2026

CenCal CareConnect (HMO D-SNP)

List of Covered Drugs (Formulary)

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

For more recent information or other questions, contact us at **1-877-814-1861** (TTY: CA Relay at 711), 7 days a week, 8 a.m. to 8 p.m. PT or visit www.cencalhealth.org/careconnect.

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CenCal CareConnect
(HMO D-SNP)

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CenCal CareConnect, HMO D-SNP | 2026 *List of Covered Drugs* (*Drug List* or Formulary)

Introduction

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

Table of Contents

If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 7 days a week, 8 a.m. to 8 p.m. PT. The call is free. **For more information**, visit www.cencalhealth.org/careconnect. This formulary was updated on 11/01/2025.

A. Disclaimers

This is a list of drugs that members can get in CenCal CareConnect.

- You can always check CenCal CareConnect's up-to-date *List of Covered Drugs* online at www.cencalhealth.org/careconnect or by calling 1-877-814-1861 (TTY: CA Relay at 711), 7 days a week, 8 a.m. to 8 p.m. PT. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-814-1861 (TTY: CA Relay at 711). 7 days a week, 8 a.m. to 8 p.m. PT. The call is free.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language, call 1-877-814-1861 (TTY: CA Relay at 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-814-1861 (TTY: CA Relay at 711). These services are free of charge.

العربية (Arabic)

انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم 1-877-814-1861 (TTY: CA Relay 711). وتتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والمطبوعة بحروف كبيرة. اتصل على الرقم 1-877-814-1861 (TTY: CA Relay 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 1-877-814-1861 (TTY: CA Relay 711) հեռախոսահամարով: Հաշմանդամություն ունեցող անձանց համար հասանելի են նաև օժանդակ միջոցներ և ծառայություններ, օրինակ՝ բրայլով և խոշոր տառերով տպված փաստաթղթեր: Զանգահարեք 1-877-814-1861 (TTY: CA Relay 711) հեռախոսահամարով: Այս ծառայություններն անվճար են:

中文 (Chinese)

请注意：如果您需要以您的母语获得帮助，请致电 1-877-814-1861 (TTY: CA Relay 711)。我们也为残疾人士提供辅助和服务，例如盲文版和大字号文件。请致电 1-877-814-1861 (TTY: CA Relay 711)。这些服务都是免
费的。

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ 1-877-814-1861 (TTY: CA Relay 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਉਪਲਬਧ ਹਨ ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼। 1-877-814-1861 (TTY: CA Relay 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता चाहिए, तो 1-877-814-1861 (TTY: CA Relay 711) पर कॉल करें। विकलांग व्यक्तियों के लिए सहायताएँ और सेवाएँ, जैसे कि ब्रेल और बड़े प्रिंट में दस्तावेज़, भी उपलब्ध हैं। 1-877-814-1861 (TTY: CA Relay 711) पर कॉल करें। ये सेवाएँ मुफ़्त दी जाती हैं।

Hmoob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-814-1861 (TTY: CA Relay 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oobqhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-814-1861 (TTY: CA Relay 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)
注意：日本語での対応が必要な場合は 1-877-814-1861 (TTY: CA Relay 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も用意しています。1-877-814-1861 (TTY: CA Relay 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。

한국인 (Korean)
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-814-1861 (TTY: CA Relay 711) 번으로 문의하십시오 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-814-1861 (TTY: CA Relay 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໃຫ້ ໂທຫາເບີ 1-877-814-1861 (TTY: CA Relay 711). ຍັງມີຄວາມຊ່ ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນເອກະສານທີ່ເປັນ ອັກສອນນູນ ແລະ ຕົວພິມໃຫຍ່. ໃຫ້ໂທຫາເບີ 1-877-814-1861 (TTY: CA Relay 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າ ຍໃດໆ.

If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 7 days a week, 8 a.m. to 8 p.m. PT. The call is free. **For more information**, visit www.cencalhealth.org/careconnect. This formulary was updated on 11/01/2025.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-877-814-1861 (TTY: CA Relay 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 1-877-814-1861 (TTY: CA Relay 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ខ្មែរ (Cambodian)

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់
អ្នក សូម ទូរសព្ទៅលេខ 1-877-814-1861 (TTY: CA Relay 711)។
ជំនួយនិងសេវាសម្រាប់អ្នកដែលមាន
ភាពពិការ ដូចជាឯកសារជាអក្សរស្ទាបនិងអក្សរធំៗ
ក៏មានជូនផងដែរ។ទូរសព្ទទៅលេខ 1-877-814-1861
(TTY: CA Relay 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

فارسی (Farsi)

اگر به زبان خودتان نیاز به کمک دارید، با شماره 1-877-814-1861تماس بگیرید
(TTY: CA Relay 711). خدمات و کمک‌هایی برای افراد دارای معلولیت، مانند مدارک
به خط بریل و چاپ درشت، نیز موجود است. با شماره1-877-814-1861 تماس بگیرید
(TTY: CA Relay 711). این خدمات به صورت رایگان ارائه می‌شوند.

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем языке,
позвоните по телефону 1-877-814-1861 (TTY: CA Relay 711).
Также доступны вспомогательные средства и услуги для
людей с ограниченными возможностями, такие как документы,
напечатанные шрифтом Брайля и крупным шрифтом.
Позвоните по телефону 1-877-814-1861 (TTY: CA Relay 711).
Эти услуги бесплатны.

Español (Spanish)
ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-877-814-1861 (TTY: CA Relay 711). También hay disponibles aparatos y servicios de asistencia para personas con discapacidad, como documentos en braille y letra grande. Llame al 1-877-814-1861 (TTY: CA Relay 711). Estos servicios no tienen costo.

Tagalog (Filipino)
PAUNAWA: Kung kailangan ninyo ng tulong sa inyong wika tumawag sa 1-877-814-1861 (TTY: CA Relay 711). Ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento na nasa braille at malaking letra, ay available rin. Tumawag sa 1-877-814-1861 (TTY: CA Relay 711). Ang mga serbisyong ito ay walang bayad.

ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-814-1861 (TTY: CA Relay 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือแล
ะบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-814-1861 (TTY: CA Relay 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою мовою, зателефонуйте на номер 1-877-814-1861 (TTY: CA Relay 711). Також надаються допомога й послуги для людей з інвалідністю, як-от документи, надруковані шрифтом Брайля або великими літерами. Телефонуйте на номер 1-877-814-1861 (TTY: CA Relay 711). Ці послуги надаються безкоштовно.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-814-1861 (TTY: CA Relay 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 chữ cỡ lớn. Vui lòng gọi số 1-877-814-1861 (TTY: CA Relay 711). Các dịch vụ này đều miễn phí.

- ❖ This document is available for free in Spanish.
- ❖ To make a standing request to receive materials in languages other than English or alternate format, or to make changes to a standing request, please call CenCal CareConnect Member Services at 1-877-814-1861 (TTY: CA Relay at 711), 7 days a week, 8 a.m. to 8 p.m. PT. CenCal Health will keep your information as a standing request for future mailings and communications so you do not need to make a separate request each time.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in Section C are the drugs covered by CenCal CareConnect. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- CenCal CareConnect will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - CenCal CareConnect agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a CenCal CareConnect network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.cencalhealth.org/careconnect or call Member Services at 1-877-814-1861 (TTY: CA Relay at 711).

B2. Does the *Drug List* ever change?

Yes, and CenCal CareConnect must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from CenCal CareConnect before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).

- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

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

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

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

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

- You can always check CenCal CareConnect's up-to-date *Drug List* online at www.cencalhealth.org/careconnect. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at 1-877-814-1861 (TTY: CA Relay at 711) to check the current *Drug List*.

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

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

- **Substitutions of certain new versions of drugs**. We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain $0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we're adding:
        - is a new generic version of a brand name drug, or
        - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
        - Some of these drug types may be new to you. For more information, refer to **Section B14**.
    - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market**. Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change.

- You can work with your doctor or other prescriber to find another drug for your condition. Please contact your doctor or other prescriber if you need help finding another drug.
- You can also call Member Services for help at 1-877-814-1861 (TTY: CA Relay at 711), 7 days a week, 8 a.m. to 8 p.m. PT.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

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

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

- if there's a similar drug on the *Drug List* you can take instead or
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CenCal CareConnect before you fill your prescription. Prior authorization is different from a referral. CenCal CareConnect may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes CenCal CareConnect limits the amount of a drug you can get.
- **Step therapy:** Sometimes CenCal CareConnect requires you to do step therapy. This means you 'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage**: If CenCal CareConnect covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at www.cencalhealth.org/careconnect. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

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

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

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

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

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find the Index at the end of the *Drug List*. The drugs are listed in alphabetical order by name, followed by the page number where you can find more information about that drug in the *Drug List*.

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

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

If you don't find your drug on the *Drug List*, call Member Services at 1-877-814-1861 (TTY: CA Relay at 711) and ask about it. If you learn that CenCal CareConnect won't cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that's like the one you want to take. **Or**
- Ask CenCal CareConnect to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I'm a new CenCal CareConnect member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of CenCal CareConnect. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 30 days of medication.

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

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by CenCal CareConnect, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a drug that CenCal CareConnect doesn't consider to be a Part D drug, and the drug isn't on the *Drug List*, and you have a problem getting the drug, it may be covered through Medi-Cal Rx. If a Part D excluded drug requires an exception, and you have an emergency, Medi-Cal Rx will allow no less than 72-hour supply of the drug. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal BIC when getting prescriptions through Medi-Cal Rx.

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

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

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

Yes. You can ask CenCal CareConnect to make an exception to cover a drug that isn't on the *Drug List*.

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

- For example, CenCal CareConnect may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section G** of the *Member Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours.

Your provider may use the Medicare Prescription Drug Coverage Determination to submit this statement. This form can be found on the CenCal CareConnect website at www.cencalhealth.org/careconnect. A completed form should be faxed to 1-858-790-7100. For additional assistance, the provider can call Pharmacy Customer Service: 1-833-726-0676.

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

CenCal CareConnect covers both brand name drugs and generic drugs.

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

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

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

B15. Does CenCal CareConnect cover non-drug OTC products?

CenCal CareConnect covers some non-drug OTC products when they're written as prescriptions by your provider. Examples of non-drug OTC products include supplies used to inject insulin, such as syringes, needles, alcohol swabs, and gauze.

You can read the CenCal CareConnect *Drug List* to find out what non-drug OTC products are covered.

B16. Does CenCal CareConnect cover long-term supplies of prescriptions?

- **Mail-Order Programs**. We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. In most cases, a 100-day supply has the same copay as a one-month supply. Specialty tier drugs (Tier 5) are not available for extended supplies.
- **100-Day Retail Pharmacy Programs**. Some retail pharmacies may also offer up to a 100-day supply of covered drugs. In most cases, a 100-day supply has the same copay as a one-month supply. Specialty tier drugs (Tier 5) are not available for extended supplies at retail pharmacies.

B17. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B18. What's my copay?

CenCal CareConnect members have the following copays and coinsurance for prescription drugs if the member follows the plan's rules. Refer to question B15 for more information about non-drug products.

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

CenCal CareConnect has 6 tiers.

