) | NDS |
| *efavirenz oral capsule 200 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *efavirenz oral tablet 600 mg* | $1.60 - $5.10 (Tier 2) | |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg* | | $1.60 - $12.65 (Tier 5) | NDS |
| *efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg* | (Symfi) | $1.60 - $12.65 (Tier 5) | NDS |
| *emtricitabine oral capsule 200 mg* | (Emtriva) | $1.60 - $5.10 (Tier 2) | |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg* | (Truvada) | $1.60 - $5.10 (Tier 2) | |
| *emtricitabine-tenofovir (tdf) oral tablet 133-200 mg* | (Truvada) | $1.60 - $12.65 (Tier 5) | NDS |
| *emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg* | (Complera) | $1.60 - $12.65 (Tier 5) | NDS |
| EMTRIVA ORAL SOLUTION 10 MG/ML | | $4.90 - $12.65 (Tier 4) | |
| *etravirine oral tablet 100 mg, 200 mg* | (Intelence) | $1.60 - $12.65 (Tier 5) | NDS |
| EVOTAZ ORAL TABLET 300-150 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| *fosamprenavir oral tablet 700 mg* | | $1.60 - $12.65 (Tier 5) | NDS |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| IDVYNSO ORAL TABLET 100-0.25 MG | | $1.60 - $12.65 (Tier 5) | NDS; QL (30 per 30 days) |
| INTELENCE ORAL TABLET 25 MG | | $4.90 - $12.65 (Tier 4) | |
| ISENTRESS HD ORAL TABLET 600 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | | $1.60 - $12.65 (Tier 5) | NDS |
| ISENTRESS ORAL TABLET 400 MG | | $1.60 - $12.65 (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 |
|---|---|---|
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | $1.60 - $12.65 (Tier 5) | NDS |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | $4.90 - $12.65 (Tier 3) | |
| JULUCA ORAL TABLET 50-25 MG | $1.60 - $12.65 (Tier 5) | NDS |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir) | $4.90 - $12.65 (Tier 4) | QL (480 per 30 days) |
| *lamivudine oral solution 10 mg/ml* (Epivir) | $1.60 - $5.10 (Tier 2) | |
| *lamivudine oral tablet 100 mg* | $1.60 - $5.10 (Tier 2) | |
| *lamivudine oral tablet 150 mg, 300 mg* (Epivir) | $1.60 - $5.10 (Tier 2) | |
| *lamivudine-zidovudine oral tablet 150-300 mg* | $1.60 - $5.10 (Tier 2) | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | $4.90 - $12.65 (Tier 4) | |
| *lopinavir-ritonavir oral solution 400-100 mg/5 ml* (Kaletra) | $1.60 - $5.10 (Tier 2) | QL (480 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* (Kaletra) | $1.60 - $5.10 (Tier 2) | QL (300 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* (Kaletra) | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *maraviroc oral tablet 150 mg, 300 mg* (Selzentry) | $1.60 - $12.65 (Tier 5) | NDS |
| *nevirapine oral suspension 50 mg/5 ml* | $1.60 - $5.10 (Tier 2) | QL (1200 per 30 days) |
| *nevirapine oral tablet 200 mg* | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *nevirapine oral tablet extended release 24 hr 400 mg* | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100 MG | $4.90 - $12.65 (Tier 4) | |
| ODEFSEY ORAL TABLET 200-25-25 MG | $1.60 - $12.65 (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 |
|---|---|---|
| PIFELTRO ORAL TABLET 100 MG | $1.60 - $12.65 (Tier 5) | NDS |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | $1.60 - $12.65 (Tier 5) | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | $1.60 - $12.65 (Tier 5) | NDS |
| PREZISTA ORAL TABLET 150 MG | $1.60 - $12.65 (Tier 5) | NDS |
| PREZISTA ORAL TABLET 75 MG | $4.90 - $12.65 (Tier 4) | |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | $4.90 - $12.65 (Tier 4) | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | $1.60 - $12.65 (Tier 5) | NDS |
| *rilpivirine hcl oral tablet 25 mg* (Edurant) | $1.60 - $12.65 (Tier 5) | NDS |
| *rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)* | $1.60 - $12.65 (Tier 5) | NDS |
| *ritonavir oral tablet 100 mg* (Norvir) | $1.60 - $5.10 (Tier 2) | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | $1.60 - $12.65 (Tier 5) | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | $1.60 - $12.65 (Tier 5) | NDS |
| SELZENTRY ORAL TABLET 25 MG | $4.90 - $12.65 (Tier 3) | |
| SELZENTRY ORAL TABLET 75 MG | $1.60 - $12.65 (Tier 5) | NDS |
| *stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg* | $1.60 - $5.10 (Tier 2) | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | $1.60 - $12.65 (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 |
|---|---|---|
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK) | $1.60 - $12.65 (Tier 5) | NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | $1.60 - $12.65 (Tier 5) | NDS |
| *tenofovir disoproxil fumarate oral tablet 300 mg* (Viread) | $1.60 - $5.10 (Tier 2) | |
| TIVICAY ORAL TABLET 10 MG | $4.90 - $12.65 (Tier 4) | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | $1.60 - $12.65 (Tier 5) | NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | $1.60 - $12.65 (Tier 5) | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | $1.60 - $12.65 (Tier 5) | NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | $4.90 - $12.65 (Tier 4) | |
| TRIZIVIR ORAL TABLET 300-150-300 MG | $1.60 - $12.65 (Tier 5) | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | $1.60 - $12.65 (Tier 5) | NDS |
| VEMLIDY ORAL TABLET 25 MG | $1.60 - $12.65 (Tier 5) | NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | $1.60 - $12.65 (Tier 5) | NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | $1.60 - $12.65 (Tier 5) | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | $1.60 - $12.65 (Tier 5) | NDS |
| VOCABRIA ORAL TABLET 30 MG | $4.90 - $12.65 (Tier 4) | |
| *zidovudine oral capsule 100 mg* (Retrovir) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *zidovudine oral syrup 10 mg/ml* (Retrovir) | $1.60 - $5.10 (Tier 2) | |
| *zidovudine oral tablet 300 mg* | $1.60 - $5.10 (Tier 2) | |
| **Antivirals, Miscellaneous** | | |
| LIVTENCITY ORAL TABLET 200 MG | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *oseltamivir oral capsule 30 mg* | $1.60 - $5.10 (Tier 2) | QL (84 per 180 days) |
| *oseltamivir oral capsule 45 mg* | $1.60 - $5.10 (Tier 2) | QL (48 per 180 days) |
| *oseltamivir oral capsule 75 mg* (Tamiflu) | $1.60 - $5.10 (Tier 2) | QL (42 per 180 days) |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* (Tamiflu) | $1.60 - $5.10 (Tier 2) | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) | $1.60 - $5.10 (Tier 2) | QL (20 per 5 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5) | $1.60 - $5.10 (Tier 2) | QL (11 per 28 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | $1.60 - $5.10 (Tier 2) | QL (30 per 5 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | $4.90 - $12.65 (Tier 4) | QL (60 per 180 days) |
| **Hcv Antivirals** | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | $1.60 - $12.65 (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 |
|---|---|---|
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (28 per 28 days) |
| **Interferons** | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| **Nucleosides And Nucleotides** | | |
| *acyclovir oral capsule 200 mg* | $0 (Tier 1) | |
| *acyclovir oral suspension 200 mg/5 ml* | $1.60 - $5.10 (Tier 2) | |
| *acyclovir oral tablet 400 mg, 800 mg* | $1.60 - $5.10 (Tier 2) | |
| *acyclovir sodium intravenous solution 50 mg/ml* | $1.60 - $5.10 (Tier 2) | PA BvD |
| *adefovir oral tablet 10 mg* | $1.60 - $5.10 (Tier 2) | |
| *entecavir oral tablet 0.5 mg, 1 mg* (Baraclude) | $1.60 - $5.10 (Tier 2) | |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | $1.60 - $5.10 (Tier 2) | |
| *ribavirin oral tablet 200 mg* | $1.60 - $5.10 (Tier 2) | |
| *valacyclovir oral tablet 1 gram, 500 mg* (Valtrex) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *valganciclovir oral recon soln 50 mg/ml* | (Valcyte) | $1.60 - $12.65 (Tier 5) | NDS |
| *valganciclovir oral tablet 450 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Blood Products/Modifiers/Volume Expanders** | | | |
| **Anticoagulants** | | | |
| *dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg* | (Pradaxa) | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | | $4.90 - $12.65 (Tier 3) | |
| ELIQUIS ORAL TABLET 2.5 MG | | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | | $4.90 - $12.65 (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) | | $4.90 - $12.65 (Tier 3) | QL (960 per 30 days) |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG | | $4.90 - $12.65 (Tier 3) | QL (120 per 30 days) |
| *enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml* | (Lovenox) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml* | (Lovenox) | $1.60 - $5.10 (Tier 2) | QL (48 per 30 days) |
| *enoxaparin subcutaneous syringe 30 mg/0.3 ml* | (Lovenox) | $1.60 - $5.10 (Tier 2) | QL (18 per 30 days) |
| *enoxaparin subcutaneous syringe 40 mg/0.4 ml* | (Lovenox) | $1.60 - $5.10 (Tier 2) | QL (24 per 30 days) |
| *enoxaparin subcutaneous syringe 60 mg/0.6 ml* | (Lovenox) | $1.60 - $5.10 (Tier 2) | QL (36 per 30 days) |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml* | (Arixtra) | $1.60 - $12.65 (Tier 5) | NDS; QL (24 per 30 days) |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* | (Arixtra) | $1.60 - $5.10 (Tier 2) | QL (15 per 30 days) |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *fondaparinux subcutaneous syringe 5 mg/0.4 ml* | (Arixtra) | $1.60 - $12.65 (Tier 5) | NDS; QL (12 per 30 days) |
| *fondaparinux subcutaneous syringe 7.5 mg/0.6 ml* | (Arixtra) | $1.60 - $12.65 (Tier 5) | NDS; QL (18 per 30 days) |
| *heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml* | | $1.60 - $5.10 (Tier 2) | |
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | (warfarin) | $0 (Tier 1) | |
| *rivaroxaban oral suspension for reconstitution 1 mg/ml* | (Xarelto) | $1.60 - $5.10 (Tier 2) | QL (600 per 30 days) |
| *rivaroxaban oral tablet 2.5 mg* | (Xarelto) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | | $0 (Tier 1) | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | | $4.90 - $12.65 (Tier 3) | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | (rivaroxaban) | $4.90 - $12.65 (Tier 3) | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | (rivaroxaban) | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG | (rivaroxaban) | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | (rivaroxaban) | $4.90 - $12.65 (Tier 3) | ST; QL (60 per 30 days) |
| **Blood Formation Modifiers** | | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (60 per 30 days) |
| *eltrombopag olamine oral powder in packet 12.5 mg* | (Promacta) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral powder in packet 25 mg* | (Promacta) | $1.60 - $12.65 (Tier 5) | PA; 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 |
|---|---|---|
| *eltrombopag olamine oral tablet 12.5 mg* (Promacta) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (90 per 30 days) |
| *eltrombopag olamine oral tablet 25 mg* (Promacta) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| *eltrombopag olamine oral tablet 50 mg, 75 mg* (Promacta) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (20 per 30 days) |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | $1.60 - $12.65 (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 | $4.90 - $12.65 (Tier 3) | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | $4.90 - $12.65 (Tier 3) | PA; QL (4 per 28 days) |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| **Hematologic Agents, Miscellaneous** | | |
| *anagrelide oral capsule 0.5 mg* (Agrylin) | $1.60 - $5.10 (Tier 2) | |
| *anagrelide oral capsule 1 mg* | $1.60 - $5.10 (Tier 2) | |
| *tranexamic acid oral tablet 650 mg* | $1.60 - $5.10 (Tier 2) | |
| **Platelet-Aggregation Inhibitors** | | |

| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | $1.60 - $5.10 (Tier 2) | |
| *cilostazol oral tablet 100 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *clopidogrel oral tablet 75 mg* (Plavix) | $0 (Tier 1) | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| *pentoxifylline oral tablet extended release 400 mg* | $1.60 - $5.10 (Tier 2) | |
| *prasugrel hcl oral tablet 10 mg, 5 mg* (Effient) | $1.60 - $5.10 (Tier 2) | |
| *ticagrelor oral tablet 60 mg, 90 mg* (Brilinta) | $1.60 - $5.10 (Tier 2) | |
| **Caloric Agents** | | |
| **Caloric Agents** | | |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | $4.90 - $12.65 (Tier 4) | PA BvD |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | $4.90 - $12.65 (Tier 4) | PA BvD |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | $4.90 - $12.65 (Tier 4) | PA BvD |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | $4.90 - $12.65 (Tier 4) | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | $4.90 - $12.65 (Tier 4) | PA BvD |
| *dextrose 5 % in water (d5w) intravenous parenteral solution* | $1.60 - $5.10 (Tier 2) | |
| **Cardiovascular Agents** | | |
| **Alpha-Adrenergic Agents** | | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | $0 (Tier 1) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *clonidine transdermal patch weekly 0.1 mg/24 hr* | (Catapres-TTS-1) | $1.60 - $5.10 (Tier 2) | |
| *clonidine transdermal patch weekly 0.2 mg/24 hr* | (Catapres-TTS-2) | $1.60 - $5.10 (Tier 2) | |
| *clonidine transdermal patch weekly 0.3 mg/24 hr* | (Catapres-TTS-3) | $1.60 - $5.10 (Tier 2) | |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | (Cardura) | $0 (Tier 1) | |
| *droxidopa oral capsule 100 mg* | (Northera) | $1.60 - $5.10 (Tier 2) | PA; QL (180 per 30 days) |
| *droxidopa oral capsule 200 mg, 300 mg* | (Northera) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (180 per 30 days) |
| *guanfacine oral tablet 1 mg, 2 mg* | | $1.60 - $5.10 (Tier 2) | |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Angiotensin Ii Receptor Antagonists** | | | |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | (Atacand) | $0 (Tier 6) | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | (Atacand HCT) | $0 (Tier 6) | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | (sacubitril-valsartan) | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG | | $4.90 - $12.65 (Tier 3) | QL (240 per 30 days) |
| *irbesartan oral tablet 150 mg, 300 mg* | (Avapro) | $0 (Tier 6) | |
| *irbesartan oral tablet 75 mg* | | $0 (Tier 6) | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | (Avalide) | $0 (Tier 6) | |
| *losartan oral tablet 100 mg, 25 mg, 50 mg* | (Cozaar) | $0 (Tier 6) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | (Hyzaar) | $0 (Tier 6) | |
| *olmesartan oral tablet 20 mg, 40 mg, 5 mg* | (Benicar) | $0 (Tier 6) | |
| *olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | (Tribenzor) | $0 (Tier 6) | |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | (Benicar HCT) | $0 (Tier 6) | |
| *sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg* | (Entresto) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *telmisartan oral tablet 20 mg* | | $0 (Tier 6) | |
| *telmisartan oral tablet 40 mg, 80 mg* | (Micardis) | $0 (Tier 6) | |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | (Micardis HCT) | $0 (Tier 6) | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | (Diovan) | $0 (Tier 6) | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | (Diovan HCT) | $0 (Tier 6) | |
| **Angiotensin-Converting Enzyme Inhibitors** | | | |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg* | (Lotensin) | $0 (Tier 6) | |
| *benazepril oral tablet 5 mg* | | $0 (Tier 6) | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Lotensin HCT) | $0 (Tier 6) | |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25 mg* | | $0 (Tier 6) | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | | $0 (Tier 6) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Vasotec) | $0 (Tier 6) | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | (Vaseretic) | $0 (Tier 6) | |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | | $0 (Tier 6) | |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | | $0 (Tier 6) | |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | | $0 (Tier 6) | |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | (Zestril) | $0 (Tier 6) | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | (Zestoretic) | $0 (Tier 6) | |
| *moexipril oral tablet 15 mg, 7.5 mg* | | $0 (Tier 6) | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | | $0 (Tier 6) | |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | | $0 (Tier 6) | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | | $0 (Tier 6) | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | | $0 (Tier 6) | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | | $0 (Tier 6) | |
| **Antiarrhythmic Agents** | | | |
| *amiodarone oral tablet 100 mg, 200 mg* | (Pacerone) | $1.60 - $5.10 (Tier 2) | |
| *amiodarone oral tablet 400 mg* | | $1.60 - $5.10 (Tier 2) | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | (Tikosyn) | $1.60 - $5.10 (Tier 2) | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| MULTAQ ORAL TABLET 400 MG | $4.90 - $12.65 (Tier 3) | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* (amiodarone) | $1.60 - $5.10 (Tier 2) | |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | $1.60 - $5.10 (Tier 2) | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | $1.60 - $5.10 (Tier 2) | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | $1.60 - $5.10 (Tier 2) | |
| **Beta-Adrenergic Blocking Agents** | | |
| *acebutolol oral capsule 200 mg, 400 mg* | $1.60 - $5.10 (Tier 2) | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* (Tenormin) | $0 (Tier 1) | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | $1.60 - $5.10 (Tier 2) | |
| *bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg* | $1.60 - $5.10 (Tier 2) | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | $1.60 - $5.10 (Tier 2) | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* (Coreg) | $0 (Tier 1) | |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | $1.60 - $5.10 (Tier 2) | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* (Toprol XL) | $0 (Tier 1) | |
| *metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg* | $1.60 - $5.10 (Tier 2) | |
| *metoprolol tartrate oral tablet 100 mg, 50 mg* (Lopressor) | $0 (Tier 1) | |
| *metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg* | $0 (Tier 1) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | (Bystolic) | $1.60 - $5.10 (Tier 2) | |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | (Inderal LA) | $1.60 - $5.10 (Tier 2) | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | | $1.60 - $5.10 (Tier 2) | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | (sotalol) | $1.60 - $5.10 (Tier 2) | |
| *sotalol oral tablet 120 mg, 160 mg, 80 mg* | (Sotalol AF) | $1.60 - $5.10 (Tier 2) | |
| *sotalol oral tablet 240 mg* | | $1.60 - $5.10 (Tier 2) | |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Calcium-Channel Blocking Agents** | | | |
| *cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (diltiazem hcl) | $1.60 - $5.10 (Tier 2) | |
| *diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg* | | $1.60 - $5.10 (Tier 2) | |
| *diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg* | (Tiadylt ER) | $1.60 - $5.10 (Tier 2) | |
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | (Cartia XT) | $1.60 - $5.10 (Tier 2) | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg* | (Cardizem) | $1.60 - $5.10 (Tier 2) | |
| *diltiazem hcl oral tablet 90 mg* | | $1.60 - $5.10 (Tier 2) | |
| *dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | (diltiazem hcl) | $1.60 - $5.10 (Tier 2) | |
| *taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | (diltiazem hcl) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | (diltiazem hcl) | $1.60 - $5.10 (Tier 2) | |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg* | | $1.60 - $5.10 (Tier 2) | |
| *verapamil oral capsule,ext rel. pellets 24 hr 360 mg* | | $4.90 - $12.65 (Tier 4) | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | | $0 (Tier 1) | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Cardiovascular Agents, Miscellaneous** | | | |
| ATTRUBY ORAL TABLET 356 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (112 per 28 days) |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | | $4.90 - $12.65 (Tier 4) | QL (600 per 30 days) |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | (Lanoxin) | $1.60 - $5.10 (Tier 2) | |
| *epinephrine injection auto-injector 0.15 mg/0.15 ml* | (Auvi-Q) | $4.90 - $12.65 (Tier 3) | QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml* | (EpiPen Jr) | $1.60 - $5.10 (Tier 2) | QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.3 mg/0.3 ml* | | $4.90 - $12.65 (Tier 3) | QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.3 mg/0.3 ml* | (Auvi-Q) | $1.60 - $5.10 (Tier 2) | QL (4 per 30 days) |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | | $0 (Tier 1) | |
| *icatibant subcutaneous syringe 30 mg/3 ml* | (Firazyr) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (18 per 30 days) |
| *ivabradine oral tablet 5 mg, 7.5 mg* | (Corlanor) | $4.90 - $12.65 (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 |
|---|---|---|---|
| *metyrosine oral capsule 250 mg* | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | | $4.90 - $12.65 (Tier 4) | PA; QL (30 per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| **Dihydropyridines** | | | |
| *amlodipine oral tablet 10 mg, 2.5 mg, 5 mg* | (Norvasc) | $0 (Tier 1) | |
| *amlodipine-benazepril oral capsule 10-20 mg* | (Lotrel) | $0 (Tier 6) | |
| *amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | | $0 (Tier 6) | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | (Azor) | $0 (Tier 6) | |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | (Exforge) | $0 (Tier 6) | |
| *amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg* | (Exforge HCT) | $1.60 - $5.10 (Tier 2) | |
| *felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg* | (Procardia XL) | $1.60 - $5.10 (Tier 2) | |
| *nifedipine oral tablet extended release 24hr 90 mg* | | $1.60 - $5.10 (Tier 2) | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Diuretics** | | | |
| *amiloride oral tablet 5 mg* | | $0 (Tier 1) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | | $1.60 - $5.10 (Tier 2) | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *furosemide injection solution 10 mg/ml* | | $0 (Tier 1) | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | | $1.60 - $5.10 (Tier 2) | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | (Lasix) | $0 (Tier 1) | |
| *hydrochlorothiazide oral capsule 12.5 mg* | | $0 (Tier 1) | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | | $0 (Tier 1) | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | | $0 (Tier 1) | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | (tolvaptan (polycys kidney dis)) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (120 per 30 days) |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | (Aldactone) | $0 (Tier 1) | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | | $1.60 - $5.10 (Tier 2) | |
| *tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)* | (Jynarque) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (56 per 28 days) |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | | $0 (Tier 1) | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | | $0 (Tier 1) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | | $0 (Tier 1) | |
| **Dyslipidemics** | | | |
| *amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg* | (Caduet) | $0 (Tier 6) | |
| *amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg* | (Caduet) | $0 (Tier 6) | QL (30 per 30 days) |
| *amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg* | | $0 (Tier 6) | |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | (Lipitor) | $0 (Tier 6) | |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | (Questran) | $1.60 - $5.10 (Tier 2) | |
| *cholestyramine light oral powder in packet 4 gram* | (cholestyramine) | $1.60 - $5.10 (Tier 2) | |
| *colesevelam oral powder in packet 3.75 gram* | (WelChol) | $1.60 - $5.10 (Tier 2) | |
| *colesevelam oral tablet 625 mg* | (WelChol) | $1.60 - $5.10 (Tier 2) | |
| *colestipol oral packet 5 gram* | | $1.60 - $5.10 (Tier 2) | |
| *colestipol oral tablet 1 gram* | (Colestid) | $1.60 - $5.10 (Tier 2) | |
| *ezetimibe oral tablet 10 mg* | (Zetia) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-10 mg* | (Vytorin 10-10) | $0 (Tier 6) | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-20 mg* | (Vytorin 10-20) | $0 (Tier 6) | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-40 mg* | (Vytorin 10-40) | $0 (Tier 6) | QL (30 per 30 days) |
| *ezetimibe-simvastatin oral tablet 10-80 mg* | (Vytorin 10-80) | $0 (Tier 6) | QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | | $1.60 - $5.10 (Tier 2) | |
| *fenofibrate oral tablet 160 mg, 54 mg* | | $1.60 - $5.10 (Tier 2) | |
| *fluvastatin oral capsule 20 mg, 40 mg* | | $0 (Tier 6) | QL (60 per 30 days) |
| *fluvastatin oral tablet extended release 24 hr 80 mg* | (Lescol XL) | $0 (Tier 6) | |
| *gemfibrozil oral tablet 600 mg* | (Lopid) | $0 (Tier 1) | |
| *icosapent ethyl oral capsule 0.5 gram* | (Vascepa) | $1.60 - $5.10 (Tier 2) | QL (240 per 30 days) |
| *icosapent ethyl oral capsule 1 gram* | (Vascepa) | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | | $0 (Tier 6) | |
| NEXLETOL ORAL TABLET 180 MG | | $4.90 - $12.65 (Tier 3) | ST; QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | | $4.90 - $12.65 (Tier 3) | ST; QL (30 per 30 days) |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | | $1.60 - $5.10 (Tier 2) | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | (Lovaza) | $1.60 - $5.10 (Tier 2) | ST; QL (120 per 30 days) |
| *pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg* | (Livalo) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | | $0 (Tier 6) | |
| *prevalite oral powder in packet 4 gram* | (cholestyramine) | $1.60 - $5.10 (Tier 2) | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | | $4.90 - $12.65 (Tier 3) | ST; QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | | $4.90 - $12.65 (Tier 3) | ST; QL (6 per 28 days) |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | | $4.90 - $12.65 (Tier 3) | ST; QL (6 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | (Crestor) | $0 (Tier 6) | |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg* | (Zocor) | $0 (Tier 6) | |
| *simvastatin oral tablet 5 mg, 80 mg* | | $0 (Tier 6) | |
| **Renin-Angiotensin-Aldosterone System Inhibitors** | | | |
| *aliskiren oral tablet 150 mg, 300 mg* | (Tekturna) | $1.60 - $5.10 (Tier 2) | |
| *eplerenone oral tablet 25 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | | $4.90 - $12.65 (Tier 3) | PA; QL (30 per 30 days) |
| **Vasodilators** | | | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg* | | $1.60 - $5.10 (Tier 2) | |
| *isosorbide dinitrate oral tablet 5 mg* | (Isordil Titradose) | $1.60 - $5.10 (Tier 2) | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | | $1.60 - $5.10 (Tier 2) | |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | | $0 (Tier 1) | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | | $1.60 - $5.10 (Tier 2) | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | (Nitrostat) | $1.60 - $5.10 (Tier 2) | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | (Nitro-Dur) | $1.60 - $5.10 (Tier 2) | |
| **Central Nervous System Agents** | | | |
| **Central Nervous System Agents** | | | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG | $1.60 - $12.65 (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 | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | $1.60 - $12.65 (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) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (15 per 30 days) |
| *cladribine 10 mg x 10 tab pk outer* (Mavenclad (10 tablet pack)) | $1.60 - $12.65 (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 |
|---|---|---|---|
| *cladribine(multiple sclerosis) oral tablet 10 mg (10 pack), 10 mg (4 pack), 10 mg (5 pack), 10 mg (6 pack), 10 mg (7 pack), 10 mg (8 pack), 10 mg (9 pack)* | | \$1.60 - \$12.65 (Tier 5) | PA; NDS |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | (Ampyra) | \$1.60 - \$5.10 (Tier 2) | PA; QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg* | (Adderall XR) | \$1.60 - \$5.10 (Tier 2) | QL (30 per 30 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg* | (Adderall XR) | \$1.60 - \$5.10 (Tier 2) | QL (60 per 30 days) |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | (Adderall) | \$1.60 - \$5.10 (Tier 2) | QL (60 per 30 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | (Tecfidera) | \$1.60 - \$5.10 (Tier 2) | PA; QL (14 per 7 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | (Tecfidera) | \$1.60 - \$5.10 (Tier 2) | PA |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | (Tecfidera) | \$1.60 - \$12.65 (Tier 5) | PA; NDS; QL (60 per 30 days) |
| *fingolimod oral capsule 0.5 mg* | (Gilenya) | \$1.60 - \$12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* | (Glatopa) | \$1.60 - \$12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | (Glatopa) | \$1.60 - \$12.65 (Tier 5) | PA; NDS; QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | (glatiramer) | \$1.60 - \$12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | (glatiramer) | \$1.60 - \$12.65 (Tier 5) | PA; NDS; QL (12 per 28 days) |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | (Intuniv ER) | \$1.60 - \$5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (1.2 per 28 days) |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | $0 (Tier 1) | |
| *lithium carbonate oral tablet 300 mg* | $0 (Tier 1) | |
| *lithium carbonate oral tablet extended release 300 mg* (Lithobid) | $1.60 - $5.10 (Tier 2) | |
| *lithium carbonate oral tablet extended release 450 mg* | $1.60 - $5.10 (Tier 2) | |
| *lithium citrate oral solution 8 meq/5 ml* | $1.60 - $5.10 (Tier 2) | |
