

2027
List of Covered Drugs (Formulary)

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

1-877-814-1861 (TTY: CA Relay at **711**), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30

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(HMO D-SNP)

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CenCal CareConnect, HMO D-SNP

2027 *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) drugs and 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

A. Disclaimers....3

B. Frequently Asked Questions (FAQ)....9

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "*Drug List*" for short.)....9

B2. Does the *Drug List* ever change?....9

B3. What happens when there's a change to the *Drug List*?....10

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?....11

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?....12

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)?....12

B7. How can I find a drug on the *Drug List*?....12

B8. What if the drug I want to take isn't on the *Drug List*?....13

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?....13

B10. Can I ask for an exception to cover my drug?....14

B11. How can I ask for an exception?....14

B12. How long does it take to get an exception?....14

B13. What are generic drugs?....14

B14. What are original biological products and how are they related to biosimilars?....14

B15. Does CenCal CareConnect cover non-drug OTC products? 15

B16. Does CenCal CareConnect cover long-term supplies of prescriptions? 15

B17. Can I get prescriptions delivered to my home from my local pharmacy? 15

B18. What's my copay? 15

C. Overview of the *List of Covered Drugs* 16

C1. List of Drugs by Medical Condition 17

D. Index of Covered Drugs I-1

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).
- 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). 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). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນເອກະສານທີ່ເປັນ ອັກສອນນູນ ແລະ ຕົວພິມໃຫຍ່. ໃຫ້ໂທຫາເບີ 1-877-814-1861 (TTY: CA Relay 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າ ຍໃດໆ.

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)។ ជំនួយ និងសេវាសម្រាប់អ្នកដែលមាន ភាពពិការ ដូចជាឯកសារជាអក្សរស្ទាបនិងអក្សរធំៗ ក៏មានជូនផងដែរ។ទូរ សព្ទទៅលេខ 1-877-814-1861 (TTY: CA Relay 711)។ សេវាកម្មទាំងនេះ មិនគិតថ្លៃទេ។

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 ยังพร้อมให้ความช่วยเหลือและบริการต่าง 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). 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 *Drug List* 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 1-800-977-2273. 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).

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 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 based on specific criteria 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 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 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 1-800-977-2273. 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.



If you have questions, please call CenCal CareConnect at 1-877-814-1861 (TTY: CA Relay at 711), 8 a.m. to 8 p.m. PT, 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday through Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit www.cencalhealth.org/careconnect.

- 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 G2** 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 thinks 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 25% coinsurance. With Extra Help, the copay is $0 for eligible members.
- Tier 2 (Generic): Generic drugs have 25% coinsurance. With Extra Help, the copay is $0 for eligible members.

- Tier 3 (Preferred Brand): Brand name and generic drugs have 25% coinsurance. With Extra Help, the copay is $0 for eligible members
- Tier 4 (Non-Preferred Drug): Brand name and generic drugs have 25% coinsurance. With Extra Help, the copay is $0 for eligible members.
- Tier 5 (Specialty Tier): Brand name and generic drugs have 25% coinsurance. With Extra Help, the copay is $0 for eligible members.
- Tier 6 (Select Care Drugs): Generic drugs have 15% coinsurance. With Extra Help, the copay is $0 for eligible members.

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 1-800-977-2273. 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.
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 Restriction 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.

ABBREVIATION	DESCRIPTION	MEANING
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 provides 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).

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

Dosage Form Abbreviation	Definition
admin	administration
ampul	ampule
app	applicator
appl	applicator
auto	automatic
cap	capsule
chew	chewable

Dosage Form Abbreviation	Definition
CT	coated
comb	combo
del	delayed
diagn.	diagnostic
disinteg	disintegrating
disintegrat	disintegrating
dose	dosage
DR	delayed release
EC	Enteric-Coated
emolnt	emollient
ENFit	Enteral Nutrition Fit connector
er	extended release
ER	extended release
ext	extended
extnd	extended
extend	extended
ext. rel	extended release
ext.rel.	extended release
extend.release	extended release
gast	gastric
HFA	hydrofluoroalkane
hi	high
IR	immediate release
liqd	liquid
loz	lozenge
lo	low
lozeng	lozenge

Dosage Form Abbreviation	Definition
mini lozenge	miniature lozenge
misc	miscellaneous
MP	multiphase
muco-adhesive	mucosal adhesive
pak	packet
pack	packet
PCA	Patient Controlled Analgesia
pca	patient-controlled analgesia
pell	pellets
pk	pack
Powdr	powder
pt	patient
recon	reconstituted
rel	release
releas	release
soln	solution
sprink	sprinkle
sprinkl	sprinkle
susp	suspension
suspen	suspension
syring	syringe
tab	tablet
TD	transdermal
var	variable
w/	with

Table of Contents

Analgesics 22
Anesthetics 24
Anti-Addiction/Substance Abuse Treatment Agents 24
Antianxiety Agents 25
Antibacterials 26
Anticancer Agents 30
Anticonvulsants 42
Antidementia Agents 45
Antidepressants 46
Antidiabetic Agents 48
Antifungals 52
Antigout Agents 54
Antihistamines 54
Antihypoglycemic Agents 54
Antimigraine Agents 54
Antimycobacterials 55
Antinausea Agents 55
Antiparasite Agents 56
Antiparkinsonian Agents 56
Antipsychotic Agents 57
Antivirals (Systemic) 62
Blood Products/Modifiers/Volume Expanders 67
Caloric Agents 69
Cardiovascular Agents 69
Central Nervous System Agents 76
Contraceptives 77
Dental And Oral Agents 84

Dermatological Agents 84
Devices 87
Enzyme Replacement/Modifiers 126
Eye, Ear, Nose, Throat Agents 127
Gastrointestinal Agents 130
Genitourinary Agents 133
Heavy Metal Antagonists 133
Hormonal Agents, Stimulant/Replacement/Modifying 134
Immunological Agents 138
Metabolic Bone Disease Agents 148
Miscellaneous Therapeutic Agents 149
Ophthalmic Agents 150
Parasympathomimetic (Cholinergic Agents) 151
Replacement Preparations 151
Respiratory Tract Agents 152
Skeletal Muscle Relaxants 155
Sleep Disorder Agents 155
Sympathomimetic (Adrenergic) Agents 156
Vasodilating Agents 156
Vitamins And Minerals 156

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
Analgesics, Miscellaneous		
acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml	Tier 4	NDS; QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	Tier 4	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 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)
methadone oral solution 10 mg/5 ml	Tier 2	NDS; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	Tier 2	NDS; QL (1200 per 30 days)
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)

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
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 (2 mg/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 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)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	Tier 2	QL (60 per 30 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 2	
etodolac oral tablet 400 mg, 500 mg	Tier 2	
flurbiprofen 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
ibu oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
ibuprofen oral suspension 100 mg/5 ml	Tier 2	
ibuprofen oral tablet 400 mg, 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 4	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 2 %	Tier 2	
lidocaine topical adhesive patch,medicated 5 %	Tier 4	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %	Tier 2	PA; QL (240 per 30 days)
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)
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	

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
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 4	
naloxone injection syringe 0.4 mg/ml (prefilled syringe), 1 mg/ml	Tier 2	
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)
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	QL (2 per 30 days)
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)

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
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 2	NDS; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	Tier 2	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	
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 4	
daptomycin intravenous recon soln 350 mg, 500 mg	Tier 4	PA BvD
fosfomycin tromethamine oral packet 3 gram	Tier 4	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	Tier 4	PA BvD
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 5	NDS

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
linezolid oral tablet 600 mg	Tier 4	
methenamine hippurate oral tablet 1 gram	Tier 2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	Tier 2	PA BvD
metronidazole oral tablet 250 mg, 500 mg	Tier 2	
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)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	Tier 5	PA BvD; NDS
SIVEXTRO ORAL TABLET 200 MG	Tier 5	NDS
trimethoprim oral tablet 100 mg	Tier 2	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	Tier 4	PA BvD
vancomycin oral capsule 125 mg	Tier 4	QL (77 per 28 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 3	PA; 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, 500 mg	Tier 4	
cefazolin intravenous recon soln 10 gram	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 3	
cefixime oral tablet 400 mg	Tier 3	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 3	
cefprozil oral tablet 250 mg, 500 mg	Tier 2	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	Tier 5	PA BvD; NDS

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
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	PA BvD
cephalexin oral capsule 250 mg, 500 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	Tier 4	
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	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 3	
erythromycin oral tablet 250 mg, 500 mg	Tier 3	
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
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	Tier 4	PA BvD
ertapenem injection recon soln 1 gram	Tier 4	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	Tier 4	PA BvD
meropenem intravenous recon soln 1 gram, 500 mg	Tier 2	PA BvD

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
meropenem intravenous recon soln 2 gram	Tier 4	PA BvD
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml	Tier 2	
amoxicillin oral suspension for reconstitution 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	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 2	
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 (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	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 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	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	Tier 4	PA BvD
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 2	PA BvD
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	Tier 2	PA BvD
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner	Tier 4	PA BvD
moxifloxacin oral tablet 400 mg	Tier 4	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	Tier 4	PA BvD
Sulfonamides		
sulfadiazine oral tablet 500 mg	Tier 5	NDS
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
Tetracyclines		
doxy-100 intravenous recon soln 100 mg	Tier 4	PA BvD
doxycycline hyclate intravenous recon soln 100 mg	Tier 4	PA BvD
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	
tetracycline oral capsule 250 mg, 500 mg	Tier 4	
tigecycline intravenous recon soln 50 mg	Tier 4	PA BvD
Anticancer Agents		
Anticancer Agents		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
abiraterone oral tablet 250 mg	Tier 4	PA NSO; 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 1	
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)
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 25 mg	Tier 4	PA NSO
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	Tier 5	PA NSO; NDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5	PA NSO; NDS; QL (2 per 28 days)
bexarotene oral capsule 75 mg	Tier 2	PA NSO
bexarotene topical gel 1 %	Tier 5	PA NSO; NDS
bicalutamide oral tablet 50 mg	Tier 2	
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
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOSULIF ORAL TABLET 500 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
bosutinib oral tablet 100 mg	Tier 5	PA NSO; NDS; QL (180 per 30 days)
bosutinib 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)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	Tier 4	PA NSO
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	Tier 4	PA BvD
cyclophosphamide intravenous recon soln 2 gram, 500 mg	Tier 5	PA BvD; NDS
cyclophosphamide intravenous solution 200 mg/ml	Tier 5	PA BvD; NDS
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 2	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 3	PA BvD; ST
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)
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 4	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	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
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
ENSACOVE ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	Tier 5	PA NSO; NDS; QL (270 per 30 days)
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 (120 per 30 days)
erlotinib oral tablet 100 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)
erlotinib oral tablet 25 mg	Tier 4	PA NSO; QL (60 per 30 days)
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 (60 per 30 days)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg	Tier 4	PA NSO; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 7.5 mg	Tier 4	PA NSO; QL (60 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 2	
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
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 4	
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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	
HYRNUO ORAL TABLET 10 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
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 2	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg	Tier 2	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)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA NSO; NDS; QL (28 per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 5	PA NSO; NDS; QL (280 per 28 days)
INLEXZO INTRAVESICAL IMPLANT 225 MG	Tier 5	PA BvD; NDS
INLURIYO ORAL TABLET 200 MG	Tier 5	PA NSO; NDS; QL (60 per 30 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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	Tier 5	PA NSO; NDS; QL (30 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)
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 5	PA NSO; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	Tier 5	PA NSO; NDS
KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1)	Tier 5	PA NSO; NDS; QL (21 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	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)
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)
KOMZIFTI ORAL CAPSULE 200 MG	Tier 5	PA NSO; NDS
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)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	Tier 5	PA NSO; NDS; QL (600 per 30 days)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	Tier 5	PA NSO; NDS; QL (390 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 1	
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
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	Tier 5	PA NSO; NDS
lomustine oral capsule 10 mg, 40 mg	Tier 4	
lomustine oral capsule 100 mg	Tier 5	NDS
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)
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 VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	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
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
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)
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	
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)
nilutamide oral tablet 150 mg	Tier 5	NDS