- Tier 1 (Preferred Generic): Generic drugs have $0 copay
- Tier 2 (Generic): Generic drugs have $11 copay for a 1-month supply. With Extra Help, the copay is $5.10, $1.60, or $0, depending on your income.
- Tier 3 (Preferred Brand): Brand name and generic drugs have 25% coinsurance. With Extra Help, the copay is the lesser of 25% or $5.10; the lesser of 25% or $4.90; or $0, depending on your income.
- Tier 4 (Non-Preferred Drug): Brand name and generic drugs have 26% coinsurance. With Extra Help, the copay is the lesser of 26%, $5.10, or $12.65; the lesser of 26%, $1.60, or $4.90; or $0, depending on your income.
- Tier 5 (Specialty Tier): Brand name and generic drugs have 25% coinsurance. With Extra Help, the copay is the lesser of 25%, $5.10, or $12.65; the lesser of $1.60, or $4.90; or $0, depending on your income.
- Tier 6 (Select Care Drugs): Generic drugs have $0 copay

Important Notes:

- All vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) have $0 copay with no deductible.
- During the Catastrophic Coverage Stage, all tiers have $0 copay.

If you have questions, call Member Services at 1-877-814-1861 (TTY: CA Relay at 711).

C. Overview of the *List of Covered Drugs*

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

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

Appeals Under Part D

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Medi-Cal.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 1-877-814-1861 (TTY: CA Relay at 711).
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.
- Drugs that aren't a Part D drug have different rules for appeals.

C1. List of Drugs by Medical Condition

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

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

ABBREVIATION	DESCRIPTION	MEANING
AGE	Age Limit applies	This drug has age restrictions and may only be covered if you meet certain age requirements.
PA	Prior Authorization applies	You (or your physician) are required to get prior authorization from CenCal CareConnect before you fill your prescription for this drug. Without prior approval, CenCal CareConnect may not cover this drug.

ABBREVIATION	DESCRIPTION	MEANING
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from CenCal CareConnect to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CenCal CareConnect may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	PA for New Starts Only. If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from CenCal CareConnect before you fill your prescription for this drug. Without prior approval, CenCal CareConnect may not cover this drug.
PA-HRM	Prior Authorization for High-Risk Medications	This drug has been identified as potentially high-risk for certain members. You (or your physician) must get prior authorization from CenCal CareConnect to ensure this drug is safe and appropriate for you. Without prior approval, CenCal CareConnect may not cover this drug.
NDS	Non-Extended Days' Supply	This drug is not available in extended (90 to 100 day) supplies. You can only get up to a one-month (30-day) supply at a time.
QL	Quantity Limit applies	CenCal CareConnect limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy applies	Before CenCal CareConnect will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information consult your *Pharmacy Directory* or call CenCal CareConnect Member Services at 1-877-814-1861 (TTY 711), 7 days a week, 8 a.m. to 8 p.m. PT.

If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 7 days a week, 8 a.m. to 8 p.m. PT. The call is free. **For more information**, visit www.cencalhealth.org/careconnect. This formulary was updated on 11/01/2025.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*), brand name drugs are capitalized (for example, PROLIA). The information in the "Necessary actions, restrictions, or limits on use" column tells you if CenCal CareConnect has any rules for covering your drug.

List of Dosage Form Abbreviations

Here are the abbreviations, or shortened forms of words or phrases, that may be listed in the "Name of Drug" column in the next section.

Dosage Form Abbreviation	Definition
8 hr	8 hour
12 hr or 12h	12 hour
24 hr or 24hr	24 hour
72 hr	72 hour
act	activated
admix	admixture
aero	aerosol
admin	administration
ampul	ampule
app	applicator
appl	applicator
auto	automatic
cap	capsule
chew	chewable
CT	count
comb	combo
del	delayed
delayed	delayed
disinteg	disintegrating
disintegrat	disintegrating
dose	dosage
DR	delayed release
EC	Enteric-Coated
emolnt	emollient
ENFit	enteral feeding connector
er	extended release

Dosage Form Abbreviation	Definition
ER	extended release
ext	extended
extnd	extended
extend	extended
gast	gastric
HFA	hydrofluoroalkane
hi	high
IR	immediate release
liqd	liquid
loz	lozenge
lo	low
lozeng	lozenge
mini lozenge	miniature lozenge
misc	miscellaneous
MP	Metered Pump
muco	mucous
pak	packet
pack	packet
PCA	Patient Controlled Administration
pell	pellet
pk	package
Powdr	powder
pt	patient
recon	reconstituted
rel	release
releas	release

Dosage Form Abbreviation	Definition
soln	solution
sprink	sprinkle
sprinkl	sprinkle
susp	suspension
suspen	suspension
syring	syringe
tab	tablet
TD	transdermal
var	variable
w/	with
var	variable
w/	with

Table of Contents

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
Analgesics, Miscellaneous		
acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)	Tier 1	NDS; QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	Tier 1	NDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 2	NDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	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	Tier 4	NDS; QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Tier 4	PA-HRM; NDS; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	Tier 4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
endocet oral tablet 10-325 mg	Tier 2	NDS; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	Tier 2	NDS; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	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	Tier 5	PA; NDS; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	Tier 4	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	Tier 4	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	Tier 4	NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 2	NDS; QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	Tier 2	NDS; QL (240 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 2	NDS; QL (180 per 30 days)

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methadone oral tablet 10 mg	Tier 2	NDS; QL (120 per 30 days)
methadone oral tablet 5 mg	Tier 2	NDS; QL (180 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 2	PA; NDS; QL (180 per 30 days)
morphine oral solution 10 mg/5 ml	Tier 2	NDS; QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)	Tier 2	NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	Tier 4	NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	Tier 4	NDS; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 60 mg	Tier 2	NDS; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	Tier 2	NDS; QL (90 per 30 days)
morphine oral tablet extended release 200 mg	Tier 4	NDS; QL (60 per 30 days)
oxycodone oral capsule 5 mg	Tier 2	NDS; QL (180 per 30 days)
oxycodone oral tablet 10 mg, 5 mg	Tier 2	NDS; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 20 mg, 30 mg	Tier 2	NDS; QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	Tier 2	NDS; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	Tier 4	NDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 5-325 mg	Tier 2	NDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	Tier 2	NDS; QL (240 per 30 days)
tramadol oral tablet 50 mg	Tier 1	NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 2	NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 2	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	Tier 4	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	Tier 2	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	Tier 2	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg	Tier 2	QL (120 per 30 days)