| MAYZENT ORAL TABLET 0.25 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | $4.90 - $12.65 (Tier 3) | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml* (Methylin) | $1.60 - $5.10 (Tier 2) | QL (900 per 30 days) |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* (Ritalin) | $1.60 - $5.10 (Tier 2) | QL (90 per 30 days) |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *riluzole oral tablet 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *tetrabenazine oral tablet 12.5 mg* | (Xenazine) | $1.60 - $5.10 (Tier 2) | PA; QL (112 per 28 days) |
| *tetrabenazine oral tablet 25 mg* | (Xenazine) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (120 per 30 days) |
| **Contraceptives** | | | |
| **Contraceptives** | | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *altavera (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | $1.60 - $5.10 (Tier 2) | |
| *alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | $1.60 - $5.10 (Tier 2) | |
| *amethyst (28) oral tablet 90-20 mcg (28)* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *apri oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *aubra eq oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *aurovela 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *aviane oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *ayuna oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | $1.60 - $5.10 (Tier 2) | |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *camila oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *chateal eq (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *cyred eq oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | $1.60 - $5.10 (Tier 2) | |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | $1.60 - $5.10 (Tier 2) | |
| *deblitane oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (Azurette (28)) | $1.60 - $5.10 (Tier 2) | |
| *dolishale oral tablet 90-20 mcg (28)* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *elinest oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | QL (1 per 28 days) |
| *emzahh oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *enilloring vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | QL (1 per 28 days) |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | $1.60 - $5.10 (Tier 2) | |
| *enskyce oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *errin oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *estarylla oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg* | (Kelnor 1/35 (28)) | $1.60 - $5.10 (Tier 2) | |
| *ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg* | (Valtya) | $1.60 - $5.10 (Tier 2) | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | (EluRyng) | $1.60 - $5.10 (Tier 2) | QL (1 per 28 days) |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *haloette vaginal ring 0.12-0.015 mg/24 hr* | (etonogestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | QL (1 per 28 days) |
| *heather oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | QL (91 per 84 days) |
| *incassia oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | QL (91 per 84 days) |
| *isibloom oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *jencycla oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $0 (Tier 1) | |
| *jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | $4.90 - $12.65 (Tier 4) | QL (91 per 84 days) |
| *juleber oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | $1.60 - $5.10 (Tier 2) | |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *kelnor 1/50 (28) oral tablet 1-50 mg-mcg* | (ethynodiol diac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *kurvelo (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | | $4.90 - $12.65 (Tier 4) | |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *lessina oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | $1.60 - $5.10 (Tier 2) | |
| *levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | (Balcoltra) | $4.90 - $12.65 (Tier 4) | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg* | (Afirmelle) | $1.60 - $5.10 (Tier 2) | |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg* | (Altavera (28)) | $1.60 - $5.10 (Tier 2) | |
| *levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)* | (Amethyst (28)) | $1.60 - $5.10 (Tier 2) | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (Iclevia) | $1.60 - $5.10 (Tier 2) | QL (91 per 84 days) |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (Enpresse) | $1.60 - $5.10 (Tier 2) | |
| *levora-28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | | $4.90 - $12.65 (Tier 3) | |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *lyleq oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *lyza oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *marlissa (28) oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *meleya oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | (norethindrone ac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | (norethindrone ac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *mili oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | | $4.90 - $12.65 (Tier 4) | |
| MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM | | $4.90 - $12.65 (Tier 4) | |
| *mono-linyah oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | $0 (Tier 1) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| NEXPLANON SUBDERMAL IMPLANT 68 MG | | $4.90 - $12.65 (Tier 3) | |
| *norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr* | (Xulane) | $1.60 - $5.10 (Tier 2) | QL (3 per 28 days) |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | (Jencycla) | $1.60 - $5.10 (Tier 2) | |
| *norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (Aurovela Fe 1-20 (28)) | $1.60 - $5.10 (Tier 2) | |
| *norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | (Aurovela Fe 1.5/30 (28)) | $1.60 - $5.10 (Tier 2) | |
| *norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (Tilia Fe) | $1.60 - $5.10 (Tier 2) | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (Tri-Lo-Estarylla) | $1.60 - $5.10 (Tier 2) | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (Tri-Estarylla) | $1.60 - $5.10 (Tier 2) | |
| *norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg* | (Mono-Linyah) | $1.60 - $5.10 (Tier 2) | |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | | $1.60 - $5.10 (Tier 2) | |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | $1.60 - $5.10 (Tier 2) | |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | $1.60 - $5.10 (Tier 2) | |
| *nylia 1/35 (28) oral tablet 1-35 mg-mcg* | (norethindrone-ethin estradiol) | $1.60 - $5.10 (Tier 2) | |
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | | $1.60 - $5.10 (Tier 2) | |
| *orquidea oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *portia 28 oral tablet 0.15-0.03 mg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | (desogestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | QL (91 per 84 days) |
| *sharobel oral tablet 0.35 mg* | (norethindrone (contraceptive)) | $1.60 - $5.10 (Tier 2) | |
| *simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | $1.60 - $5.10 (Tier 2) | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | | $4.90 - $12.65 (Tier 4) | |
| *sprintec (28) oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *sronyx oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | (levonorg-eth estrad triphasic) | $1.60 - $5.10 (Tier 2) | |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *turqoz (28) oral tablet 0.3-30 mg-mcg* | (norgestrel-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *tyblume oral tablet,chewable 0.1 mg-20 mcg* | | $4.90 - $12.65 (Tier 4) | |
| *valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | (ethynodiol diac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |
| *vienva oral tablet 0.1-20 mg-mcg* | (levonorgestrel-ethinyl estrad) | $1.60 - $5.10 (Tier 2) | |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | $1.60 - $5.10 (Tier 2) | |
| *volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | (desog-e.estradiol/e.estradiol) | $1.60 - $5.10 (Tier 2) | |
| *vylibra oral tablet 0.25-0.035 mg* | (norgestimate-ethinyl estradiol) | $1.60 - $5.10 (Tier 2) | |
| *xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | (norethindrone-e.estradiol-iron) | $1.60 - $5.10 (Tier 2) | |
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | (norelgestromin-ethin.estradiol) | $1.60 - $5.10 (Tier 2) | QL (3 per 28 days) |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | (norelgestromin-ethin.estradiol) | $1.60 - $5.10 (Tier 2) | QL (3 per 28 days) |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | (ethynodiol diac-eth estradiol) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| **Dental And Oral Agents** | | | |
| **Dental And Oral Agents** | | | |
| *cevimeline oral capsule 30 mg* | (Evoxac) | $1.60 - $5.10 (Tier 2) | |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | (Periogard) | $0 (Tier 1) | |
| *denta 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | $0 (Tier 1) | |
| *dentagel dental gel 1.1 %* | (fluoride (sodium)) | $0 (Tier 1) | |
| *fluoride (sodium) dental gel 1.1 %* | (DentaGel) | $0 (Tier 1) | |
| *fluoride (sodium) dental solution 0.2 %* | (PreviDent) | $0 (Tier 1) | |
| *periogard mucous membrane mouthwash 0.12 %* | (chlorhexidine gluconate) | $0 (Tier 1) | |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | (Salagen (pilocarpine)) | $1.60 - $5.10 (Tier 2) | |
| *sf 5000 plus dental cream 1.1 %* | (fluoride (sodium)) | $0 (Tier 1) | |
| *sodium fluoride-pot nitrate dental paste 1.1-5 %* | (Denta 5000 Plus Sensitive) | $0 (Tier 1) | |
| *triamcinolone acetonide dental paste 0.1 %* | (Kourzeq) | $1.60 - $5.10 (Tier 2) | |
| **Dermatological Agents** | | | |
| **Dermatological Agents, Other** | | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | | $1.60 - $5.10 (Tier 2) | |
| *acyclovir topical ointment 5 %* | (Zovirax) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *ammonium lactate topical cream 12 %* | | $1.60 - $5.10 (Tier 2) | |
| *ammonium lactate topical lotion 12 %* | (AmLactin) | $1.60 - $5.10 (Tier 2) | |
| *calcipotriene scalp solution 0.005 %* | (Pellix) | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *calcipotriene topical cream 0.005 %* | | $1.60 - $5.10 (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 |
|---|---|---|
| *calcipotriene topical ointment 0.005 %* | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *fluorouracil topical cream 5 %* (Efudex) | $1.60 - $5.10 (Tier 2) | |
| *fluorouracil topical solution 2 %, 5 %* | $1.60 - $5.10 (Tier 2) | |
| *imiquimod topical cream in packet 5 %* | $1.60 - $5.10 (Tier 2) | QL (24 per 30 days) |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % | $1.60 - $12.65 (Tier 5) | ST; NDS; QL (5 per 5 days) |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | $1.60 - $12.65 (Tier 5) | NDS |
| PANRETIN TOPICAL GEL 0.1 % | $1.60 - $12.65 (Tier 5) | NDS; QL (60 per 28 days) |
| *podofilox topical solution 0.5 %* | $1.60 - $5.10 (Tier 2) | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | $4.90 - $12.65 (Tier 4) | QL (180 per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* (isotretinoin) | $1.60 - $5.10 (Tier 2) | |
| **Dermatological Antibacterials** | | |
| *clindamycin phosphate topical solution 1 %* | $1.60 - $5.10 (Tier 2) | QL (180 per 30 days) |
| *clindamycin phosphate topical swab 1 %* (Clindacin ETZ) | $1.60 - $5.10 (Tier 2) | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %* | $1.60 - $5.10 (Tier 2) | |
| *erythromycin with ethanol topical solution 2 %* | $1.60 - $5.10 (Tier 2) | |
| *gentamicin topical cream 0.1 %* | $1.60 - $5.10 (Tier 2) | QL (90 per 30 days) |
| *gentamicin topical ointment 0.1 %* | $1.60 - $5.10 (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 |
|---|---|---|---|
| *metronidazole topical cream 0.75 %* | (Rosadan) | $1.60 - $5.10 (Tier 2) | |
| *metronidazole topical gel 0.75 %* | (Rosadan) | $1.60 - $5.10 (Tier 2) | |
| *metronidazole topical gel 1 %* | | $1.60 - $5.10 (Tier 2) | |
| *mupirocin topical ointment 2 %* | (Centany) | $0 (Tier 1) | QL (220 per 30 days) |
| *rosadan topical cream 0.75 %* | (metronidazole) | $1.60 - $5.10 (Tier 2) | |
| *selenium sulfide topical lotion 2.5 %* | | $1.60 - $5.10 (Tier 2) | |
| *silver sulfadiazine topical cream 1 %* | (SSD) | $1.60 - $5.10 (Tier 2) | |
| *ssd topical cream 1 %* | (silver sulfadiazine) | $4.90 - $12.65 (Tier 4) | |
| **Dermatological Anti-Inflammatory Agents** | | | |
| *ala-cort topical cream 1 %* | (hydrocortisone) | $1.60 - $5.10 (Tier 2) | |
| *betamethasone dipropionate topical cream 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *betamethasone dipropionate topical lotion 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *betamethasone dipropionate topical ointment 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *betamethasone valerate topical cream 0.1 %* | | $1.60 - $5.10 (Tier 2) | |
| *betamethasone valerate topical lotion 0.1 %* | | $1.60 - $5.10 (Tier 2) | |
| *betamethasone valerate topical ointment 0.1 %* | | $1.60 - $5.10 (Tier 2) | |
| *betamethasone, augmented topical cream 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *betamethasone, augmented topical gel 0.05 %* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *betamethasone, augmented topical lotion 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *betamethasone, augmented topical ointment 0.05 %* | (Diprolene (augmented)) | $1.60 - $5.10 (Tier 2) | |
| *clobetasol scalp solution 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *clobetasol topical cream 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *clobetasol topical gel 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *clobetasol topical lotion 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *clobetasol topical ointment 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *clobetasol topical shampoo 0.05 %* | (Clodan) | $1.60 - $5.10 (Tier 2) | |
| *clobetasol-emollient topical cream 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *clobetasol-emollient topical foam 0.05 %* | (Tovet Emollient) | $1.60 - $5.10 (Tier 2) | |
| EUCRISA TOPICAL OINTMENT 2 % | | $4.90 - $12.65 (Tier 3) | |
| *fluocinolone topical cream 0.01 %* | | $1.60 - $5.10 (Tier 2) | |
| *fluocinolone topical cream 0.025 %* | (Synalar) | $1.60 - $5.10 (Tier 2) | |
| *fluocinolone topical ointment 0.025 %* | (Synalar) | $1.60 - $5.10 (Tier 2) | |
| *fluocinonide topical cream 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *fluocinonide topical gel 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *fluocinonide topical ointment 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *fluocinonide topical solution 0.05 %* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *fluticasone propionate topical cream 0.05 %* | $1.60 - $5.10 (Tier 2) | |
| *halobetasol propionate topical cream 0.05 %* | $1.60 - $5.10 (Tier 2) | |
| *halobetasol propionate topical ointment 0.05 %* | $1.60 - $5.10 (Tier 2) | |
| *hydrocortisone 2.5% cream* | $1.60 - $5.10 (Tier 2) | |
| *hydrocortisone topical cream 1 %* (Ala-Cort) | $1.60 - $5.10 (Tier 2) | |
| *hydrocortisone topical cream with perineal applicator 2.5 %* (Procto-Med HC) | $1.60 - $5.10 (Tier 2) | |
| *hydrocortisone topical lotion 2.5 %* | $1.60 - $5.10 (Tier 2) | |
| *hydrocortisone topical ointment 1 %* (Anti-Itch (HC)) | $0 (Tier 1) | |
| *hydrocortisone topical ointment 2.5 %* | $0 (Tier 1) | |
| *hydrocortisone valerate topical cream 0.2 %* | $1.60 - $5.10 (Tier 2) | |
| *mometasone topical cream 0.1 %* | $1.60 - $5.10 (Tier 2) | |
| *mometasone topical ointment 0.1 %* | $1.60 - $5.10 (Tier 2) | |
| *mometasone topical solution 0.1 %* | $1.60 - $5.10 (Tier 2) | |
| *pimecrolimus topical cream 1 %* | $1.60 - $5.10 (Tier 2) | QL (100 per 30 days) |
| *procto-med hc topical cream with perineal applicator 2.5 %* (hydrocortisone) | $1.60 - $5.10 (Tier 2) | |
| *proctosol hc topical cream with perineal applicator 2.5 %* (hydrocortisone) | $1.60 - $5.10 (Tier 2) | |
| *proctozone-hc topical cream with perineal applicator 2.5 %* (hydrocortisone) | $1.60 - $5.10 (Tier 2) | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | $1.60 - $5.10 (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 |
|---|---|---|---|
| *triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml* | | $1.60 - $5.10 (Tier 2) | |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %* | | $0 (Tier 1) | |
| *triamcinolone acetonide topical cream 0.5 %* | (Triderm) | $0 (Tier 1) | |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | | $1.60 - $5.10 (Tier 2) | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | | $1.60 - $5.10 (Tier 2) | |
| **Dermatological Retinoids** | | | |
| *adapalene topical cream 0.1 %* | | $1.60 - $5.10 (Tier 2) | |
| ALTRENO TOPICAL LOTION 0.05 % | | $4.90 - $12.65 (Tier 4) | PA |
| *tazarotene topical cream 0.1 %* | (Tazorac) | $1.60 - $5.10 (Tier 2) | |
| *tretinoin topical cream 0.025 %, 0.05 %, 0.1 %* | (Retin-A) | $1.60 - $5.10 (Tier 2) | PA |
| **Scabicides And Pediculicides** | | | |
| *malathion topical lotion 0.5 %* | (Ovide) | $1.60 - $5.10 (Tier 2) | |
| *permethrin topical cream 5 %* | | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| **Devices** | | | |
| **Devices** | | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| 1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| AUTOKEEPER SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD SINGLE USE SWAB | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (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 UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (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 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16 | | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3" | | $1.60 - $5.10 (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 POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| CURITY ALCOHOL PREPS 2 PLY,MEDIUM | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| CURITY GAUZE PADS 2 X 2 " | (gauze bandage) | $0 (Tier 1) | PA; ST |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 " | | $0 (Tier 1) | PA; ST |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " | (gauze bandage) | $0 (Tier 1) | PA; ST |
| DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 " | | $0 (Tier 1) | PA; ST |
| DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 " | | $0 (Tier 1) | PA; ST |