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
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 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	Tier 5	PA NSO; NDS
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)
pazopanib oral tablet 400 mg	Tier 5	PA NSO; NDS; QL (60 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	Tier 4	
pemetrexed disodium intravenous recon soln 500 mg, 750 mg	Tier 5	NDS
pemetrexed disodium intravenous solution 25 mg/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
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)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	Tier 5	PA NSO; NDS; QL (21 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 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)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 5	PA NSO; NDS; QL (8 per 28 days)
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 FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	Tier 5	PA NSO; NDS
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)
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
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	
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
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	
toremifene oral tablet 60 mg	Tier 4	
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)
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)
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	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)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Tier 4	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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
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), 80 MG/WEEK (80 MG X 1)	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)
YONSA ORAL TABLET 125 MG	Tier 5	PA NSO; NDS; QL (120 per 30 days)
yulithira oral tablet 10 mg, 7.5 mg	Tier 4	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg	Tier 4	PA NSO; QL (30 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)
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	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
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)
Anticonvulsants		
Anticonvulsants		
brivaracetam intravenous solution 50 mg/5 ml	Tier 5	NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	Tier 4	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 5	NDS; QL (60 per 30 days)
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	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 4	
carbamazepine oral tablet,chewable 100 mg, 200 mg	Tier 2	
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 2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 2	
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 4	ST; 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
eslicarbazepine oral tablet 600 mg, 800 mg	Tier 4	ST; 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
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	Tier 4	
gabapentin oral capsule 100 mg, 300 mg	Tier 1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	Tier 1	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 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 2	
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 2	
levetiracetam oral tablet for suspension 250 mg, 500 mg	Tier 4	ST
methsuximide oral capsule 300 mg	Tier 4	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4	PA NSO; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 2	
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 suspension 0.5 mg/ml	Tier 5	ST; NDS; QL (720 per 30 days)
perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg	Tier 4	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	Tier 4	ST; 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 2	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, 400 mg	Tier 4	ST
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	Tier 4	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 4	PA NSO
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	Tier 5	PA NSO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	Tier 4	PA NSO; 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	
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	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	PA NSO; 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 5	NDS
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)
Antidementia Agents		
Antidementia Agents		
donepezil oral tablet 10 mg, 5 mg	Tier 1	QL (30 per 30 days)
donepezil oral tablet 23 mg	Tier 2	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)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	Tier 5	PA; NDS; QL (7.2 per 28 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 2	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	NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG	Tier 5	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 1	
citalopram oral solution 10 mg/5 ml	Tier 4	
citalopram oral tablet 10 mg	Tier 1	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	Tier 1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 75 mg	Tier 2	
clomipramine oral capsule 50 mg	Tier 4	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 2	QL (30 per 30 days)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	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	Tier 2	QL (120 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	Tier 2	QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 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	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	Tier 5	PA NSO; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	Tier 5	PA NSO; NDS; QL (30 per 30 days)
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 1	
MARPLAN ORAL TABLET 10 MG	Tier 4	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
mirtazapine oral tablet 7.5 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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 2	
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 2	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	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 2	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
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 4	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 2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 5	PA NSO; NDS; QL (28 per 14 days)
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	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dapagliflozin oral tablet 10 mg, 5 mg	Tier 2	QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	Tier 2	
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 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)
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 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 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)
nateglinide oral tablet 120 mg, 60 mg	Tier 6	QL (90 per 30 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)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	Tier 2	QL (60 per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (30 per 30 days)

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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	QL (15 per 25 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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	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 4	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	Tier 5	PA BvD; NDS
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, 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	
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 4	PA
terbinafine hcl oral tablet 250 mg	Tier 1	
voriconazole intravenous recon soln 200 mg	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
voriconazole intravenous solution 10 mg/ml	Tier 4	PA BvD
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 5	PA; NDS
voriconazole oral tablet 200 mg, 50 mg	Tier 3	
Antigout Agents		
Antigout Agents, Other		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
colchicine oral tablet 0.6 mg	Tier 2	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	Tier 4	QL (30 per 30 days)
probenecid oral tablet 500 mg	Tier 2	
probenecid-colchicine oral tablet 500-0.5 mg	Tier 4	
Antihistamines		
Antihistamines		
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
levocetirizine oral tablet 5 mg	Tier 1	
Antihypoglycemic Agents		
Antihypoglycemic Agents, Miscellaneous		
diazoxide oral suspension 50 mg/ml	Tier 5	NDS
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 2	PA; 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 (18 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)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 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)
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	
PRETOMANID ORAL TABLET 200 MG	Tier 4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	Tier 4	
pyrazinamide oral tablet 500 mg	Tier 4	
rifabutin oral capsule 150 mg	Tier 3	
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 (8 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 3	PA; QL (60 per 30 days)
meclizine oral tablet 12.5 mg, 25 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
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 oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 3	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	Tier 2	
ivermectin oral tablet 6 mg	Tier 4	
mefloquine oral tablet 250 mg	Tier 2	
nitazoxanide oral tablet 500 mg	Tier 5	NDS; QL (60 per 30 days)
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		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amantadine hcl oral capsule 100 mg	Tier 2	
amantadine hcl oral solution 50 mg/5 ml	Tier 2	
amantadine hcl oral tablet 100 mg	Tier 2	
benztropine oral tablet 0.5 mg, 1 mg, 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	
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 1	
rasagiline oral tablet 0.5 mg, 1 mg	Tier 3	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 2 mg, 4 mg	Tier 2	
selegiline hcl oral capsule 5 mg	Tier 2	
selegiline hcl oral tablet 5 mg	Tier 2	
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)
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)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	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 2	
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)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 4	QL (60 per 30 days)
BYSANTI 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)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	Tier 4	ST
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	Tier 4	ST

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	Tier 4	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 5	ST; NDS; QL (30 per 30 days)
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
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)
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	Tier 2	
fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg	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
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 4	
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)
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, 80 mg	Tier 4	
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, 5 mg	Tier 4	QL (120 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
molindone oral tablet 25 mg	Tier 4	QL (270 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 2	
pimozide oral tablet 1 mg, 2 mg	Tier 4	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 2	
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	QL (480 per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 4	QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	Tier 4	QL (120 per 30 days)
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	
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)
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 2	
abacavir oral tablet 300 mg	Tier 2	
abacavir-lamivudine oral tablet 600-300 mg	Tier 2	
APTIVUS ORAL CAPSULE 250 MG	Tier 5	NDS
atazanavir oral capsule 150 mg, 200 mg, 300 mg	Tier 2	
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, 800 mg	Tier 4	
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 PED ORAL TABLET FOR SUSPENSION 2.5 MG	Tier 5	NDS
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 4	
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, 133-200 mg, 167-250 mg	Tier 4	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	Tier 2	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	Tier 5	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 4	
etravirine oral tablet 100 mg, 200 mg	Tier 4	
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	NDS
fosamprenavir oral tablet 700 mg	Tier 4	
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5	NDS
IDVYNSO ORAL TABLET 100-0.25 MG	Tier 5	NDS; QL (30 per 30 days)
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISENTRESS ORAL TABLET 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
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 4	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	Tier 2	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	Tier 2	
lamivudine-zidovudine oral tablet 150-300 mg	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	
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	
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 5	NDS
rilpivirine hcl oral tablet 25 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
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 5	NDS
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 2	
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	
TYBOST ORAL TABLET 150 MG	Tier 3	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
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	PA; NDS
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)
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5	PA; NDS; QL (28 per 28 days)
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	Tier 2	
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 capsule 200 mg	Tier 4	
ribavirin oral tablet 200 mg	Tier 2	
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 2	
VEMLIDY ORAL TABLET 25 MG	Tier 5	NDS; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 4	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)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	Tier 3	QL (960 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	Tier 3	QL (120 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)
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 4	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 2	QL (600 per 30 days)
rivaroxaban oral tablet 2.5 mg	Tier 2	
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	
Blood Formation Modifiers		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 5	PA; NDS
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 2	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 4	
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pentoxifylline oral tablet extended release 400 mg	Tier 2	
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 2	
ticagrelor oral tablet 60 mg, 90 mg	Tier 2	
Caloric Agents		
Caloric Agents		
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	Tier 4	PA BvD
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
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	Tier 2	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	Tier 2	
d5 %-0.45 % sodium chloride intravenous parenteral solution	Tier 2	
dextrose 5 % in water (d5w) intravenous parenteral solution	Tier 2	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	Tier 4	PA BvD
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	
guanfacine oral tablet 1 mg, 2 mg	Tier 2	
midodrine oral tablet 10 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
midodrine oral tablet 2.5 mg, 5 mg	Tier 2	
Alpha-Adrenergic Blocking Agents		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
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	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 6	
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	Tier 2	QL (180 per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	Tier 2	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	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	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	
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 2	
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	

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
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	
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 tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 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 solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 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		
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	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	Tier 2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 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
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	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
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	
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		
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 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 4	ST; QL (60 per 30 days)
metyrosine oral capsule 250 mg	Tier 5	PA; NDS
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 2	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	Tier 2	
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	PA; NDS; QL (30 per 30 days)
Diuretics		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 1	
furosemide injection solution 10 mg/ml	Tier 1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 1	
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	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
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 tablet 15 mg, 30 mg	Tier 5	PA; NDS; QL (120 per 30 days)
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, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 6	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 6	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 4	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cholestyramine light oral powder in packet 4 gram	Tier 4	
colesevelam oral tablet 625 mg	Tier 2	
colestipol oral packet 5 gram	Tier 4	
colestipol oral tablet 1 gram	Tier 4	
ezetimibe oral tablet 10 mg	Tier 1	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 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral tablet 160 mg, 54 mg	Tier 1	
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 1	
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, 750 mg	Tier 2	
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, 20 mg, 40 mg, 80 mg	Tier 6	
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	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Tier 6	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	Tier 5	PA; NDS; QL (0.8 per 28 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
aliskiren oral tablet 150 mg, 300 mg	Tier 4	
eplerenone oral tablet 25 mg, 50 mg	Tier 2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA; QL (30 per 30 days)
Vasodilators		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
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	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA; QL (30 per 30 days)
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 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
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 2	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 2	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 2	QL (60 per 30 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)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	
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	
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)
riluzole oral tablet 50 mg	Tier 4	
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA; QL (112 per 28 days)
VEOZAH ORAL TABLET 45 MG	Tier 4	PA; QL (30 per 30 days)
Contraceptives		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Contraceptives		
afirmelle oral tablet 0.1-20 mg-mcg	Tier 2	
altavera (28) oral tablet 0.15-0.03 mg	Tier 1	
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	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	QL (91 per 84 days)
amethyst (28) oral tablet 90-20 mcg (28)	Tier 2	
apri oral tablet 0.15-0.03 mg	Tier 1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	QL (91 per 84 days)
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 1	
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 1	
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	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	
camila oral tablet 0.35 mg	Tier 2	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	Tier 1	QL (91 per 84 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	QL (91 per 84 days)
chateal eq (28) oral tablet 0.15-0.03 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
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	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	Tier 1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 2	
dolishale oral tablet 90-20 mcg (28)	Tier 2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 1	
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 1	
enilloring vaginal ring 0.12-0.015 mg/24 hr	Tier 2	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 1	
errin oral tablet 0.35 mg	Tier 1	
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 1	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	
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 1	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	
haloette vaginal ring 0.12-0.015 mg/24 hr	Tier 2	QL (1 per 28 days)
heather oral tablet 0.35 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
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 1	
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	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	QL (91 per 84 days)
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 1	
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 1	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	
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 1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	Tier 4	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	Tier 2	
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 1	
larin 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
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 1	
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	Tier 1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	Tier 4	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	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	
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	Tier 1	QL (91 per 84 days)
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	Tier 2	
lo-zumandimine (28) oral tablet 3-0.02 mg	Tier 1	
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 2	
lutera (28) oral tablet 0.1-20 mg-mcg	Tier 1	
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 1	
meleya oral tablet 0.35 mg	Tier 1	
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 fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 1	
mili oral tablet 0.25-0.035 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
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	
nikki (28) oral tablet 3-0.02 mg	Tier 1	
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 1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 1	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	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 1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	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 1	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	Tier 1	
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	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 1	QL (91 per 84 days)
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 1	QL (91 per 84 days)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	Tier 2	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 2	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 1	QL (91 per 84 days)
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 1	
sronyx oral tablet 0.1-20 mg-mcg	Tier 2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 1	
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 1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	Tier 1	
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 1	
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 1	