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	Tier 2	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %	Tier 4	QL (300 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	Tier 5	PA; NDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 4	
etodolac oral capsule 200 mg, 300 mg	Tier 4	
etodolac oral tablet 400 mg, 500 mg	Tier 2	
flurbiprofen oral tablet 100 mg	Tier 2	
ibu oral tablet 400 mg	Tier 1	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	Tier 1	
ibuprofen oral tablet 400 mg	Tier 1	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	Tier 1	
indomethacin oral capsule 25 mg, 50 mg	Tier 2	PA-HRM; AGE (Max 64 Years)
ketorolac oral tablet 10 mg	Tier 2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
nabumetone oral tablet 500 mg, 750 mg	Tier 2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	Tier 2	
sulindac oral tablet 150 mg, 200 mg	Tier 2	
Anesthetics		
Local Anesthetics		
dermacinrx lidocan 5% patch outer	Tier 4	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	Tier 2	QL (30 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 2	QL (30 per 30 days)
lidocaine topical adhesive patch,medicated 5 %	Tier 4	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %	Tier 4	PA; QL (240 per 30 days)
lidocaine viscous mucous membrane solution 2 %	Tier 2	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 2	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	Tier 4	PA; QL (90 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
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	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	Tier 4	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 4	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 4	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 2	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	Tier 2	
disulfiram oral tablet 250 mg, 500 mg	Tier 4	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	Tier 3	QL (4 per 30 days)
naloxone injection solution 0.4 mg/ml	Tier 2	
naloxone injection syringe 0.4 mg/ml	Tier 2	
naloxone injection syringe 0.4 mg/ml (prefilled syringe), 1 mg/ml	Tier 4	
naloxone nasal spray,non-aerosol 4 mg/actuation	Tier 4	QL (4 per 30 days)
naltrexone oral tablet 50 mg	Tier 2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	Tier 4	QL (240 per 180 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	Tier 4	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	Tier 4	
Antianxiety Agents		
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	Tier 1	NDS; QL (120 per 30 days)
alprazolam oral tablet 2 mg	Tier 1	NDS; QL (150 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
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 2	NDS; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	Tier 1	QL (90 per 30 days)
clonazepam oral tablet 2 mg	Tier 1	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	Tier 2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	Tier 2	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 4	QL (180 per 30 days)
diazepam injection solution 5 mg/ml	Tier 2	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml	Tier 4	
diazepam intensol oral concentrate 5 mg/ml	Tier 2	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 2	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	QL (120 per 30 days)
lorazepam 2 mg/ml oral concent	Tier 2	NDS; QL (150 per 30 days)
lorazepam 4 mg/ml vial inner	Tier 1	
lorazepam injection solution 2 mg/ml	Tier 1	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	Tier 4	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml	Tier 1	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	Tier 2	NDS; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	Tier 1	NDS; QL (90 per 30 days)
lorazepam oral tablet 2 mg	Tier 1	NDS; QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	Tier 1	NDS; QL (30 per 30 days)
temazepam oral capsule 22.5 mg	Tier 4	NDS; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	Tier 4	NDS; QL (120 per 30 days)
Antibacterials		
Aminoglycosides		
amikacin injection solution 500 mg/2 ml	Tier 4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 5	PA; NDS; QL (235.2 per 28 days)
gentamicin injection solution 40 mg/ml	Tier 2	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	Tier 2	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml	Tier 2	
neomycin oral tablet 500 mg	Tier 2	
streptomycin intramuscular recon soln 1 gram	Tier 5	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 5	NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 5	PA BvD; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	Tier 4	
Antibacterials, Miscellaneous		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 2	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	Tier 4	
colistin (colistimethate na) injection recon soln 150 mg	Tier 5	NDS
daptomycin intravenous recon soln 350 mg, 500 mg	Tier 5	NDS
fosfomycin tromethamine oral packet 3 gram	Tier 4	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	Tier 4	
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 5	NDS
linezolid oral tablet 600 mg	Tier 4	
methenamine hippurate oral tablet 1 gram	Tier 4	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	Tier 2	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 2	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 2	QL (60 per 30 days)
trimethoprim oral tablet 100 mg	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
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg	Tier 4	
vancomycin oral capsule 125 mg	Tier 4	QL (56 per 14 days)
vancomycin oral capsule 250 mg	Tier 4	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 5	PA; NDS; QL (90 per 30 days)
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	Tier 4	
cefadroxil oral capsule 500 mg	Tier 2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 4	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	Tier 4	
cefdinir oral capsule 300 mg	Tier 2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
cefepime injection recon soln 1 gram, 2 gram	Tier 4	
cefixime oral capsule 400 mg	Tier 4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	Tier 4	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 4	
cefprozil oral tablet 250 mg, 500 mg	Tier 2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	Tier 4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	Tier 4	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 2	
cefuroxime sodium injection recon soln 750 mg	Tier 2	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	Tier 4	
cephalexin oral capsule 250 mg, 500 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tazicef injection recon soln 1 gram, 2 gram, 6 gram	Tier 4	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	Tier 5	NDS
Macrolides		
azithromycin intravenous recon soln 500 mg	Tier 4	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 4	
clarithromycin oral tablet 250 mg, 500 mg	Tier 2	
DIFICID ORAL TABLET 200 MG	Tier 5	NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 4	
erythromycin oral tablet 250 mg, 500 mg	Tier 4	
fidaxomicin oral tablet 200 mg	Tier 5	NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
aztreonam injection recon soln 1 gram, 2 gram	Tier 4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 5	PA; LA; NDS
ertapenem injection recon soln 1 gram	Tier 4	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	Tier 4	
meropenem intravenous recon soln 1 gram, 500 mg	Tier 3	
meropenem intravenous recon soln 2 gram	Tier 4	
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	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 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 2	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	Tier 4	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 4	
ampicillin oral capsule 500 mg	Tier 2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	Tier 4	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	Tier 4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	Tier 4	
dicloxacillin oral capsule 250 mg, 500 mg	Tier 2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	Tier 4	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	Tier 4	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	Tier 4	
penicillin g potassium injection recon soln 20 million unit	Tier 4	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	Tier 4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 2	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	Tier 4	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 2	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	Tier 2	
levofloxacin oral solution 250 mg/10 ml	Tier 4	
levofloxacin oral tablet 250 mg	Tier 1	
levofloxacin oral tablet 500 mg, 750 mg	Tier 1	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	Tier 4	
moxifloxacin oral tablet 400 mg	Tier 4	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	Tier 4	
Sulfonamides		
sulfadiazine oral tablet 500 mg	Tier 4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
Tetracyclines		
demeclocycline oral tablet 150 mg, 300 mg	Tier 4	
doxy-100 intravenous recon soln 100 mg	Tier 4	
doxycycline hyclate intravenous recon soln 100 mg	Tier 4	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 2	
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier 2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 2	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 4	
doxycycline monohydrate oral tablet 100 mg, 50 mg	Tier 2	
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tetracycline oral capsule 250 mg, 500 mg	Tier 4	
tigecycline intravenous recon soln 50 mg	Tier 4	
Anticancer Agents		
Anticancer Agents		
abiraterone oral tablet 250 mg, 500 mg	Tier 5	PA NSO; NDS; QL (120 per 30 days)
abirtega oral tablet 250 mg	Tier 4	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	Tier 4	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA NSO; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5	PA NSO; NDS
anastrozole oral tablet 1 mg	Tier 2	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	Tier 5	PA NSO; NDS; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	Tier 5	PA NSO; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	Tier 5	PA NSO; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Tier 5	PA NSO; NDS; QL (66 per 28 days)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 5	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
azacitidine injection recon soln 100 mg	Tier 5	NDS
BALVERSA ORAL TABLET 3 MG	Tier 5	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	Tier 5	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	Tier 5	PA NSO; NDS; QL (28 per 28 days)
bendamustine intravenous recon soln 100 mg, 25 mg	Tier 5	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	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
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA NSO; NDS
bexarotene oral capsule 75 mg	Tier 5	PA NSO; NDS
bexarotene topical gel 1 %	Tier 5	PA NSO; NDS
bicalutamide oral tablet 50 mg	Tier 2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	Tier 5	PA NSO; NDS; QL (75 per 28 days)
bleomycin injection recon soln 15 unit, 30 unit	Tier 2	
bortezomib injection recon soln 1 mg, 2.5 mg	Tier 4	PA NSO
bortezomib injection recon soln 3.5 mg	Tier 5	PA NSO; NDS
BORUZU INJECTION SOLUTION 2.5 MG/ML	Tier 4	PA NSO
BOSULIF ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	Tier 5	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	Tier 5	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	Tier 5	PA NSO; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	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
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml	Tier 5	PA BvD; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 3	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	Tier 5	PA NSO; NDS; QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5	PA NSO; NDS; QL (112 per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Tier 5	PA NSO; NDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg	Tier 5	PA NSO; NDS; QL (90 per 30 days)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	Tier 5	NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	Tier 5	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	Tier 5	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 4	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	Tier 5	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	Tier 5	PA NSO; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	Tier 5	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	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
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	Tier 5	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	Tier 5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA NSO; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
erlotinib oral tablet 100 mg, 25 mg	Tier 5	PA NSO; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	Tier 5	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	Tier 4	
etoposide intravenous solution 20 mg/ml	Tier 2	
EULEXIN ORAL CAPSULE 125 MG	Tier 5	NDS
everolimus (antineoplastic) oral tablet 10 mg	Tier 5	PA NSO; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet 2.5 mg	Tier 5	PA NSO; NDS; QL (28 per 28 days)
everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg	Tier 5	PA NSO; NDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 5	PA NSO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	Tier 4	
FAKZYNJA ORAL TABLET 200 MG	Tier 5	PA NSO; NDS; QL (42 per 28 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 5	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	PA BvD
floxuridine injection recon soln 0.5 gram	Tier 2	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	Tier 4	PA BvD
flutamide oral capsule 125 mg	Tier 4	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA NSO; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	Tier 5	PA NSO; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	Tier 5	PA NSO; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml	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
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 5	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
gefitinib oral tablet 250 mg	Tier 5	PA NSO; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	Tier 4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	Tier 5	NDS
GOMEKLI ORAL CAPSULE 1 MG	Tier 5	PA NSO; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	Tier 5	PA NSO; NDS; QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 5	PA NSO; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 5	PA NSO; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg	Tier 2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA NSO; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram	Tier 4	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	Tier 4	
imatinib oral tablet 100 mg	Tier 3	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg	Tier 3	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA NSO; NDS; QL (216 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
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5	PA NSO; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	Tier 5	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	Tier 5	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 5	PA NSO; NDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	Tier 5	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	Tier 5	PA NSO; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA NSO; NDS; QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	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	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	Tier 5	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	Tier 5	PA NSO; NDS; QL (21 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	Tier 5	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	Tier 5	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	Tier 5	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg	Tier 5	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	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	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)	Tier 5	PA NSO; NDS
letrozole oral tablet 2.5 mg	Tier 2	
LEUKERAN ORAL TABLET 2 MG	Tier 5	NDS
leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg	Tier 4	PA NSO
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 4	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	Tier 5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	Tier 5	PA NSO; NDS; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	Tier 5	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	Tier 5	PA NSO; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	Tier 5	PA NSO; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 5	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 5	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 5	PA NSO; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 4	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	Tier 5	PA NSO; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	Tier 5	PA NSO; NDS; QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	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)	Tier 5	PA NSO; NDS; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	Tier 5	NDS
megestrol oral tablet 20 mg, 40 mg	Tier 2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 5	PA NSO; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml	Tier 5	NDS
mercaptopurine oral tablet 50 mg	Tier 2	
methotrexate sodium (pf) injection recon soln 1 gram	Tier 2	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 2	
methotrexate sodium injection solution 25 mg/ml	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
methotrexate sodium oral tablet 2.5 mg	Tier 2	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	Tier 2	
MODEYSO ORAL CAPSULE 125 MG	Tier 5	PA NSO; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg	Tier 5	PA NSO; NDS; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg	Tier 5	PA NSO; NDS; QL (120 per 30 days)
NILOTINIB TARTRATE ORAL CAPSULE 150 MG, 200 MG	Tier 5	PA NSO; NDS; QL (112 per 28 days)
NILOTINIB TARTRATE ORAL CAPSULE 50 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg	Tier 5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 5	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	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)	Tier 5	PA NSO; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	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	Tier 5	PA NSO; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 5	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	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
ORSERDU ORAL TABLET 345 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	Tier 5	PA BvD; NDS
pazopanib oral tablet 200 mg	Tier 5	PA NSO; NDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	Tier 5	NDS
pemetrexed disodium intravenous solution 25 mg/ml	Tier 5	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	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)	Tier 5	PA NSO; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA NSO; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	Tier 5	PA NSO; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	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)	Tier 5	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 5	PA NSO; NDS; QL (8 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ROZLYTREK ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 5	PA NSO; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA NSO; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	Tier 5	PA NSO; NDS
SCEMBLIX ORAL TABLET 100 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	Tier 5	PA NSO; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 5	NDS
sorafenib oral tablet 200 mg	Tier 5	PA NSO; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	Tier 5	PA NSO; NDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 5	PA NSO; NDS; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 5	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	Tier 5	NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA NSO; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 5	PA NSO; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5	PA NSO; LA; NDS; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	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	Tier 5	PA NSO; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	Tier 2	
TAZVERIK ORAL TABLET 200 MG	Tier 5	PA NSO; NDS; QL (240 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	Tier 5	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	Tier 4	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	Tier 5	PA NSO; NDS; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml	Tier 2	
toremifene oral tablet 60 mg	Tier 5	NDS
torpenz oral tablet 10 mg	Tier 5	PA NSO; NDS; QL (60 per 30 days)
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	Tier 5	PA NSO; NDS; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 4	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg	Tier 5	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 5	PA NSO; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	Tier 5	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	Tier 5	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	Tier 3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	Tier 5	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	Tier 5	PA NSO; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 5	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	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
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Tier 4	
VITRAKVI ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA NSO; NDS; QL (300 per 30 days)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 5	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	Tier 5	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL PELLET 150 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG	Tier 5	PA NSO; NDS; QL (240 per 30 days)
XALKORI ORAL PELLET 50 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	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)	Tier 5	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	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)	Tier 5	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	Tier 5	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	Tier 5	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 5	PA NSO; NDS
YONSA ORAL TABLET 125 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA NSO; NDS; QL (240 per 30 days)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	Tier 5	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	Tier 5	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	Tier 5	PA NSO; NDS; QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	Tier 5	NDS; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 5	NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 5	NDS; QL (60 per 30 days)
carbamazepine 100 mg/5 ml cup outer 100 mg/5 ml (5 ml)	Tier 4	
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 4	
carbamazepine oral suspension 100 mg/5 ml	Tier 4	
carbamazepine oral tablet 200 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 4	
carbamazepine oral tablet,chewable 100 mg	Tier 2	
carbamazepine oral tablet,chewable 200 mg	Tier 4	
clobazam oral suspension 2.5 mg/ml	Tier 4	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 4	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	Tier 5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	Tier 5	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	Tier 5	PA NSO; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 4	
DILANTIN ORAL CAPSULE 30 MG	Tier 4	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 4	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 4	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	Tier 5	ST; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	Tier 5	ST; NDS; QL (60 per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	PA NSO; NDS
epitol oral tablet 200 mg	Tier 2	
eslicarbazepine oral tablet 200 mg, 400 mg	Tier 5	ST; NDS; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	Tier 5	ST; NDS; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	Tier 2	
ethosuximide oral solution 250 mg/5 ml	Tier 2	
felbamate oral suspension 600 mg/5 ml	Tier 4	
felbamate oral tablet 400 mg, 600 mg	Tier 4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	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
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	Tier 4	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 5	ST; NDS; QL (720 per 30 days)
gabapentin oral capsule 100 mg, 300 mg	Tier 2	QL (360 per 30 days)
gabapentin oral capsule 400 mg	Tier 2	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	Tier 4	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	Tier 2	QL (180 per 30 days)
gabapentin oral tablet 800 mg	Tier 2	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	Tier 2	QL (200 per 5 days)
lacosamide oral solution 10 mg/ml	Tier 4	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 4	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 4	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Tier 4	
levetiracetam intravenous solution 500 mg/5 ml	Tier 4	
levetiracetam oral solution 100 mg/ml	Tier 2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 4	
levetiracetam oral tablet for suspension 250 mg	Tier 4	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	QL (10 per 30 days)
methsuximide oral capsule 300 mg	Tier 4	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
perampanel oral tablet 10 mg, 12 mg, 8 mg	Tier 5	ST; NDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	Tier 4	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	Tier 5	ST; NDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 4	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	Tier 2	PA NSO-HRM; AGE (Max 64 Years)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 2	
phenytoin oral suspension 125 mg/5 ml	Tier 2	
phenytoin oral tablet,chewable 50 mg	Tier 2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 2	
phenytoin sodium intravenous solution 50 mg/ml	Tier 2	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 2	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	Tier 2	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	Tier 4	QL (900 per 30 days)
primidone oral tablet 125 mg	Tier 4	
primidone oral tablet 250 mg, 50 mg	Tier 2	
rufinamide oral suspension 40 mg/ml	Tier 5	ST; NDS
rufinamide oral tablet 200 mg	Tier 4	ST
rufinamide oral tablet 400 mg	Tier 5	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	Tier 5	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 4	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 4	
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	Tier 4	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
topiramate oral solution 25 mg/ml	Tier 4	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	Tier 4	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 2	
valproic acid oral capsule 250 mg	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)	Tier 5	NDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	Tier 5	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	Tier 5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	Tier 5	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	Tier 5	PA NSO; NDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	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)	Tier 5	NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 5	NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	Tier 5	NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	Tier 4	
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 5	NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 5	PA NSO; NDS; QL (1080 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
Antidementia Agents		
Antidementia Agents		
donepezil oral tablet 10 mg, 5 mg	Tier 1	QL (30 per 30 days)
donepezil oral tablet 23 mg	Tier 4	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg	Tier 2	
donepezil oral tablet,disintegrating 5 mg	Tier 2	QL (30 per 30 days)
ergoloid oral tablet 1 mg	Tier 4	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 4	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	Tier 4	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 4	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 4	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml	Tier 4	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 2	QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 4	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 4	QL (30 per 30 days)
Antidepressants		
Antidepressants		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 2	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 5	ST; NDS
bupropion hcl oral tablet 100 mg, 75 mg	Tier 2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 2	
citalopram oral solution 10 mg/5 ml	Tier 4	
citalopram oral tablet 10 mg	Tier 1	QL (120 per 30 days)