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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 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | $1.60 - $5.10 (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 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64" | $1.60 - $5.10 (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 30G 8MM OUTER 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (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" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (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 6MM 0.5 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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 32GX5/16" 1/2 ML 32 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 " | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16 | | $1.60 - $5.10 (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 SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (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 29GX1/2" 1 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (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 29GX1/2 1 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH LUER LOK INSUL 1 ML | (insulin syringe needleless) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (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 32GX3/16 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASY TOUCH UNI-SLIP SYR 1 ML | (insulin syringe needleless) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE ALCOHOL 70% PADS | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (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 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (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 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (Advocate Syringes) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (CareFine Pen Needle) | $1.60 - $5.10 (Tier 2) | PA; ST |
| GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (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" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (1st Tier Unifine Pentips) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (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 |
|---|---|---|---|
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | | $4.90 - $12.65 (Tier 3) | |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN | | $4.90 - $12.65 (Tier 3) | |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN | | $4.90 - $12.65 (Tier 3) | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | | $4.90 - $12.65 (Tier 3) | |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN | | $4.90 - $12.65 (Tier 3) | |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | | $4.90 - $12.65 (Tier 3) | |
| INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN 1/2 ML SYRINGE 1/2 ML 29 | (Ultilet Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE | | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN 3/10 ML SYRINGE 0.3 ML 30 | (Ultra Comfort Insulin Syringe) | $1.60 - $5.10 (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)) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | $1.60 - $5.10 (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 SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" | (Advocate Syringes) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" | (Easy Touch Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | (Sure Comfort Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | (Easy Touch Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE | | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2" | (BD Eclipse Luer-Lok) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16 | (Advocate Syringes) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (Easy Touch Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16 | (Advocate Syringes) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE | (Ultilet Insulin Syringe) | $1.60 - $5.10 (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-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" | (Comfort EZ Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE | (Monoject Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| IV ANTISEPTIC WIPES | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| KENDALL ALCOHOL 70% PREP PAD | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| LISCO SPONGES 100/BAG 2 X 2 " | | $0 (Tier 1) | PA; ST |
| LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE | | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 30 GAUGE X 7/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (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 |
|---|---|---|---|
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (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 |
|---|---|---|---|
| MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | (CareFine Pen Needle) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | (Comfort EZ Pen Needles) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" | (Comfort EZ Pen Needles) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" | (Comfort EZ Pen Needles) | $1.60 - $5.10 (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 |
|---|---|---|---|
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) | (insulin syringes (disposable)) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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 INSULIN SYR U-100 1 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE | | $4.90 - $12.65 (Tier 3) | QL (10 per 30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | | $4.90 - $12.65 (Tier 3) | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | | $4.90 - $12.65 (Tier 3) | QL (10 per 30 days) |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE | | $4.90 - $12.65 (Tier 3) | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | | $4.90 - $12.65 (Tier 3) | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | | $4.90 - $12.65 (Tier 3) | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | | $4.90 - $12.65 (Tier 3) | QL (1 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 |
|---|---|---|---|
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | | $4.90 - $12.65 (Tier 3) | QL (10 per 30 days) |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" | (Embrace Pen Needle) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" | (CareFine Pen Needle) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4" | (1st Tier Unifine Pentips) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (Advocate Pen Needle) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | (1st Tier Unifine Pentips Plus) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (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 |
|---|---|---|---|
| PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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 |
|---|---|---|---|
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| PURE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| RA ISOPROPYL ALCOHOL 70% WIPES | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| RA STERILE PADS 2"X 2" 2 X 2 " | (Bordered Gauze) | $0 (Tier 1) | PA; ST |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort Touch Pen Needle) | $1.60 - $5.10 (Tier 2) | PA; ST |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | (True-Comfort Pro Pen Needle) | $1.60 - $5.10 (Tier 2) | PA; ST |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | $1.60 - $5.10 (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 INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | (Comfort EZ Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (1st Tier Unifine Pentips) | $1.60 - $5.10 (Tier 2) | PA; ST |
| RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16" | (Advocate Syringes) | $1.60 - $5.10 (Tier 2) | PA; ST |
| RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16" | (Advocate Syringes) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | (Comfort EZ PRO Safety Pen Ndl) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | | $1.60 - $5.10 (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 PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| NEEDLES, INSULIN DISP., SAFETY | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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-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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| 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" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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 INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" | (Thinpro Insulin Syringe) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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 |
|---|---|---|---|
| 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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | | $1.60 - $5.10 (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 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT ALCOHOL 70% PADS | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (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 PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | | $1.60 - $5.10 (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" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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 INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | | $1.60 - $5.10 (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 SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTILET PEN NEEDLE 29 GAUGE | | $1.60 - $5.10 (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 |
|---|---|---|---|
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (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 PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRAFINE INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (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-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (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 PEN NDL 31GX5/16 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (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 PLUS 33GX5/32" 33 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic, safety) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (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 |
|---|---|---|---|
| VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16" | | $1.60 - $5.10 (Tier 2) | PA; ST |
| VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32" | | $1.60 - $5.10 (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 SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | (insulin syringe-needle u-100) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 | (insulin syringe-needle u-100) | $1.60 - $5.10 (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) | $1.60 - $5.10 (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) | $1.60 - $5.10 (Tier 2) | PA; ST |
| VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 " | | $0 (Tier 1) | PA; ST |
| V-GO 20 DEVICE | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| V-GO 30 DEVICE | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| V-GO 40 DEVICE | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| WEBCOL ALCOHOL PREPS 20'S,LARGE | (alcohol swabs) | $0 (Tier 1) | PA; ST |
| WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16" | (pen needle, diabetic) | $1.60 - $5.10 (Tier 2) | PA; ST |
| **Enzyme Cofactors/Chaperones** | | | |
| **Enzyme Cofactors/Chaperones** | | | |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (90 per 30 days) |
| **Enzyme Replacement/Modifiers** | | | |
| **Enzyme Replacement/Modifiers** | | | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | | $4.90 - $12.65 (Tier 3) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *javygtor oral tablet,soluble 100 mg* | (sapropterin) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* | (Orfadin) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *sapropterin oral tablet,soluble 100 mg* | (Javygtor) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | | $1.60 - $12.65 (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 | | $4.90 - $12.65 (Tier 3) | |
| **Eye, Ear, Nose, Throat Agents** | | | |
| **Eye, Ear, Nose, Throat Agents, Miscellaneous** | | | |
| *atropine ophthalmic (eye) drops 1 %* | | $1.60 - $5.10 (Tier 2) | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* | (Astepro Allergy) | $1.60 - $5.10 (Tier 2) | QL (30 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 |
|---|---|---|---|
| *azelastine ophthalmic (eye) drops 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *cromolyn ophthalmic (eye) drops 4 %* | | $1.60 - $5.10 (Tier 2) | |
| *epinastine ophthalmic (eye) drops 0.05 %* | | $1.60 - $5.10 (Tier 2) | |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)* | | $1.60 - $5.10 (Tier 2) | QL (30 per 28 days) |
| *ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)* | | $1.60 - $5.10 (Tier 2) | QL (15 per 10 days) |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | | $4.90 - $12.65 (Tier 3) | QL (12 per 28 days) |
| *olopatadine ophthalmic (eye) drops 0.1 %* | (Eye Allergy Itch-Redness Rlf) | $1.60 - $5.10 (Tier 2) | |
| *olopatadine ophthalmic (eye) drops 0.2 %* | (Advanced Eye Relief (olopatad)) | $1.60 - $5.10 (Tier 2) | |
| **Eye, Ear, Nose, Throat Anti-Infectives Agents** | | | |
| *acetic acid otic (ear) solution 2 %* | | $1.60 - $5.10 (Tier 2) | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | | $1.60 - $5.10 (Tier 2) | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | | $1.60 - $5.10 (Tier 2) | |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | | $1.60 - $5.10 (Tier 2) | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | | $1.60 - $5.10 (Tier 2) | QL (7.5 per 7 days) |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | | $1.60 - $5.10 (Tier 2) | QL (3.5 per 4 days) |
| *gentamicin ophthalmic (eye) drops 0.3 %* | | $1.60 - $5.10 (Tier 2) | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | | $1.60 - $5.10 (Tier 2) | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | (Vigamox) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | | $4.90 - $12.65 (Tier 4) | |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | | $1.60 - $5.10 (Tier 2) | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | | $1.60 - $5.10 (Tier 2) | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %* | (Maxitrol) | $1.60 - $5.10 (Tier 2) | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | | $1.60 - $5.10 (Tier 2) | |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | | $1.60 - $5.10 (Tier 2) | |
| *neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%* | | $1.60 - $5.10 (Tier 2) | |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | | $1.60 - $5.10 (Tier 2) | |
| *neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | (neomycin-bacitracin-poly-hc) | $1.60 - $5.10 (Tier 2) | |
| *neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | (neomycin-bacitracin-polymyxin) | $1.60 - $5.10 (Tier 2) | |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | (Ocuflox) | $1.60 - $5.10 (Tier 2) | |
| *ofloxacin otic (ear) drops 0.3 %* | | $1.60 - $5.10 (Tier 2) | |
| *polycin ophthalmic (eye) ointment 500-10,000 unit/gram* | (bacitracin-polymyxin b) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | $0 (Tier 1) | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | $1.60 - $5.10 (Tier 2) | |
| *sulfacetamide sodium ophthalmic (eye) ointment 10 %* | $1.60 - $5.10 (Tier 2) | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | $1.60 - $5.10 (Tier 2) | |
| *tobramycin ophthalmic (eye) drops 0.3 %* | $0 (Tier 1) | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | $1.60 - $5.10 (Tier 2) | |
| *tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %* (Zylet) | $1.60 - $5.10 (Tier 2) | |
| *trifluridine ophthalmic (eye) drops 1 %* | $1.60 - $5.10 (Tier 2) | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (10 per 42 days) |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | $4.90 - $12.65 (Tier 4) | |
| **Eye, Ear, Nose, Throat Anti-Inflammatory Agents** | | |
| *bromfenac ophthalmic (eye) drops 0.07 %* (Prolensa) | $1.60 - $5.10 (Tier 2) | |
