



Santa Clara Family
Health Plan™

CAL MEDICCONNECT PLAN

(Plan de Medicare-Medicaid)

Lista de medicamentos cubiertos (Formulario) 2022

Para obtener la información más reciente, o si tiene otras preguntas, comuníquese con nosotros llamando al **1-877-723-4795** (TTY **711**), de lunes a viernes, de 8 a.m. a 8 p.m., o visitar www.scfhp.com.

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Plan de Cal MediConnect de Santa Clara Family Health Plan (Plan de Medicare-Medicaid) | *Lista de medicamentos cubiertos (Lista) 2022*

Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también Lista de medicamentos). Le dice qué medicamentos de venta con receta, productos y medicamentos de venta libre están cubiertos por el Plan de Cal MediConnect de Santa Clara Family Health Plan (Plan de Medicare-Medicaid) (SCFHP Cal MediConnect Plan). La Lista de medicamentos también indica si hay reglas o restricciones especiales relacionadas con los medicamentos cubiertos por el Plan de Cal MediConnect de SCFHP. Las palabras clave y sus definiciones figuran en el último capítulo del *Manual del miembro*.

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Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información** visite www.scfhp.com.

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A. Exención de responsabilidades

Esta es una lista de los medicamentos que los miembros pueden obtener con el Plan de Cal MediConnect de SCFHP.

- El Plan de Cal MediConnect de Santa Clara Family Health Plan (Plan de Medicare-Medicaid) es un plan médico que tiene un contrato con Medicare y con Medi-Cal para dar los beneficios de ambos programas a los miembros.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. The call is free.

ATENCIÓN: Si habla español, hay servicios de ayuda de idiomas gratis disponibles para usted. Llame a Servicio al Cliente al 1-877-723-4795 (TTY: 711) de lunes a viernes, de 8 a.m. a 8 p.m. La llamada es gratis.

CHÚ Ý: Nếu quý vị nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ, miễn phí dành cho quý vị. Hãy gọi đến Dịch Vụ Khách Hàng theo số 1-877-723-4795 (TTY: 711), từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. Cuộc gọi là miễn phí.

注意：如果您说中文，您可申请免费语言援助服务。请于星期一至星期五早上8点至晚上8点致电1-877-723-4795（TTY用户请致电711）与客户服务部联系。本电话免费。

PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyong tulong sa wika na walang bayad. Tumawag sa Serbisyo para sa Mamimili sa 1-877-723-4795 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Ang pagtawag ay libre.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 월요일부터 금요일 오전 8시부터 저녁 8시까지 1-877-723-4795 (TTY: 711)번으로 고객 서비스부에 연락해 주십시오. 통화는 무료입니다.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա լեզվական օգնության ծառայությունները Ձեզ կտրամադրվեն անվճար: Չանգահարեք հաճախորդների սպասարկման կենտրոն հետևյալ հեռախոսահամարով՝ 1-877-723-4795 (TTY. 711), երկուշաբթիից ուրբաթ՝ ժ. 8:00 - 20:00: Չանգն անվճար է:

ВНИМАНИЕ: Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Службу поддержки клиентов по номеру 1-877-723-4795 (телетайп: 711), с понедельника по пятницу, с 8:00 до 20:00. Звонок бесплатный.



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توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک‌زبانی به‌صورت رایگان در دسترس شما قرار دارد.
روزهای دوشنبه تا جمعه، از 8 صبح الی 8 شب، با واحد خدمات مشتریان به شماره 1-877-723-4795 (TTY: 711) تماس بگیرید. تماس با این شماره رایگان است.

ご注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。カスタマーサービス 1-877-723-4795 (TTY: 711) までお電話下さい。サービス時間帯は月曜日から金曜日の午前 8 時から午後 8 時までです。通話は無料です。

LUS CEEV: Yog hais tias koj hais lus Hmoob, peb muaj kev pab txhais lus pub dawb rau koj. Hu rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm tus xov tooj 1-877-723-4795 (TTY: 711), hnuv Monday txog Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj. Qhov hu no yog hu dawb xwb.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-877-723-4795 (TTY: 711) 'ਤੇ ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਰਾਤੀਂ 8 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ। ਕਾਲ ਕਰਨ ਦਾ ਪੈਸਾ ਨਹੀਂ ਲੱਗਦਾ।

! تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الاتصال بخدمة العملاء على الرقم 1-877-723-4795 (الهاتف النصي لضعاف السمع (TTY: 711) من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً. الاتصال مجاني.

ध्यान दें: अगर आप हिंदी, भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। ग्राहक सेवा को 1-877-723-4795 (TTY: 711) पर, सोमवार से शुक्रवार, सुबह 8:00 से शाम 8:00 बजे तक कॉल करें यह कॉल निःशुल्क है।

โปรดทราบ: หากท่านพูดภาษาไทย จะมึบริการความช่วยเหลือทางด้านภาษาโดยไม่มีค่าใช้จ่าย ติดต่อศูนย์บริการลูกค้าได้ที่ 1-877-723-4795 (TTY: 711) ได้ในวันจันทร์ถึงศุกร์ เวลา 08.00 น. ถึง 20.00 น. ไม่มีค่าใช้จ่ายในการโทร

ជូនចំពោះ: ប្រសិនបើលោកអ្នកនិយាយភាសាស្នេហាជំនួយផ្នែកភាសាមានជួនលោកអ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទមកផ្នែកសេវាកម្មអតិថិជនតាមលេខ 1-877-723-4795 (TTY: 711) ពីថ្ងៃច័ន្ទដល់ថ្ងៃសុក្រម៉ោង 8 ព្រឹក។ ដល់ម៉ោង 8 យប់ ការហៅទូរស័ព្ទគឺឥតគិតថ្លៃ។

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ລ່າວທ່ານ. ໂທຫາສູນບໍລິການລູກຄ້າໄດ້ທີ່ເບີ 1-877-723-4795 (TTY: 711), ວັນຈັນ ຫາ ວັນສຸກ ເວລາ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. ໄທພຣີ.

JANGX LONGX: Beiv taux meih benx gorngv ang gitv waac nyei mienh nor, duqv mbenc maaih nzie weih gong tengx wang-henh faan waac bun muangx maiv zuqc cuotv nyaanh, mbenc nzoih liouh bun meih longc. Douc waac daaih lorx taux nzie weih zipv kaeqv gorn zangc yiem njiec naaiv 1-877-723-4795 (TTY: 711), yiem naaiv liv baaiz yietv mingh taux liv baaiz hmz bouc dauh, yiem 8



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diemv lungh ndorm ziagh hoc mingh 8 diemv lungh muonz. Naaiv norm douc
waac gorn se wang-henh longc maiv zuqc cuotv nyaanh oc.

УВАГА! Якщо ви розмовляєте англійською мовою, ви можете безкоштовно скористатися доступними послугами перекладача. Телефонуйте до служби підтримки клієнтів за номером 1-877-723-4795 (телефонний пристрій із текстовим вводом [Teletype TTY]: 711), понеділок-п'ятниця, з 8:00 до 20:00. Дзвінок безкоштовний.

- Puede obtener gratis este documento en otros formatos, como en letra grande, braille o audio. Llame a Servicio al Cliente del Plan de Cal MediConnect de SCFHP al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis.
- Puede hacer una solicitud permanente para recibir este documento, ahora o en el futuro, en un idioma distinto al inglés o en un formato alternativo. Mantendremos esta información en el archivo para futuros envíos. No necesita hacer una solicitud por separado cada vez. Para presentar una solicitud o cambiar una, llame a Servicio al Cliente del Plan de Cal MediConnect de SCFHP o envíe una solicitud por escrito a:

Attn: Customer Service Department
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

- **AVISO DE NO DISCRIMINACIÓN**

La discriminación está prohibida por ley. El Plan de Cal MediConnect de Santa Clara Family Health Plan (Plan de Medicare-Medicaid) (Plan de Cal MediConnect de SCFHP) cumple las leyes federales y estatales de derechos civiles. El Plan de Cal MediConnect de SCFHP no discrimina, no excluye ni trata a las personas ilegalmente de manera diferente por motivos de sexo, raza, color, religión, ascendencia, país de origen, identificación de grupo étnico, edad, discapacidad física o mental, condición médica, información genética, estado civil, género, identidad de género u orientación sexual.

El Plan de Cal MediConnect de SCFHP da:

- Apoyo y servicios gratis a personas con discapacidades para ayudarlas a comunicarse mejor, como:
 - Intérpretes de lenguaje de señas calificados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)



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- Servicios de idiomas gratuitos a personas cuyo idioma principal no es el inglés, como:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con el Plan de Cal MediConnect de SCFHP de lunes a viernes, de 8:00 a.m. a 8:00 p.m., llamando al 1-877-723-4795. Si usted tiene problemas auditivos o del habla, llame al 711. Si lo pide, este documento puede estar disponible en braille, letra grande, casete de audio o formato electrónico. Para obtener una copia en uno de estos formatos alternativos, llame o escriba a:

**Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
1-877-723-4795 (TTY: 711)**

CÓMO PRESENTAR UNA QUEJA

Si cree que el Plan de Cal MediConnect de SCFHP no le prestó estos servicios o lo discriminó de alguna otra manera por su sexo, raza, color, religión, ascendencia, país de origen, identificación de grupo étnico, edad, discapacidad mental, discapacidad física, condición médica, información genética, estado civil, género, identidad de género u orientación sexual, puede presentar una queja ante [el coordinador de Derechos Civiles del Plan médico]. Puede presentar una queja por teléfono, por escrito, en persona o de forma electrónica:

- Por teléfono: Comuníquese con el Plan de Cal MediConnect de SCFHP de lunes a viernes, de 8:00 a.m. a 8:00 p.m., llamando al 1-877-723-4795. O, si tiene problemas auditivos o del habla, llame al 711.
 - Por escrito: Complete un formulario de queja o envíe una carta a:
**Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119**
 - En persona: Vaya al consultorio de su médico o el Plan de Cal MediConnect de SCFHP y diga que quiere presentar una queja.
 - De forma electrónica: Visite el sitio web del Plan de Cal MediConnect de SCFHP en www.scfhp.com.
-



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OFICINA DE DERECHOS CIVILES, DEPARTAMENTO DE SERVICIOS DE ATENCIÓN MÉDICA DE CALIFORNIA

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California por teléfono, por escrito o de forma electrónica:

- Por teléfono: Llame al **916-440-7370**. Si usted tiene problemas de audición o del habla, llame al **711 (Servicio de retransmisión de telecomunicaciones)**.
 - Por escrito: Complete un formulario de queja o envíe una carta a:
**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Los formularios de quejas están en http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
 - De forma electrónica: Envíe un correo electrónico a CivilRights@dhcs.ca.gov.
-

OFICINA DE DERECHOS CIVILES DEL DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS EE. UU.