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
citalopram oral tablet 20 mg, 40 mg	Tier 1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 4	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 4	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
doxepin oral concentrate 10 mg/ml	Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	Tier 4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	Tier 4	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 2	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 5	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	Tier 4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 4	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 4	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	
MARPLAN ORAL TABLET 10 MG	Tier 4	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Tier 2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 4	
paroxetine hcl oral suspension 10 mg/5 ml	Tier 4	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	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	Tier 4	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	Tier 4	
phenelzine oral tablet 15 mg	Tier 2	
protriptyline oral tablet 10 mg, 5 mg	Tier 4	
RALDESY ORAL SOLUTION 10 MG/ML	Tier 5	PA NSO; NDS; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	Tier 4	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 5	PA NSO; NDS
tranylcypromine oral tablet 10 mg	Tier 4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	Tier 2	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	Tier 2	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 2	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 4	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 5	PA NSO; NDS; QL (28 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
ZURZUVAE ORAL CAPSULE 30 MG	Tier 5	PA NSO; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 2	
dapagliflozin propanediol oral tablet 10 mg, 5 mg	Tier 3	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml	Tier 4	QL (765 per 30 days)
metformin oral tablet 1,000 mg	Tier 6	QL (75 per 30 days)
metformin oral tablet 500 mg	Tier 6	QL (150 per 30 days)
metformin oral tablet 750 mg, 850 mg	Tier 6	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	Tier 6	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	Tier 6	QL (60 per 30 days)
mifepristone oral tablet 300 mg	Tier 5	PA; NDS; QL (112 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	Tier 3	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	Tier 6	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 6	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 6	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	Tier 6	QL (120 per 30 days)
repaglinide oral tablet 2 mg	Tier 6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	Tier 3	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	Tier 3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	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	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	Tier 3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	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
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	Tier 3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	QL (30 per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	Tier 3	QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	Tier 3	QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	Tier 3	QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	Tier 3	QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	Tier 3	QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	Tier 3	QL (30 per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Tier 3	QL (40 per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	Tier 3	QL (40 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
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 3	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 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
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 3	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 3	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3	QL (15 per 28 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg	Tier 6	QL (30 per 30 days)
glimepiride oral tablet 4 mg	Tier 6	QL (60 per 30 days)
glipizide oral tablet 10 mg	Tier 6	QL (120 per 30 days)
glipizide oral tablet 2.5 mg	Tier 6	QL (90 per 30 days)
glipizide oral tablet 5 mg	Tier 6	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	Tier 6	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	Tier 6	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	Tier 6	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	Tier 6	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 6	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 6	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 6	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 4	PA BvD
amphotericin b injection recon soln 50 mg	Tier 2	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	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 %	Tier 2	QL (180 per 30 days)
ciclopirox topical solution 8 %	Tier 2	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	Tier 4	QL (180 per 30 days)
clotrimazole mucous membrane troche 10 mg	Tier 2	
clotrimazole topical cream 1 %	Tier 2	
clotrimazole topical solution 1 %	Tier 2	
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 2	QL (90 per 30 days)
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	Tier 5	NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 5	PA; NDS
econazole nitrate topical cream 1 %	Tier 2	QL (170 per 30 days)
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 4	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 4	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 2	
flucytosine oral capsule 250 mg, 500 mg	Tier 5	NDS
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 4	
griseofulvin microsize oral tablet 500 mg	Tier 4	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	Tier 4	
itraconazole oral capsule 100 mg	Tier 4	
ketoconazole oral tablet 200 mg	Tier 2	
ketoconazole topical cream 2 %	Tier 2	QL (180 per 30 days)
ketoconazole topical shampoo 2 %	Tier 2	QL (360 per 30 days)
micafungin intravenous recon soln 100 mg, 50 mg	Tier 4	
miconazole-3 vaginal suppository 200 mg	Tier 2	
nyamyc topical powder 100,000 unit/gram	Tier 2	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nystatin oral tablet 500,000 unit	Tier 2	
nystatin topical cream 100,000 unit/gram	Tier 2	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram	Tier 2	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	Tier 2	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 2	
nystop topical powder 100,000 unit/gram	Tier 2	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 5	PA; NDS
terbinafine hcl oral tablet 250 mg	Tier 1	
voriconazole intravenous recon soln 200 mg	Tier 5	PA BvD; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 5	PA; NDS
voriconazole oral tablet 200 mg, 50 mg	Tier 4	
Antigout Agents		
Antigout Agents, Other		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
colchicine oral capsule 0.6 mg	Tier 4	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	Tier 4	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	Tier 4	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg	Tier 4	
probenecid-colchicine oral tablet 500-0.5 mg	Tier 2	
Antihistamines		
Antihistamines		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	
levocetirizine oral tablet 5 mg	Tier 1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
clindamycin phosphate vaginal cream 2 %	Tier 4	

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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)	Tier 4	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 2	
terconazole vaginal suppository 80 mg	Tier 4	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3	PA; QL (1 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 5	ST; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Tier 2	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 3	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	Tier 2	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 2	QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Tier 4	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	Tier 2	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	Tier 2	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	Tier 4	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	Tier 4	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Tier 4	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
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 4	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
dapsone oral tablet 100 mg, 25 mg	Tier 2	
ethambutol oral tablet 100 mg, 400 mg	Tier 2	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 4	
pyrazinamide oral tablet 500 mg	Tier 4	
rifabutin oral capsule 150 mg	Tier 4	
rifampin intravenous recon soln 600 mg	Tier 4	
rifampin oral capsule 150 mg, 300 mg	Tier 4	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 5	PA; NDS
TRECATOR ORAL TABLET 250 MG	Tier 4	
Antinausea Agents		
Antinausea Agents		
aprepitant oral capsule 125 mg	Tier 4	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg	Tier 4	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	Tier 4	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 4	PA BvD
compro rectal suppository 25 mg	Tier 4	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 4	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 2	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 2	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	Tier 2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 2	
prochlorperazine rectal suppository 25 mg	Tier 4	
promethazine injection solution 25 mg/ml	Tier 2	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	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 rectal suppository 25 mg	Tier 4	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg	Tier 4	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 4	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
albendazole oral tablet 200 mg	Tier 4	
atovaquone oral suspension 750 mg/5 ml	Tier 4	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 4	
chloroquine phosphate oral tablet 250 mg, 500 mg	Tier 4	
COARTEM ORAL TABLET 20-120 MG	Tier 4	
hydroxychloroquine oral tablet 100 mg	Tier 2	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 2	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg, 400 mg	Tier 2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	Tier 5	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg, 6 mg	Tier 2	
mefloquine oral tablet 250 mg	Tier 2	
nitazoxanide oral tablet 500 mg	Tier 5	NDS; QL (60 per 30 days)
paromomycin oral capsule 250 mg	Tier 4	
pentamidine inhalation recon soln 300 mg	Tier 4	PA BvD
pentamidine injection recon soln 300 mg	Tier 4	
praziquantel oral tablet 600 mg	Tier 4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	Tier 4	
pyrimethamine oral tablet 25 mg	Tier 5	PA; NDS
quinine sulfate oral capsule 324 mg	Tier 4	PA
tinidazole oral tablet 250 mg, 500 mg	Tier 4	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
amantadine hcl oral capsule 100 mg	Tier 2	
amantadine hcl oral solution 50 mg/5 ml	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
amantadine hcl oral tablet 100 mg	Tier 4	
benztropine oral tablet 0.5 mg, 1 mg	Tier 2	
benztropine oral tablet 2 mg	Tier 2	
bromocriptine oral tablet 2.5 mg	Tier 4	
cabergoline oral tablet 0.5 mg	Tier 2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 4	
entacapone oral tablet 200 mg	Tier 4	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	Tier 5	PA; NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	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	Tier 2	
rasagiline oral tablet 0.5 mg, 1 mg	Tier 4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 2	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	Tier 4	
selegiline hcl oral capsule 5 mg	Tier 2	
selegiline hcl oral tablet 5 mg	Tier 4	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 5	PA; NDS; QL (560 per 28 days)