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* (Restasis) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | $1.60 - $5.10 (Tier 2) | |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | $1.60 - $5.10 (Tier 2) | |
| *difluprednate ophthalmic (eye) drops 0.05 %* (Durezol) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | | $4.90 - $12.65 (Tier 3) | QL (8.3 per 14 days) |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | | $1.60 - $5.10 (Tier 2) | QL (50 per 25 days) |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | (DermOtic Oil) | $1.60 - $5.10 (Tier 2) | |
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | (FML Liquifilm) | $1.60 - $5.10 (Tier 2) | |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | | $1.60 - $5.10 (Tier 2) | |
| *fluticasone propionate nasal spray,suspension 50 mcg/actuation* | (24 Hour Allergy Relief) | $0 (Tier 1) | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | | $4.90 - $12.65 (Tier 3) | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | | $4.90 - $12.65 (Tier 3) | QL (5.6 per 14 days) |
| *ketorolac ophthalmic (eye) drops 0.5 %* | (Acular) | $1.60 - $5.10 (Tier 2) | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | | $4.90 - $12.65 (Tier 3) | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | | $4.90 - $12.65 (Tier 3) | QL (5 per 16 days) |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | (Lotemax) | $1.60 - $5.10 (Tier 2) | QL (10 per 14 days) |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %* | | $1.60 - $5.10 (Tier 2) | ST |
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | | $1.60 - $5.10 (Tier 2) | QL (15 per 19 days) |
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | (Allergy Nasal (mometasone)) | $1.60 - $5.10 (Tier 2) | QL (34 per 30 days) |
| *prednisolone acetate ophthalmic (eye) drops,suspension 1 %* | (Pred Forte) | $4.90 - $12.65 (Tier 4) | |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| **Gastrointestinal Agents** | | | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| **Antiulcer Agents And Acid Suppressants** | | | |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | | $1.60 - $5.10 (Tier 2) | |
| *cimetidine hcl oral solution 300 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg* | (Acid Reducer (esomeprazole)) | $1.60 - $5.10 (Tier 2) | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | (Nexium) | $1.60 - $5.10 (Tier 2) | |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg* | (Nexium Packet) | $1.60 - $5.10 (Tier 2) | ST; QL (30 per 30 days) |
| *esomeprazole magnesium oral granules dr for susp in packet 40 mg* | (Nexium Packet) | $1.60 - $5.10 (Tier 2) | ST; QL (60 per 30 days) |
| *famotidine oral tablet 20 mg* | (Acid Controller) | $0 (Tier 1) | |
| *famotidine oral tablet 40 mg* | (Pepcid) | $0 (Tier 1) | |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg* | (Acid Reducer (lansoprazole)) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | (Prevacid) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *misoprostol oral tablet 100 mcg, 200 mcg* | (Cytotec) | $1.60 - $5.10 (Tier 2) | |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg* | | $0 (Tier 1) | |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg* | (Protonix) | $0 (Tier 1) | |
| *rabeprazole oral tablet,delayed release (dr/ec) 20 mg* | (AcipHex) | $1.60 - $5.10 (Tier 2) | |
| *sucralfate oral tablet 1 gram* | (Carafate) | $1.60 - $5.10 (Tier 2) | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | | $4.90 - $12.65 (Tier 4) | PA |
| **Gastrointestinal Agents, Other** | | | |
| *carglumic acid oral tablet, dispersible 200 mg* | (Carbaglu) | $1.60 - $12.65 (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 |
|---|---|---|---|
| *constulose oral solution 10 gram/15 ml* | (lactulose) | $1.60 - $5.10 (Tier 2) | |
| *cromolyn oral concentrate 100 mg/5 ml* | (Gastrocrom) | $1.60 - $5.10 (Tier 2) | |
| *dicyclomine oral capsule 10 mg* | | $1.60 - $5.10 (Tier 2) | |
| *dicyclomine oral solution 10 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *dicyclomine oral tablet 20 mg* | | $1.60 - $5.10 (Tier 2) | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | (Lomotil) | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| *enulose oral solution 10 gram/15 ml* | (lactulose) | $1.60 - $5.10 (Tier 2) | |
| *generlac oral solution 10 gram/15 ml* | (lactulose) | $1.60 - $5.10 (Tier 2) | |
| *glycopyrrolate oral tablet 1 mg* | (Robinul) | $1.60 - $5.10 (Tier 2) | |
| *glycopyrrolate oral tablet 2 mg* | (Robinul Forte) | $1.60 - $5.10 (Tier 2) | |
| *kionex oral suspension 15 gram/60 ml* | (sodium polystyrene sulfonate) | $1.60 - $5.10 (Tier 2) | |
| *lactulose oral solution 10 gram/15 ml* | (Constulose) | $1.60 - $5.10 (Tier 2) | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | | $4.90 - $12.65 (Tier 3) | |
| *loperamide oral capsule 2 mg* | (Anti-Diarrheal (loperamide)) | $1.60 - $5.10 (Tier 2) | |
| *lubiprostone oral capsule 24 mcg* | | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *lubiprostone oral capsule 8 mcg* | (Amitiza) | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *metoclopramide hcl oral solution 5 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | (Reglan) | $0 (Tier 1) | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| *sodium polystyrene sulfonate oral powder 15 gram* | | $1.60 - $5.10 (Tier 2) | |
| *sodium polystyrene sulfonate oral suspension 15 gram/60 ml* | (Kionex) | $1.60 - $5.10 (Tier 2) | |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | | $1.60 - $5.10 (Tier 2) | |
| TRULANCE ORAL TABLET 3 MG | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| *ursodiol oral capsule 200 mg, 400 mg* | (Reltone) | $1.60 - $12.65 (Tier 5) | NDS |
| *ursodiol oral capsule 300 mg* | | $1.60 - $5.10 (Tier 2) | |
| *ursodiol oral tablet 250 mg* | | $1.60 - $5.10 (Tier 2) | |
| *ursodiol oral tablet 500 mg* | (URSO Forte) | $1.60 - $5.10 (Tier 2) | |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | | $4.90 - $12.65 (Tier 3) | |
| XERMELO ORAL TABLET 250 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (84 per 28 days) |
| **Laxatives** | | | |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | (peg 3350-electrolytes) | $1.60 - $5.10 (Tier 2) | |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | (peg 3350-electrolytes) | $1.60 - $5.10 (Tier 2) | |
| *gavilyte-n oral recon soln 420 gram* | (peg-electrolyte soln) | $1.60 - $5.10 (Tier 2) | |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | (GaviLyte-G) | $1.60 - $5.10 (Tier 2) | |
| *peg-electrolyte soln oral recon soln 420 gram* | (GaviLyte-N) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram* | (Suprep Bowel Prep Kit) | $1.60 - $5.10 (Tier 2) | |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)* | | $1.60 - $5.10 (Tier 2) | |
| **Phosphate Binders** | | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | | $1.60 - $5.10 (Tier 2) | |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | | $1.60 - $5.10 (Tier 2) | |
| *sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram* | (Renvela) | $1.60 - $5.10 (Tier 2) | |
| *sevelamer carbonate oral tablet 800 mg* | (Renvela) | $1.60 - $5.10 (Tier 2) | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Genitourinary Agents** | | | |
| **Antispasmodics, Urinary** | | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg* | (Toviaz) | $1.60 - $5.10 (Tier 2) | |
| *flavoxate oral tablet 100 mg* | | $1.60 - $5.10 (Tier 2) | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | (mirabegron) | $1.60 - $5.10 (Tier 2) | |
| *oxybutynin chloride oral syrup 5 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *oxybutynin chloride oral tablet 5 mg* | | $1.60 - $5.10 (Tier 2) | |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | |
| *solifenacin oral tablet 10 mg, 5 mg* | (Vesicare) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | | $1.60 - $5.10 (Tier 2) | |
| *tolterodine oral tablet 1 mg, 2 mg* | | $1.60 - $5.10 (Tier 2) | |
| *trospium oral tablet 20 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Genitourinary Agents, Miscellaneous** | | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | (Uroxatral) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *dutasteride oral capsule 0.5 mg* | (Avodart) | $1.60 - $5.10 (Tier 2) | |
| *finasteride oral tablet 5 mg* | (Proscar) | $0 (Tier 1) | |
| *tamsulosin oral capsule 0.4 mg* | | $0 (Tier 1) | |
| *terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | | $0 (Tier 1) | |
| **Heavy Metal Antagonists** | | | |
| **Heavy Metal Antagonists** | | | |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | (Jadenu Sprinkle) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | (Jadenu) | $1.60 - $5.10 (Tier 2) | PA |
| *penicillamine oral tablet 250 mg* | (Depen Titratabs) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *trientine oral capsule 250 mg* | (Syprine) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (240 per 30 days) |
| **Hormonal Agents, Stimulant/Replacement/Modifying** | | | |
| **Androgens** | | | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml* | (Depo-Testosterone) | $1.60 - $5.10 (Tier 2) | PA |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *testosterone cypionate intramuscular oil 200 mg/ml (1 ml)* | | $1.60 - $5.10 (Tier 2) | PA |
| *testosterone enanthate intramuscular oil 200 mg/ml* | | $1.60 - $5.10 (Tier 2) | PA; QL (5 per 28 days) |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | (Vogelxo) | $1.60 - $5.10 (Tier 2) | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | (AndroGel) | $1.60 - $5.10 (Tier 2) | PA; QL (150 per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | | $1.60 - $5.10 (Tier 2) | PA; QL (300 per 30 days) |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | (Vogelxo) | $1.60 - $5.10 (Tier 2) | PA; QL (300 per 30 days) |
| **Estrogens And Antiestrogens** | | | |
| *abigale lo oral tablet 0.5-0.1 mg* | (estradiol-norethindrone acet) | $0 (Tier 1) | |
| *abigale oral tablet 1-0.5 mg* | (estradiol-norethindrone acet) | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| *conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg* | (Premarin) | $1.60 - $5.10 (Tier 2) | |
| *dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (estradiol) | $1.60 - $5.10 (Tier 2) | QL (8 per 28 days) |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | | $0 (Tier 1) | |
| *estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Dotti) | $1.60 - $5.10 (Tier 2) | QL (8 per 28 days) |
| *estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr* | (Climara) | $1.60 - $5.10 (Tier 2) | QL (4 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 |
|---|---|---|---|
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | (Estrace) | $1.60 - $5.10 (Tier 2) | |
| *estradiol vaginal tablet 10 mcg* | (Yuvafem) | $1.60 - $5.10 (Tier 2) | QL (18 per 28 days) |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg* | (Abigale Lo) | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| *estradiol-norethindrone acet oral tablet 1-0.5 mg* | (Abigale) | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| *mimvey oral tablet 1-0.5 mg* | (estradiol-norethindrone acet) | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | | $4.90 - $12.65 (Tier 3) | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | | $4.90 - $12.65 (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 | | $4.90 - $12.65 (Tier 3) | PA-HRM; AGE (Max 64 Years) |
| *raloxifene oral tablet 60 mg* | (Evista) | $1.60 - $5.10 (Tier 2) | |
| *yuvafem vaginal tablet 10 mcg* | (estradiol) | $1.60 - $5.10 (Tier 2) | QL (18 per 28 days) |
| **Glucocorticoids/Mineralocorticoids** | | | |
| *dexamethasone oral solution 0.5 mg/5 ml* | | $1.60 - $5.10 (Tier 2) | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | | $1.60 - $5.10 (Tier 2) | |
| *dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml* | | $0 (Tier 1) | |
| *fludrocortisone oral tablet 0.1 mg* | | $1.60 - $5.10 (Tier 2) | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | (Cortef) | $1.60 - $5.10 (Tier 2) | |
| *methylprednisolone acetate injection suspension 40 mg/ml* | (Depo-Medrol) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| *methylprednisolone oral tablet 16 mg, 4 mg, 8 mg* (Medrol) | $1.60 - $5.10 (Tier 2) | |
| *methylprednisolone oral tablet 32 mg* | $1.60 - $5.10 (Tier 2) | |
| *methylprednisolone oral tablets,dose pack 4 mg* (Medrol (Pak)) | $0 (Tier 1) | |
| *prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)* | $1.60 - $5.10 (Tier 2) | PA BvD |
| *prednisolone oral solution 15 mg/5 ml* | $1.60 - $5.10 (Tier 2) | PA BvD |
| *prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | $1.60 - $5.10 (Tier 2) | PA BvD |
| *prednisone oral solution 5 mg/5 ml* | $1.60 - $5.10 (Tier 2) | PA BvD |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | $0 (Tier 1) | PA BvD |
| *prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)* | $1.60 - $5.10 (Tier 2) | |
| *triamcinolone acetonide injection suspension 40 mg/ml* (Kenalog) | $1.60 - $5.10 (Tier 2) | |
| **Pituitary** | | |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (35 per 28 days) |
| *desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)* | $1.60 - $5.10 (Tier 2) | |
| *desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)* | $1.60 - $5.10 (Tier 2) | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* (DDAVP) | $1.60 - $5.10 (Tier 2) | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *lanreotide subcutaneous syringe 120 mg/0.5 ml* (Somatuline Depot) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (0.5 per 28 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | $1.60 - $12.65 (Tier 5) | PA; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | $1.60 - $12.65 (Tier 5) | PA; NDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *octreotide acetate injection solution 1,000 mcg/ml* | $1.60 - $12.65 (Tier 5) | NDS |
| *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml* (Sandostatin) | $1.60 - $5.10 (Tier 2) | |
| *octreotide acetate injection solution 200 mcg/ml* | $1.60 - $5.10 (Tier 2) | |
| ORGOVYX ORAL TABLET 120 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | $1.60 - $12.65 (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) | $1.60 - $12.65 (Tier 5) | PA; 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 |
|---|---|---|---|
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | (lanreotide) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | (lanreotide) | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| **Progestins** | | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | | $4.90 - $12.65 (Tier 3) | QL (0.65 per 84 days) |
| *gallifrey oral tablet 5 mg* | (norethindrone acetate) | $1.60 - $5.10 (Tier 2) | |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | (Depo-Provera) | $1.60 - $5.10 (Tier 2) | |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | (Depo-Provera) | $1.60 - $5.10 (Tier 2) | |
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | (Provera) | $0 (Tier 1) | |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | | $1.60 - $5.10 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| *norethindrone acetate oral tablet 5 mg* | (Gallifrey) | $1.60 - $5.10 (Tier 2) | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | (Prometrium) | $1.60 - $5.10 (Tier 2) | |
| **Thyroid And Antithyroid Agents** | | | |
| *levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | (Levo-T) | $0 (Tier 1) | |
| *liomny oral tablet 25 mcg, 5 mcg, 50 mcg* | (liothyronine) | $1.60 - $5.10 (Tier 2) | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | (Liomny) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *methimazole oral tablet 10 mg, 5 mg* | | $0 (Tier 1) | |
| *propylthiouracil oral tablet 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| **Immunological Agents** | | | |
| **Immunological Agents** | | | |
| *adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml* | (Yuflyma(CF) Autoinjector) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml* | (adalimumab-aaty(CF) AI Crohns) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml* | (Yuflyma(CF)) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml* | (adalimumab-aaty) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *azathioprine oral tablet 50 mg* | (Imuran) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *azathioprine sodium injection recon soln 100 mg* | | $1.60 - $5.10 (Tier 2) | PA BvD |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (2 per 28 days) |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | | $1.60 - $12.65 (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 |