Si cree que lo discriminaron por su raza, color, país de origen, edad, discapacidad o sexo, también puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. por teléfono, por escrito o de forma electrónica:

- Por teléfono: Llame al **1-800-368-1019**. Si usted tiene problemas de audición o del habla, llame al **TTY/TDD 1-800-537-7697**.
- Por escrito: Complete un formulario de queja o envíe una carta a:
**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Los formularios de quejas están en <http://www.hhs.gov/ocr/office/file/index.html>.
- De forma electrónica: Visite el Portal de quejas de la Oficina de Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



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- Servicios de asistencia de idiomas

English Tagline

ATTENTION: If you need help in your language call 1-877-273-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-273-4795 (TTY: 711). These services are free of charge.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-273-4795 (TTY: 711), de lunes a viernes, de 8 a.m. a 8 p.m. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-877-273-4795 (TTY: 711) de lunes a viernes, de 8 a.m. a 8 p.m. Estos servicios son gratuitos.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-273-4795 (TTY: 711) , từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-877-273-4795 (TTY: 711) , từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối. Các dịch vụ này đều miễn phí.

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-877-273-4795 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-877-273-4795 (TTY: 711)。这些服务都是免费的。

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-273-4795 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-877-273-4795 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. Libre ang mga serbisyonang ito.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-877-273-4795 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-877-273-4795 (TTY: 711). هذه الخدمات مجانية.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ ոգևորյուն է հարկավոր Ձեր լեզվով, զանգահարեք 1-877-273-4795 (TTY: 711) : Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Չանզահարեք 1-877-273-4795 (TTY: 711) : Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-877-273-4795 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-877-273-4795 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

(Farsi) مطلب به زبان فارسی

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-877-273-4795 (TTY: 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-877-273-4795 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-877-273-4795 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-877-273-4795 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-273-4795 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-273-4795 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-877-273-4795 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-877-273-4795 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-273-4795 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-273-4795 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

ແທກໄລພາສາລາວ (Laotian)

ແຈ້ງເຕືອນ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂທຫາ 1-877-723-4795, ວັນຈັນ ເຖິງ ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. (TTY: 711). ເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ຕົວເລັກໃຫຍ່ກໍ່ມີເຊັ່ນກັນ. ໃຫ້ໂທຫາ 1-877-723-4795, ວັນຈັນ ເຖິງ ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ໄດ້ເສຍຄ່າ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-877-273-4795 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-877-273-4795 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-877-273-4795 (TTY: 711). ਅਪਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-877-273-4795 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877-273-4795 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-877-273-4795 (линия TTY:711). Такие услуги предоставляются бесплатно.

ແທ້ກໂລນ໌ພາສາໄທຍ (Thai)

หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 1-877-723-4795 วันจันทร์ถึงวันศุกร์ เวลา 8.00 น. ถึง 20.00 น. (TTY: 711) นอกจากนี้ยังมีบริการความช่วยเหลือสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และตัวอักษรขนาดใหญ่ โปรดโทร 1-877-723-4795 วันจันทร์ถึงวันศุกร์ เวลา 8.00 น. ถึง 20.00 น. (TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่ายใดๆ

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-877-273-4795 (TTY: 711) . Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-877-273-4795 (TTY: 711). Ці послуги безкоштовні.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

B. Preguntas frecuentes (FAQ)

Aquí encontrará respuestas a las preguntas que usted tenga sobre esta *Lista de medicamentos cubiertos*. Puede leer todas las Preguntas frecuentes para obtener más información o bien, buscar alguna pregunta y su respuesta.

B1. ¿Qué medicamentos de venta con receta están en la *Lista de medicamentos cubiertos*? (Nos referimos a la *Lista de medicamentos cubiertos* como la “Lista de medicamentos” para abreviar).

La Lista de medicamentos son los medicamentos cubiertos por el Plan de Cal MediConnect de SCFHP. Los medicamentos están disponibles en las farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo para que trabajen con nosotros y le presten servicios a usted. Estas son “farmacias de la red”.

- El Plan de Cal MediConnect de SCFHP cubrirá todos los medicamentos necesarios desde el punto de vista médico de la Lista de medicamentos si:
 - su médico u otro profesional que receta indica que usted los necesita para mejorar o para mantener su salud y
 - usted surte la receta en una farmacia de la red del Plan de Cal MediConnect de SCFHP.
- En algunos casos, usted tendrá que hacer algo para poder recibir un medicamento (consulte la pregunta B4 abajo).

También puede consultar la lista actualizada de los medicamentos que están cubiertos en nuestro sitio web, en www.scfhp.com, o puede llamar a Servicio al Cliente al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m.

B2. ¿Cambia alguna vez la Lista de medicamentos?

Sí, y el Plan de Cal MediConnect de SCFHP debe seguir las reglas de Medicare y Medicaid cuando haga cambios. Podríamos agregar o quitar medicamentos de la Lista de medicamentos a lo largo del año.

También podríamos cambiar nuestras normas relacionadas con los medicamentos. Por ejemplo, podríamos:

- Decidir si exigimos o no una aprobación previa para algún medicamento. (La aprobación previa es un permiso del Plan de Cal MediConnect de SCFHP para que usted pueda obtener un medicamento).
- Aumentar o reducir la cantidad de un medicamento que usted puede obtener (llamado límites de cantidad).



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

- Agregar o cambiar restricciones de tratamiento progresivo en relación con un medicamento. (Tratamiento progresivo significa que usted tendría que probar un medicamento antes de que cubramos otro medicamento).

Para obtener más información sobre las reglas para los medicamentos consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto a **principios** del año, por lo general no cambiaremos ni quitaremos la cobertura de ese medicamento **durante el resto del año**, excepto en los siguientes casos:

- Si aparece en el mercado un medicamento nuevo más económico que actúa de la misma manera que un medicamento que está en la Lista de medicamentos.
- Si nos enteramos de que un medicamento no es seguro.
- Si un medicamento se retira del mercado.

Las preguntas B3 y B6 abajo tienen más información sobre lo que sucede cuando hay cambios en la Lista de medicamentos.

- Siempre puede consultar la Lista de medicamentos actualizada del Plan de Cal MediConnect de SCFHP en línea en www.scfhp.com.
- Para consultar la Lista de medicamentos actual, también puede llamar a Servicio al Cliente al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m.

B3. ¿Qué sucede cuando se implementa un cambio en la Lista de medicamentos?

Algunos de los cambios en la Lista de medicamentos se implementarán **inmediatamente**. Por ejemplo:

- **Hay un nuevo medicamento genérico disponible.** A veces aparece en el mercado un medicamento genérico que actúa de la misma manera que un medicamento de marca que está actualmente en la Lista de medicamentos. Si eso sucede, podemos eliminar el medicamento de marca y agregar el nuevo medicamento genérico, pero lo que usted tiene que pagar por el nuevo medicamento seguirá siendo lo mismo o menor. Al agregar el nuevo medicamento genérico, también podríamos decidir mantener el medicamento de marca en la lista, pero cambiar las reglas o los límites de cobertura.
 - Puede que no le enviemos un aviso antes de hacer este cambio, pero le enviaremos información sobre el cambio específico que hagamos una vez que ocurra.
 - Usted o su proveedor pueden pedir una excepción a estos cambios. Le enviaremos un aviso con los pasos que debe seguir para pedir una excepción. Consulte la pregunta B10 para obtener más información sobre las excepciones.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

- **Un medicamento se retira del mercado.** Si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) indica que no es seguro tomar un medicamento o si el fabricante retira el medicamento del mercado, lo quitaremos de la Lista de medicamentos. Le avisaremos si usted está tomando ese medicamento. Recibirá una carta por correo para saber qué hacer. Siga las instrucciones detalladas en la carta o llame a su médico para encontrar otro medicamento para tratar su condición médica.

Podemos hacer otros cambios que afecten los medicamentos que toma. Le indicaremos con anticipación sobre estos otros cambios en la Lista de medicamentos. Estos cambios podrían producirse en los siguientes casos:

- Si la FDA da nuevas guías o hay nuevas pautas clínicas de un medicamento.
- Si agregamos un medicamento genérico que no es nuevo en el mercado **y**
 - Se reemplaza un medicamento de marca que se encuentra actualmente en la Lista de medicamentos **o**
 - Se cambian las reglas o los límites de cobertura relacionados con el medicamento de marca.

Cuando ocurran esos cambios, nosotros:

- Le avisaremos, como mínimo, 30 días antes de hacer el cambio en la Lista de medicamentos **o**
- Le avisaremos y le daremos un suministro de 31 días del medicamento después de que usted pide un resurtido.

Esto le dará tiempo para hablar con su médico u otro profesional que receta. Ellos pueden ayudarlo a decidir:

- Si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar **o**
- Si pide una excepción a estos cambios. Para obtener más información sobre las excepciones vea la pregunta B10.

B4. ¿La cobertura de medicamentos tiene alguna restricción o límite o hay que hacer algo en particular para poder obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que usted puede obtener. En algunos casos usted o su médico u otro profesional que receta debe hacer algo antes de que pueda obtener el medicamento. Por ejemplo:



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

- **Aprobación previa (o autorización previa):** En el caso de algunos medicamentos, usted, su médico u otro proveedor que receta deben obtener una aprobación del Plan de Cal MediConnect de SCFHP antes de que usted pueda surtir la receta. El Plan de Cal MediConnect de SCFHP podría no cubrir el medicamento si usted no obtiene la aprobación.
- **Límites de cantidad:** A veces, el Plan de Cal MediConnect de SCFHP limita la cantidad que usted puede obtener de un medicamento.
- **Tratamiento progresivo:** A veces, el Plan de Cal MediConnect de SCFHP exige que usted siga un tratamiento progresivo. Esto significa que tendrá que probar los medicamentos en cierto orden para su condición médica. Es posible que tenga que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no funciona en su caso, entonces cubriremos el segundo.

Puede determinar si su medicamento tiene algún otro requisito o límite en las tablas que empiezan en la página 3. También puede obtener más información en nuestro sitio web, en www.scfhp.com. Publicamos en línea los documentos que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia.

Usted puede pedir una excepción a esos límites. Esto le dará tiempo para hablar con su médico u otro profesional que receta. Ellos pueden ayudarlo a decidir si hay algún medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si debería pedir una excepción. Consulte las preguntas B10-B12 para obtener más información sobre las excepciones.

B5. ¿Cómo puedo saber si el medicamento que quiero tiene límites o si tengo que hacer algo para recibirlo?

La Lista de medicamentos cubiertos empezando en la página 3 tiene una columna llamada “Medidas necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si Santa Clara Family Health Plan cambia las reglas sobre algunos medicamentos (por ejemplo, la autorización [aprobación] previa, los límites de cantidad o las restricciones de tratamiento progresivo)?

En algunos casos, le informaremos con antelación si añadimos o cambiamos la autorización previa, los límites de cantidad o las restricciones de tratamiento progresivo en relación con un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las que es posible que no le informemos con antelación sobre los cambios en nuestras reglas relacionadas con los medicamentos de la Lista de medicamentos.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

B7. ¿Cómo puedo encontrar un medicamento en la Lista de medicamentos?