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01/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 5	NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 5	NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 5	NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 5	NDS; QL (2 per 28 days)
aripiprazole oral solution 1 mg/ml	Tier 4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 4	
aripiprazole oral tablet,disintegrating 10 mg	Tier 4	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	Tier 4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 5	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 5	NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 5	NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 5	NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 5	NDS; QL (3.2 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
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 4	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 5	ST; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	Tier 4	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 4	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	Tier 4	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	Tier 4	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	Tier 4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 5	ST; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 5	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 5	NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 5	NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 5	NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	Tier 5	NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 5	NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	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	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
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	Tier 4	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	Tier 4	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 4	ST
fluphenazine decanoate injection solution 25 mg/ml	Tier 4	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 4	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 4	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	Tier 4	
haloperidol lactate injection solution 5 mg/ml	Tier 2	
haloperidol lactate intramuscular syringe 5 mg/ml	Tier 4	
haloperidol lactate oral concentrate 2 mg/ml	Tier 2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 5	NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 5	NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 5	NDS; QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 5	NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 5	NDS; QL (1.5 per 21 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 5	NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 5	NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 5	NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 5	NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 5	NDS; QL (2.63 per 70 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 4	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 4	QL (30 per 30 days)
lurasidone oral tablet 80 mg	Tier 4	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 5	NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	Tier 4	QL (240 per 30 days)
molindone oral tablet 25 mg	Tier 4	QL (270 per 30 days)
molindone oral tablet 5 mg	Tier 5	NDS; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	Tier 4	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 4	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 5	ST; NDS
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	Tier 4	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 4	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	Tier 5	NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg	Tier 4	
prochlorperazine 10 mg/2 ml vl outer 10 mg/2 ml (5 mg/ml)	Tier 2	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 2	
quetiapine oral tablet 150 mg	Tier 2	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 4	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	NDS; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	Tier 4	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	Tier 5	NDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	Tier 4	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 4	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	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	Tier 5	ST; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 4	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	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

01/01/2026

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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	Tier 5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 5	NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral solution 20 mg/ml	Tier 3	
abacavir oral tablet 300 mg	Tier 3	
abacavir-lamivudine oral tablet 600-300 mg	Tier 3	
APTIVUS ORAL CAPSULE 250 MG	Tier 5	NDS
atazanavir oral capsule 150 mg, 200 mg, 300 mg	Tier 3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	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	Tier 5	NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml), 600 mg/3 ml (200 mg/ml)	Tier 5	NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	Tier 5	NDS
darunavir oral tablet 600 mg	Tier 4	
darunavir oral tablet 800 mg	Tier 5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Tier 5	NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	Tier 4	
DOVATO ORAL TABLET 50-300 MG	Tier 5	NDS
EDURANT ORAL TABLET 25 MG	Tier 5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	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
efavirenz oral capsule 200 mg, 50 mg	Tier 4	
efavirenz oral tablet 600 mg	Tier 4	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 2	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 5	NDS
emtricitabine oral capsule 200 mg	Tier 4	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	Tier 4	
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	Tier 5	NDS
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	Tier 5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 4	
etravirine oral tablet 100 mg, 200 mg	Tier 5	NDS
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	NDS
fosamprenavir oral tablet 700 mg	Tier 5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5	NDS
INTELENCE ORAL TABLET 25 MG	Tier 4	
ISENTRESS HD ORAL TABLET 600 MG	Tier 5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 5	NDS
ISENTRESS ORAL TABLET 400 MG	Tier 5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier 5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier 3	
JULUCA ORAL TABLET 50-25 MG	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
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 4	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	Tier 3	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	Tier 3	
lamivudine-zidovudine oral tablet 150-300 mg	Tier 4	
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	Tier 4	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 4	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 4	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	Tier 5	NDS
nevirapine oral suspension 50 mg/5 ml	Tier 4	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	Tier 2	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 4	QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 4	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 4	
NORVIR ORAL SOLUTION 80 MG/ML	Tier 4	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5	NDS
PIFELTRO ORAL TABLET 100 MG	Tier 5	NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	Tier 5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5	NDS
PREZISTA ORAL TABLET 150 MG	Tier 5	NDS
PREZISTA ORAL TABLET 75 MG	Tier 4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 5	NDS
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	Tier 5	NDS
ritonavir oral tablet 100 mg	Tier 4	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 5	NDS
SELZENTRY ORAL TABLET 25 MG	Tier 3	
SELZENTRY ORAL TABLET 75 MG	Tier 5	NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 4	
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	Tier 5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 5	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 5	NDS
TEMIXYS ORAL TABLET 300-300 MG	Tier 5	NDS
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 3	
TIVICAY ORAL TABLET 10 MG	Tier 4	
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier 5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5	NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 4	
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 5	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Tier 5	NDS
VEMLIDY ORAL TABLET 25 MG	Tier 5	NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	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
VOCABRIA ORAL TABLET 30 MG	Tier 4	
zidovudine oral capsule 100 mg	Tier 4	
zidovudine oral syrup 10 mg/ml	Tier 4	
zidovudine oral tablet 300 mg	Tier 2	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	Tier 5	PA; NDS
oseltamivir oral capsule 30 mg	Tier 2	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	Tier 2	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	Tier 2	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 4	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	Tier 2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	Tier 2	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 5	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	Tier 5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	Tier 5	PA; NDS; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	Tier 5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	Tier 5	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 5	PA; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	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
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	PA; NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml	Tier 4	
acyclovir oral tablet 400 mg, 800 mg	Tier 2	
acyclovir sodium intravenous solution 50 mg/ml	Tier 4	PA BvD
adefovir oral tablet 10 mg	Tier 4	
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 2	
ribavirin oral tablet 200 mg	Tier 3	
valacyclovir oral tablet 1 gram, 500 mg	Tier 2	
valganciclovir oral recon soln 50 mg/ml	Tier 5	NDS
valganciclovir oral tablet 450 mg	Tier 3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 3	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3	
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	Tier 3	QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	Tier 4	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	Tier 4	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	Tier 4	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	Tier 4	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	Tier 4	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 5	NDS; QL (24 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
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 4	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 5	NDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	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	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	Tier 1	
rivaroxaban oral suspension for reconstitution 1 mg/ml	Tier 3	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	Tier 3	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	Tier 3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	Tier 3	ST; QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 5	PA; NDS; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	Tier 5	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	Tier 5	PA; NDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	Tier 5	PA; NDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg	Tier 5	PA; NDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	Tier 5	PA; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	Tier 5	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	Tier 5	PA; NDS; QL (20 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
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	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	Tier 3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	Tier 3	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA; NDS
Hematologic Agents, Miscellaneous		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 4	
tranexamic acid oral tablet 650 mg	Tier 3	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 4	
BRILINTA ORAL TABLET 90 MG	Tier 3	
cilostazol oral tablet 100 mg, 50 mg	Tier 2	
clopidogrel oral tablet 75 mg	Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 4	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	Tier 2	
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 2	QL (30 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	Tier 3	
Caloric Agents		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	Tier 4	PA BvD

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	Tier 4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	Tier 4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	Tier 4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	Tier 4	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	Tier 2	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 4	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
droxidopa oral capsule 100 mg	Tier 4	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	Tier 5	PA; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg	Tier 2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 4	
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 2	
Angiotensin Ii Receptor Antagonists		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 6	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 6	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	Tier 3	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 6	

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
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 6	
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 6	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 6	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	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	Tier 6	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 6	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Tier 3	QL (60 per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 6	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 6	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 6	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 6	
Angiotensin-Converting Enzyme Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 6	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 6	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 6	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 6	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 6	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 6	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 6	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 6	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 6	
moexipril oral tablet 15 mg, 7.5 mg	Tier 6	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 6	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 6	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 6	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 6	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 6	
Antiarrhythmic Agents		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 4	
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	Tier 4	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 4	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 2	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 4	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	Tier 2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 2	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg	Tier 4	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 2	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	Tier 2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 4	
Calcium-Channel Blocking Agents		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	Tier 2	
diltiazem 24hr er 360 mg cap once-a-day dosage	Tier 2	
diltiazem 24hr er 420 mg cap	Tier 2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	Tier 2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	Tier 2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 2	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	Tier 2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	Tier 4	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 2	
Cardiovascular Agents, Miscellaneous		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5	PA; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 4	QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	Tier 4	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 2	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	Tier 3	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 4	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
icatibant subcutaneous syringe 30 mg/3 ml	Tier 5	PA; NDS; QL (18 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	Tier 3	QL (60 per 30 days)
metyrosine oral capsule 250 mg	Tier 5	PA; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 4	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 4	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	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
Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 6	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 6	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	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	Tier 4	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 2	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 2	
Diuretics		
amiloride oral tablet 5 mg	Tier 1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2	
furosemide injection solution 10 mg/ml	Tier 1	
furosemide injection syringe 10 mg/ml	Tier 1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 5	PA; NDS; QL (120 per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	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)	Tier 5	PA; NDS; QL (56 per 28 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Dyslipidemics		
amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg	Tier 6	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 6	QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 6	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 4	
cholestyramine light oral powder in packet 4 gram	Tier 4	
colesevelam oral powder in packet 3.75 gram	Tier 4	
colesevelam oral tablet 625 mg	Tier 4	
colestipol oral packet 5 gram	Tier 4	
colestipol oral tablet 1 gram	Tier 4	
ezetimibe oral tablet 10 mg	Tier 2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 6	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 2	
fenofibrate oral tablet 160 mg, 54 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluvastatin oral capsule 20 mg, 40 mg	Tier 6	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	Tier 6	
gemfibrozil oral tablet 600 mg	Tier 2	
icosapent ethyl oral capsule 0.5 gram	Tier 4	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	Tier 4	QL (120 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 6	
NEXLETOL ORAL TABLET 180 MG	Tier 3	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	Tier 3	ST; QL (30 per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg	Tier 2	
niacin oral tablet extended release 24 hr 750 mg	Tier 4	
omega-3 acid ethyl esters oral capsule 1 gram	Tier 2	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Tier 4	QL (30 per 30 days)
pravastatin oral tablet 10 mg, 80 mg	Tier 6	
pravastatin oral tablet 20 mg, 40 mg	Tier 6	QL (30 per 30 days)
prevalite oral powder in packet 4 gram	Tier 4	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	ST; QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 6	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Tier 6	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
aliskiren oral tablet 150 mg, 300 mg	Tier 4	
eplerenone oral tablet 25 mg, 50 mg	Tier 4	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	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
Vasodilators		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 2	
Central Nervous System Agents		
Central Nervous System Agents		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 4	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Tier 4	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 5	PA; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 5	PA; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	Tier 5	PA; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	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	Tier 5	PA; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	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)	Tier 5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	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
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; NDS; QL (15 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 3	PA; QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 4	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 4	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	Tier 2	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	Tier 4	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	Tier 4	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	Tier 5	PA; NDS; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	Tier 5	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	Tier 5	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	Tier 5	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	Tier 5	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	Tier 5	PA; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 2	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5	PA; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 5	PA; NDS; QL (1.2 per 28 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	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
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 2	
lithium citrate oral solution 8 meq/5 ml	Tier 4	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	Tier 5	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	Tier 5	PA; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 5	PA; NDS
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 4	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 2	QL (90 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier 5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	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
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier 5	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA; NDS
riluzole oral tablet 50 mg	Tier 4	
tetrabenazine oral tablet 12.5 mg	Tier 4	PA; QL (112 per 28 days)
tetrabenazine oral tablet 25 mg	Tier 5	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 5	PA; NDS; QL (120 per 30 days)
Contraceptives		
Contraceptives		
afirmelle oral tablet 0.1-20 mg-mcg	Tier 2	
altavera (28) oral tablet 0.15-0.03 mg	Tier 2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	Tier 2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 2	
amethyst (28) oral tablet 90-20 mcg (28)	Tier 2	
apri oral tablet 0.15-0.03 mg	Tier 2	
aubra eq oral tablet 0.1-20 mg-mcg	Tier 2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 2	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	Tier 2	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 2	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 2	
aviane oral tablet 0.1-20 mg-mcg	Tier 2	
ayuna oral tablet 0.15-0.03 mg	Tier 2	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	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