|---|---|---|
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *cyclosporine intravenous solution 250 mg/5 ml* (Sandimmune) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *cyclosporine modified oral capsule 100 mg, 25 mg* (Gengraf) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *cyclosporine modified oral capsule 50 mg* | $1.60 - $5.10 (Tier 2) | PA BvD |
| *cyclosporine modified oral solution 100 mg/ml* (Neoral) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *cyclosporine oral capsule 100 mg, 25 mg* (Sandimmune) | $1.60 - $5.10 (Tier 2) | PA BvD |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | $1.60 - $12.65 (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 |
|---|---|---|
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *everolimus (immunosuppressive) oral tablet 0.25 mg* (Zortress) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg* (Zortress) | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *gengraf oral capsule 100 mg, 25 mg* (cyclosporine modified) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *gengraf oral solution 100 mg/ml* (cyclosporine modified) | $1.60 - $5.10 (Tier 2) | PA BvD |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | $1.60 - $12.65 (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(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *infliximab intravenous recon soln 100 mg* (Remicade) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *leflunomide oral tablet 10 mg, 20 mg* (Arava) | $1.60 - $5.10 (Tier 2) | |
| *mycophenolate mofetil (hcl) intravenous recon soln 500 mg* (CellCept Intravenous) | $1.60 - $5.10 (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 |
|---|---|---|
| *mycophenolate mofetil oral capsule 250 mg* (CellCept) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* (CellCept) | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *mycophenolate mofetil oral tablet 500 mg* (CellCept) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* (Myfortic) | $1.60 - $5.10 (Tier 2) | PA BvD |
| NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/ML | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | $1.60 - $12.65 (Tier 5) | PA; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | $1.60 - $12.65 (Tier 5) | PA; NDS |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG | $1.60 - $12.65 (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 XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | $1.60 - $12.65 (Tier 5) | PA; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus) | $4.90 - $12.65 (Tier 4) | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | $4.90 - $12.65 (Tier 4) | PA BvD |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | $4.90 - $12.65 (Tier 4) | ST |
| REZUROCK ORAL TABLET 200 MG | $1.60 - $12.65 (Tier 5) | PA NSO; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | $1.60 - $12.65 (Tier 5) | PA; NDS |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | $4.90 - $12.65 (Tier 3) | PA |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn) | $4.90 - $12.65 (Tier 3) | PA |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *sirolimus oral solution 1 mg/ml* | $1.60 - $5.10 (Tier 2) | PA BvD |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | $1.60 - $5.10 (Tier 2) | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | $1.60 - $12.65 (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 |
|---|---|---|---|
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *tacrolimus intravenous solution 5 mg/ml* | (Prograf) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | (Prograf) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg* | (Astagraf XL) | $1.60 - $5.10 (Tier 2) | PA BvD |
| *tacrolimus oral capsule,extended release 24hr 5 mg* | (Astagraf XL) | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| TAVNEOS ORAL CAPSULE 10 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (180 per 30 days) |
| *tofacitinib oral solution 1 mg/ml* | (Xeljanz) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *tofacitinib oral tablet 10 mg, 5 mg* | (Xeljanz) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg* | (Xeljanz XR) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | | $1.60 - $12.65 (Tier 5) | PA; NDS |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | $1.60 - $12.65 (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) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml* (Otulfi) | $4.90 - $12.65 (Tier 3) | PA |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | $4.90 - $12.65 (Tier 3) | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | $4.90 - $12.65 (Tier 3) | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| **Vaccines** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | $4.90 - $12.65 (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 |
|---|---|---|
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | $4.90 - $12.65 (Tier 3) | $0 copay |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | $4.90 - $12.65 (Tier 3) | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | $4.90 - $12.65 (Tier 3) | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | $4.90 - $12.65 (Tier 3) | PA BvD; $0 copay |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | $4.90 - $12.65 (Tier 3) | PA BvD; $0 copay |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | PA BvD; $0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | $4.90 - $12.65 (Tier 3) | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | PA BvD; $0 copay |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | $4.90 - $12.65 (Tier 3) | PA BvD; $0 copay |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | $4.90 - $12.65 (Tier 3) | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | $4.90 - $12.65 (Tier 3) | $0 copay |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | $4.90 - $12.65 (Tier 3) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | $4.90 - $12.65 (Tier 3) | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML | $4.90 - $12.65 (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 |
|---|---|---|
| PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG | $4.90 - $12.65 (Tier 3) | $0 copay |
| PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | $4.90 - $12.65 (Tier 3) | |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5 | $4.90 - $12.65 (Tier 3) | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | $4.90 - $12.65 (Tier 3) | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | $4.90 - $12.65 (Tier 3) | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | $4.90 - $12.65 (Tier 3) | PA BvD; $0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | PA BvD; $0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | PA BvD; $0 copay |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | $4.90 - $12.65 (Tier 3) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | $4.90 - $12.65 (Tier 3) | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay; QL (2 per 365 days) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | $4.90 - $12.65 (Tier 3) | |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine) | $4.90 - $12.65 (Tier 3) | $0 copay |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | $4.90 - $12.65 (Tier 3) | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | $4.90 - $12.65 (Tier 3) | $0 copay |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | $4.90 - $12.65 (Tier 3) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | | $4.90 - $12.65 (Tier 3) | $0 copay |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | | $4.90 - $12.65 (Tier 3) | $0 copay |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | | $4.90 - $12.65 (Tier 3) | $0 copay |
| VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML | | $4.90 - $12.65 (Tier 3) | $0 copay |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT | | $4.90 - $12.65 (Tier 3) | $0 copay |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | | $4.90 - $12.65 (Tier 3) | $0 copay |
| **Inflammatory Bowel Disease Agents** | | | |
| **Inflammatory Bowel Disease Agents** | | | |
| *alosetron oral tablet 0.5 mg* | (Lotronex) | $1.60 - $5.10 (Tier 2) | |
| *alosetron oral tablet 1 mg* | (Lotronex) | $1.60 - $12.65 (Tier 5) | NDS |
| *balsalazide oral capsule 750 mg* | (Colazal) | $1.60 - $5.10 (Tier 2) | |
| *budesonide oral capsule,delayed,extend.release 3 mg* | | $1.60 - $5.10 (Tier 2) | |
| *budesonide rectal foam 2 mg/actuation* | (Uceris) | $1.60 - $5.10 (Tier 2) | |
| *hydrocortisone rectal enema 100 mg/60 ml* | (Cortenema) | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *mesalamine oral capsule, extended release 500 mg* | (Pentasa) | $1.60 - $5.10 (Tier 2) | |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | (Apriso) | $1.60 - $5.10 (Tier 2) | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram* | (Lialda) | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *sulfasalazine oral tablet 500 mg* | (Azulfidine) | $1.60 - $5.10 (Tier 2) | |
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | (Azulfidine EN-tabs) | $4.90 - $12.65 (Tier 4) | |
| **Metabolic Bone Disease Agents** | | | |
| **Metabolic Bone Disease Agents** | | | |
| *alendronate oral solution 70 mg/75 ml* | | $1.60 - $5.10 (Tier 2) | QL (300 per 28 days) |
| *alendronate oral tablet 10 mg* | | $0 (Tier 1) | QL (30 per 30 days) |
| *alendronate oral tablet 35 mg* | | $0 (Tier 1) | QL (4 per 28 days) |
| *alendronate oral tablet 70 mg* | (Fosamax) | $0 (Tier 1) | QL (4 per 28 days) |
| *calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation* | | $1.60 - $5.10 (Tier 2) | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | | $1.60 - $5.10 (Tier 2) | |
| *cinacalcet oral tablet 30 mg, 60 mg* | (Sensipar) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *cinacalcet oral tablet 90 mg* | (Sensipar) | $1.60 - $5.10 (Tier 2) | QL (120 per 30 days) |
| *ibandronate oral tablet 150 mg* | | $1.60 - $5.10 (Tier 2) | QL (1 per 28 days) |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *paricalcitol oral capsule 1 mcg, 2 mcg* | (Zemplar) | $1.60 - $5.10 (Tier 2) | |
| *paricalcitol oral capsule 4 mcg* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | $1.60 - $12.65 (Tier 5) | NDS; QL (60 per 30 days) |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML | $4.90 - $12.65 (Tier 3) | QL (1 per 180 days) |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* (Bonsity) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (2.24 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (1.56 per 30 days) |
| **Miscellaneous Therapeutic Agents** | | |
| **Miscellaneous Therapeutic Agents** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION | $4.90 - $12.65 (Tier 3) | |
| *betaine oral powder 1 gram/scoop* (Cystadane) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | $0 (Tier 1) | |
| *diazoxide oral suspension 50 mg/ml* (Proglycem) | $1.60 - $12.65 (Tier 5) | NDS |
| *glucagon emergency kit (human) injection recon soln 1 mg* | $4.90 - $12.65 (Tier 3) | |
| *glutamine (sickle cell) oral powder in packet 5 gram* (Endari) | $1.60 - $12.65 (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 | $4.90 - $12.65 (Tier 3) | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | $4.90 - $12.65 (Tier 3) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | | $4.90 - $12.65 (Tier 3) | |
| *hydroxyzine pamoate oral capsule 100 mg* | | $1.60 - $5.10 (Tier 2) | |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | | $0 (Tier 1) | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | |
| *mesna oral tablet 400 mg* | (Mesnex) | $1.60 - $12.65 (Tier 5) | NDS |
| *nitroglycerin rectal ointment 0.4 % (w/w)* | (Rectiv) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *pyridostigmine bromide oral tablet 60 mg* | (Mestinon) | $1.60 - $5.10 (Tier 2) | |
| THALOMID ORAL CAPSULE 100 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (120 per 30 days) |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (56 per 28 days) |
| THALOMID ORAL CAPSULE 50 MG | | $1.60 - $12.65 (Tier 5) | PA NSO; NDS; QL (224 per 28 days) |
| TYBOST ORAL TABLET 150 MG | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| VEOZAH ORAL TABLET 45 MG | | $4.90 - $12.65 (Tier 4) | PA; QL (30 per 30 days) |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (12 per 30 days) |
| **Ophthalmic Agents** | | | |
| **Antiglaucoma Agents** | | | |
| *acetazolamide oral capsule, extended release 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| *acetazolamide oral tablet 125 mg, 250 mg* | | $1.60 - $5.10 (Tier 2) | |
| *acetazolamide sodium injection recon soln 500 mg* | | $1.60 - $5.10 (Tier 2) | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | | $1.60 - $5.10 (Tier 2) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %* | (Alphagan P) | $1.60 - $5.10 (Tier 2) | |
| *brimonidine ophthalmic (eye) drops 0.2 %* | | $1.60 - $5.10 (Tier 2) | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | (Combigan) | $1.60 - $5.10 (Tier 2) | |
| *brinzolamide ophthalmic (eye) drops,suspension 1 %* | (Azopt) | $1.60 - $5.10 (Tier 2) | |
| *carteolol ophthalmic (eye) drops 1 %* | | $1.60 - $5.10 (Tier 2) | |
| *dorzolamide ophthalmic (eye) drops 2 %* | | $1.60 - $5.10 (Tier 2) | |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | (Cosopt) | $1.60 - $5.10 (Tier 2) | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | (Xalatan) | $0 (Tier 1) | QL (2.5 per 25 days) |
| *levobunolol ophthalmic (eye) drops 0.5 %* | | $1.60 - $5.10 (Tier 2) | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | (bimatoprost) | $4.90 - $12.65 (Tier 3) | QL (2.5 per 25 days) |
| *methazolamide oral tablet 25 mg, 50 mg* | | $1.60 - $5.10 (Tier 2) | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | | $1.60 - $5.10 (Tier 2) | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | | $4.90 - $12.65 (Tier 3) | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | | $4.90 - $12.65 (Tier 3) | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | | $4.90 - $12.65 (Tier 3) | |
| *timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %* | | $0 (Tier 1) | |
| *timolol ophthalmic (eye) drops 0.5 %* | (Betimol) | $0 (Tier 1) | |
| *travoprost ophthalmic (eye) drops 0.004 %* | (Travatan Z) | $1.60 - $5.10 (Tier 2) | 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 |
|---|---|---|---|
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | | $4.90 - $12.65 (Tier 4) | QL (5 per 30 days) |
| **Replacement Preparations** | | | |
| **Replacement Preparations** | | | |
| *d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution* | (d5 % and 0.9 % sodium chloride) | $1.60 - $5.10 (Tier 2) | |
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | (D5 % (d-glucose)-0.9 % sodchlr) | $1.60 - $5.10 (Tier 2) | |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | | $1.60 - $5.10 (Tier 2) | |
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | (potassium chloride) | $1.60 - $5.10 (Tier 2) | |
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | (potassium chloride) | $1.60 - $5.10 (Tier 2) | |
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | (potassium chloride) | $1.60 - $5.10 (Tier 2) | |
| *magnesium sulfate injection solution 500 mg/ml (50 %)* | | $4.90 - $12.65 (Tier 4) | |
| *magnesium sulfate injection syringe 500 mg/ml (50 %)* | | $1.60 - $5.10 (Tier 2) | |
| *potassium chloride intravenous solution 2 meq/ml* | | $1.60 - $5.10 (Tier 2) | |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | | $1.60 - $5.10 (Tier 2) | |
| *potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml* | | $1.60 - $5.10 (Tier 2) | |
| *potassium chloride oral tablet extended release 10 meq* | (Klor-Con 10) | $1.60 - $5.10 (Tier 2) | |
| *potassium chloride oral tablet extended release 15 meq, 20 meq* | | $1.60 - $5.10 (Tier 2) | |
| *potassium chloride oral tablet extended release 8 meq* | (Klor-Con 8) | $1.60 - $5.10 (Tier 2) | |
| *potassium chloride oral tablet,er particles/crystals 10 meq* | (Klor-Con M10) | $1.60 - $5.10 (Tier 2) | |
| *potassium chloride oral tablet,er particles/crystals 15 meq* | (Klor-Con M15) | $1.60 - $5.10 (Tier 2) | |