Hay dos maneras de encontrar un medicamento:

- Puede buscarlo alfabéticamente por el nombre del medicamento
- Puede buscarlo por condición médica.

Para buscar **por orden alfabético**, vaya a la sección Índice de medicamentos cubiertos. Puede encontrarlo en la página I-1.

Para buscar por enfermedad, busque la sección titulada “Lista de medicamentos por enfermedad” de la página xix. Los medicamentos en esta sección se agrupan en categorías según el tipo de condición médica para el que se usan. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría de Medicamentos cardiovasculares. Ahí encontrará los medicamentos que tratan las enfermedades del corazón.

B8. ¿Qué pasa si el medicamento que quiero tomar no está en la Lista de medicamentos?

Si no encuentra el medicamento en la Lista de medicamentos, llame a Servicio al Cliente al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. y pregunte por el medicamento. Si se entera de que el Plan de Cal MediConnect de SCFHP no cubrirá el medicamento, puede hacer algo de esto:

- Pedir a Servicio al Cliente una lista de medicamentos similares al que usted quiere tomar. Luego, mostrar la lista a su médico u otro profesional que receta. Ellos pueden recetarle un medicamento similar al de la Lista de medicamentos que usted quiere tomar. ○
- Puede pedir al plan médico que haga una excepción para cubrir su medicamento. Consulte las preguntas B10-B12 para obtener más información sobre las excepciones.

B9. ¿Qué hago si soy un miembro nuevo del Plan de Cal MediConnect de SCFHP y no puedo encontrar mi medicamento en la Lista o tengo problemas para recibir mi medicamento?

Podemos ayudarlo. Podemos cubrir su medicamento con un suministro temporal de 31 días durante los primeros 90 días en que usted sea miembro del Plan de Cal MediConnect de SCFHP. Esto le dará tiempo para hablar con su médico u otro profesional que receta. Ellos pueden ayudarlo a decidir si hay algún medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si debería pedir una excepción.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

Si su medicamento está recetado para menos días, permitiremos varios resurtidos para darle un suministro máximo de 31 días del medicamento.

Cubriremos un suministro de 31 días de su medicamento si:

- usted toma un medicamento que no está en nuestra Lista de medicamentos o
- las reglas del plan médico no le permiten obtener la cantidad indicada por su médico o
- el medicamento requiere la aprobación previa del Plan de Cal MediConnect de SCFHP o
- usted toma algún medicamento que forma parte de una restricción de tratamiento progresivo.

Si usted se encuentra en un hogar para personas mayores o en otro centro de atención médica a largo plazo y necesita algún medicamento que no está en la Lista de medicamentos o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarlo. Si ha sido miembro del plan durante más de 90 días, vive en un centro de atención médica a largo plazo y necesita un suministro inmediatamente:

- Cubriremos un suministro para 31 días del medicamento que necesite (a menos que tenga una receta para menos días), sin importar que usted sea o no un miembro nuevo del Plan de Cal MediConnect de SCFHP.
- Esto es adicional al suministro temporal durante los primeros 90 días en que usted sea miembro del Plan de Cal MediConnect de SCFHP.

Si está en transición entre distintos niveles de atención (por ejemplo, saliendo de un hospital), el Plan de Cal MediConnect de SCFHP cubrirá un suministro de transición para 31 días del medicamento para que lo use en su nuevo entorno.

B10. ¿Puedo pedir una excepción para que el plan cubra mi medicamento?

Sí. Usted puede pedir al Plan de Cal MediConnect de SCFHP que haga una excepción para cubrir un medicamento que no está en la Lista de medicamentos.

También puede pedirnos que cambiemos las reglas relacionadas con su medicamento.

- Por ejemplo, el Plan de Cal MediConnect de SCFHP podría limitar la cantidad que cubriremos de un medicamento. Si su medicamento tiene un límite, puede pedirnos que cambiemos el límite y cubramos una mayor cantidad.
- Otros ejemplos: Usted puede pedirnos que eliminemos las restricciones de tratamiento progresivo o los requisitos de aprobación previa.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

B11. ¿Cómo puedo pedir una excepción?

Para pedir una excepción, llame a Servicio al Cliente. Servicio al Cliente trabajará con usted y su proveedor para ayudarlo a pedir una excepción. Para obtener más información sobre las excepciones, puede consultar también el Capítulo 9 del *Manual del miembro*.

B12. ¿Cuánto tiempo toma obtener una excepción?

Si el profesional que receta apoya su pedido, tomaremos una decisión a más tardar 72 horas después de obtener la declaración de apoyo del profesional que receta.

Si está pidiendo una excepción, dé la “declaración de respaldo”. Su médico u otro profesional que receta deben darnos los motivos médicos para la excepción del medicamento. Esto se llama “declaración de respaldo”. Su médico u otro profesional que receta también pueden explicarnos sus razones por teléfono y después enviarnos una declaración por fax o por correo.

Teléfono: 1-800-788-2949 (TTY: 711), puede llamar 24 horas del día, los siete días de la semana.

Fax: 1-858-790-7100

MedImpact
10181 Scripps Gateway Court
San Diego, CA 92131

Si usted o el profesional que receta consideran que su salud podría verse afectada si tiene que esperar 72 horas para obtener una decisión, entonces puede pedir una excepción acelerada. Se trata de una decisión más rápida. Si el profesional que receta apoya su pedido, tomaremos una decisión dentro de las 24 horas de haber recibido la declaración de apoyo del profesional que receta.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes que los medicamentos de marca. Generalmente cuestan menos que los medicamentos de marca y sus nombres no son tan conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA).

El Plan de Cal MediConnect de SCFHP cubre tanto medicamentos de marca como medicamentos genéricos.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

B14. ¿Qué son los medicamentos de venta libre (OTC)?

OTC quiere decir “medicamentos de venta libre” (over-the-counter). El Plan de Cal MediConnect de SCFHP cubre algunos medicamentos de venta libre cuando su proveedor se los receta.

En la Lista de medicamentos del Plan de Cal MediConnect de SCFHP puede encontrar los medicamentos de venta libre que están cubiertos.

B15. ¿Cubre el Plan de Cal MediConnect de SCFHP productos de venta libre que no sean medicamentos?

El Plan de Cal MediConnect de SCFHP cubre algunos productos de venta libre que no son medicamentos cuando su proveedor se los receta.

Algunos ejemplos de productos de venta libre que no son medicamentos incluyen cámaras de inhalación y tiras reactivas.

En la Lista de medicamentos del Plan de Cal MediConnect de SCFHP puede encontrar los medicamentos de venta libre que están cubiertos.

B16. ¿Cuál es mi copago?

En la Lista de medicamentos del Plan de Cal MediConnect de SCFHP puede conocer el copago de cada medicamento. Los miembros del Plan de Cal MediConnect de SCFHP que viven en hogares para personas mayores o en otros centros de atención médica a largo plazo no tendrán copagos. Tampoco tendrán copagos algunos miembros que reciban atención médica a largo plazo en la comunidad.

Los copagos están ordenados por niveles. Los niveles son los grupos de medicamentos con el mismo copago.

- Los medicamentos del Nivel 1 son medicamentos genéricos. El copago es \$0.
- Los medicamentos del Nivel 2 son medicamentos de marca. El copago es de \$0 a \$9.85, según sus ingresos (nivel de costo compartido más alto).
- Los medicamentos del Nivel 3 son medicamentos de venta con receta que no son de Medicare y que están cubiertos por Medi-Cal. El copago es \$0.
- Los medicamentos del Nivel 4 son medicamentos de venta libre (OTC) que no son de Medicare y que están cubiertos por Medi-Cal. El copago es \$0.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

C. Información general sobre la *Lista de medicamentos cubiertos*

La siguiente lista de medicamentos cubiertos da información sobre los medicamentos que están cubiertos por el Plan de Cal MediConnect de SCFHP. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice de medicamentos cubiertos que comienza en la página I-1. El Índice contiene todos los medicamentos cubiertos por el Plan de Cal MediConnect de SCFHP en orden alfabético.

La primera columna de la tabla contiene el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (p. ej., TRULICITY) y los medicamentos genéricos están escritos en cursivas minúsculas (p. ej., *metformina*).

La información de la columna titulada “Medidas necesarias, restricciones o límites de uso” le indica si el Plan de Cal MediConnect de SCFHP tiene alguna regla para cubrir ese medicamento.

Nota: El asterisco (*) junto a un medicamento significa que el medicamento no es un “medicamento de la Parte D”. Usted no tendrá que pagar un copago por estos medicamentos. Estos medicamentos también tienen reglas diferentes para las apelaciones.

- Una apelación es una manera formal de pedirnos que revisemos una decisión que hayamos tomado sobre su cobertura y que la cambiemos si usted considera que hemos cometido un error. Por ejemplo, podemos decidir que un medicamento que desea no está cubierto o ya no está cubierto por Medicare o Medi-Cal.
- Si usted o su médico no están de acuerdo con nuestra decisión, puede apelarla. Si tiene una pregunta, llame a Servicio al Cliente al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Para saber cómo apelar una decisión también puede consultar el Capítulo 9 del *Manual del miembro*.

C1. Medicamentos agrupados por condición médica

Los medicamentos en esta sección se agrupan en categorías según el tipo de condición médica para el que se usan. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría de Medicamentos cardiovasculares. Ahí encontrará los medicamentos que tratan las enfermedades del corazón.

Estos son los significados de los códigos que figuran en la columna “Medidas necesarias, restricciones o límites de uso”:



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
*	No es un medicamento de la Parte D	Este medicamento no es un medicamento de la Parte D. Es un medicamento cubierto por Medi-Cal.
EDAD	Límite de edad	Este medicamento tiene límites de cobertura según grupos de edad. El límite se puede basar en cómo la FDA aprobó el medicamento o en precauciones de uso especiales para las personas de ciertos grupos de edad.
LA	Medicamento de acceso limitado	Es posible que este medicamento solo esté disponible en ciertas farmacias.
NDS	Suministro diario no extendido	Este medicamento no cumple con los requisitos para ser un suministro a largo plazo (también conocido como un “suministro extendido”).
PA	Autorización previa	Es necesario que usted (o su médico) obtenga una autorización previa antes de surtir su receta para este medicamento.
PA BvD	Autorización previa para determinar si es Parte B o Parte D	Este medicamento podría cumplir los requisitos de pago conforme a la Parte B o a la Parte D de Medicare. Se requiere una revisión de autorización previa conforme a las reglas de cobertura de Medicare.
PA-HRM	Restricción de autorización previa para medicamentos de alto riesgo	Los CMS consideran que este medicamento podría ser dañino, y, por lo tanto, es un medicamento de alto riesgo para beneficiarios de Medicare de 65 años o más. Los miembros mayores de 65 años deben obtener una autorización previa antes de surtir la receta para este medicamento.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
PA NSO	Autorización previa para nuevos comienzos solamente	Si no ha tomado este medicamento, usted (o su médico) debe obtener una autorización previa antes de surtir su receta para este medicamento.
QL	Límite de cantidad	Existe un límite sobre la cantidad de este medicamento que se cubre por receta o dentro de un marco de tiempo específico.
ST	Terapia escalonada	Primero debe probar otros medicamentos para tratar su condición médica antes de que pueda obtener este.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795 (TTY: 711), de lunes a viernes, de 8:00 a.m. a 8:00 p.m. La llamada es gratis. **Para obtener más información**, visite www.scfhp.com.