01/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 2	
camila oral tablet 0.35 mg	Tier 2	
chateal eq (28) oral tablet 0.15-0.03 mg	Tier 2	
cryselle (28) oral tablet 0.3-30 mg-mcg	Tier 2	
cyred eq oral tablet 0.15-0.03 mg	Tier 2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	Tier 2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 2	
deblitane oral tablet 0.35 mg	Tier 2	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	Tier 2	
dolishale oral tablet 90-20 mcg (28)	Tier 2	
elinest oral tablet 0.3-30 mg-mcg	Tier 2	
eluryng vaginal ring 0.12-0.015 mg/24 hr	Tier 2	QL (1 per 28 days)
emzahh oral tablet 0.35 mg	Tier 2	
enilloring vaginal ring 0.12-0.015 mg/24 hr	Tier 4	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	
enskyce oral tablet 0.15-0.03 mg	Tier 2	
errin oral tablet 0.35 mg	Tier 2	
estarylla oral tablet 0.25-0.035 mg	Tier 2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	Tier 2	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	Tier 2	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	
femynor oral tablet 0.25-35 mg-mcg	Tier 1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 2	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 2	
haloette vaginal ring 0.12-0.015 mg/24 hr	Tier 2	QL (1 per 28 days)
heather oral tablet 0.35 mg	Tier 2	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 2	QL (91 per 84 days)
incassia oral tablet 0.35 mg	Tier 2	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 2	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	Tier 2	
jencycla oral tablet 0.35 mg	Tier 1	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 4	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	Tier 2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 2	
junel 1/20 (21) oral tablet 1-20 mg-mcg	Tier 2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 2	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 2	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	Tier 2	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	Tier 2	
kurvelo (28) oral tablet 0.15-0.03 mg	Tier 2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	Tier 4	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
larin 1/20 (21) oral tablet 1-20 mg-mcg	Tier 2	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 2	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 2	
lessina oral tablet 0.1-20 mg-mcg	Tier 2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	Tier 4	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	Tier 2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 2	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	
levora-28 oral tablet 0.15-0.03 mg	Tier 2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	Tier 3	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	Tier 2	
lutera (28) oral tablet 0.1-20 mg-mcg	Tier 2	
lyleq oral tablet 0.35 mg	Tier 2	
lyza oral tablet 0.35 mg	Tier 2	
marlissa (28) oral tablet 0.15-0.03 mg	Tier 2	
meleya oral tablet 0.35 mg	Tier 2	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 2	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	Tier 2	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 2	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 2	
mili oral tablet 0.25-0.035 mg	Tier 2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	Tier 4	
mono-linyah oral tablet 0.25-0.035 mg	Tier 1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 3	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	Tier 2	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	Tier 2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	Tier 2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	Tier 2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	Tier 2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 2	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	Tier 2	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 2	
nymyo oral tablet 0.25-35 mg-mcg	Tier 2	
orquidea oral tablet 0.35 mg	Tier 2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 2	
portia 28 oral tablet 0.15-0.03 mg	Tier 2	
reclipsen (28) oral tablet 0.15-0.03 mg	Tier 2	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 2	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	Tier 2	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	Tier 4	
sprintec (28) oral tablet 0.25-0.035 mg	Tier 2	
sronyx oral tablet 0.1-20 mg-mcg	Tier 2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 2	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 2	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 2	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 2	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 2	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 2	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 2	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 2	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 2	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	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

01/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	Tier 2	
turqoz (28) oral tablet 0.3-30 mg-mcg	Tier 2	
valtya oral tablet 1-50 mg-mcg	Tier 2	
vienva oral tablet 0.1-20 mg-mcg	Tier 2	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 2	
vylibra oral tablet 0.25-0.035 mg	Tier 2	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 2	
xulane transdermal patch weekly 150-35 mcg/24 hr	Tier 4	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	Tier 4	QL (3 per 28 days)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	Tier 2	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	Tier 2	
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline oral capsule 30 mg	Tier 4	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
denta 5000 plus dental cream 1.1 %	Tier 1	
dentagel dental gel 1.1 %	Tier 1	
fluoride (sodium) dental gel 1.1 %	Tier 1	
fluoride (sodium) dental solution 0.2 %	Tier 1	
periogard mucous membrane mouthwash 0.12 %	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 4	
sf 5000 plus dental cream 1.1 %	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dermatological Agents		
Dermatological Agents, Other		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	
acyclovir topical ointment 5 %	Tier 4	QL (30 per 30 days)
ammonium lactate topical cream 12 %	Tier 2	
ammonium lactate topical lotion 12 %	Tier 2	
calcipotriene scalp solution 0.005 %	Tier 4	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	Tier 4	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	Tier 4	QL (120 per 30 days)
fluorouracil topical cream 5 %	Tier 4	
fluorouracil topical solution 2 %, 5 %	Tier 4	
imiquimod topical cream in packet 5 %	Tier 2	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 5	ST; NDS; QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 5	NDS
PANRETIN TOPICAL GEL 0.1 %	Tier 5	NDS; QL (60 per 28 days)
podofilox topical solution 0.5 %	Tier 4	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	QL (180 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	Tier 5	PA NSO; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	
Dermatological Antibacterials		
clindamycin phosphate topical solution 1 %	Tier 2	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	Tier 2	
clindamycin-benzoyl peroxide topical gel 1-5 %	Tier 4	
erythromycin with ethanol topical solution 2 %	Tier 2	
gentamicin topical cream 0.1 %	Tier 2	QL (90 per 30 days)
gentamicin topical ointment 0.1 %	Tier 2	QL (120 per 30 days)
metronidazole topical cream 0.75 %	Tier 4	
metronidazole topical gel 0.75 %, 1 %	Tier 4	
mupirocin topical ointment 2 %	Tier 1	QL (220 per 30 days)
rosadan topical cream 0.75 %	Tier 4	

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
selenium sulfide topical lotion 2.5 %	Tier 2	
silver sulfadiazine topical cream 1 %	Tier 2	
ssd topical cream 1 %	Tier 4	
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 %	Tier 2	
betamethasone dipropionate topical cream 0.05 %	Tier 4	
betamethasone dipropionate topical lotion 0.05 %	Tier 2	
betamethasone dipropionate topical ointment 0.05 %	Tier 4	
betamethasone valerate topical cream 0.1 %	Tier 2	
betamethasone valerate topical lotion 0.1 %	Tier 2	
betamethasone valerate topical ointment 0.1 %	Tier 2	
betamethasone, augmented topical cream 0.05 %	Tier 2	
betamethasone, augmented topical gel 0.05 %	Tier 4	
betamethasone, augmented topical lotion 0.05 %	Tier 4	
betamethasone, augmented topical ointment 0.05 %	Tier 4	
clobetasol scalp solution 0.05 %	Tier 4	
clobetasol topical cream 0.05 %	Tier 4	
clobetasol topical gel 0.05 %	Tier 4	
clobetasol topical lotion 0.05 %	Tier 4	
clobetasol topical ointment 0.05 %	Tier 4	
clobetasol topical shampoo 0.05 %	Tier 4	
clobetasol-emollient topical cream 0.05 %	Tier 4	
clobetasol-emollient topical foam 0.05 %	Tier 4	
EUCRISA TOPICAL OINTMENT 2 %	Tier 3	
fluocinolone topical cream 0.01 %, 0.025 %	Tier 4	
fluocinolone topical ointment 0.025 %	Tier 4	
fluocinonide topical cream 0.05 %	Tier 4	
fluocinonide topical gel 0.05 %	Tier 4	
fluocinonide topical ointment 0.05 %	Tier 4	
fluocinonide topical solution 0.05 %	Tier 4	

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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 %	Tier 2	
halobetasol propionate topical cream 0.05 %	Tier 4	
halobetasol propionate topical ointment 0.05 %	Tier 4	
hydrocortisone 2.5% cream	Tier 2	
hydrocortisone topical cream 1 %	Tier 2	
hydrocortisone topical cream with perineal applicator 2.5 %	Tier 2	
hydrocortisone topical lotion 2.5 %	Tier 2	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone valerate topical cream 0.2 %	Tier 4	
mometasone topical cream 0.1 %	Tier 2	
mometasone topical ointment 0.1 %	Tier 2	
mometasone topical solution 0.1 %	Tier 2	
pimecrolimus topical cream 1 %	Tier 4	QL (100 per 30 days)
procto-med hc topical cream with perineal applicator 2.5 %	Tier 2	
proctosol hc topical cream with perineal applicator 2.5 %	Tier 2	
proctozone-hc topical cream with perineal applicator 2.5 %	Tier 2	
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 4	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 2	
Dermatological Retinoids		
adapalene topical cream 0.1 %	Tier 4	
ALTRENO TOPICAL LOTION 0.05 %	Tier 4	PA
tazarotene topical cream 0.1 %	Tier 4	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 4	PA
Scabicides And Pediculicides		
malathion topical lotion 0.5 %	Tier 4	

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
permethrin topical cream 5 %	Tier 2	QL (60 per 30 days)
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	Tier 2	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	Tier 2	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	Tier 2	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	Tier 2	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	Tier 2	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	Tier 2	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	Tier 2	PA; ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST