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	
tyblume oral tablet,chewable 0.1 mg- 20 mcg	Tier 4	
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 2	
vienva oral tablet 0.1-20 mg-mcg	Tier 1	
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 1-35 (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	
periogard mucous membrane mouthwash 0.12 %	Tier 1	
pilocarpine hcl oral tablet 5 mg	Tier 2	
pilocarpine hcl oral tablet 7.5 mg	Tier 4	
triamcinolone acetonide dental paste 0.1 %	Tier 2	
Dermatological Agents		
Anti-Infectives (Skin And Mucous Membrane)		
acyclovir topical ointment 5 %	Tier 2	QL (30 per 30 days)
clindamycin phosphate vaginal cream 2 %	Tier 3	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	Tier 3	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 2	
terconazole vaginal suppository 80 mg	Tier 4	
Dermatological Agents, Other		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	
ALTRENO TOPICAL LOTION 0.05 %	Tier 4	PA
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
nitroglycerin rectal ointment 0.4 % (w/w)	Tier 4	QL (30 per 30 days)
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)
selenium sulfide topical lotion 2.5 %	Tier 2	
silver sulfadiazine topical cream 1 %	Tier 2	
ssd topical cream 1 %	Tier 4	
tazarotene topical cream 0.1 %	Tier 4	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 4	PA
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	
erythromycin with ethanol topical solution 2 %	Tier 2	
gentamicin topical cream 0.1 %	Tier 2	QL (90 per 30 days)
metronidazole topical cream 0.75 %	Tier 2	
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	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 %	Tier 2	
betamethasone dipropionate topical cream 0.05 %	Tier 2	
betamethasone dipropionate topical lotion 0.05 %	Tier 2	
betamethasone dipropionate topical ointment 0.05 %	Tier 2	
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 2	
clobetasol topical cream 0.05 %	Tier 2	
clobetasol topical gel 0.05 %	Tier 4	
clobetasol topical ointment 0.05 %	Tier 2	
clobetasol topical shampoo 0.05 %	Tier 4	
clobetasol-emollient topical cream 0.05 %	Tier 4	
diclofenac sodium topical drops 1.5 %	Tier 2	QL (300 per 30 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	Tier 4	PA; QL (224 per 28 days)
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 %, 0.1 %	Tier 2	
fluocinonide topical gel 0.05 %	Tier 4	
fluocinonide topical ointment 0.05 %	Tier 2	
fluocinonide topical solution 0.05 %	Tier 2	
fluticasone propionate topical cream 0.05 %	Tier 2	
halobetasol propionate topical cream 0.05 %	Tier 2	
halobetasol propionate topical ointment 0.05 %	Tier 2	
hydrocortisone 2.5% cream	Tier 2	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 2	
mometasone topical cream 0.1 %	Tier 2	
mometasone topical ointment 0.1 %	Tier 2	
mometasone topical solution 0.1 %	Tier 2	
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	
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	
Scabicides And Pediculicides		
malathion topical lotion 0.5 %	Tier 2	
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	Tier 2	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 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 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	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 PADS 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

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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 30GX5/16" 30 GAUGE X 5/16"	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
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 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 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 SAFETGLD INS 0.3 ML 29G 13MM 0.3 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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
BD SINGLE USE SWAB	Tier 1	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
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 HRI 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 HRI 31 GAUGE X 1/4"	Tier 2	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	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
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

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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 0.3 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
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 27G 12.7MM 1 ML 27 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

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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 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
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	Tier 2	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	Tier 1	PA; ST
CURITY GAUZE PADS 2 X 2 "	Tier 1	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 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) OUTER 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 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) OUTER 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) OUTER 0.3 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM OUTER 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 OUTER 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	Tier 2	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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 31G 4MM 31 GAUGE X 5/32"	Tier 2	PA; ST
DROPSAFE PEN NEEDLE 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
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	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 0.5 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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"	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

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

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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 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
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 UNI-SLIP SYR 1 ML	Tier 2	PA; ST
EASYLIFE ALCOHOL 70% PADS	Tier 1	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 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
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4"	Tier 2	PA; ST
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"	Tier 2	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	Tier 2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	Tier 2	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	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
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "	Tier 1	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	Tier 1	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GNP ALCOHOL SWAB STERILE, TWO PLY	Tier 1	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	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 ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	Tier 2	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 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 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
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 5MM 31G 31 GAUGE X 3/16"	Tier 2	PA; ST

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"	Tier 2	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30	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 SYRIN 0.5 ML 28GX1/2" (OTC) 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
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 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 SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	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 28GX1/2" (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 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	Tier 2	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE,THIN II (OTC) 1 ML 31 GAUGE X 5/16	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
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Tier 2	PA; ST
INSUPEN PEN NEEDLE 31G 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
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Tier 2	PA; ST
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Tier 2	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	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
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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 5MM 32 GAUGE X 3/16"	Tier 2	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONOJECT INSULIN SYR 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
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	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 32G NEEDLES 32 GAUGE X 1/4"	Tier 2	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"	Tier 2	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	Tier 2	PA; ST
OMNIPOD 5 (LIBRE 2/3 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 (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	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)

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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 5MM OUTER 30 GAUGE X 3/16"	Tier 2	PA; ST
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 33G 4MM 33 GAUGE X 5/32"	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" 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
PREVENT PEN NEEDLE 31GX1/4" 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
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 32G 8MM 32 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
PRO-COMFORT ALCOHOL 70% PADS	Tier 1	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
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
RA ISOPROPYL ALCOHOL 70% WIPES	Tier 1	PA; ST
RA STERILE PADS 2"X 2" 2 X 2 "	Tier 1	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
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Tier 2	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	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
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 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
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 PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	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
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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	Tier 2	PA; ST
SURE COMFORT ALCOHOL PREP PADS	Tier 1	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
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

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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TECHLITE PEN NEEDLE 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
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
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	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

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	Tier 2	PA; ST
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	Tier 2	PA; ST
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	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
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
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 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 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	Tier 2	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 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 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

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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 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
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 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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	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 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	Tier 2	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	Tier 2	PA; ST
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Tier 2	PA; ST
ULTRA COMFORT 1 ML 30GX5/16" 1 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
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
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
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

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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 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 6MM 0.3 ML 31 GAUGE X 15/64"	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
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	Tier 2	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Tier 2	PA; ST
UNIFINE OTC PEN NEEDLE 32G 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
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 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	Tier 2	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	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 31G 5MM 31 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 32GX5/32" 32 GAUGE X 5/32"	Tier 2	PA; ST
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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"	Tier 2	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	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
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	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 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	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
WEBCOL ALCOHOL PREPS 20'S,LARGE	Tier 1	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	Tier 2	PA; ST
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

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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	
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-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	
tobramycin ophthalmic (eye) drops 0.3 %	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
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 2	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	Tier 4	
trifluridine ophthalmic (eye) drops 1 %	Tier 3	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5	PA; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	
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 4	
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 2	
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)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	QL (5 per 16 days)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	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)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	QL (12 per 28 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 2	QL (34 per 30 days)
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 2	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
cimetidine hcl oral solution 300 mg/5 ml	Tier 4	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	Tier 1	
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	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 2	
sucralfate oral tablet 1 gram	Tier 2	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 4	QL (168 per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
Gastrointestinal Agents, Other		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	Tier 4	QL (168 per 14 days)
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 2	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 2	
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 oral suspension 15 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	Tier 3	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	Tier 3	QL (30 per 30 days)
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)
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 3	
sevelamer carbonate oral tablet 800 mg	Tier 3	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 3	
sodium polystyrene sulfonate oral powder 15 gram	Tier 4	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	Tier 4	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	Tier 4	
TRULANCE ORAL TABLET 3 MG	Tier 3	QL (30 per 30 days)
ursodiol oral capsule 300 mg	Tier 2	
ursodiol oral tablet 250 mg, 500 mg	Tier 2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	Tier 5	PA; NDS; QL (12 per 30 days)
XERMELO ORAL TABLET 250 MG	Tier 5	PA; NDS; QL (84 per 28 days)
Inflammatory Bowel Disease Agents		
alosetron oral tablet 0.5 mg, 1 mg	Tier 4	
balsalazide oral capsule 750 mg	Tier 4	
budesonide oral capsule,delayed,extend.release 3 mg	Tier 3	
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)
mesalamine rectal enema 4 gram/60 ml	Tier 4	
mesalamine rectal suppository 1,000 mg	Tier 4	
sulfasalazine oral tablet 500 mg	Tier 2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 4	
Laxatives		
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
Genitourinary Agents		
Antispasmodics, Urinary		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 2	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 2	
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 1	
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 2	
tolterodine oral tablet 1 mg, 2 mg	Tier 2	
trospium oral tablet 20 mg	Tier 2	
Genitourinary Agents, Miscellaneous		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	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		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 2	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	
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 2	PA-HRM; AGE (Max 64 Years)
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 2	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 4	QL (8 per 28 days)
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 2	PA-HRM; AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	Tier 2	PA-HRM; AGE (Max 64 Years)
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)
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	
ISTURISA ORAL TABLET 1 MG	Tier 5	PA; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	Tier 5	PA; NDS; QL (360 per 30 days)
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 4	
prednisolone oral solution 15 mg/5 ml	Tier 4	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 4	
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	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 5	PA; NDS; QL (120 per 30 days)
triamcinolone acetonide injection suspension 40 mg/ml	Tier 2	
Incretin Mimetics		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	PA; QL (2 per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 3	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA; QL (3 per 28 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)
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)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	Tier 3	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	Tier 3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 3	PA; QL (3 per 28 days)
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
lanreotide subcutaneous syringe 120 mg/0.5 ml	Tier 5	PA NSO; NDS; QL (0.5 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	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, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 3	
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)
gallifrey oral tablet 5 mg	Tier 2	
medroxyprogesterone intramuscular suspension 150 mg/ml	Tier 1	
medroxyprogesterone intramuscular syringe 150 mg/ml	Tier 2	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
megestrol 400 mg/10 ml susp cup outer 400 mg/10 ml (10 ml)	Tier 2	PA-HRM; AGE (Max 64 Years)
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 2	PA-HRM; AGE (Max 64 Years)
megestrol oral suspension 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	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 2	
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		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA; NDS
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 5	PA; NDS
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 5	PA; NDS
adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml	Tier 5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	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)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5	PA; NDS; QL (8 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; NDS; QL (15 per 30 days)
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
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 4	PA; QL (60 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 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 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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA; NDS
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	Tier 5	PA; NDS
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 5	PA; NDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	PA BvD
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Tier 4	PA BvD
everolimus (immunosuppressive) oral tablet 1 mg	Tier 5	PA BvD; NDS
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)
fingolimod oral capsule 0.5 mg	Tier 4	PA; QL (30 per 30 days)
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
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)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 5	PA; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 5	PA; NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 5	PA; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 5	PA; NDS
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) 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
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 5	PA; NDS; QL (1.2 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	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 2	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 4	PA BvD
mycophenolate mofetil oral tablet 500 mg	Tier 2	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 2	PA BvD
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 5	PA; LA; NDS; QL (0.4 per 28 days)
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
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	Tier 5	PA; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	Tier 5	PA; NDS
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 5	PA; NDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 3	PA
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	Tier 3	PA
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	Tier 5	PA; NDS
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
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
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 4	PA BvD
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
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	Tier 5	PA; NDS; QL (3.2 per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 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
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 3	PA
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
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 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
tacrolimus intravenous solution 5 mg/ml	Tier 4	PA BvD
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 4	PA BvD
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	Tier 4	PA BvD
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 4	QL (100 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	PA; NDS; QL (180 per 30 days)
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)
tofacitinib oral solution 1 mg/ml	Tier 5	PA; NDS
tofacitinib oral tablet 10 mg, 5 mg	Tier 5	PA; NDS
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	Tier 5	PA; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 5	PA; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA; NDS