ESTA PÁGINA SE HA DEJADO EN BLANCO DE FORMA INTENCIONAL

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen 120 mg suppos outer 120 mg *</i>	(Feverall) \$0 (Tier 4)	QL (30 per 30 days)
<i>acetaminophen 160 mg rapid tab 160 mg *</i>	(Jr. Acetaminophen) \$0 (Tier 4)	QL (30 per 30 days)
<i>acetaminophen 160 mg/5 ml elix 160 mg/5 ml *</i>	(Children's Pain Relief) \$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>acetaminophen 325 mg tablet 325 mg *</i>	(Athenol) \$0 (Tier 4)	
<i>acetaminophen 80 mg rapid tab children's 80 mg *</i>	(Children's Easy-Melts) \$0 (Tier 4)	QL (30 per 30 days)
<i>acetaminophen oral drops,suspension 80 mg/0.8 ml *</i>	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1)	QL (4500 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (Tier 1)	QL (360 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>betatemp 160 mg/5 ml susp 160 mg/5 ml *</i>	(acetaminophen) \$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	(Buprenex) \$0 (Tier 1)	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	\$0 (Tier 1)	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	(Esgic) \$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>child tylenol 160 mg tab chew 160 mg *</i>	(acetaminophen) \$0 (Tier 4)	QL (30 per 30 days)
<i>children's mapap 80 mg tab chw 80 mg *</i>	(acetaminophen) \$0 (Tier 4)	QL (30 per 30 days)

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

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>children's pain-fever relief oral liquid 160 mg/5 ml *</i> (acetaminophen)	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>child's mapap 160 mg tab chew 160 mg *</i> (acetaminophen)	\$0 (Tier 4)	QL (30 per 30 days)
<i>chld acetaminophen 160 mg/5 ml gluten/f, cherry 160 mg/5 ml *</i> (acetaminophen)	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>cvs child pain relief 160 mg 160 mg *</i> (acetaminophen)	\$0 (Tier 4)	QL (30 per 30 days)
<i>cvs child pain rlf 160 mg/5 ml children's 160 mg/5 ml *</i> (acetaminophen)	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>endocet oral tablet 10-325 mg</i> (oxycodone-acetaminophen)	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (oxycodone-acetaminophen)	\$0 (Tier 1)	QL (360 per 30 days); NDS
<i>endocet oral tablet 7.5-325 mg</i> (oxycodone-acetaminophen)	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	\$0 (Tier 1)	PA; QL (120 per 30 days); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr</i>	\$0 (Tier 1)	QL (10 per 30 days); NDS
<i>feverall 120 mg suppository children's, outer 120 mg *</i> (acetaminophen)	\$0 (Tier 4)	QL (30 per 30 days)
<i>feverall 325 mg suppository junior str, outer 325 mg *</i> (acetaminophen)	\$0 (Tier 4)	QL (30 per 30 days)
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER 80 MG *	\$0 (Tier 4)	QL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0 (Tier 1)	QL (2700 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1)	QL (150 per 30 days); NDS

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

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	\$0 (Tier 1)	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	\$0 (Tier 1)	QL (1200 per 30 days); NDS
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>infant pain rlf 80 mg/0.8 ml cherry, dlf 80 mg/0.8 ml *</i>	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
<i>jr acetaminophen 160 mg tablet 160 mg *</i> (acetaminophen)	\$0 (Tier 4)	QL (30 per 30 days)
<i>junior pain reliever 160 mg jr,grape,meltaways 160 mg *</i> (acetaminophen)	\$0 (Tier 4)	QL (30 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>little remedies fever 160 mg/5 berry, gluten free 160 mg/5 ml *</i> (acetaminophen)	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>mapap 325 mg tablet 325 mg *</i> (acetaminophen)	\$0 (Tier 4)	
<i>mapap 500 mg/15 ml liquid 500 mg/15 ml *</i> (acetaminophen)	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>masophen 325 mg tablet 325 mg *</i> (acetaminophen)	\$0 (Tier 4)	
<i>methadone injection solution 10 mg/ml</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (600 per 30 days); NDS
<i>methadone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (1200 per 30 days); NDS
<i>methadone oral tablet 10 mg</i>	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>methadone oral tablet 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>methadose oral tablet, soluble 40 mg</i> (methadone)	\$0 (Tier 1)	QL (30 per 30 days); NDS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	PA; QL (180 per 30 days); NDS
<i>morphine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (700 per 30 days); NDS

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

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	QL (300 per 30 days); NDS
MORPHINE ORAL TABLET 15 MG	\$0 - \$9.85 (Tier 2)	QL (180 per 30 days); NDS
MORPHINE ORAL TABLET 30 MG	\$0 - \$9.85 (Tier 2)	QL (120 per 30 days); NDS
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	\$0 (Tier 1)	QL (60 per 30 days); NDS
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	\$0 (Tier 1)	QL (90 per 30 days); NDS
<i>non-aspirin 80 mg tab chew children's 80 mg *</i> (acetaminophen)	\$0 (Tier 4)	QL (30 per 30 days)
<i>non-aspirin oral elixir 160 mg/5 ml *</i> (acetaminophen)	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>nortemp 80 mg/0.8 ml drop 80 mg/0.8 ml *</i> (acetaminophen)	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (1300 per 30 days); NDS
<i>oxycodone oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>oxycodone oral tablet 20 mg</i>	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	\$0 (Tier 1)	QL (360 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days); NDS

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

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (oxycodone)	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days); NDS
<i>pediacare fever reducer susp 160 mg/5 ml</i> * (acetaminophen)	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>pharbetol 325 mg tablet regular strength 325 mg</i> * (acetaminophen)	\$0 (Tier 4)	
<i>ra athenol 325 mg tablet 325 mg</i> * (acetaminophen)	\$0 (Tier 4)	
<i>silapap 160 mg/5 ml liquid 160 mg/5 ml</i> * (acetaminophen)	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>sm inf pain relv 80 mg/0.8 ml 80 mg/0.8 ml</i> * (acetaminophen)	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
<i>tactinal 325 mg tablet 325 mg</i> * (acetaminophen)	\$0 (Tier 4)	
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	\$0 (Tier 1)	QL (300 per 30 days); NDS
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days); NDS
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	\$0 - \$9.85 (Tier 2)	QL (120 per 30 days); NDS
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	\$0 - \$9.85 (Tier 2)	QL (240 per 30 days); NDS
Nonsteroidal Anti-Inflammatory Agents		
<i>arthritis pain reliever 1% gel 1%</i> * (diclofenac sodium)	\$0 (Tier 4)	QL (1000 per 30 days)
<i>aspirin 300 mg suppository 300 mg</i> *	\$0 (Tier 4)	
<i>aspirin 325 mg tablet 325 mg</i> * (Bayer Aspirin)	\$0 (Tier 4)	
<i>aspirin 81 mg chewable tablet 81 mg</i> * (St Joseph Aspirin)	\$0 (Tier 4)	
<i>aspirin ec 325 mg tablet 325 mg</i> * (Aspir-Trin)	\$0 (Tier 4)	
<i>aspirin ec 500 mg tablet 500 mg</i> *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>aspirin ec 81 mg tablet 81 mg *</i>	(Bayer Low Dose Aspirin)	\$0 (Tier 4)
<i>aspir-trin ec 325 mg tablet 325 mg *</i>	(aspirin)	\$0 (Tier 4)
BAYER ASPIRIN 325 MG TABLET 325 MG *	(aspirin)	\$0 (Tier 4)
<i>bayer low dose ec 81 mg tab 81 mg *</i>	(aspirin)	\$0 (Tier 4)
<i>bufferin 325 mg tablet coated 325 mg *</i>	(aspirin, buffd-calcium carb-mag)	\$0 (Tier 4)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	(Celebrex)	\$0 (Tier 1) QL (60 per 30 days)
<i>children ibuprofen 100 mg/5 ml berry flavor 100 mg/5 ml *</i>	(ibuprofen)	\$0 (Tier 4)
<i>cvs aspirin ec 81 mg tablet 81 mg *</i>	(Bayer Low Dose Aspirin)	\$0 (Tier 4)
<i>cvs chld ibuprofen 100 mg/5 ml 100 mg/5 ml *</i>	(ibuprofen)	\$0 (Tier 4)
<i>cvs ibuprofen jr str 100 mg tb 100 mg *</i>	(ibuprofen)	\$0 (Tier 4)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	(Flector)	\$0 - \$9.85 (Tier 2) PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	(Cataflam)	\$0 (Tier 1) QL (120 per 30 days)
<i>diclofenac sodium 1% gel (otc) 1 % *</i>	(Arthritis Pain (diclofenac))	\$0 (Tier 4) QL (1000 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>		\$0 (Tier 1) QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i>		\$0 (Tier 1) QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i>		\$0 (Tier 1) QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i>		\$0 (Tier 1) QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>		\$0 (Tier 1) QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	(Arthritis Pain (diclofenac))	\$0 (Tier 1) QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>		\$0 (Tier 1) PA; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i>	(Pennsaid)	\$0 (Tier 1) PA; QL (224 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ecotrin ec 325 mg tablet safety coated 325 mg *</i> (aspirin)	\$0 (Tier 4)	
<i>eql chld ibuprofen 100 mg/5 ml 100 mg/5 ml *</i> (ibuprofen)	\$0 (Tier 4)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet 400 mg</i> (Lodine)	\$0 (Tier 1)	
<i>etodolac oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>gs arthritis pain 1% gel 1% *</i> (diclofenac sodium)	\$0 (Tier 4)	QL (1000 per 30 days)
<i>gs child ibuprofen 100 mg/5 ml 100 mg/5 ml *</i> (ibuprofen)	\$0 (Tier 4)	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	\$0 (Tier 1)	
<i>ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml *</i> (Children's Ibuprofen)	\$0 (Tier 4)	
<i>ibuprofen 200 mg softgel 200 mg *</i> (Advil Liqui-Gel)	\$0 (Tier 4)	
<i>ibuprofen 200 mg tablet 200 mg *</i> (Addaprin)	\$0 (Tier 4)	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Ibuprofen)	\$0 (Tier 1)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	\$0 (Tier 1)	
<i>indomethacin oral capsule 25 mg</i>	\$0 (Tier 1)	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	\$0 (Tier 1)	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>infant ibuprofen 50 mg/1.25 ml berry 50 mg/1.25 ml *</i> (ibuprofen)	\$0 (Tier 4)	
<i>ketorolac oral tablet 10 mg</i>	\$0 (Tier 1)	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	\$0 (Tier 1)	
<i>naproxen oral tablet 250 mg, 375 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	\$0 (Tier 1)	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>naproxen sodium 220 mg tablet 220 mg *</i> (Aleve)	\$0 (Tier 4)	
<i>pub children's profen ib susp berry flavor 100 mg/5 ml *</i> (ibuprofen)	\$0 (Tier 4)	
<i>pub children's profenib susp bubble gum flavor 100 mg/5 ml *</i> (ibuprofen)	\$0 (Tier 4)	
<i>qc lo-dose aspirin ec 81 mg tb 81 mg *</i> (aspirin)	\$0 (Tier 4)	
<i>ra aspirin 325 mg tablet 325 mg *</i> (Bayer Aspirin)	\$0 (Tier 4)	
<i>ra aspirin ec 325 mg tablet regular strength 325 mg *</i> (Aspir-Trin)	\$0 (Tier 4)	
<i>ra naproxen sodium 220 mg cap liquidgel 220 mg *</i> (Aleve)	\$0 (Tier 4)	
<i>st. joseph aspirin 81 mg chew 81 mg *</i> (aspirin)	\$0 (Tier 4)	
<i>st. joseph aspirin ec 81 mg tb 81 mg *</i> (aspirin)	\$0 (Tier 4)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>tri-buffered aspirin 325 mg tb coated tablet 325 mg *</i> (aspirin, buffd-calcium carb-mag)	\$0 (Tier 4)	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	\$0 (Tier 1)	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	\$0 (Tier 1)	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	\$0 (Tier 1)	
<i>lidocaine hcl 1% 20 mg/2 ml vl sdv, plf 10 mg/ml (1 %)</i> (Xylocaine-MPF)	\$0 (Tier 1)	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	\$0 (Tier 1)	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1)	PA
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1)	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	\$0 - \$9.85 (Tier 2)	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	\$0 (Tier 1)	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	\$0 (Tier 1)	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	\$0 (Tier 1)	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (varenicline)	\$0 - \$9.85 (Tier 2)	QL (336 per 365 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>gs nicotine 2 mg chewing gum 2 mg *</i> (Nicorette)	\$0 (Tier 4)	QL (3285 per 365 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	\$0 - \$9.85 (Tier 2)	QL (228 per 14 days); NDS
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	\$0 (Tier 1)	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	\$0 - \$9.85 (Tier 2)	QL (4 per 30 days)
<i>nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr *</i> (Nicoderm CQ)	\$0 (Tier 4)	QL (224 per 365 days)