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

| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *potassium chloride oral tablet,er particles/crystals 20 meq* | (Klor-Con M20) | $1.60 - $5.10 (Tier 2) | |
| *potassium citrate oral tablet extended release 10 meq (1,080 mg)* | (Urocit-K 10) | $1.60 - $5.10 (Tier 2) | |
| *potassium citrate oral tablet extended release 15 meq* | (Urocit-K 15) | $1.60 - $5.10 (Tier 2) | |
| *potassium citrate oral tablet extended release 5 meq (540 mg)* | | $1.60 - $5.10 (Tier 2) | |
| *sodium chloride 0.45 % intravenous parenteral solution 0.45 %* | | $1.60 - $5.10 (Tier 2) | |
| *sodium chloride 0.9 % intravenous parenteral solution* | | $1.60 - $5.10 (Tier 2) | |
| *sodium chloride 0.9% solution mini-bag, single use* | | $1.60 - $5.10 (Tier 2) | |
| **Respiratory Tract Agents** | | | |
| **Anti-Inflammatories, Inhaled Corticosteroids** | | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | (fluticasone propion-salmeterol) | $4.90 - $12.65 (Tier 3) | QL (12 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | (fluticasone furoate) | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | (fluticasone furoate-vilanterol) | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE | | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| *breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | (budesonide-formoterol) | $1.60 - $5.10 (Tier 2) | QL (30.9 per 30 days) |