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 3	$0 copay
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	
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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	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	
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)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TENIVAC (PF) INTRAMUSCULAR 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
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	$0 copay
VIMKUNYA (PF) 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	Tier 3	$0 copay
Metabolic Bone Disease Agents		

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Metabolic Bone Disease Agents		
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)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
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 1	QL (1 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)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
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	
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 2	PA; QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5	PA; NDS; QL (30 per 30 days)
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	

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 2	
mesna oral tablet 400 mg	Tier 4	
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	Tier 2	
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	
bimatoprost ophthalmic (eye) drops 0.01 %	Tier 4	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 4	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %	Tier 4	
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 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %	Tier 2	
methazolamide oral tablet 25 mg, 50 mg	Tier 4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
Parasympathomimetic (Cholinergic Agents)		
Parasympathomimetic (Cholinergic Agents)		
pyridostigmine bromide oral tablet 60 mg	Tier 2	
Replacement Preparations		
Replacement Preparations		
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, 15 meq, 20 meq, 8 meq	Tier 2	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 2	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)	Tier 2	
potassium citrate oral tablet extended release 15 meq	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	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 3	QL (30 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	Tier 3	QL (30 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)
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)
Antileukotrienes		
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 4	
Bronchodilators		
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 INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 3	QL (32.1 per 30 days)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 2	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	Tier 2	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 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)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 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)
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	Tier 3	QL (60 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)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	Tier 4	QL (25.8 per 28 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)

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
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)
theophylline oral solution 80 mg/15 ml	Tier 4	
theophylline oral tablet extended release 12 hr 100 mg, 450 mg	Tier 4	
theophylline oral tablet extended release 12 hr 200 mg	Tier 2	
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)
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)
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 4	PA BvD
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 2	PA BvD
JASCAYD ORAL TABLET 18 MG, 9 MG	Tier 5	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; NDS; QL (56 per 28 days)
nintedanib oral capsule 100 mg, 150 mg	Tier 5	PA; NDS; QL (60 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; NDS; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	Tier 2	PA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	Tier 5	PA; NDS; QL (270 per 30 days)

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pirfenidone oral tablet 534 mg	Tier 5	PA; NDS; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	Tier 2	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 5	PA BvD; NDS
PULMOZYME INHALATION SOLUTION 1 MG/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	
Sleep Disorder Agents		
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 2	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL (30 per 30 days)

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxepin oral tablet 3 mg, 6 mg	Tier 4	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 2	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	Tier 2	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)
Sympathomimetic (Adrenergic) Agents		
Sympathomimetic (Adrenergic) Agents		
droxidopa oral capsule 100 mg, 300 mg	Tier 4	PA; QL (180 per 30 days)
droxidopa oral capsule 200 mg	Tier 5	PA; NDS; QL (180 per 30 days)
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)
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)
ambrisentan oral tablet 10 mg	Tier 4	PA; QL (30 per 30 days)
ambrisentan oral tablet 5 mg	Tier 5	PA; NDS; QL (30 per 30 days)
macitentan oral tablet 10 mg	Tier 5	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 2	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
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 5	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bal-care dha combo pack 27-1-430 mg	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	
folivane-ob capsule 85-1 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 oral tablet 90-1-50 mg	Tier 1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	Tier 1	
obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 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	
pnv-select tablet 27-1 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	
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	
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 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	
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	

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
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 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	
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	

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.

1

1ST TIER UNIFINE PENTIPS 87

1ST TIER UNIFINE PENTIPS PLUS 87, 88

A

abacavir 62

abacavir-lamivudine 62

ABELCET 52

abigale 134

abigale lo 134

ABILIFY ASIMTUFII 57

ABILIFY MAINTENA 58

abiraterone 31

abirtega 31

ABRYSVO (PF) 144

acamprosate 24

acarbose 48

acebutolol 71

acetaminophen-codeine 22

acetazolamide 150

acetazolamide sodium 150

acetic acid 127

acetylcysteine 154

acitretin 85

ACTHIB (PF) 144

ACTIMMUNE 138

acyclovir 66, 84

acyclovir sodium 66

ADACEL(TDAP ADOLESN/ADULT)(PF) 144, 145

adalimumab-aaty 138

adalimumab-aaty(cf) ai crohns 138

adefovir 66

ADEMPAS 156

adrucil 31

ADVAIR HFA 152

ADVOCATE PEN NEEDLE 88

ADVOCATE SYRINGES 88

afirmelle 78

AIMOVIG AUTOINJECTOR 54

AIRSUPRA 152

AKEEGA 31

ala-cort 86

albendazole 56

albuterol sulfate 153

ALCOHOL PADS 88

ALCOHOL PREP PADS 106

ALCOHOL SWABS 103

ALCOHOL WIPES 111

ALECENSA 31

alendronate 149

alfuzosin 133

aliskiren 76

allopurinol 54

alosetron 132

alprazolam 25

altavera (28) 78

ALTRENO 85

ALUNBRIG 31

alyacen 1/35 (28) 78

alyacen 7/7/7 (28) 78

alyq 156

amantadine hcl 57

ambrisentan 156

amethia 78

amethyst (28) 78

amikacin 26

amiloride 74

amiloride-hydrochlorothiazide 74

amiodarone 71

amitriptyline 46

amlodipine 72

amlodipine-atorvastatin 74

amlodipine-benazepril 72

amlodipine-olmesartan 72

amlodipine-valsartan 72

amlodipine-valsartan-hcthiazid 72

ammonium lactate 85

amoxapine 46

amoxicillin 29

amoxicillin-pot clavulanate 29

amphotericin b 52

amphotericin b liposome 52

ampicillin 29

ampicillin sodium 29

ampicillin-sulbactam 29

anagrelide 68

anastrozole 31

ANORO ELLIPTA 153

aprepitant 55

apri 78

APTIVUS 62

AQINJECT PEN NEEDLE 88

ARCALYST 138

AREXVY (PF) 145

ARIKAYCE 26

aripiprazole 58

ARISTADA 58

ARISTADA INITIO 58

armodafinil 155

ARNUITY ELLIPTA 152

asenapine maleate 58

ashlyna 78

aspirin-dipyridamole 68

ASSURE ID DUO PRO SFTY PEN NDL 88

ASSURE ID DUO-SHIELD .. 88
ASSURE ID INSULIN SAFETY 88, 89
ASSURE ID PEN NEEDLE .. 89
ASSURE ID PRO PEN NEEDLE 89
atazanavir 62
atenolol 71
atenolol-chlorthalidone 71
atomoxetine 76
atorvastatin 74
atovaquone 56
atovaquone-proguanil 56
atropine 127
aubra eq 78
AUGTYRO 31
aurovela 1.5/30 (21) 78
aurovela 1/20 (21) 78
aurovela 24 fe 78
aurovela fe 1.5/30 (28) 78
aurovela fe 1-20 (28) 78
AUSTEDO 76
AUSTEDO XR 76, 77
AUSTEDO XR TITRATION KT(WK1-4) 77
AUVELITY 46
aviane 78
AVMAPKI 31
AVMAPKI-FAKZYNJA 31
AVONEX 138
ayuna 78
AYVAKIT 31
azacitidine 31
azathioprine 139
azathioprine sodium 139
azelastine 127
azithromycin 28
aztreonam 28
azurette (28) 78

B

bacitracin 127
bacitracin-polymyxin b 127
baclofen 155
bal-care dha 157
bal-care dha essential 157
balsalazide 132
BALVERSA 31
BAQSIMI 149
BCG VACCINE, LIVE (PF) 145
BD ALCOHOL SWABS 90
BD AUTOSHIELD DUO PEN NEEDLE 89
BD ECLIPSE LUER-LOK 89
BD INSULIN SYRINGE 89
BD INSULIN SYRINGE (HALF UNIT) 89
BD INSULIN SYRINGE ULTRA-FINE 89
BD SAFETYGLIDE INSULIN SYRINGE 89, 90
BD SAFETYGLIDE SYRINGE 89
BD ULTRA-FINE MICRO PEN NEEDLE 90
BD ULTRA-FINE MINI PEN NEEDLE 90
BD ULTRA-FINE NANO PEN NEEDLE 90
BD ULTRA-FINE ORIG PEN NEEDLE 90
BD ULTRA-FINE SHORT PEN NEEDLE 90
BD VEO INSULIN SYR (HALF UNIT) 90
BD VEO INSULIN SYRINGE UF 90
BELSOMRA 155
benazepril 70
benazepril-hydrochlorothiazide 70
bendamustine 31
BENLYSTA 139
benztropine 57
BESREMI 31
BESREMI PEN 31
betaine 149
betamethasone dipropionate .. 86
betamethasone valerate 86
betamethasone, augmented 86
BETASERON 139
betaxolol 150
bethanechol chloride 133
bexarotene 31
BEXSERO 145
bicalutamide 31
BICILLIN L-A 29
BIKTARVY 62
bimatoprost 150
bismuth subcit k-metronidz-tcn 131
bisoprolol fumarate 72
bisoprolol-hydrochlorothiazide 72
bleomycin 31
blisovi 24 fe 78
blisovi fe 1.5/30 (28) 78
blisovi fe 1/20 (28) 78
BOOSTRIX TDAP 145
BORDERED GAUZE 90
bortezomib 31
BOSULIF 31, 32
bosutinib 32
BRAFTOVI 32
BREO ELLIPTA 153
breyna 153
BREZTRI AEROSPHERE ... 153
brimonidine 150
brimonidine-timolol 150
brinzolamide 150
brivaracetam 42
bromfenac 129
bromocriptine 57
BRONCHITOL 154
BRUKINSA 32
budesonide 132, 152
bumetanide 74