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

01/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	Tier 2	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	Tier 2	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	Tier 2	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Tier 2	PA; ST
ALCOHOL 70% SWABS	Tier 1	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 1	PA; ST
ALCOHOL WIPES TOPICAL PADS, MEDICATED	Tier 1	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	Tier 2	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	Tier 2	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	Tier 2	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	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 PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	Tier 2	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"	Tier 2	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	Tier 2	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	Tier 2	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	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"	Tier 2	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	Tier 2	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	Tier 2	PA; ST
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	Tier 2	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	Tier 2	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	Tier 2	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	PA; ST
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	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 NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	Tier 2	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	Tier 2	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	Tier 2	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	Tier 2	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	Tier 2	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	Tier 2	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	Tier 1	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	Tier 2	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Tier 2	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	Tier 2	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Tier 2	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	Tier 2	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	Tier 2	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Tier 2	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	Tier 1	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	Tier 2	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Tier 2	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	Tier 2	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	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 SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	Tier 2	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	Tier 2	PA; ST
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	Tier 2	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	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"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	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 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	Tier 2	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	Tier 2	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	Tier 2	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	Tier 2	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	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 SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	Tier 2	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	Tier 2	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	Tier 2	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	Tier 2	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 "	Tier 1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	Tier 1	PA; ST
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	Tier 1	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	Tier 1	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	Tier 1	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	Tier 1	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	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 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	Tier 2	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	Tier 2	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	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 31GX8MM 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	Tier 2	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"	Tier 2	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	Tier 2	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	Tier 2	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	Tier 1	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	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 INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Tier 2	PA; ST
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	Tier 2	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	Tier 2	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	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 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	Tier 2	PA; ST
EASY COMFORT ALCOHOL 70% PAD	Tier 1	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"	Tier 2	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"	Tier 2	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	Tier 2	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	Tier 2	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	Tier 2	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	Tier 2	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	Tier 2	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	Tier 2	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16	Tier 2	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	Tier 2	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	Tier 2	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	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 INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	Tier 2	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	Tier 2	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Tier 2	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	Tier 2	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	Tier 2	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	Tier 2	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	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 SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	Tier 2	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	Tier 2	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	Tier 2	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	Tier 2	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	Tier 2	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	Tier 2	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	Tier 2	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	Tier 2	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	Tier 2	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	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
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	Tier 1	PA; ST
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4"	Tier 2	PA; ST
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16"	Tier 2	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	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"	Tier 2	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	Tier 2	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE	Tier 2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	Tier 2	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	Tier 2	PA; ST
GS PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	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 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	Tier 2	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	Tier 2	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	Tier 2	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	Tier 2	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	Tier 2	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	Tier 1	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	Tier 2	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Tier 2	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	Tier 2	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Tier 2	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	Tier 2	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	Tier 2	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	Tier 2	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	Tier 2	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	Tier 2	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	Tier 2	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	Tier 2	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	Tier 2	PA; ST
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	Tier 2	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	Tier 2	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"	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
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	Tier 2	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4"	Tier 2	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	Tier 2	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	Tier 2	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	Tier 2	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	Tier 2	PA; ST
IV ANTISEPTIC WIPES	Tier 1	PA; ST
KENDALL ALCOHOL 70% PREP PAD	Tier 1	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "	Tier 1	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	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	Tier 2	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	Tier 2	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	Tier 2	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	Tier 2	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	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
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	Tier 2	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	Tier 2	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	Tier 2	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	Tier 2	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	Tier 2	PA; ST
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	Tier 2	PA; ST
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	Tier 2	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	Tier 2	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	Tier 2	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	Tier 2	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	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 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	Tier 2	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	Tier 2	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	Tier 2	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	Tier 2	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30	Tier 2	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
NOVOFINE 30 NEEDLE	Tier 2	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	Tier 2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	Tier 2	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	Tier 2	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	Tier 3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	Tier 2	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	Tier 2	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	Tier 2	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	Tier 2	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	Tier 2	PA; ST
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	Tier 2	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	Tier 2	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	Tier 2	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	Tier 2	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	Tier 2	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	Tier 2	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	Tier 2	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	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
PREFPLS INS SYR 1 ML 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Tier 2	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
PRO COMFORT ALCOHOL 70% PADS	Tier 1	PA; ST
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	Tier 2	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	Tier 2	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	Tier 2	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	Tier 2	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
PURE COMFORT ALCOHOL 70% PADS	Tier 1	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	Tier 2	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	Tier 2	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	Tier 2	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	Tier 2	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	Tier 2	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	Tier 2	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	Tier 2	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	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
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	Tier 2	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	Tier 2	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	Tier 2	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	Tier 2	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	Tier 2	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
STERILE PADS 2" X 2" 2 X 2 "	Tier 1	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
NEEDLES, INSULIN DISP., SAFETY	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"	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 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	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"	Tier 2	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	Tier 2	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	Tier 2	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	Tier 2	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	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 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	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	Tier 2	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
SURE-PREP ALCOHOL PREP PADS	Tier 1	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	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 31GX8MM 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Tier 2	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	Tier 2	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Tier 2	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Tier 2	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	Tier 2	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Tier 2	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	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"	Tier 2	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	Tier 2	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	Tier 2	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	Tier 2	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	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", 0.3 ML 31 X 3/8"	Tier 2	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	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", 1 ML 31 X 3/8"	Tier 2	PA; ST
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	Tier 2	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	Tier 2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	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 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	Tier 1	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	Tier 2	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	Tier 2	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	Tier 2	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	Tier 2	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	Tier 2	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	Tier 1	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	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 COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	Tier 2	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Tier 2	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Tier 2	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Tier 2	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Tier 2	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Tier 2	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	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 PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	Tier 2	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	Tier 2	PA; ST
ULTICARE SAFETY 0.5 ML 29GX1/2 (RX) 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	Tier 2	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	Tier 2	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	Tier 2	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	Tier 2	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	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 SAFEPACK 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	Tier 2	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	Tier 2	PA; ST
ULTILET ALCOHOL STERL SWAB	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"	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"	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	Tier 2	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	Tier 2	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Tier 2	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	Tier 2	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	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 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	Tier 2	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	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 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Tier 2	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Tier 2	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	Tier 2	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Tier 2	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	Tier 2	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	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"	Tier 2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	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"	Tier 2	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 1	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	Tier 2	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	Tier 2	PA; ST
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	Tier 2	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	Tier 2	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	Tier 2	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	Tier 2	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	Tier 2	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	Tier 2	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	Tier 2	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	Tier 2	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	Tier 2	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	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"	Tier 2	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"	Tier 2	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"	Tier 2	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	Tier 2	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	Tier 2	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	Tier 2	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	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 INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	Tier 2	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	Tier 2	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	Tier 2	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	Tier 1	PA; ST
V-GO 20 DEVICE	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
V-GO 30 DEVICE	Tier 3	QL (30 per 30 days)
V-GO 40 DEVICE	Tier 3	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	Tier 1	PA; ST
Enzyme Cofactors/Chaperones		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	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	Tier 3	
javygtor oral tablet,soluble 100 mg	Tier 5	PA; NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 5	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 5	PA; NDS
sapropterin oral tablet,soluble 100 mg	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	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	Tier 3	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
atropine ophthalmic (eye) drops 1 %	Tier 2	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	Tier 2	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	Tier 2	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	Tier 2	
cromolyn ophthalmic (eye) drops 4 %	Tier 2	
epinastine ophthalmic (eye) drops 0.05 %	Tier 4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	Tier 2	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	Tier 2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	QL (12 per 28 days)
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %	Tier 2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic (ear) solution 2 %	Tier 2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 4	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 4	QL (7.5 per 7 days)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 2	QL (3.5 per 4 days)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	Tier 2	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 4	
moxifloxacin ophthalmic (eye) drops 0.5 %	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 %	Tier 4	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 4	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 4	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 2	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 2	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 2	
ofloxacin otic (ear) drops 0.3 %	Tier 2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 4	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 2	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 4	
trifluridine ophthalmic (eye) drops 1 %	Tier 4	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
bromfenac ophthalmic (eye) drops 0.07 %	Tier 4	
cyclosporine ophthalmic (eye) dropperette 0.05 %	Tier 4	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 2	
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 2	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 4	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 4	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 4	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	Tier 2	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 3	QL (3.5 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
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	Tier 4	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	Tier 4	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 4	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 4	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 4	
cimetidine hcl oral solution 300 mg/5 ml	Tier 2	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	Tier 2	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Tier 2	QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	Tier 4	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 4	ST; QL (60 per 30 days)
famotidine oral tablet 20 mg, 40 mg	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	Tier 2	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	Tier 2	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	Tier 2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	Tier 1	QL (60 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 2	QL (30 per 30 days)
sucralfate oral tablet 1 gram	Tier 2	
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
Gastrointestinal Agents, Other		
carglumic acid oral tablet, dispersible 200 mg	Tier 5	PA; NDS
constulose oral solution 10 gram/15 ml	Tier 2	
cromolyn oral concentrate 100 mg/5 ml	Tier 4	
dicyclomine oral capsule 10 mg	Tier 2	
dicyclomine oral solution 10 mg/5 ml	Tier 4	
dicyclomine oral tablet 20 mg	Tier 2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 2	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	Tier 2	
generlac oral solution 10 gram/15 ml	Tier 2	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 2	
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	Tier 4	
lactulose oral solution 10 gram/15 ml	Tier 2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	
loperamide oral capsule 2 mg	Tier 2	
lubiprostone oral capsule 24 mcg	Tier 2	QL (60 per 30 days)
lubiprostone oral capsule 8 mcg	Tier 2	QL (120 per 30 days)
metoclopramide hcl oral solution 5 mg/5 ml	Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	QL (30 per 30 days)
sodium polystyrene sulfonate oral powder 15 gram	Tier 4	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sps (with sorbitol) oral suspension 15-20 gram/60 ml	Tier 4	
ursodiol oral capsule 200 mg, 400 mg	Tier 5	NDS
ursodiol oral capsule 300 mg	Tier 3	
ursodiol oral tablet 250 mg, 500 mg	Tier 3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	
XERMELO ORAL TABLET 250 MG	Tier 5	PA; NDS; QL (84 per 28 days)
Laxatives		
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	Tier 2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	Tier 2	
gavilyte-n oral recon soln 420 gram	Tier 2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	Tier 2	
peg-electrolyte soln oral recon soln 420 gram	Tier 2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	Tier 4	
Phosphate Binders		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 2	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 4	
sevelamer carbonate oral tablet 800 mg	Tier 4	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 4	
Genitourinary Agents		
Antispasmodics, Urinary		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 4	
flavoxate oral tablet 100 mg	Tier 4	
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	Tier 2	
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 2	
oxybutynin chloride oral tablet 5 mg	Tier 2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 2	
solifenacin oral tablet 10 mg, 5 mg	Tier 2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 4	
tolterodine oral tablet 1 mg, 2 mg	Tier 4	
trospium oral tablet 20 mg	Tier 2	
Genitourinary Agents, Miscellaneous		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 2	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	Tier 2	
finasteride oral tablet 5 mg	Tier 1	
tamsulosin oral capsule 0.4 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	Tier 5	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 3	PA
penicillamine oral tablet 250 mg	Tier 5	PA; NDS
trientine oral capsule 250 mg	Tier 5	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 4	
oxandrolone oral tablet 10 mg, 2.5 mg	Tier 4	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 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	Tier 2	PA
testosterone enanthate intramuscular oil 200 mg/ml	Tier 2	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Tier 4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	Tier 4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	Tier 4	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
abigale lo oral tablet 0.5-0.1 mg	Tier 1	
abigale oral tablet 1-0.5 mg	Tier 4	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	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	Tier 4	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	Tier 4	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 2	
estradiol vaginal tablet 10 mcg	Tier 4	QL (18 per 28 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 4	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	Tier 4	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	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	Tier 3	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	Tier 2	
yuvafem vaginal tablet 10 mcg	Tier 4	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
Glucocorticoids/Mineralocorticoids		
dexamethasone oral solution 0.5 mg/5 ml	Tier 2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	Tier 1	
fludrocortisone oral tablet 0.1 mg	Tier 2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
methylprednisolone acetate injection suspension 40 mg/ml	Tier 2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 2	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	Tier 2	PA BvD
prednisolone oral solution 15 mg/5 ml	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)	Tier 4	PA BvD
prednisone oral solution 5 mg/5 ml	Tier 4	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	Tier 2	
triamcinolone acetonide injection suspension 40 mg/ml	Tier 2	
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5	PA; NDS; QL (35 per 28 days)
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	Tier 4	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 4	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	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
lanreotide subcutaneous syringe 120 mg/0.5 ml	Tier 5	PA NSO; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 5	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 5	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	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)	Tier 5	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml	Tier 5	NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	Tier 5	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	Tier 5	PA; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	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)	Tier 5	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	Tier 5	PA NSO; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	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	Tier 5	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 3	QL (0.65 per 84 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gallifrey oral tablet 5 mg	Tier 2	
medroxyprogesterone intramuscular suspension 150 mg/ml	Tier 2	
medroxyprogesterone intramuscular syringe 150 mg/ml	Tier 2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	Tier 4	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	Tier 2	
progesterone micronized oral capsule 100 mg, 200 mg	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	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 2	
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil oral tablet 50 mg	Tier 2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5	PA; NDS
Immunological Agents		
Immunological Agents		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 5	PA; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	Tier 4	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	Tier 5	PA BvD; NDS
azathioprine oral tablet 50 mg	Tier 2	PA BvD
azathioprine sodium injection recon soln 100 mg	Tier 2	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 5	PA; NDS; QL (8 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5	PA; NDS; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5	PA NSO; NDS; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 5	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 5	PA; NDS
cyclosporine intravenous solution 250 mg/5 ml	Tier 4	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 4	PA BvD
cyclosporine modified oral solution 100 mg/ml	Tier 4	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	Tier 4	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	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
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 5	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg	Tier 4	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	Tier 5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier 5	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg	Tier 4	PA BvD
gengraf oral solution 100 mg/ml	Tier 4	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; NDS; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA; NDS; Only NDCs starting with 00074