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nicotine 2 mg lozenge mint, 3 quittube 2 mg *</i>	(Stop Smoking Aid)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr *</i>	(Nicoderm CQ)	\$0 (Tier 4)	QL (224 per 365 days)
<i>nicotine 4 mg chewing gum refill kit 4 mg *</i>	(Nicorette)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 4 mg lozenge mint, 3 quittube 4 mg *</i>	(Stop Smoking Aid)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr *</i>	(Nicoderm CQ)	\$0 (Tier 4)	QL (224 per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG		\$0 - \$9.85 (Tier 2)	QL (1008 per 90 days)
<i>pub stop smoking aid 2 mg lozg 2 mg *</i>	(nicotine (polacrilex))	\$0 (Tier 4)	QL (3285 per 365 days)
<i>pub stop smoking aid 4 mg lozg 4 mg *</i>	(nicotine (polacrilex))	\$0 (Tier 4)	QL (3285 per 365 days)
<i>ra nicotine 2 mg lozenge 2 mg *</i>	(Stop Smoking Aid)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>ra nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr *</i>	(Nicoderm CQ)	\$0 (Tier 4)	QL (224 per 365 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML		\$0 - \$9.85 (Tier 2)	QL (0.5 per 30 days); NDS
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML		\$0 - \$9.85 (Tier 2)	QL (1.5 per 30 days); NDS
<i>varenicline oral tablet 0.5 mg</i>		\$0 (Tier 1)	QL (336 per 365 days)
<i>varenicline oral tablet 1 mg</i>	(Chantix Continuing Month Box)	\$0 (Tier 1)	QL (336 per 365 days)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	(Chantix Starting Month Box)	\$0 (Tier 1)	
Antianxiety Agents			
Benzodiazepines			
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	(Xanax)	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>alprazolam oral tablet 2 mg</i>	(Xanax)	\$0 (Tier 1)	QL (150 per 30 days); NDS
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	(Klonopin)	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	(Klonopin)	\$0 (Tier 1)	QL (300 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	\$0 (Tier 1)	QL (180 per 30 days)
<i>diazepam 25 mg/5 ml oral conc 5 mg/ml</i> (Diazepam Intensol)	\$0 (Tier 1)	QL (1200 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	\$0 (Tier 1)	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	\$0 (Tier 1)	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	\$0 (Tier 1)	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	\$0 (Tier 1)	QL (120 per 30 days)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	\$0 (Tier 1)	QL (90 per 30 days); NDS
<i>lorazepam oral tablet 2 mg</i> (Ativan)	\$0 (Tier 1)	QL (150 per 30 days); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	\$0 (Tier 1)	QL (30 per 30 days); NDS
Antibacterials		
Aminoglycosides		
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	\$0 (Tier 1)	
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0 (Tier 1)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	\$0 - \$9.85 (Tier 2)	QL (224 per 28 days); NDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	\$0 (Tier 1)	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	\$0 (Tier 1)	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	\$0 (Tier 1)	
Antibacterials, Miscellaneous		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	\$0 (Tier 1)	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	\$0 (Tier 1)	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	\$0 (Tier 1)	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	\$0 (Tier 1)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	\$0 (Tier 1)	NDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin RF)	\$0 (Tier 1)	NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML	\$0 - \$9.85 (Tier 2)	
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	\$0 (Tier 1)	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	\$0 (Tier 1)	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	\$0 (Tier 1)	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	\$0 (Tier 1)	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	\$0 (Tier 1)	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	\$0 (Tier 1)	QL (120 per 30 days)
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i> (Macrobid)	\$0 (Tier 1)	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	\$0 (Tier 1)	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	\$0 (Tier 1)	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	\$0 (Tier 1)	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	\$0 - \$9.85 (Tier 2)	PA; QL (9 per 30 days); NDS
XIFAXAN ORAL TABLET 550 MG	\$0 - \$9.85 (Tier 2)	PA; QL (90 per 30 days); NDS
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	\$0 (Tier 1)	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	
<i>cefixime oral capsule 400 mg</i> (Suprax)	\$0 (Tier 1)	
<i>cefotaxime injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>cefoxitin 1 gm piggyback bag 1 gram/50 ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	\$0 (Tier 1)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	\$0 (Tier 1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 - \$9.85 (Tier 2)	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	\$0 (Tier 1)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	\$0 (Tier 1)	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	\$0 - \$9.85 (Tier 2)	QL (136 per 10 days); NDS
DIFICID ORAL TABLET 200 MG	\$0 - \$9.85 (Tier 2)	QL (20 per 10 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	\$0 (Tier 1)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	\$0 (Tier 1)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 - \$9.85 (Tier 2)	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	\$0 (Tier 1)	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	\$0 (Tier 1)	
<i>meropenem-0.9% nacl 500 mg/50 500 mg/50 ml</i>	\$0 (Tier 1)	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	\$0 (Tier 1)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 - \$9.85 (Tier 2)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>	\$0 (Tier 1)	
<i>nafcillin 2 gml 100 ml inj 2 gram/100 ml</i>	\$0 (Tier 1)	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	
<i>nafcillin injection recon soln 10 gram</i>	\$0 (Tier 1)	NDS
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	\$0 (Tier 1)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>pfizerpen-g injection recon soln 20 million unit</i> (penicillin g potassium)	\$0 (Tier 1)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (Tier 1)	
Quinolones		
BAXDELA ORAL TABLET 450 MG	\$0 - \$9.85 (Tier 2)	PA; QL (28 per 14 days); NDS
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	\$0 (Tier 1)	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)	
<i>ciprofloxacin oral suspension, microcapsule (Cipro) recon 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (Tier 1)	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	\$0 (Tier 1)	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	\$0 (Tier 1)	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	\$0 (Tier 1)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	\$0 (Tier 1)	
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	\$0 (Tier 1)	
<i>doxycycline hyclate oral tablet 20 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	\$0 (Tier 1)	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	\$0 (Tier 1)	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin (mono))	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	\$0 (Tier 1)	QL (60 per 30 days)

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>doxycycline monohydrate oral tablet 50 mg</i>		\$0 (Tier 1)	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>		\$0 (Tier 1)	
<i>mondoxyne nl oral capsule 100 mg</i>	(doxycycline monohydrate)	\$0 (Tier 1)	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>		\$0 (Tier 1)	
<i>tigecycline intravenous recon soln 50 mg</i>	(Tygacil)	\$0 (Tier 1)	NDS
Anticancer Agents			
Anticancer Agents			
<i>abiraterone oral tablet 250 mg, 500 mg</i>	(Zytiga)	\$0 (Tier 1)	PA NSO; QL (120 per 30 days); NDS
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	(paclitaxel protein-bound)	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG		\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	(doxorubicin)	\$0 (Tier 1)	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	(fluorouracil)	\$0 (Tier 1)	PA BvD
ALECENSA ORAL CAPSULE 150 MG		\$0 - \$9.85 (Tier 2)	PA NSO; QL (240 per 30 days); NDS
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	(pemetrexed disodium)	\$0 - \$9.85 (Tier 2)	NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG		\$0 - \$9.85 (Tier 2)	PA NSO; QL (3 per 28 days); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG		\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG		\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>alysmsys intravenous solution 25 mg/ml</i>		\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i>	(Arimidex)	\$0 (Tier 1)	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>		\$0 (Tier 1)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	\$0 (Tier 1)	NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	\$0 (Tier 1)	NDS
BALVERSA ORAL TABLET 3 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (84 per 28 days); NDS
BALVERSA ORAL TABLET 4 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (56 per 28 days); NDS
BALVERSA ORAL TABLET 5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (28 per 28 days); NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
BESPONSIA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	\$0 (Tier 1)	PA NSO; NDS
<i>bexarotene topical gel 1%</i> (Targretin)	\$0 (Tier 1)	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	\$0 (Tier 1)	
BLENREP INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	\$0 (Tier 1)	
BLINCYTO INTRAVENOUS KIT 35 MCG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>bortezomib injection recon soln 1 mg</i>	\$0 - \$9.85 (Tier 2)	PA NSO
<i>bortezomib injection recon soln 2.5 mg</i>	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BOSULIF ORAL TABLET 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE 80 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
CABOMETYX ORAL TABLET 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
CALQUENCE ORAL CAPSULE 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG (vandetanib)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG (vandetanib)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>clofarabine intravenous solution 1 mg/ml</i> (Clolar)	\$0 (Tier 1)	NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (112 per 28 days); NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (56 per 28 days); NDS
COTELLIC ORAL TABLET 20 MG	\$0 - \$9.85 (Tier 2)	PA NSO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	\$0 - \$9.85 (Tier 2)	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0 - \$9.85 (Tier 2)	PA BvD; ST