buprenorphine 22
buprenorphine hcl 24
buprenorphine-naloxone 24
bupropion hcl 46
bupropion hcl (smoking deter) 24
buspirone 149
butalbital-acetaminop-caf-cod 22
butalbital-acetaminophen-caff 22
BYSANTI 58
BYSANTI TITRATION PACK A 58
BYSANTI TITRATION PACK B 58
BYSANTI TITRATION PACK C 59
C
CABENUVA 62
cabergoline 57
CABOMETYX 32
cabotegravir 63
calcipotriene 85
calcitonin (salmon) 149
calcitriol 149
calcium acetate(phosphat bind) 131
CALQUENCE (ACALABRUTINIB MAL) 32
CAMCEVI (6 MONTH) 32
camila 78
camrese 78
camrese lo 78
candesartan 70
candesartan-hydrochlorothiazid 70
CAPLYTA 59
CAPRELSA 32
captopril 70
carbamazepine 42
carbidopa-levodopa 57
CAREFINE PEN NEEDLE ... 90
CARETOUCH ALCOHOL PREP PAD 90
CARETOUCH INSULIN SYRINGE 91
CARETOUCH PEN NEEDLE 91
carglumic acid 131
carteolol 150
cartia xt 72
carvedilol 72
CAYSTON 28
cefaclor 27
cefadroxil 27
cefazolin 27
cefdinir 27
cefepime 27
cefixime 27
cefoxitin 28
cefpodoxime 27
cefprozil 27
ceftaroline fosamil 27
ceftazidime 28
ceftriaxone 28
cefuroxime axetil 28
cefuroxime sodium 28
celecoxib 23
cephalexin 28
cevimeline 84
chateal eq (28) 78
chlordiazepoxide hcl 25
chlorhexidine gluconate 84
chloroquine phosphate 56
chlorpromazine 59
chlorthalidone 74
cholestyramine (with sugar) ... 74
cholestyramine light 75
ciclopirox 52
cilostazol 68
CIMDUO 63
cimetidine hcl 130
cinacalcet 149
ciprofloxacin hcl 30, 127
ciprofloxacin in 5 % dextrose .30
ciprofloxacin-dexamethasone 128
citalopram 46
clarithromycin 28
CLICKFINE PEN NEEDLE .. 91
clindamycin hcl 26
clindamycin phosphate 26, 84, 85
CLINIMIX 6%-D5W (SULFITE-FREE) 69
CLINIMIX 8%-D10W(SULFITE-FREE) 69
CLINIMIX 8%-D14W(SULFITE-FREE) 69
CLINIMIX E 8%-D10W SULFITEFREE 69
CLINIMIX E 8%-D14W SULFITEFREE 69
clobazam 42
clobetasol 86
clobetasol-emollient 86
clomipramine 46
clonazepam 25
clonidine 69
clonidine hcl 69
clopidogrel 68
clorazepate dipotassium 25
clotrimazole 52
clotrimazole-betamethasone ... 52
clozapine 59
c-nate dha 157
COARTEM 56
COBENFY 59
COBENFY STARTER PACK 59
colchicine 54
colesevelam 75
colestipol 75
colistin (colistimethate na) 26
COMBIVENT RESPIMAT .. 153
COMETRIQ 32

COMFORT EZ INSULIN SYRINGE.....91, 92, 93
COMFORT EZ PEN NEEDLES 92
COMFORT EZ PRO SAFETY PEN NDL.....92
COMFORT TOUCH PEN NEEDLE 93, 94
compro.....55
conjugated estrogens.....134
constulose.....131
COPIKTRA.....32
CORTROPHIN GEL.....136
COSENTYX.....139
COSENTYX (2 SYRINGES) 139
COSENTYX PEN (2 PENS)139
COSENTYX UNOREADY PEN 139
COTELLIC.....32
CREON 126
CRESEMBA 52, 53
cromolyn.....127, 131, 154
cryselle (28).....79
CURITY ALCOHOL SWABS 94
CURITY GAUZE 94
cyclobenzaprine.....155
cyclophosphamide 32
cyclosporine 129, 139
cyclosporine modified 139
cyred eq 79
D
d5 % (d-glucose)-0.9 % sodchlr 69
d5 % and 0.9 % sodium chloride 69
d5 %-0.45 % sodium chloride 69
dabigatran etexilate.....67
dalfampridine 149
danazol 134
dantrolene.....155
DANZITEN.....32
dapagliflozin.....49
dapagliflozin-metformin 49
dapsone.....55
DAPTACEL (DTAP PEDIATRIC) (PF).....145
daptomycin 26
darifenacin.....133
darunavir 63
dasatinib 32
dasetta 1/35 (28).....79
dasetta 7/7/7 (28).....79
DAURISMO.....32
daysee 79
deblitane 79
decitabine 32
deferasirox.....134
DELSTRIGO.....63
DENGVAXIA (PF).....145
DEPO-SUBQ PROVERA 104 137
DERMACEA.....94
DERMACEA NON-WOVEN94
dermacinrx lidocan.....24
DESCOVY 63
desipramine 46
desmopressin 136
desog-e.estradiol/e.estradiol ..79
desvenlafaxine succinate 46
dexamethasone 135
dexamethasone sodium phosphate.....129, 135
dextroamphetamine-amphetamine 77
dextrose 5 % in water (d5w)...69
DIACOMIT.....42
diazepam.....25, 42
diazepam intensol.....25
diazoxide.....54
diclofenac potassium 23
diclofenac sodium.....23, 86, 129
diclofenac-misoprostol 23
dicloxacillin 29
dicyclomine.....131
didanosine.....63
difluprednate.....129
digoxin 73
dihydroergotamine 54
DILANTIN.....42
diltiazem hcl.....72, 73
dilt-xr 73
dimethyl fumarate.....139
diphenoxylate-atropine.....131
dipyridamole.....68
disulfiram.....25
divalproex 42
dofetilide 71
dolishale 79
donepezil.....45
dorzolamide.....150
dorzolamide-timolol 150
dotti.....134
DOVATO 63
doxazosin 70
doxepin 47, 156
doxorubicin, peg-liposomal....32
doxy-100 30
doxycycline hyclate.....30
doxycycline monohydrate 30
DRIZALMA SPRINKLE.....47
dronabinol 55
DROPLET INSULIN SYR(HALF UNIT).....94, 95
DROPLET INSULIN SYRINGE.....94, 95
DROPLET MICRON PEN NEEDLE.....95
DROPLET PEN NEEDLE 95, 96
DROPSAFE ALCOHOL PREP PADS.....96
DROPSAFE INSULIN SYRINGE.....96

DROPSAFE PEN NEEDLE .96, 97
*drospirenone-ethinyl estradiol*79
droxidopa 156
duloxetine 47
DUPIXENT PEN 139
DUPIXENT SYRINGE.....139
dutasteride.....133
E
EASY COMFORT ALCOHOL PAD.....97
EASY COMFORT INSULIN SYRINGE.....97, 98
EASY COMFORT PEN NEEDLES 97, 98
EASY COMFORT SAFETY PEN NEEDLE.....97
EASY GLIDE INSULIN SYRINGE.....98
EASY GLIDE PEN NEEDLE98
EASY TOUCH.....100
EASY TOUCH ALCOHOL PREP PADS 99
EASY TOUCH AUTORETRACT SYRINGE 99
EASY TOUCH FLIPLOCK INSULIN.....100
EASY TOUCH FLIPLOCK SYRINGE.....99
EASY TOUCH INS SYR (HALF UNIT) 98
EASY TOUCH INSULIN SAFETY SYR.....98, 99
EASY TOUCH INSULIN SYRINGE.....98, 99, 100, 101
EASY TOUCH LUER LOCK INSULIN.....100
EASY TOUCH PEN NEEDLE 100
EASY TOUCH SAFETY PEN NEEDLE 101, 102
EASY TOUCH SHEATHLOCK INSULIN 100
EASY TOUCH UNI-SLIP...101
EASYLIFE ALCOHOL PADS 101
EASYLIFE INSULIN PEN NEEDLE 101, 102
EASYLIFE INSULIN SYRINGE.....102
EASYLIFE SAFETY PEN NEEDLE 102
econazole nitrate 53
EDURANT PED 63
efavirenz 63
*efavirenz-emtricitabin-tenofov*63
efavirenz-lamivu-tenofov disop 63
ELIGARD 33
ELIGARD (3 MONTH).....33
ELIGARD (4 MONTH).....33
ELIGARD (6 MONTH).....33
elinest.....79
ELIQUIS 67
ELIQUIS DVT-PE TREAT 30D START 67
ELIQUIS SPRINKLE 67
eltrombopag olamine.....68
eluryng.....79
EMBRACE PEN NEEDLE..102
EMGALITY PEN.....54
EMGALITY SYRINGE.....54
EMSAM 47
emtricitabine.....63
emtricitabine-tenofovir (tdf) ...63
emtricita-rilpivirine-tenof df...63
EMTRIVA.....63
emzahh.....79
enalapril maleate.....71
*enalapril-hydrochlorothiazide*71
ENBREL 139
ENBREL MINI 139
ENBREL SURECLICK 140
endocet.....22
ENGERIX-B (PF) 145
ENGERIX-B PEDIATRIC (PF) 145
enilloring 79
enoxaparin.....67
enpresse 79
ENSACOVE.....33
enskyce.....79
entacapone.....57
entecavir 66
ENTYVIO 140
ENTYVIO PEN.....140
enulose.....131
ENVARSUS XR 140
EPCLUSA 66
EPIDIOLEX 42
epinastine.....127
epinephrine 156
epitol 42
eplerenone 76
ergoloid.....45
ERIVEDGE 33
ERLEADA 33
erlotinib 33
errin 79
ertapenem 28
erythromycin.....28, 128
erythromycin ethylsuccinate ...28
erythromycin with ethanol.....85
escitalopram oxalate 47
eslicarbazepine 42, 43
esomeprazole magnesium.....130
estarylla 79
estradiol.....134
estradiol-norethindrone acet 135
eszopiclone 156
ethambutol 55
ethosuximide 43
ethynodiol diac-eth estradiol..79
etodolac 23

etonogestrel-ethinyl estradiol.79
etoposide.....33
etravirine 63
EUCRISA.....86
EULEXIN.....33
everolimus (antineoplastic) 33
everolimus (immunosuppressive) 140
EVOTAZ.....63
EXEL INSULIN.....102
exemestane 33
EXTENCILLINE 29
EXXUA.....47
EYSUVIS.....129
ezetimibe.....75
ezetimibe-simvastatin 75
F
falmina (28) 79
famciclovir.....66
famotidine.....130
FANAPT 59
FANAPT TITRATION PACK A.....59
FANAPT TITRATION PACK B 59
FANAPT TITRATION PACK C 59
FARXIGA 49
FASENRA.....140
FASENRA PEN 140
febuxostat 54
feirza.....79
felbamate 43
felodipine.....73
fenofibrate 75
fenofibrate micronized.....75
fenofibrate nanocrystallized...75
fentanyl.....22
fentanyl citrate.....22
fesoterodine 133
FETZIMA.....47
FIASP FLEXTOUCH U-100 INSULIN.....50
FIASP PENFILL U-100 INSULIN.....50
FIASP U-100 INSULIN.....50
fidaxomicin 28
FILSPARI.....149
finasteride.....133
fingolimod.....140
FINTEPLA 43
FIRMAGON KIT W DILUENT SYRINGE.....33
flavoxate 133
flecainide 71
floxuridine 33
fluconazole.....53
fluconazole in nacl (iso-osm) .53
flucytosine.....53
fludrocortisone 135
flunisolide 129
fluocinolone 86
fluocinolone acetonide oil 129
fluocinonide 86
fluorometholone.....129
fluorouracil.....33, 85
fluoxetine 47
fluphenazine decanoate 59
fluphenazine hcl.....59
flurbiprofen.....23
flurbiprofen sodium 129
fluticasone furoate-vilanterol 153
fluticasone propionate...86, 129, 152
fluticasone propion-salmeterol 153
fluvastatin 75
fluvoxamine 47
folivane-ob.....157
fondaparinux 67
fosamprenavir.....63
fosfomycin tromethamine 26
fosinopril.....71
fosinopril-hydrochlorothiazide 71
fosphenytoin.....43
FOTIVDA.....33
FRUZAQLA.....33
fulvestrant 33
furosemide 74
G
gabapentin 43
galantamine 45, 46
gallifrey.....137
GAMUNEX-C.....140
GARDASIL 9 (PF).....145
GAUZE BANDAGE 111
GAUZE PAD.....102
gavilyte-c 132
gavilyte-g 133
gavilyte-n 133
GAVRETO 33
gefitinib.....34
gemfibrozil.....75
generlac 131
gengraf.....140
gentamicin 26, 85, 128
gentamicin sulfate (ped) (pf) ..26
GENVOYA 63
GILOTRIF 34
glatiramer.....140
glatopa.....140
glimepiride.....52
glipizide 52
glipizide-metformin.....52
glutamine (sickle cell).....149
glyburide.....52
glyburide micronized 52
glyburide-metformin 52
glycopyrrolate.....131
glydo 24
GLYXAMBI.....49
GOMEKLI.....34
griseofulvin microsize.....53