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5	PA; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA; NDS; Only NDCs starting with 00074
infliximab intravenous recon soln 100 mg	Tier 5	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	Tier 2	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	Tier 4	PA BvD
mycophenolate mofetil oral capsule 250 mg	Tier 4	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 5	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	Tier 4	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 4	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	Tier 5	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 5	PA BvD; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 5	PA; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 5	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	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)	Tier 5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	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	Tier 4	ST
REZUROCK ORAL TABLET 200 MG	Tier 5	PA NSO; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 5	PA; NDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 5	PA; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 5	PA; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 3	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 5	PA; NDS
sirolimus oral solution 1 mg/ml	Tier 4	PA BvD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 4	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 5	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; NDS

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01/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 5	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5	PA; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 4	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	PA; NDS; QL (180 per 30 days)
TREMFYA 100 MG/ML ONE-PRESS	Tier 5	PA; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 5	PA; NDS
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 5	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 5	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 5	PA; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	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)	Tier 5	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA; NDS
ustekinumab intravenous solution 130 mg/26 ml	Tier 5	PA; NDS
ustekinumab subcutaneous solution 45 mg/0.5 ml	Tier 5	PA; NDS

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01/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ustekinumab subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	Tier 5	PA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 5	PA; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 5	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 3	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 3	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 5	PA; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Tier 5	PA; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 3	$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 3	$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	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
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 3	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	Tier 3	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	Tier 3	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 3	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	Tier 3	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 3	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 3	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 3	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 3	$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Tier 3	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	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
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 3	PA BvD; $0 copay
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 3	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	Tier 3	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Tier 3	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	Tier 3	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 3	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 3	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 3	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 3	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Tier 3	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	Tier 3	$0 copay

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
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 3	$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	Tier 3	$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	Tier 3	$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 3	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	Tier 3	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Tier 3	$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 3	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Tier 3	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Tier 3	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 3	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	Tier 3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 3	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 3	$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	Tier 3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	Tier 3	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 3	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 3	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	Tier 3	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	Tier 3	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier 3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 3	$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	Tier 3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Tier 3	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	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
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	Tier 3	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	Tier 3	$0 copay
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
alosetron oral tablet 0.5 mg	Tier 4	
alosetron oral tablet 1 mg	Tier 5	NDS
balsalazide oral capsule 750 mg	Tier 4	
budesonide oral capsule,delayed,extend.release 3 mg	Tier 4	
budesonide rectal foam 2 mg/actuation	Tier 4	
hydrocortisone rectal enema 100 mg/60 ml	Tier 4	
mesalamine oral capsule, extended release 500 mg	Tier 4	
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	Tier 4	QL (120 per 30 days)
sulfasalazine oral tablet 500 mg	Tier 2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate oral solution 70 mg/75 ml	Tier 4	QL (300 per 28 days)
alendronate oral tablet 10 mg	Tier 1	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	Tier 1	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
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 2	
cinacalcet oral tablet 30 mg, 60 mg	Tier 4	QL (60 per 30 days)
cinacalcet oral tablet 90 mg	Tier 4	QL (120 per 30 days)
ibandronate oral tablet 150 mg	Tier 2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 5	PA; NDS; QL (2 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 5	PA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 4	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 5	NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 3	QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	Tier 5	PA; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 5	PA; NDS; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 5	PA; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 3	
betaine oral powder 1 gram/scoop	Tier 5	PA; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
diazoxide oral suspension 50 mg/ml	Tier 5	NDS
glucagon emergency kit (human) injection recon soln 1 mg	Tier 3	

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01/01/2026

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

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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 0.15 %, 0.2 %	Tier 2	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 4	
brinzolamide ophthalmic (eye) drops,suspension 1 %	Tier 4	
carteolol ophthalmic (eye) drops 1 %	Tier 2	
dorzolamide ophthalmic (eye) drops 2 %	Tier 2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 2	
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %	Tier 2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 3	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg	Tier 4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	
timolol ophthalmic (eye) drops 0.5 %	Tier 1	
travoprost ophthalmic (eye) drops 0.004 %	Tier 4	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	QL (5 per 30 days)
Replacement Preparations		
Replacement Preparations		
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	Tier 2	

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01/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
d5 % and 0.9 % sodium chloride intravenous parenteral solution	Tier 2	
d5 %-0.45 % sodium chloride intravenous parenteral solution	Tier 2	
klor-con m10 oral tablet,er particles/crystals 10 meq	Tier 2	
klor-con m15 oral tablet,er particles/crystals 15 meq	Tier 2	
klor-con m20 oral tablet,er particles/crystals 20 meq	Tier 2	
magnesium sulfate injection solution 500 mg/ml (50 %)	Tier 4	
magnesium sulfate injection syringe 500 mg/ml (50 %)	Tier 2	
potassium chloride intravenous solution 2 meq/ml	Tier 2	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 4	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 2	
potassium chloride oral tablet extended release 15 meq	Tier 4	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 2	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 4	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 2	
sodium chloride 0.9 % intravenous parenteral solution	Tier 2	
sodium chloride 0.9% solution mini-bag, single use	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	Tier 3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	Tier 3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	Tier 3	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Tier 4	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	Tier 4	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Tier 4	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 4	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 4	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 4	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	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	Tier 2	QL (60 per 30 days)
Antileukotrienes		
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zafirlukast oral tablet 10 mg, 20 mg	Tier 4	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 3	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 2	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	Tier 2	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	Tier 4	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	Tier 2	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 4	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 3	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 2	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 2	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	Tier 3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	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
theophylline oral solution 80 mg/15 ml	Tier 4	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 4	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 2	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	Tier 4	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	Tier 3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 4	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	Tier 5	PA; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	Tier 5	PA; NDS; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 5	NDS; QL (560 per 28 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 3	PA BvD
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	Tier 5	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 5	PA; LA; NDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	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
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	Tier 5	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	Tier 5	PA; NDS; QL (270 per 30 days)
pirfenidone oral tablet 534 mg, 801 mg	Tier 5	PA; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 5	PA BvD; NDS
roflumilast oral tablet 250 mcg	Tier 4	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	Tier 4	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	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)	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)	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	Tier 5	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 5	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Tier 4	
methocarbamol oral tablet 500 mg, 750 mg	Tier 2	
tizanidine oral tablet 2 mg, 4 mg	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Sleep Disorder Agents		
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 3	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 2	QL (30 per 30 days)
modafinil oral tablet 100 mg	Tier 3	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	Tier 3	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	Tier 5	PA; LA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	Tier 2	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	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	Tier 5	PA; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	Tier 2	PA; QL (60 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	Tier 5	PA; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 3	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	Tier 4	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	Tier 5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
bal-care dha combo pack 27-1-430 mg	Tier 1	
bal-care dha essential pack 27 mg iron-1 mg -374 mg	Tier 1	
c-nate dha softgel 28 mg iron-1 mg -200 mg	Tier 1	
completenate tablet chew 29 mg iron- 1 mg	Tier 1	

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01/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
folivane-ob capsule 85-1 mg	Tier 1	
kosher prenatal plus iron tab 30 mg iron- 1 mg	Tier 1	
marnatal-f capsule 60 mg iron-1 mg	Tier 1	
m-natal plus tablet 27 mg iron- 1 mg	Tier 1	
mynatal advance oral tablet 90-1-50 mg	Tier 1	
mynatal capsule 65 mg iron- 1 mg	Tier 1	
mynatal oral tablet 90-1-50 mg	Tier 1	
mynatal plus captab 65 mg iron- 1 mg	Tier 1	
mynatal-z captab 65 mg iron- 1 mg	Tier 1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	Tier 1	
newgen tablet 32-1,000 mg-mcg	Tier 1	
niva-plus tablet 27 mg iron- 1 mg	Tier 1	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe	Tier 1	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	Tier 1	
o-cal prenatal oral tablet 15 mg iron- 1,000 mcg	Tier 1	
pnv 29-1 oral tablet 29 mg iron- 1 mg	Tier 1	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	Tier 1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	Tier 1	
pnv-omega softgel 28-1-300 mg	Tier 1	
pr natal 400 combo pack 29-1-400 mg	Tier 1	
pr natal 400 ec combo pack 29-1-400 mg	Tier 1	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg	Tier 1	
pr natal 430 ec combo pack 29-1-430 mg	Tier 1	
prena1 true combo pack 30 mg iron- 1.4 mg-300 mg	Tier 1	
prenaissance oral capsule 29-1.25-55-325 mg	Tier 1	
prenaissance plus oral capsule 28-1-50-250 mg	Tier 1	
prenatabs fa tablet 29-1 mg	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 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg	Tier 1	
prenatal 19 chewable tablet 29 mg iron- 1 mg	Tier 1	
prenatal low iron oral tablet 27 mg iron- 1 mg	Tier 1	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	Tier 1	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	Tier 1	
prenatal-u capsule 106.5-1 mg	Tier 1	
preplus oral tablet 27 mg iron- 1 mg	Tier 1	
pretab oral tablet 29-1 mg	Tier 1	
r-natal ob softgel 20 mg iron- 1 mg-320 mg	Tier 1	
select-ob chewable caplet 29 mg iron- 1 mg	Tier 1	
select-ob chewable caplet 29 mg iron- 1 mg	Tier 1	
se-natal 19 chewable tablet 29 mg iron- 1 mg	Tier 1	
taron-c dha capsule 35-1-200 mg	Tier 1	
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	Tier 1	
virt-c dha oral capsule 35-1-200 mg	Tier 1	
virt-nate dha softgel 28 mg iron-1 mg -200 mg	Tier 1	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg	Tier 1	
virt-pn plus oral capsule 28-1-300 mg	Tier 1	
vitafol gummies 3.33 mg iron- 0.33 mg	Tier 1	
vitafol nano oral tablet 18 mg iron- 1 mg	Tier 1	
vitafol-ob+dha combo pack 65-1-250 mg	Tier 1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	Tier 1	
vp-pnv-dha oral capsule 28 mg iron- 1 mg-200 mg	Tier 1	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg	Tier 1	
zatean-pn plus softgel 28-1-300 mg	Tier 1	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg	Tier 1	

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

D. Index of Covered Drugs In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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This *Drug List* was updated on 11/01/2025

M-RX-D25-26060-1025 E