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 28 days); NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	\$0 (Tier 1)	NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	\$0 (Tier 1)	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	\$0 (Tier 1)	PA BvD; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 - \$9.85 (Tier 2)	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 - \$9.85 (Tier 2)	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 - \$9.85 (Tier 2)	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 - \$9.85 (Tier 2)	
EMCYT ORAL CAPSULE 140 MG	\$0 - \$9.85 (Tier 2)	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ERLEADA ORAL TABLET 60 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	\$0 (Tier 1)	PA NSO; QL (60 per 30 days); NDS
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	\$0 (Tier 1)	PA NSO; QL (90 per 30 days); NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.85 (Tier 2)	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	\$0 (Tier 1)	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Afinitor)	\$0 (Tier 1)	PA NSO; QL (56 per 28 days); NDS
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	\$0 (Tier 1)	PA NSO; QL (28 per 28 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	\$0 (Tier 1)	PA NSO; QL (112 per 28 days); NDS
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0 (Tier 1)	
EXKIVITY ORAL CAPSULE 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	\$0 (Tier 1)	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	\$0 (Tier 1)	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	\$0 (Tier 1)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (21 per 28 days); NDS
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	\$0 (Tier 1)	NDS
GAVRETO ORAL CAPSULE 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (5 per 21 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	\$0 (Tier 1)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (21 per 28 days); NDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	\$0 (Tier 1)	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	\$0 (Tier 1)	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	\$0 (Tier 1)	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (28 per 28 days); NDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (240 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (28 per 28 days); NDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (8 per 28 days); NDS
INLYTA ORAL TABLET 1 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
INQOVI ORAL TABLET 35-100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (5 per 28 days); NDS
INREBIC ORAL CAPSULE 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
IRESSA ORAL TABLET 250 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	\$0 - \$9.85 (Tier 2)	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (8 per 21 days); NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (2 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)- 2.5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)- 2.5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)- 2.5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (63 per 28 days); NDS
KOSELUGO ORAL CAPSULE 10 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (300 per 30 days); NDS
KOSELUGO ORAL CAPSULE 25 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS

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

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	\$0 (Tier 1)	PA NSO; NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	\$0 (Tier 1)	PA NSO; QL (28 per 28 days); NDS
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 X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	\$0 (Tier 1)	
LEUKERAN ORAL TABLET 2 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (Tier 1)	NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (7 per 21 days); NDS
LONSURF ORAL TABLET 15-6.14 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (100 per 28 days); NDS
LONSURF ORAL TABLET 20-8.19 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (80 per 28 days); NDS
LORBRENA ORAL TABLET 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (240 per 30 days); NDS
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	\$0 - \$9.85 (Tier 2)	NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	\$0 - \$9.85 (Tier 2)	NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	\$0 - \$9.85 (Tier 2)	NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
LYSODREN ORAL TABLET 500 MG	\$0 - \$9.85 (Tier 2)	NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
MEKTOVI ORAL TABLET 15 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	\$0 (Tier 1)	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	\$0 (Tier 1)	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (3 per 28 days); NDS
NUBEQA ORAL TABLET 300 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ODOMZO ORAL CAPSULE 200 MG	\$0 - \$9.85 (Tier 2)	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	\$0 - \$9.85 (Tier 2)	NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (14 per 28 days); NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	\$0 (Tier 1)	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	\$0 - \$9.85 (Tier 2)	NDS
<i>pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg</i>	\$0 (Tier 1)	NDS
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (2 per 28 days); NDS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (15 per 21 days); NDS
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG- 20000 UNIT/10ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (10 per 21 days); 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)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (56 per 28 days); NDS
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (21 per 28 days); NDS
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (100 per 21 days); NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	\$0 - \$9.85 (Tier 2)	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 - \$9.85 (Tier 2)	NDS
QINLOCK ORAL TABLET 50 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
RETEVMO ORAL CAPSULE 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
RETEVMO ORAL CAPSULE 80 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
REVLIMID ORAL CAPSULE 2.5 MG, (lenalidomide) 20 MG	\$0 - \$9.85 (Tier 2)	PA NSO; LA; QL (28 per 28 days); NDS
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (224 per 28 days); NDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
SCEMBLIX ORAL TABLET 20 MG, 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 - \$9.85 (Tier 2)	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	\$0 (Tier 1)	PA NSO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
STIVARGA ORAL TABLET 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (84 per 28 days); NDS
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	\$0 (Tier 1)	PA NSO; QL (30 per 30 days); NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	\$0 - \$9.85 (Tier 2)	
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 - \$9.85 (Tier 2)	PA NSO; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
TAZVERIK ORAL TABLET 200 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (240 per 30 days); NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	\$0 (Tier 1)	NDS
TIBSOVO ORAL TABLET 250 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	\$0 - \$9.85 (Tier 2)	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (5 per 21 days); NDS
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	\$0 (Tier 1)	
<i>toremifene oral tablet 60 mg</i> (Fareston)	\$0 (Tier 1)	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	\$0 - \$9.85 (Tier 2)	QL (1 per 84 days); NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	\$0 - \$9.85 (Tier 2)	QL (1 per 168 days); NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	\$0 - \$9.85 (Tier 2)	QL (1 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (Tier 1)	NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 200 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	\$0 (Tier 1)	NDS
VELCADE INJECTION RECON SOLN 3.5 MG	\$0 - \$9.85 (Tier 2)	(bortezomib) PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	\$0 - \$9.85 (Tier 2)	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (56 per 28 days); NDS
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	\$0 (Tier 1)	
VITRAKVI ORAL CAPSULE 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (180 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (300 per 30 days); NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
VONJO ORAL CAPSULE 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
VOTRIENT ORAL TABLET 200 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
WELIREG ORAL TABLET 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 - \$9.85 (Tier 2)	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (20 per 28 days); NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (8 per 28 days); NDS
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (4 per 28 days); NDS
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (16 per 28 days); NDS
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (12 per 28 days); NDS
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (24 per 28 days); NDS
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (32 per 28 days); NDS
XTANDI ORAL CAPSULE 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
XTANDI ORAL TABLET 40 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
YONSA ORAL TABLET 125 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
ZEJULA ORAL CAPSULE 100 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
ZELBORAF ORAL TABLET 240 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (240 per 30 days); NDS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	\$0 - \$9.85 (Tier 2)	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	\$0 - \$9.85 (Tier 2)	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	\$0 - \$9.85 (Tier 2)	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET 150 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (84 per 28 days); NDS
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 - \$9.85 (Tier 2)	ST; QL (60 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	\$0 - \$9.85 (Tier 2)	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase</i> (Carbatrol) <i>12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	\$0 (Tier 1)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	\$0 (Tier 1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)	
CELONTIN ORAL CAPSULE 300 MG	\$0 - \$9.85 (Tier 2)	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	\$0 (Tier 1)	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	\$0 (Tier 1)	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (360 per 30 days); NDS
DIACOMIT ORAL CAPSULE 500 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (360 per 30 days); NDS
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	\$0 - \$9.85 (Tier 2)	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	\$0 - \$9.85 (Tier 2)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	\$0 (Tier 1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 - \$9.85 (Tier 2)	QL (480 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	\$0 (Tier 1)	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	\$0 (Tier 1)	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	\$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>fosphephenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)	\$0 (Tier 1)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 - \$9.85 (Tier 2)	ST; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	\$0 - \$9.85 (Tier 2)	ST; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	\$0 (Tier 1)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	\$0 (Tier 1)	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	\$0 (Tier 1)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	\$0 (Tier 1)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	\$0 (Tier 1)	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	\$0 (Tier 1)	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	\$0 (Tier 1)	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	\$0 (Tier 1)	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	\$0 (Tier 1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	\$0 (Tier 1)	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	\$0 (Tier 1)	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	\$0 (Tier 1)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	\$0 (Tier 1)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 - \$9.85 (Tier 2)	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	\$0 (Tier 1)	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	\$0 - \$9.85 (Tier 2)	ST
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	\$0 - \$9.85 (Tier 2)	ST; NDS
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	\$0 (Tier 1)	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	\$0 (Tier 1)	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	\$0 (Tier 1)	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	\$0 (Tier 1)	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	\$0 (Tier 1)	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	\$0 (Tier 1)	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	\$0 (Tier 1)	ST; NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	\$0 (Tier 1)	ST; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	\$0 - \$9.85 (Tier 2)	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	\$0 - \$9.85 (Tier 2)	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	\$0 (Tier 1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	\$0 (Tier 1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	\$0 (Tier 1)	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 - \$9.85 (Tier 2)	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	\$0 (Tier 1)	PA NSO; QL (180 per 30 days); NDS
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	\$0 (Tier 1)	PA NSO; QL (180 per 30 days); NDS
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	\$0 (Tier 1)	PA NSO; QL (180 per 30 days); NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML (lacosamide)	\$0 - \$9.85 (Tier 2)	QL (200 per 5 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 - \$9.85 (Tier 2)	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 - \$9.85 (Tier 2)	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 - \$9.85 (Tier 2)	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0 - \$9.85 (Tier 2)	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	\$0 (Tier 1)	
<i>zonisamide oral capsule 50 mg</i>	\$0 (Tier 1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (1080 per 30 days); NDS
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	\$0 (Tier 1)	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	\$0 (Tier 1)	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	\$0 (Tier 1)	QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 - \$9.85 (Tier 2)	ST