griseofulvin ultramicrosize.....53
guanfacine 69, 77
GVOKE.....150
GVOKE HYPOPEN 2-PACK 149
GVOKE PFS 1-PACK SYRINGE.....150
H
HADLIMA.....140
HADLIMA PUSHTOUCH..140
HADLIMA(CF) 140
HADLIMA(CF) PUSHTOUCH 140
HAEGARDA 68
hailey 24 fe 79
hailey fe 1.5/30 (28) 79
hailey fe 1/20 (28) 79
halobetasol propionate.....86
haloette 79
haloperidol 60
haloperidol decanoate.....60
haloperidol lactate 60
HAVRIX (PF) 145
HEALTHWISE INSULIN SYRINGE.....103
HEALTHWISE PEN NEEDLE 103
HEALTHY ACCENTS UNIFINE PENTIP ...103, 104
heather.....79
heparin (porcine).....67
HEPLISAV-B (PF) 145
HERCEPTIN HYLECTA 34
HERNEXEOS 34
HIBERIX (PF).....146
HUMIRA.....140
HUMIRA PEN 140
HUMIRA(CF) 141
HUMIRA(CF) PEN.....141
HUMIRA(CF) PEN CROHNS-UC-HS.....141
HUMIRA(CF) PEN PEDIATRIC UC.....141
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....141
HUMULIN R U-500 (CONC) INSULIN.....50
HUMULIN R U-500 (CONC) KWIKPEN.....50
hydralazine 76
hydrochlorothiazide.....74
hydrocodone-acetaminophen .22
hydrocortisone..86, 87, 132, 135
hydrocortisone valerate.....87
hydrocortisone-acetic acid ...128
hydromorphone 22
hydroxychloroquine.....56
hydroxyurea.....34
hydroxyzine hcl.....54
hydroxyzine pamoate.....150
HYRNUO.....34
I
ibandronate 149
IBRANCE 34
IBTROZI 34
ibu.....24
ibuprofen 24
icatibant.....73
iclevia 80
ICLUSIG 34
icosapent ethyl.....75
IDHIFA 34
IDVYNSO.....63
ifosfamide 34
ILEVRO 129
imatinib.....34
IMBRUVICA 34
imipenem-cilastatin 28
imipramine hcl.....47
imiquimod.....85
IMKELDI.....34
IMOVAX RABIES VACCINE (PF).....146
IMPAVIDO 56
incassia 80
INCONTROL ALCOHOL PADS.....104
INCONTROL PEN NEEDLE 104
INCRELEX 136
indapamide 74
indomethacin 24
INFANRIX (DTAP) (PF).....146
infliximab 141
INGREZZA 77
INGREZZA INITIATION PK(TARDIV) 77
INGREZZA SPRINKLE 77
INLEXZO.....34
INLURIYO.....34
INLYTA 34
INPEN (FOR HUMALOG) BLUE.....104
INPEN (FOR HUMALOG) GREY 104
INPEN (FOR HUMALOG) PINK.....104
INPEN (NOVOLOG OR FIASP) BLUE 104
INPEN (NOVOLOG OR FIASP) GREY 104
INPEN (NOVOLOG OR FIASP) PINK.....104
INQOVI.....34
INREBIC 35
insulin glargine-yfgn 50
insulin lispro 50
INSULIN SYR/NDL U100 HALF MARK.....104
INSULIN SYRINGE MICROFINE 89
INSULIN SYRINGE-NEEDLE U-100 102, 104, 105, 111, 115
INSULIN U-500 SYRINGE-NEEDLE.....105

INSUPEN PEN NEEDLE ... 105, 106
INTELENCE ... 63
introvale ... 80
INVEGA HAFYERA ... 60
INVEGA SUSTENNA ... 60
INVEGA TRINZA ... 60
INVELTYS ... 129
IPOL ... 146
ipratropium bromide ... 127, 153
ipratropium-albuterol ... 153
irbesartan ... 70
irbesartan-hydrochlorothiazide ... 70
ISENTRESS ... 63, 64
ISENTRESS HD ... 63
isibloom ... 80
isoniazid ... 55
isosorbide dinitrate ... 76
isosorbide mononitrate ... 76
ISTURISA ... 135
ITOVEBI ... 35
itraconazole ... 53
IV PREP WIPES ... 106
ivabradine ... 73
ivermectin ... 56
IWILFIN ... 35
IXIARO (PF) ... 146
J
jaimiess ... 80
JAKAFI ... 35
JAKAFI XR ... 35
jantoven ... 67
JANUMET XR ... 49
JARDIANCE ... 49
JASCAYD ... 154
javygtor ... 126
JAYPIRCA ... 35
jencycla ... 80
JENTADUETO ... 49
JENTADUETO XR ... 49
jolessa ... 80
juleber ... 80
JULUCA ... 64
junel 1.5/30 (21) ... 80
junel 1/20 (21) ... 80
junel fe 1.5/30 (28) ... 80
junel fe 1/20 (28) ... 80
junel fe 24 ... 80
JYLAMVO ... 35
JYNNEOS (PF) ... 146
K
KALETRA ... 64
KALYDECO ... 154
kariva (28) ... 80
kelnor 1/35 (28) ... 80
kelnor 1/50 (28) ... 80
KERENDIA ... 76
KESIMPTA PEN ... 141
ketoconazole ... 53
ketorolac ... 24, 129
KEVZARA ... 141
KEYTRUDA ... 35
KEYTRUDA QLEX ... 35
KINERET ... 141
KINRIX (PF) ... 146
kionex ... 131
KISQALI ... 35
KISQALI FEMARA CO-PACK ... 35
KLISYRI (250 MG) ... 85
klor-con m10 ... 151
klor-con m15 ... 151
klor-con m20 ... 151
KLOXXADO ... 25
KOMZIFTI ... 35
KOSELUGO ... 35, 36
KRAZATI ... 36
kurvelo (28) ... 80
KYLEENA ... 80
L
l norgest/e.estradiol-e.estrad ... 80
labetalol ... 72
lacosamide ... 43
lactulose ... 131
lamivudine ... 64
lamivudine-zidovudine ... 64
lamotrigine ... 43
lanreotide ... 136
lansoprazole ... 130
LANTUS SOLOSTAR U-100 INSULIN ... 50
LANTUS U-100 INSULIN ... 50
lapatinib ... 36
larin 1.5/30 (21) ... 80
larin 1/20 (21) ... 80
larin 24 fe ... 80
larin fe 1.5/30 (28) ... 80
larin fe 1/20 (28) ... 81
latanoprost ... 150
LAZCLUZE ... 36
leflunomide ... 141
lenalidomide ... 36
LENTOCILIN S (WITH LIDOCAINE) ... 29
LENVIMA ... 36
LEQEMBI IQLIK ... 46
lessina ... 81
letrozole ... 36
leucovorin calcium ... 150
LEUKERAN ... 36
LEUKINE ... 68
leuprolide ... 36
leuprolide acetate (3 month) ... 36
levetiracetam ... 43
levobunolol ... 150
levocetirizine ... 54
levofloxacin ... 30
levofloxacin in d5w ... 30
levonest (28) ... 81
levonorgest-eth.estradiol-iron 81
levonorgestrel-ethinyl estrad ... 81
levonorg-eth estrad triphasic ... 81
levora-28 ... 81
levothyroxine ... 138
lidocaine ... 24

lidocaine hcl 24
lidocaine-prilocaine 24
lidocan iii 24
LIFYORLI 36
LILETTA 81
linezolid 26, 27
linezolid in dextrose 5% 26
LINZESS 131
liomny 138
liothyronine 138
LISCO 106
lisinopril 71
lisinopril-hydrochlorothiazide 71
lithium carbonate 77
lithium citrate 77
LIVTENCITY 65
lojaimiess 81
LOKELMA 131
lomustine 36
LONSURF 36
loperamide 131
lopinavir-ritonavir 64
lorazepam 25, 26
lorazepam intensol 26
LORBRENA 36
losartan 70
losartan-hydrochlorothiazide . 70
LOTEMAX 129
LOTEMAX SM 129
loteprednol etabonate 130
lovastatin 75
low-ogestrel (28) 81
loxapine succinate 60
lo-zumandimine (28) 81
lubiprostone 131
luizza 81
LUMAKRAS 36
LUNSUMIO VELO 36
LUPRON DEPOT 37, 137
LUPRON DEPOT (3 MONTH) 37, 137
LUPRON DEPOT (4 MONTH) 37
LUPRON DEPOT (6 MONTH) 37
LUPRON DEPOT-PED 137
LUPRON DEPOT-PED (3 MONTH) 137
lurasidone 60
lutera (28) 81
LUTRATE DEPOT (3 MONTH) 37
LYBALVI 60
lyleq 81
LYNPARZA 37
LYSODREN 37
LYTGOBI 37
lyza 81

M

macitentan 156
MAGELLAN INSULIN SAFETY SYRNG 106
MAGELLAN SYRINGE 106
magnesium sulfate 151
malathion 87
maraviroc 64
marlissa (28) 81
marnatal-f 157
MARPLAN 47
MATULANE 37
MAXICOMFORT II PEN NEEDLE 106
MAXICOMFORT INSULIN SYRINGE 106
MAXI-COMFORT INSULIN SYRINGE 106
MAXI-COMFORT INSULIN SYRINGE 106
MAXICOMFORT SAFETY PEN NEEDLE 106
meclizine 55
medroxyprogesterone ... 137, 138
mefloquine 56
megestrol 37, 138
MEKINIST 37
MEKTOVI 37
meleya 81
meloxicam 24
memantine 46
MENQUADFI (PF) 146
MENVEO A-C-Y-W-135-DIP (PF) 146
mercaptopurine 37
meropenem 28, 29
mesalamine 132
mesna 150
metformin 49
methadone 22
methazolamide 150
methenamine hippurate 27
methimazole 138
methocarbamol 155
methotrexate sodium 37
methotrexate sodium (pf) 37
methoxsalen 85
methsuximide 43
methylphenidate hcl 77
methylprednisolone 135
methylprednisolone acetate .. 135
metoclopramide hcl 131
metolazone 74
metoprolol succinate 72
metoprolol tartrate 72
metronidazole 27, 84, 85
metronidazole in nacl (iso-os) 27
metyrosine 73
micafungin 53
miconazole-3 53
MICRODOT INSULIN PEN NEEDLE 106, 107
MICRODOT READYGARD PEN NEEDLE 107
microgestin 1.5/30 (21) 81
microgestin 1/20 (21) 81
microgestin fe 1.5/30 (28) 81