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

| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml* | (Pulmicort) | $1.60 - $5.10 (Tier 2) | PA BvD; QL (120 per 30 days) |
| *budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | (Breyna) | $1.60 - $5.10 (Tier 2) | QL (30.6 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation* | | $1.60 - $5.10 (Tier 2) | QL (12 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation* | | $1.60 - $5.10 (Tier 2) | QL (24 per 30 days) |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | | $1.60 - $5.10 (Tier 2) | QL (21.2 per 30 days) |
| *fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | (Wixela Inhub) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | (fluticasone propion-salmeterol) | $1.60 - $5.10 (Tier 2) | QL (60 per 30 days) |
| **Antileukotrienes** | | | |
| *montelukast oral tablet 10 mg* | (Singulair) | $0 (Tier 1) | |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | (Singulair) | $1.60 - $5.10 (Tier 2) | |
| *zafirlukast oral tablet 10 mg, 20 mg* | | $1.60 - $5.10 (Tier 2) | |
| **Bronchodilators** | | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | | $4.90 - $12.65 (Tier 3) | QL (32.1 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | (Ventolin HFA) | $1.60 - $5.10 (Tier 2) | QL (17 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)* | | $1.60 - $5.10 (Tier 2) | QL (13.4 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)* | | $1.60 - $5.10 (Tier 2) | QL (36 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 |
|---|---|---|
| *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* | $1.60 - $5.10 (Tier 2) | PA BvD |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol) | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION | $4.90 - $12.65 (Tier 3) | QL (23.6 per 28 days) |
| BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION | $4.90 - $12.65 (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 | $4.90 - $12.65 (Tier 3) | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | $4.90 - $12.65 (Tier 3) | QL (8 per 30 days) |
| *ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation* (Atrovent HFA) | $1.60 - $5.10 (Tier 2) | QL (25.8 per 28 days) |
| *ipratropium bromide inhalation solution 0.02 %* | $1.60 - $5.10 (Tier 2) | PA BvD |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | $1.60 - $5.10 (Tier 2) | PA BvD; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION | $4.90 - $12.65 (Tier 3) | QL (4 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | $4.90 - $12.65 (Tier 3) | QL (4 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 |
|---|---|---|
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | $4.90 - $12.65 (Tier 3) | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | $4.90 - $12.65 (Tier 3) | QL (4 per 28 days) |
| *theophylline oral solution 80 mg/15 ml* | $1.60 - $5.10 (Tier 2) | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg* | $1.60 - $5.10 (Tier 2) | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | $1.60 - $5.10 (Tier 2) | |
| *tiotropium bromide inhalation capsule, w/inhalation device 18 mcg* (Spiriva with HandiHaler) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | $4.90 - $12.65 (Tier 3) | QL (60 per 30 days) |
| **Respiratory Tract Agents, Other** | | |
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* | $1.60 - $5.10 (Tier 2) | PA BvD |
| ALYFTREK ORAL TABLET 10-50-125 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (60 per 30 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (90 per 30 days) |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | $1.60 - $12.65 (Tier 5) | NDS; QL (560 per 28 days) |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | $1.60 - $5.10 (Tier 2) | PA BvD |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | $1.60 - $12.65 (Tier 5) | PA; 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 |
|---|---|---|
| JASCAYD ORAL TABLET 18 MG, 9 MG | $1.60 - $12.65 (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 | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (56 per 28 days) |
| *nintedanib oral capsule 100 mg, 150 mg* (Ofev) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (60 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | $1.60 - $12.65 (Tier 5) | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | $1.60 - $12.65 (Tier 5) | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | $1.60 - $12.65 (Tier 5) | PA; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | $1.60 - $12.65 (Tier 5) | PA; LA; NDS; QL (0.4 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (112 per 28 days) |
| *pirfenidone oral capsule 267 mg* | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 267 mg* (Esbriet) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (270 per 30 days) |
| *pirfenidone oral tablet 534 mg* | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (90 per 30 days) |
| *pirfenidone oral tablet 801 mg* (Esbriet) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (90 per 30 days) |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | $1.60 - $12.65 (Tier 5) | PA BvD; NDS |
| *roflumilast oral tablet 250 mcg* (Daliresp) | $1.60 - $5.10 (Tier 2) | QL (28 per 28 days) |
| *roflumilast oral tablet 500 mcg* (Daliresp) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |

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| Name of Drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | $1.60 - $12.65 (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) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (84 per 28 days) |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) | $1.60 - $12.65 (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 | $1.60 - $12.65 (Tier 5) | PA; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | $1.60 - $12.65 (Tier 5) | PA; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | $1.60 - $12.65 (Tier 5) | PA; NDS |
| **Skeletal Muscle Relaxants** | | |
| **Skeletal Muscle Relaxants** | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | $1.60 - $5.10 (Tier 2) | |
| *cyclobenzaprine oral tablet 10 mg, 5 mg* | $0 (Tier 1) | |
| *dantrolene oral capsule 100 mg, 50 mg* | $1.60 - $5.10 (Tier 2) | |
| *dantrolene oral capsule 25 mg* (Dantrium) | $1.60 - $5.10 (Tier 2) | |
| *methocarbamol oral tablet 500 mg, 750 mg* | $1.60 - $5.10 (Tier 2) | |
| *tizanidine oral tablet 2 mg* | $1.60 - $5.10 (Tier 2) | |
| *tizanidine oral tablet 4 mg* (Zanaflex) | $1.60 - $5.10 (Tier 2) | |
| **Sleep Disorder Agents** | | |

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 |
|---|---|---|---|
| **Sleep Disorder Agents** | | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | (Nuvigil) | $1.60 - $5.10 (Tier 2) | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | | $4.90 - $12.65 (Tier 3) | QL (30 per 30 days) |
| *doxepin oral tablet 3 mg, 6 mg* | (Silenor) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | (Lunesta) | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *modafinil oral tablet 100 mg* | (Provigil) | $1.60 - $5.10 (Tier 2) | PA; QL (30 per 30 days) |
| *modafinil oral tablet 200 mg* | (Provigil) | $1.60 - $5.10 (Tier 2) | PA; QL (60 per 30 days) |
| *sodium oxybate oral solution 500 mg/ml* | (Xyrem) | $1.60 - $12.65 (Tier 5) | PA; LA; NDS; QL (540 per 30 days) |
| *zaleplon oral capsule 10 mg, 5 mg* | | $1.60 - $5.10 (Tier 2) | QL (30 per 30 days) |
| *zolpidem oral tablet 10 mg, 5 mg* | (Ambien) | $0 (Tier 1) | QL (30 per 30 days) |
| **Vasodilating Agents** | | | |
| **Vasodilating Agents** | | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (90 per 30 days) |
| *alyq oral tablet 20 mg* | (tadalafil (pulm. hypertension)) | $1.60 - $5.10 (Tier 2) | PA; QL (60 per 30 days) |
| *bosentan oral tablet 125 mg, 62.5 mg* | (Tracleer) | $1.60 - $12.65 (Tier 5) | PA; LA; NDS; QL (60 per 30 days) |
| *macitentan oral tablet 10 mg* | (Opsumit) | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (30 per 30 days) |
| *sildenafil (pulm.hypertension) oral tablet 20 mg* | (Revatio) | $1.60 - $5.10 (Tier 2) | PA; QL (360 per 30 days) |
| *tadalafil oral tablet 2.5 mg* | | $1.60 - $5.10 (Tier 2) | PA; QL (30 per 30 days) |
| *tadalafil oral tablet 5 mg* | (Cialis) | $1.60 - $5.10 (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 | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 100 MCG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (480 per 30 days) |
| UPTRAVI ORAL TABLET 150 MCG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (300 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | $1.60 - $12.65 (Tier 5) | PA; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | $1.60 - $12.65 (Tier 5) | PA; NDS |
| YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | $1.60 - $12.65 (Tier 5) | PA; NDS |
| **Vitamins And Minerals** | | |
| **Vitamins And Minerals** | | |
| *bal-care dha combo pack 27-1-430 mg* | $0 (Tier 1) | |
| *bal-care dha essential pack 27 mg iron-1 mg -374 mg* | $0 (Tier 1) | |
| *c-nate dha softgel 28 mg iron-1 mg - 200 mg* | $0 (Tier 1) | |
| *completenate tablet chew 29 mg iron-1 mg* | $0 (Tier 1) | |
| *folivane-ob capsule 85-1 mg* | $0 (Tier 1) | |
| *kosher prenatal plus iron tab 30 mg iron- 1 mg* | $0 (Tier 1) | |
| *marnatal-f capsule 60 mg iron-1 mg* | $0 (Tier 1) | |
| *m-natal plus tablet 27 mg iron- 1 mg* (pnv,calcium 72-iron-folic acid) | $0 (Tier 1) | |
| *mynatal advance oral tablet 90-1-50 mg* | $0 (Tier 1) | |
| *mynatal capsule 65 mg iron- 1 mg* | $0 (Tier 1) | |

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| Name of Drug | | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|---|---|
| *mynatal oral tablet 90-1-50 mg* | | $0 (Tier 1) | |
| *mynatal plus captab 65 mg iron- 1 mg* | | $0 (Tier 1) | |
| *mynatal-z captab 65 mg iron- 1 mg* | | $0 (Tier 1) | |
| *mynate 90 plus oral tablet extended release 90 mg iron-1 mg* | | $0 (Tier 1) | |
| *newgen tablet 32-1,000 mg-mcg* | | $0 (Tier 1) | |
| *obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe* | | $0 (Tier 1) | |
| *obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg* | | $0 (Tier 1) | |
| *pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg* | (pnv,calcium 72-iron-folic acid) | $0 (Tier 1) | |
| *pnv-dha + docusate oral capsule 27-1.25-55-300 mg* | | $0 (Tier 1) | |
| *pnv-omega softgel 28-1-300 mg* | | $0 (Tier 1) | |
| *pr natal 400 combo pack 29-1-400 mg* | | $0 (Tier 1) | |
| *pr natal 400 ec combo pack 29-1-400 mg* | | $0 (Tier 1) | |
| *pr natal 430 combo pack 29 mg iron-1 mg -430 mg* | | $0 (Tier 1) | |
| *pr natal 430 ec combo pack 29-1-430 mg* | | $0 (Tier 1) | |
| *prenaissance oral capsule 29-1.25-55-325 mg* | | $0 (Tier 1) | |
| *prenaissance plus oral capsule 28-1-50-250 mg* | | $0 (Tier 1) | |
| *prenatabs fa tablet 29-1 mg* | | $0 (Tier 1) | |
| *prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg* | | $0 (Tier 1) | |
| *prenatal 19 chewable tablet 29 mg iron- 1 mg* | | $0 (Tier 1) | |
| *prenatal plus iron tablet (rx) 29 mg iron- 1 mg* | (pnv,calcium 72-iron,carb-folic) | $0 (Tier 1) | |

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 |
|---|---|---|
| *prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg* (pnv,calcium 72-iron-folic acid) | $0 (Tier 1) | |
| *prenatal-u capsule 106.5-1 mg* | $0 (Tier 1) | |
| *r-natal ob softgel 20 mg iron- 1 mg-320 mg* | $0 (Tier 1) | |
| *select-ob chewable caplet 29 mg iron- 1 mg* | $0 (Tier 1) | |
| *select-ob chewable caplet 29 mg iron- 1 mg* | $0 (Tier 1) | |
| *se-natal 19 chewable tablet 29 mg iron- 1 mg* | $0 (Tier 1) | |
| *taron-c dha capsule 35-1-200 mg* | $0 (Tier 1) | |
| *taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg* | $0 (Tier 1) | |
| *vitafol gummies 3.33 mg iron- 0.33 mg* | $0 (Tier 1) | |
| *vitafol-ob+dha combo pack 65-1-250 mg* | $0 (Tier 1) | |
| *vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg* | $0 (Tier 1) | |
| *zatean-pn dha capsule 27 mg iron-1 mg -300 mg* | $0 (Tier 1) | |
| *zatean-pn plus softgel 28-1-300 mg* | $0 (Tier 1) | |
| *zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg* | $0 (Tier 1) | |

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## D. លិបិក្រមនៃឱសថដែលមានជានាវ៉ាប់រង

ក្នុងផ្នែកនេះ អ្នកអាចស្វែងរកឱសថដោយស្វែងរកឈ្មោះរបស់វាតាមលំដាប់អក្ខរក្រម។
វានឹងប្រាប់អ្នកអំពីលេខទំព័រ
ដែលអ្នកអាចរកឃើញព័ត៌មានអំពីការជានាវ៉ាប់រងបន្ថែមសម្រាប់ឱសថរបស់អ្នក។

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Health Plan of San Joaquin

Mountain Valley Health Plan

Advantage D-SNP

បញ្ជីឱសថ*នេះត្រូវបានធ្វើបច្ចុប្បន្នភាពនៅថ្ងៃទី* 11/01/2026 ។

សម្រាប់ព័ត៌មានថ្មីៗបន្ថែមទៀត ឬសំណួរផ្សេងទៀត 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 ដល់ថ្ងៃទី 30 ខែកញ្ញា ឬចូលមើលគេហទំព័រ www.hpsj-mvhp.org.