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	\$0 (Tier 1)	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	\$0 - \$9.85 (Tier 2)	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	\$0 (Tier 1)	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	\$0 (Tier 1)	
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i> (Celexa)	\$0 (Tier 1)	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	\$0 (Tier 1)	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	\$0 (Tier 1)	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	\$0 (Tier 1)	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	\$0 (Tier 1)	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	\$0 - \$9.85 (Tier 2)	ST; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	\$0 (Tier 1)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days); NDS
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	\$0 (Tier 1)	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 - \$9.85 (Tier 2)	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	\$0 (Tier 1)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
MARPLAN ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	\$0 (Tier 1)	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	\$0 (Tier 1)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	\$0 (Tier 1)	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	\$0 (Tier 1)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	\$0 (Tier 1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	\$0 (Tier 1)	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	\$0 - \$9.85 (Tier 2)	PA NSO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	\$0 (Tier 1)	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	\$0 (Tier 1)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	\$0 (Tier 1)	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	\$0 - \$9.85 (Tier 2)	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	\$0 (Tier 1)	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
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	\$0 - \$9.85 (Tier 2)	NDS
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	\$0 (Tier 1)	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	\$0 - \$9.85 (Tier 2)	PA; QL (112 per 28 days); NDS
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1)	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	\$0 - \$9.85 (Tier 2)	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 - \$9.85 (Tier 2)	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	\$0 (Tier 1)	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	\$0 - \$9.85 (Tier 2)	PA; QL (10.8 per 28 days); NDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	\$0 - \$9.85 (Tier 2)	PA; QL (10.8 per 28 days); NDS
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0 - \$9.85 (Tier 2)	QL (2 per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	\$0 - \$9.85 (Tier 2)	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$9.85 (Tier 2)	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	\$0 - \$9.85 (Tier 2)	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 - \$9.85 (Tier 2)	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 - \$9.85 (Tier 2)	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 - \$9.85 (Tier 2)	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 (insulin glargine) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$9.85 (Tier 2)	QL (30 per 28 days)
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 - \$9.85 (Tier 2)	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 - \$9.85 (Tier 2)	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 - \$9.85 (Tier 2)	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$9.85 (Tier 2)	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 - \$9.85 (Tier 2)	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$9.85 (Tier 2)	QL (30 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 - \$9.85 (Tier 2)	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100)	\$0 (Tier 1)	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	\$0 (Tier 1)	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	\$0 (Tier 1)	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart u-100)	\$0 (Tier 1)	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart u-100)	\$0 (Tier 1)	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	\$0 - \$9.85 (Tier 2)	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	\$0 - \$9.85 (Tier 2)	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 - \$9.85 (Tier 2)	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	\$0 (Tier 1)	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	\$0 (Tier 1)	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
<i>1-day 6.5% ointment 6.5 % *</i> (tioconazole)	\$0 (Tier 4)	
<i>3-day vaginal cream 2 % *</i>	\$0 (Tier 4)	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 - \$9.85 (Tier 2)	PA BvD
ALEVAZOL 1% OINTMENT 1 % *	\$0 (Tier 4)	
<i>aloe vesta 2% antifungal oint 2 % *</i>	\$0 (Tier 4)	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG (amphotericin b liposome)	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	\$0 (Tier 1)	PA BvD; NDS
<i>anti-fungal 1% powder 1 % *</i> (tolnaftate)	\$0 (Tier 4)	
<i>antifungal 1% topical cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>baza antifungal 2% cream 2 % *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>blis-to-sol 1% liquid 1 % *</i> (tolnaftate)	\$0 (Tier 4)	
<i>caspofungin intravenous recon soln 50 mg</i> (Cancidas)	\$0 (Tier 1)	NDS
<i>caspofungin intravenous recon soln 70 mg</i> (Cancidas)	\$0 (Tier 1)	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	\$0 (Tier 1)	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	\$0 (Tier 1)	QL (19.8 per 30 days)
<i>clotrimazole 1% solution (otc) 1 % *</i>	\$0 (Tier 4)	
<i>clotrimazole 1% topical cream (otc) 1 % *</i> (Antifungal (clotrimazole))	\$0 (Tier 4)	
<i>clotrimazole 1% topical cream foot care (otc) 1 % *</i> (Antifungal (clotrimazole))	\$0 (Tier 4)	
<i>clotrimazole 1% vaginal cream 1 % *</i> (Clotrimazole-7)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	\$0 (Tier 1)	
<i>clotrimazole topical solution 1 %</i>	\$0 (Tier 1)	
<i>clotrimazole-7 vaginal cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>cvs anti-fungal 2% powder 2 % *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>cvs clotrimazole 1% top cream (otc) 1 % *</i> (Antifungal (clotrimazole))	\$0 (Tier 4)	
<i>cvs miconazole 1 combo pack 1,200-2 mg-% *</i> (Monistat 1 Combo Pack)	\$0 (Tier 4)	
<i>cvs miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram) *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>dermafungal 2% cream 2 % *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>desenex 2% powder 2 % *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>econazole topical cream 1 %</i>	\$0 (Tier 1)	QL (170 per 30 days)
<i>eq athlete's foot 1% cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>eq jock itch 1% cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	\$0 (Tier 1)	NDS
<i>formula 3 antifungal 1% soln 1 % *</i> (tolnaftate)	\$0 (Tier 4)	
<i>fungoid-d 1% cream 1 % *</i> (tolnaftate)	\$0 (Tier 4)	
<i>gnp athlete's foot 1% cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>inzo antifungal 2% cream 2 % *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	\$0 (Tier 1)	
<i>jock itch relief 1% cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>micatin 2% antifungal cream 2 % *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>miconazole 2% topical cream 2 % *</i> (Baza Antifungal)	\$0 (Tier 4)	
<i>miconazole 2% vaginal cream 2 % *</i> (Monistat 7)	\$0 (Tier 4)	
<i>miconazole 3 4% cream 200 mg/5 gram (4 %)</i> *	\$0 (Tier 4)	
<i>miconazole 3 combo pack 3 supp w/9gm cream 200 mg- 2 % (9 gram) *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>miconazole-3 vaginal suppository 200 mg</i>	\$0 (Tier 1)	
<i>micotrin ac 1% topical cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
MONISTAT 7 CREAM 2 % * (miconazole nitrate)	\$0 (Tier 4)	
<i>monistat 7 cream 7 applicators 2 % *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>mycozyl ac 1% topical cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)	
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	\$0 (Tier 1)	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	\$0 (Tier 1)	PA; NDS
<i>pub athletic foot 1% cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>ra antifungal ringworm 1% crm 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>ra clotrimazole 1% top cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>ra jock itch cream 1 % *</i> (clotrimazole)	\$0 (Tier 4)	
<i>ra miconazole 3 combo pack 3 sup, 9gm crm w/lapp 200 mg- 2 % (9 gram) *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>ra tioconazole-1 6.5% oint 6.5 % *</i> (tioconazole)	\$0 (Tier 4)	
<i>sm miconazole 7 100 mg vag sup 100 mg *</i> (miconazole nitrate)	\$0 (Tier 4)	
<i>terbinafine 1% cream 1 % *</i> (Antifungal (terbinafine))	\$0 (Tier 4)	
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tolcylen 1% solution 1 % *</i>	(tolnaftate)	\$0 (Tier 4)	
<i>tolnaftate 1% cream 1 % *</i>	(Fungoid-D)	\$0 (Tier 4)	
<i>voriconazole intravenous recon soln 200 mg</i>	(Vfend IV)	\$0 (Tier 1)	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	(Vfend)	\$0 (Tier 1)	PA; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	(Vfend)	\$0 (Tier 1)	
<i>zeasorb af 2% powder 2 % *</i>	(miconazole nitrate)	\$0 (Tier 4)	
Antigout Agents			
Antigout Agents, Other			
<i>allopurinol oral tablet 100 mg</i>	(Zyloprim)	\$0 (Tier 1)	
<i>allopurinol oral tablet 300 mg</i>		\$0 (Tier 1)	
<i>colchicine oral tablet 0.6 mg</i>	(Colcrys)	\$0 - \$9.85 (Tier 2)	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	(Uloric)	\$0 (Tier 1)	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	\$0 (Tier 1)	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>		\$0 (Tier 1)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>		\$0 (Tier 1)	
Antihistamines			
Antihistamines			
<i>ala-hist ir 2 mg tablet 2 mg *</i>		\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>aler-caps 25 mg capsule 25 mg *</i>	(diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>alka-seltzer plus allergy tab 25 mg *</i>	(diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>all day allergy relief(cetir) oral tablet 10 mg *</i>	(cetirizine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>aller-chlor 4 mg tablet 4 mg *</i>	(chlorpheniramine maleate)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>allergy 4 mg tablet 4 mg *</i>	(chlorpheniramine maleate)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>aller-tec 10 mg tablet 10 mg *</i>	(cetirizine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>aprodine tablet 2.5-60 mg *</i>	(triprolidine-pseudoephedrine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>banophen 25 mg capsule 25 mg *</i>	(diphenhydramine hcl)	PA
<i>banophen 25 mg tablet 25 mg *</i>	(diphenhydramine hcl)	PA
<i>banophen 50 mg capsule 50 mg *</i>	(diphenhydramine hcl)	PA
<i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml *</i>	(Allergy Relief (cetirizine))	PA; AGE (Min 2 Years)
<i>cetirizine hcl 10 mg tablet 10 mg *</i>	(Aller-Tec)	PA; AGE (Min 2 Years)
<i>cetirizine hcl 5 mg tablet indoor & outdoor 5 mg *</i>	(Allergy Relief (cetirizine))	PA; AGE (Min 2 Years)
<i>cetirizine hcl 5 mg/5 ml soln outer 5 mg/5 ml *</i>		PA; AGE (Min 2 Years)
<i>child allergy rlf 12.5 mg/5 ml 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	PA
<i>child aurodryl 12.5 mg/5 ml 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	PA
<i>child cetirizine 10 mg chew tb chewable, allergy 10 mg *</i>	(cetirizine)	PA; AGE (Min 2 Years)
<i>child cetirizine hcl 1 mg/ml children's 1 mg/ml *</i>	(cetirizine)	PA; AGE (Min 2 Years)
<i>child loratadine 5 mg/5 ml sol 5 mg/5 ml *</i>	(Wal-itin)	PA; AGE (Min 2 Years)
<i>child wal-itin 5 mg/5 ml soln 5 mg/5 ml *</i>	(loratadine)	PA; AGE (Min 2 Years)
<i>child wal-zyr 1 mg/ml solution 1 mg/ml *</i>	(cetirizine)	PA; AGE (Min 2 Years)
<i>child's allergy 12.5 mg/5 ml 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	PA
<i>child's wal-dryl 12.5 mg/5 ml children, cherry 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	PA
<i>child's wal-zyr 10 mg chew tab 10 mg *</i>	(cetirizine)	PA; AGE (Min 2 Years)
<i>chlorhist 4 mg tablet 4 mg *</i>	(chlorpheniramine maleate)	PA; AGE (Min 2 Years)
<i>cold and allergy pe oral tablet 4-10 mg *</i>		PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cold-allergy-sinus oral tablet 2.5-60 mg *</i> (triprolidine-pseudoephedrine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>conex tablet 2-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cvs allergy (cetrazn) 10 mg sfgl 10 mg *</i>	\$0 (Tier 4)	