microgestin fe 1/20 (28) 81
midodrine 69, 70
MIEBO (PF) 130
mifepristone 49
mili 81
mimvey 135
MINI ULTRA-THIN II 107
minocycline 30
minoxidil 76
mirabegron 133
MIRENA 82
mirtazapine 47, 48
misoprostol 130
mitoxantrone 37
M-M-R II (PF) 146
m-natal plus 157
modafinil 156
MODEYSO 37
moexipril 71
molindone 60, 61
mometasone 87, 130
MONOJECT INSULIN SAFETY SYRING ... 107, 108
MONOJECT INSULIN SYRINGE 107, 108
MONOJECT SYRINGE 107
MONOJECT ULTRA COMFORT INSULIN 120
mono-linyah 82
montelukast 152
morphine 23
MORPHINE 23
morphine concentrate 23
MOUNJARO 136
MOVANTIK 131
moxifloxacin 30, 128
moxifloxacin-sod.ace,sul-water 30
moxifloxacin-sod.chloride(iso) 30
MRESVIA (PF) 146
MULTAQ 71
mupirocin 85
mycophenolate mofetil 141
mycophenolate mofetil (hcl) 141
mycophenolate sodium 141
mynatal 157
mynatal advance 157
mynate 90 plus 157
N
nabumetone 24
nafcillin 29
naloxone 25
naltrexone 25
NANO 2ND GEN PEN NEEDLE 108
NANO PEN NEEDLE 108
naproxen 24
naratriptan 54
NATACYN 128
nateglinide 49
NAYZILAM 43
nebivolol 72
nefazodone 48
neomycin 26
neomycin-bacitracin-poly-hc 128
neomycin-bacitracin-polymyxin 128
neomycin-polymyxin b-dexameth 128, 130
neomycin-polymyxin-gramicidin 128
neomycin-polymyxin-hc 128
neo-polycin 128
neo-polycin hc 128
NERLYNX 37
nevirapine 64
NEXLETOL 75
NEXLIZET 75
NEXPLANON 82
niacin 75
NICOTROL NS 25
nifedipine 73
nikki (28) 82
nilotinib hcl 37
nilutamide 37
NINLARO 38
nintedanib 154
nitazoxanide 56
nitisinone 127
nitrofurantoin macrocrystal ... 27
nitrofurantoin monohyd/m-cryst 27
nitroglycerin 73, 76, 85
NIVESTYM 68
NORDITROPIN FLEXPRO 137
norelgestromin-ethin.estradiol 82
norethindrone (contraceptive) 82
norethindrone acetate 138
norethindrone-e.estradiol-iron 82
norgestimate-ethinyl estradiol 82
nortrel 0.5/35 (28) 82
nortrel 1/35 (21) 82
nortrel 1/35 (28) 82
nortrel 7/7/7 (28) 82
nortriptyline 48
NORVIR 64
NOVOFINE 32 108
NOVOFINE AUTOCOVER 108
NOVOFINE PLUS 108
NOVOLIN 70/30 U-100 INSULIN 51
NOVOLIN 70-30 FLEXPEN U-100 51
NOVOLIN N FLEXPEN 51
NOVOLIN N NPH U-100 INSULIN 51
NOVOLIN R FLEXPEN 51
NOVOLIN R REGULAR U100 INSULIN 51
NOVOLOG FLEXPEN U-100 INSULIN 51
NOVOLOG MIX 70-30 U-100 INSULN 51

NOVOLOG MIX 70-30FLEXPEN U-100 51
NOVOLOG PENFILL U-100 INSULIN 51
NOVOLOG U-100 INSULIN ASPART 51
NUBEQA 38
NUCALA 141, 142
NUPLAZID 61
NURTEC ODT 54
nyamyc 53
nylia 1/35 (28) 82
nylia 7/7/7 (28) 82
nystatin 53
nystatin-triamcinolone 53
nystop 53
NYVEPRIA 68
O
obstetrix dha 157
octreotide acetate 137
ODEFSEY 64
ODOMZO 38
OFEV 154
ofloxacin 128
OGIVRI 38
OGSIVEO 38
OJEMDA 38
OJJAARA 38
olanzapine 61
olmesartan 70
olmesartan-amlodipin-hcthiazid 70
olmesartan-hydrochlorothiazide 70
olopatadine 127
omega-3 acid ethyl esters 75
omeprazole 130
OMNIPOD 5 (LIBRE 2/3 PLUS) 108
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 108
OMNIPOD 5 G6-G7 PODS (GEN 5) 108
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 108
OMNIPOD CLASSIC PODS (GEN 3) 108
OMNIPOD DASH INTRO KIT (GEN 4) 108
OMNIPOD DASH PDM KIT (GEN 4) 108
OMNIPOD DASH PODS (GEN 4) 108
ONAPGO 57
ondansetron 56
ondansetron hcl 56
ONUREG 38
OPDIVO 38
OPDIVO QVANTIG 38
OPIPZA 61
ORFADIN 127
ORGOVYX 137
ORILISSA 137
ORKAMBI 154
orquidea 82
ORSERDU 38
oseltamivir 65, 66
OSENVELT 149
OTEZLA 142
OTEZLA STARTER 142
OTEZLA XR 142
OTEZLA XR INITIATION 142
OTULFI 142
oxcarbazepine 43
oxybutynin chloride 133
oxycodone 23
oxycodone-acetaminophen 23
OZEMPIC 136
P
pacerone 71
paclitaxel protein-bound 38
paliperidone 61
PANRETIN 85
pantoprazole 130
paricalcitol 149
paroxetine hcl 48
PAXLOVID 66
pazopanib 38
PEDIARIX (PF) 146
PEDVAX HIB (PF) 146
peg 3350-electrolytes 133
PEGASYS 66
peg-electrolyte soln 133
PEMAZYRE 38
pemetrexed disodium 38
PEN NEEDLE 109
PEN NEEDLE, DIABETIC 93, 103, 107, 109, 111
PEN NEEDLE, DIABETIC, SAFETY 112
PENBRAYA (PF) 146
PENBRAYA MENACWY COMPONENT(PF) 146
PENBRAYA MENB COMPONENT (PF) 146
penicillamine 134
penicillin g potassium 29
penicillin v potassium 29
PENMENVY MEN A-B-C-W-Y (PF) 146
PENMENVY MENACWY COMPONENT(PF) 147
PENMENVY MENB COMPONENT (PF) 147
PENTACEL (PF) 147
pentamidine 56
PENTIPS PEN NEEDLE 109
pentoxifylline 69
perampanel 44
perindopril erbumine 71
periogard 84
permethrin 87
perphenazine 61
perphenazine-amitriptyline 48
phenelzine 48

phenobarbital 44
phenytek 44
phenytoin 44
phenytoin sodium 44
phenytoin sodium extended 44
PIFELTRO 64
pilocarpine hcl 84, 150
pimozide 61
pimtrea (28) 82
pioglitazone 49
pioglitazone-metformin 49
PIP PEN NEEDLE 109
piperacillin-tazobactam 30
PIQRAY 39
pirfenidone 154, 155
pitavastatin calcium 75
PLEGRIDY 142
pnv-dha + docusate 157
pnv-omega 157
pnv-select 157
podofilox 85
polycin 128
polymyxin b sulf-trimethoprim 128
pomalidomide 39
POMALYST 39
portia 28 82
posaconazole 53
potassium chloride 151
potassium citrate 152
pr natal 400 157
pr natal 400 ec 157
pr natal 430 157
pr natal 430 ec 157
pramipexole 57
prasugrel hcl 69
pravastatin 75
praziquantel 56
prazosin 70
prednisolone 135
prednisolone acetate 130
prednisolone sodium phosphate 135
prednisone 135
pregabalin 44
PREMARIN 135
PREMPHASE 135
PREMPRO 135
prenaissance 157
prenaissance plus 157
prenatabs fa 157
prenatal 19 157
prenatal 19 (with docusate) 157
prenatal plus 157
prenatal vitamin plus low iron 157
prenatal-u 157
PRETOMANID 55
prevalite 75
PREVENT DROPSAFE PEN NEEDLE 109, 110
PREVYMIS 66
PREZCOBIX 64
PREZISTA 64
PRIFTIN 55
PRIMAQUINE 56
primidone 44
PRIORIX (PF) 147
PRO COMFORT ALCOHOL PADS 110
PRO COMFORT INSULIN SYRINGE 110
PRO COMFORT PEN NEEDLE 110
probenecid 54
probenecid-colchicine 54
prochlorperazine 56
prochlorperazine edisylate 56
prochlorperazine maleate 56
PRO-COMFORT ALCOHOL PADS 110
procto-med hc 87
proctosol hc 87
proctozone-hc 87
PRODIGY INSULIN SYRINGE 110
progesterone micronized 138
PROGRAF 142
PROLASTIN-C 155
promethazine 56
propafenone 71
propranolol 72
propylthiouracil 138
PROQUAD (PF) 147
PROSOL 20 % 69
protriptyline 48
PULMOZYME 155
PURE COMFORT ALCOHOL PADS 110
PURE COMFORT PEN NEEDLE 111
PURE COMFORT SAFETY PEN NEEDLE 110
pyrazinamide 55
pyridostigmine bromide 151
pyrimethamine 56

Q

QINLOCK 39
QUADRACEL (PF) 147
quetiapine 61
quinapril 71
quinapril-hydrochlorothiazide 71
quinidine sulfate 71
quinine sulfate 56
QULIPTA 54

R

RABAVERT (PF) 147
rabeprazole 130
RALDESY 48
raloxifene 135
ramipril 71
ranolazine 73
rasagiline 57
RAYALDEE 149
reclipsen (28) 82

RECOMBIVAX HB (PF) 147
RELENZA DISKHALER.....66
repaglinide 49
REPATHA PUSHTRONEX..75
REPATHA SURECLICK.....75
REPATHA SYRINGE.....75
RETACRIT 68
RETEVMO.....39
REVCOVI 127
REVUFORJ.....39
REXULTI.....61
REYATAZ 64
REZDIFFRA 138
REZLIDHIA.....39
REZUROCK 142
RHOPRESSA.....151
ribavirin.....66
rifabutin.....55
rifampin 55
rilpivirine.....64
rilpivirine hcl.....64
riluzole.....77
RINVOQ 142
RINVOQ LQ.....142
risperidone 61
risperidone microspheres.....61
ritonavir.....64
rivaroxaban 67
rivastigmine.....46
rivastigmine tartrate.....46
rivelsa 82
rizatriptan.....55
ROCKLATAN 151
roflumilast 155
ROMVIMZA.....39
ropinirole.....57
rosadan.....85
rosuvastatin 75
rosyrah 82
ROTARIX 147
ROTATEQ VACCINE 147
ROZLYTREK 39
RUBRACA.....39
rufinamide 44
RUKOBIA.....65
RYBELSUS.....136
RYBREVANT.....39
RYBREVANT FASPRO 39
RYDAPT.....39
RYKINDO.....61
S
sacubitril-valsartan 70
SAFESNAP INSULIN SYRINGE.....111, 112
SAFETY PEN NEEDLE.....112
SANTYL 85
SAPHNELO PEN.....142
sapropterin 127
SCEMBLIX.....39
scopolamine base 56
SECUADO 62
SECURESAFE INSULIN SYRINGE.....112
SECURESAFE PEN NEEDLE 112
SELARSDI.....142, 143
select-ob.....157
select-ob (folic acid) 157
selegiline hcl.....57
selenium sulfide 85
SELZENTRY 65
se-natal 19 chewable 157
SEREVENT DISKUS 153
SEROSTIM 137
sertraline 48
setlakin.....82
sevelamer carbonate.....131
sevelamer hcl.....132
sharobel.....82
SHINGRIX (PF).....147
SIGNIFOR.....137
sildenafil (pulm.hypertension) 156
silver sulfadiazine.....85
SIMBRINZA 151
simliya (28).....83
simpesse.....83
SIMPLI PEN NEEDLE.....103
simvastatin 76
sirolimus 143
SIRTURO.....55
sitagliptin phos-metformin.....49
sitagliptin phosphate 49
SIVEXTRO 27
SKY SAFETY PEN NEEDLE 112
SKYLA.....83
SKYRIZI 143
sodium chloride 0.45 %.....152
sodium chloride 0.9 %.....152
sodium oxybate 156
*sodium polystyrene sulfonate*132
sodium,potassium,mag sulfates 133
solifenacin.....133
SOLIQUA 100/33 51
SOLTAMOX.....39
SOMATULINE DEPOT 137
SOMAVERT 137
sorafenib 40
sotalol 72
sotalol af 72
SPIRIVA RESPIMAT..153, 154
spironolactone 74
spironolacton-hydrochlorothiaz 74
sprintec (28).....83
SPRITAM.....44
sps (with sorbitol) 132
sronyx 83
ssd.....85
stavudine.....65
STERILE PADS.....102
STIOLTO RESPIMAT.....154
STIVARGA.....40
STOBOCLO.....149

STRENSIQ....127
streptomycin....26
STRIBILD....65
STRIVERDI RESPIMAT....154
subvenite....44
SUBVENITE....44
sucralfate....130
sulfacetamide sodium....128
sulfacetamide-prednisolone....130
sulfadiazine....30
sulfamethoxazole-trimethoprim....30
sulfasalazine....132
sulindac....24
sumatriptan....55
sumatriptan succinate....55
sunitinib malate....40
SUNLENCA....65
SURE COMFORT ALCOHOL PREP PADS....113
SURE COMFORT INS. SYR. U-100....112
SURE COMFORT INSULIN SYRINGE....112, 113
SURE COMFORT PEN NEEDLE....113
SURE COMFORT SAFETY PEN NEEDLE....112
SURE-FINE PEN NEEDLES....113
SURE-JECT INSULIN SYRINGE....113, 114
SURE-PREP ALCOHOL PREP PADS....114
SYMPAZAN....44
SYMTUZA....65
SYNJARDY....50
SYNJARDY XR....50
SYRINGE WITH NEEDLE, SAFETY....112
T
TABLOID....40
TABRECTA....40
tacrolimus....143
tadalafil....156
TAFINLAR....40
TAGRISSO....40
TALICIA....131
TALZENNA....40
tamoxifen....40
tamsulosin....133
tarina 24 fe....83
tarina fe 1-20 eq (28)....83
taron-c dha....157
taron-prex prenatal-dha....158
TARPEYO....136
TAVNEOS....143
tazarotene....85
taze icef....28
taztia xt....73
TDVAX....147
TECHLITE INSULIN SYRINGE....114
TECHLITE INSULN SYR(HALF UNIT)....114
TECHLITE PEN NEEDLE....114, 115
TECHLITE PLUS PEN NEEDLE....115
telmisartan....70
telmisartan-hydrochlorothiazid....70
temazepam....26
TENIVAC (PF)....148
tenofovir disoproxil fumarate....65
TEPMETKO....40
terazosin....133
terbinafine hcl....53
terconazole....84
teriparatide....149
TERUMO INSULIN SYRINGE....115
testosterone....134
testosterone cypionate....134
testosterone enanthate....134
tetrabenazine....77
tetracycline....30
THALOMID....143
theophylline....154
THINPRO INSULIN SYRINGE....115
thioridazine....62
thiothixene....62
tiadylt er....73
tiagabine....44
TIBSOVO....40
ticagrelor....69
TICE BCG....40
TICOVAC....148
tigecycline....30
tilia fe....83
timolol....151
timolol maleate....72, 151
tinidazole....56
tiotropium bromide....154
TIVICAY....65
TIVICAY PD....65
tizanidine....155
TOBI PODHALER....26
tobramycin....128
tobramycin in 0.225 % nacl....26
tobramycin sulfate....26
tobramycin-dexamethasone....129
tobramycin-lotepred....129
tofacitinib....143
tolterodine....133
tolvaptan (polycys kidney dis) 74
TOPFINE INSULIN PEN NEEDLE....115
topiramate....44
toremifene....40
torpenz....40
torsemide....74
TOUJEO MAX U-300 SOLOSTAR....51

TOUJEO SOLOSTAR U-300 INSULIN....51
TRADJENTA....50
tramadol....23
tramadol-acetaminophen....23
trandolapril....71
tranexamic acid....68
tranylcypromine....48
travoprost....151
trazodone....48
TRECATOR....55
TRELEGY ELLIPTA....154
TREMFYA....143, 144
TREMFYA ONE-PRESS....143
TREMFYA PEN....144
TREMFYA PEN INDUCTION PK(2PEN)....144
tretinoin....85
tretinoin (antineoplastic)....40
triamcinolone acetonide..84, 87, 136
triamterene-hydrochlorothiazid....74
trientine....134
tri-estarylla....83
trifluoperazine....62
trifluridine....129
trihexyphenidyl....57
TRIJARDY XR....50
TRIKAFTA....155
tri-legest fe....83
tri-linyah....83
tri-lo-estarylla....83
tri-lo-marzia....83
tri-lo-mili....83
tri-lo-sprintec....83
trimethoprim....27
tri-mili....83
trimipramine....48
TRINTELLIX....48
tri-nymyo....83
tri-sprintec (28)....83
TRIUMEQ....65
TRIUMEQ PD....65
trivora (28)....83
tri-vylibra....84
tri-vylibra lo....83
trospium....133
TRUE COMFORT ALCOHOL PADS....116
TRUE COMFORT INSULIN SYRINGE....116
TRUE COMFORT PEN NEEDLE....116
TRUE COMFORT PRO ALCOHOL PADS....117
TRUE COMFORT PRO INS SYRINGE....115, 116, 117
TRUE COMFORT SAFE INSULIN SYRG....116, 117
TRUE COMFORT SAFETY PEN NEEDLE....116
TRUE-COMFORT PRO PEN NEEDLE....117
TRUEPLUS INSULIN.117, 118
TRUEPLUS PEN NEEDLE.117
TRULANCE....132
TRULICITY....136
TRUMENBA....148
TRUQAP....40
TRYNGOLZA....76
TUKYSA....40
TURALIO....40
turqoz (28)....84
TWINRIX (PF)....148
tyblume....84
TYBOST....65
TYENNE....144
TYENNE AUTOINJECTOR....144
TYMLOS....149
TYPHIM VI....148
U
UBRELVY....55
UDENYCA ONBODY....68
ULTICARE....118, 119
ULTICARE INSULIN SYRINGE....118
ULTICARE INSULN SYR(HALF UNIT)....118
ULTICARE PEN NEEDLE 118, 119
ULTICARE SAFETY PEN NEEDLE....119
ULTIGUARD SAFEPACK-INSULIN SYR....119, 120
ULTIGUARD SAFEPACK-PEN NEEDLE....119, 120
ULTILET ALCOHOL SWAB....120
ULTILET INSULIN SYRINGE....105, 120
ULTILET PEN NEEDLE....120
ULTRA CMFT INS SYR (HALF UNIT)....103, 118
ULTRA COMFORT INSULIN SYRINGE....103, 120, 121
ULTRA FLO INSUL SYR(HALF UNIT)....121
ULTRA FLO INSULIN SYRINGE....121
ULTRA FLO PEN NEEDLE....121
ULTRA THIN PEN NEEDLE....121
ULTRACARE INSULIN SYRINGE....121, 122
ULTRACARE PEN NEEDLE....122
ULTRA-FINE INS SYR (HALF UNIT)....122
ULTRA-FINE INSULIN SYRINGE....122, 123
ULTRA-FINE PEN NEEDLE....122, 123

ULTRA-THIN II (SHORT) INS SYR 123
ULTRA-THIN II (SHORT) PEN NDL 123
ULTRA-THIN II INS PEN NEEDLES 123
ULTRA-THIN II INSULIN SYRINGE 123
UNIFINE OTC PEN NEEDLE 123
UNIFINE PENTIPS 124
UNIFINE PENTIPS MAXFLOW 124
UNIFINE PENTIPS PLUS . 124, 126
UNIFINE PENTIPS PLUS MAXFLOW 124
UNIFINE PROTECT 124
UNIFINE SAFECONTROL PEN NEEDLE 124, 125
UNIFINE ULTRA PEN NEEDLE 125
UPTRAVI 156
ursodiol 132
V
valacyclovir 66
VALCHLOR 85
valganciclovir 66
valproate sodium 44
valproic acid 45
valproic acid (as sodium salt) 45
valsartan 70
valsartan-hydrochlorothiazide 70
VALTOCO 45
valtya 84
vancomycin 27
VANFLYTA 40
VANISHPOINT INSULIN SYRINGE 125
VANISHPOINT SYRINGE. 125
VAQTA (PF) 148
varenicline tartrate 25
VARIVAX (PF) 148
VAXCHORA VACCINE 148
VELSIPITY 144
VELTASSA 132
VEMLIDY 66
VENCLEXTA 40
VENCLEXTA STARTING PACK 40
venlafaxine 48
VEOZAH 77
verapamil 73
VERIFINE INSULIN SYRINGE 125, 126
VERIFINE PEN NEEDLE .. 125, 126
VERIFINE PLUS PEN NEEDLE 126
VERIFINE PLUS PEN NEEDLE-SHARP 126
VERQUVO 76
VERSACLOZ 62
VERSALON 126
VERZENIO 40
vienva 84
vigabatrin 45
vigadrone 45
vigpoder 45
vilazodone 48
VIMKUNYA (PF) 148
vinorelbine 40
viorele (28) 84
VIRACEPT 65
VIREAD 65
vitafol-ob+dha 158
VITRAKVI 41
VIVOTIF 148
VIZIMPRO 41
volnea (28) 84
VONJO 41
VOQUEZNA 131
VORANIGO 41
voriconazole 53, 54
VOSEVI 66
VOWST 132
vp-ch-pnv 158
VRAYLAR 62
VUMERITY 144
VYALEV 57
vylibra 84
VYNDAMAX 73
VYZULTA 151
W
warfarin 67
WEBCOL 126
WEGOVY 136
WELIREG 41
WINREVAIR 155
wixela inhub 154
X
XALKORI 41
xarah fe 84
XATMEP 41
XCOPRI 45
XCOPRI MAINTENANCE PACK 45
XCOPRI TITRATION PACK 45
XDEMVY 129
XERMELO 132
XIFAXAN 27
XIIDRA 130
XOLAIR 155
XOSPATA 41
XPOVIO 41
XTANDI 41
xulane 84
XULTOPHY 100/3.6 52
Y
YESINTEK 144
YF-VAX (PF) 148
YONSA 41
yulithira 41
YUTREPIA 156
yuvafem 135

Z

zafemy.....84
zafirlukast.....152
zaleplon.....156
zatean-pn dha.....158
zatean-pn plus.....158
ZEJULA.....41
ZELBORAF.....41
zenatane.....85
ZENPEP.....127
zidovudine.....65
zingiber.....158
ziprasidone hcl.....62
ziprasidone mesylate.....62
ZIRABEV.....41
ZIRGAN.....129
ZOLINZA.....42
zolpidem.....156
ZONISADE.....45
zonisamide.....45
zovia 1-35 (28).....84
ZTALMY.....45
ZURZUVAE.....48
ZYDELIG.....42
ZYKADIA.....42
ZYMFENTRA.....144
ZYPREXA RELPREVV.....62

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