<i>cvs cold-cough nighttime liq 6.25-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>dayhist allergy 1.34 mg tablet 12 hr relief 1.34 mg *</i> (clemastine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>dexbromphenir-phenyleph 2-10 mg 2-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>dimetapp cold-congest liquid 6.25-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>diphedryl 12.5 mg/5 ml elixir 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>diphenhist 25 mg capsule 25 mg *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>diphenhydramine 12.5 mg/5 ml (otc) 12.5 mg/5 ml *</i> (Diphen)	\$0 (Tier 4)	PA
<i>diphenhydramine 12.5 mg/5 ml 12.5 mg/5 ml *</i> (Allergy (diphenhydramine))	\$0 (Tier 4)	PA
<i>diphenhydramine 25 mg capsule u-d, 10x10 (otc) 25 mg *</i> (Aler-Cap)	\$0 (Tier 4)	PA
<i>diphenhydramine 25 mg tablet 25 mg *</i> (Alka-Seltzer Plus Allergy)	\$0 (Tier 4)	PA
<i>diphenhydramine 50 mg capsule u-d, 10x10 (otc) 50 mg *</i> (Banophen)	\$0 (Tier 4)	PA
<i>diphenhydramine 6.25 mg/ml drp 6.25 mg/ml *</i>	\$0 (Tier 4)	PA
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	\$0 (Tier 1)	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Diphen)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>doxylamine-phenyleph 7.5-10 mg 7.5-10 mg *</i>	\$0 (Tier 4)	
<i>ed a-hist liquid (otc) 4-10 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ed chlorped jr syrup 2 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ed-a-hist 4 mg-10 mg tablet 4-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>eq allergy relief 1 mg/ml soln 1 mg/ml *</i> (cetirizine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>eq child night time cold-cough liquid 6.25-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>fexofenadine hcl 180 mg tablet (otc) 180 mg *</i> (Allegra Allergy)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>fexofenadine hcl 60 mg tablet (otc) 60 mg *</i> (Allegra Allergy)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>geri-dryl 12.5 mg/5 ml liquid 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>gnp child allergy 12.5 mg/5 ml 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>gs child all day aller 1 mg/ml 1 mg/ml *</i> (cetirizine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>gs child allergy 12.5 mg/5 ml 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
HISTEX 2.5 MG/5 ML SYRUP 2.5 MG/5 ML * (triprolidine hcl)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
HISTEX PD 0.938 MG/ML DROP 0.938 MG/ML * (triprolidine hcl)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>hm child's dibromm cold-allgy 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lohist-d liquid 2-30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>loradamed 10 mg tablet outer 10 mg *</i> (loratadine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>loratadine 10 mg tablet non-drowsy 10 mg *</i> (Loradamed)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>maxi-tuss pe liquid 2-5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>m-dryl 12.5 mg/5 ml solution 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>miclara lq 1.25 mg/5 ml syrup 1.25 mg/5 ml *</i> (triprolidine hcl)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>nytol 25 mg quickcaps caplet 25 mg *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
PEDIAVENT 1 MG TABLET CHEW 1 MG *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
PEDIAVENT 2 MG/5 ML SYRUP 2 MG/5 ML *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>pub allergy 12.5 mg/5 ml liq cherry flavor 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>pub children's allergy 1 mg/ml 1 mg/ml *</i> (cetirizine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ra allergy med 25 mg capsule 25 mg *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>ra allergy med 25 mg tablet 25 mg *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>ra child allergy relf 1 mg/ml 1 mg/ml *</i> (cetirizine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ra diphedryl 12.5 mg/5 ml elix 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>ra suphedrine pe cold 4-10 mg 4-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>rynex pe liquid 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>rynex pse liquid 1-15 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>siladryl 12.5 mg/5 ml liquid 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>sleep aid 50 mg softgel 50 mg *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>sm allergy relief 12.5 mg/5 ml 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>sm child all day aller 1 mg/ml 1 mg/ml *</i> (cetirizine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sudogest cold and allergy tab 4-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>total allergy 25 mg tablet 25 mg *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>triprolidine 0.313 mg/ml drop 0.313 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>triprolidine 0.625 mg/ml drop 0.625 mg/ml *</i> (PediaClear PD)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-act d cold & allergy tab 2.5-60 mg *</i> (triprolidine-pseudoephedrine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-dryl allergy 12.5 mg/5 ml 12.5 mg/5 ml *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>wal-dryl allergy 25 mg capsule 25 mg *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>wal-dryl allergy 25 mg minitab minitab, coated 25 mg *</i> (diphenhydramine hcl)	\$0 (Tier 4)	PA
<i>wal-finate 4 mg tablet 4 mg *</i> (chlorpheniramine maleate)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-itin 10 mg tablet non-drowsy, 24 hr rlf 10 mg *</i> (loratadine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-tap elixir 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-zyr 10 mg tablet 10 mg *</i> (cetirizine)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	\$0 (Tier 1)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
Antivirals (Skin And Mucous Membrane)		
ABREVA 10% CREAM 10 % * (docosanol)	\$0 (Tier 4)	
<i>docosanol 10% cream 10 % *</i> (Abreva)	\$0 (Tier 4)	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	\$0 - \$9.85 (Tier 2)	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	\$0 - \$9.85 (Tier 2)	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	\$0 (Tier 1)	QL (24 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	\$0 (Tier 1)	QL (8 per 28 days); NDS
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	\$0 - \$9.85 (Tier 2)	PA; QL (3 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	\$0 - \$9.85 (Tier 2)	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	(Imitrex) \$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	(Imitrex) \$0 (Tier 1)	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	(Imitrex) \$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	(Imitrex) \$0 (Tier 1)	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	(Imitrex STATdose Refill) \$0 - \$9.85 (Tier 2)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	(Imitrex STATdose Refill) \$0 (Tier 1)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	(Imitrex STATdose Pen) \$0 (Tier 1)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	(Imitrex) \$0 (Tier 1)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	\$0 - \$9.85 (Tier 2)	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
<i>ethambutol oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>ethambutol oral tablet 400 mg</i>	(Myambutol) \$0 (Tier 1)	
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
PRETOMANID ORAL TABLET 200 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	\$0 - \$9.85 (Tier 2)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>rifabutin oral capsule 150 mg</i>	(Mycobutin) \$0 (Tier 1)	
<i>rifampin intravenous recon soln 600 mg</i>	(Rifadin) \$0 (Tier 1)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
TRECATOR ORAL TABLET 250 MG	\$0 - \$9.85 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235- 0.25 MG	\$0 - \$9.85 (Tier 2)	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG- 0.25 MG /20 ML	\$0 - \$9.85 (Tier 2)	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	\$0 - \$9.85 (Tier 2)	PA BvD
<i>aprepitant oral capsule 125 mg</i>	\$0 (Tier 1)	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	\$0 (Tier 1)	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	\$0 (Tier 1)	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	\$0 (Tier 1)	PA BvD; QL (6 per 28 days)
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	\$0 (Tier 1)	
<i>cvs motion sickness 25 mg chwtb 25 mg *</i> (meclizine)	\$0 (Tier 4)	
<i>cvs motion sickness ii tablet 25 mg *</i> (meclizine)	\$0 (Tier 4)	
<i>dimenhydrinate injection solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>dramamine 25 mg tablet chew 25 mg *</i> (meclizine)	\$0 (Tier 4)	
<i>dramamine less drowsy 25 mg tb 25 mg *</i> (meclizine)	\$0 (Tier 4)	
<i>driminate 50 mg tablet 50 mg *</i> (dimenhydrinate)	\$0 (Tier 4)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	\$0 - \$9.85 (Tier 2)	PA BvD; QL (6 per 28 days)
<i>eql motion sickness 25 mg tab 25 mg *</i> (meclizine)	\$0 (Tier 4)	
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	\$0 (Tier 1)	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>granisetron hcl intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	PA BvD
<i>hm motion relief 25 mg tablet 25 mg *</i> (meclizine)	\$0 (Tier 4)	
<i>meclizine 12.5 mg caplet (otc) 12.5 mg *</i>	\$0 (Tier 4)	
<i>meclizine 12.5 mg caplet caplet (otc) 12.5 mg *</i>	\$0 (Tier 4)	
<i>meclizine 25 mg tablet (otc) 25 mg *</i> (Dramamine Less Drowsy)	\$0 (Tier 4)	
<i>meclizine 25 mg tablet chew 25 mg *</i> (Dramamine (meclizine))	\$0 (Tier 4)	
<i>meclizine oral tablet 12.5 mg</i>	\$0 (Tier 1)	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	\$0 (Tier 1)	
<i>medi-meclizine 25 mg tablet outer, flc 25 mg *</i> (meclizine)	\$0 (Tier 4)	
<i>motion sickness rlf 25 mg tab 25 mg *</i> (meclizine)	\$0 (Tier 4)	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	\$0 (Tier 1)	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	(promethazine)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>ra motion sickness 25 mg chwtb raspberry flavor 25 mg *</i>	(meclizine)	\$0 (Tier 4)	
<i>ra motion sickness 50 mg tab 50 mg *</i>	(dimenhydrinate)	\$0 (Tier 4)	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	(Transderm-Scop)	\$0 (Tier 1)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
<i>sm motion sickness 25 mg tab 25 mg *</i>	(meclizine)	\$0 (Tier 4)	
<i>travel-ease 25 mg tablet 25 mg *</i>	(meclizine)	\$0 (Tier 4)	
<i>verticalm 25 mg tablet 25 mg *</i>	(meclizine)	\$0 (Tier 4)	
<i>wal-dram-2 25 mg tablet 25 mg *</i>	(meclizine)	\$0 (Tier 4)	
Antiparasite Agents			
Antiparasite Agents			
<i>albendazole oral tablet 200 mg</i>		\$0 (Tier 1)	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	(Mepron)	\$0 (Tier 1)	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	(Malarone)	\$0 (Tier 1)	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	(Malarone Pediatric)	\$0 (Tier 1)	
<i>chloroquine phosphate oral tablet 250 mg</i>		\$0 (Tier 1)	QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>		\$0 (Tier 1)	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG		\$0 - \$9.85 (Tier 2)	
<i>hydroxychloroquine oral tablet 200 mg</i>	(Plaquenil)	\$0 (Tier 1)	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		\$0 - \$9.85 (Tier 2)	PA; QL (84 per 28 days); NDS
<i>ivermectin oral tablet 3 mg</i>	(Stromectol)	\$0 (Tier 1)	
KRINTAFEL ORAL TABLET 150 MG		\$0 - \$9.85 (Tier 2)	
<i>mefloquine oral tablet 250 mg</i>		\$0 (Tier 1)	
<i>nitazoxanide oral tablet 500 mg</i>	(Alinia)	\$0 (Tier 1)	NDS
<i>paromomycin oral capsule 250 mg</i>	(Humatin)	\$0 (Tier 1)	
<i>pentamidine inhalation recon soln 300 mg</i>	(Nebupent)	\$0 (Tier 1)	PA BvD
<i>pentamidine injection recon soln 300 mg</i>	(Pentam)	\$0 (Tier 1)	
<i>pinaway 50 mg/ml suspension 50 mg/ml *</i>		\$0 (Tier 4)	
<i>pinworm medicine 144 mg/ml 50 mg/ml *</i>		\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PRIMAQUINE ORAL TABLET 26.3 MG	\$0 - \$9.85 (Tier 2)	
<i>pyrimethamine oral tablet 25 mg</i>	(Daraprim)	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i>	(Qualaquin)	PA; QL (42 per 7 days)
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	(APOKYN)	PA; QL (60 per 30 days); NDS
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral capsule 5 mg</i>	(Parlodel)	
<i>bromocriptine oral tablet 2.5 mg</i>	(Parlodel)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	(Sinemet)	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	(Dhivy)	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i>	(Stalevo 50)	\$0 - \$9.85 (Tier 2)
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	(Stalevo 75)	\$0 - \$9.85 (Tier 2)
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	(Stalevo 100)	\$0 - \$9.85 (Tier 2)
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	(Stalevo 125)	\$0 - \$9.85 (Tier 2)
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	(Stalevo 150)	\$0 - \$9.85 (Tier 2)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	(Stalevo 200)	\$0 - \$9.85 (Tier 2)
<i>entacapone oral tablet 200 mg</i>	(Comtan)	\$0 (Tier 1)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	\$0 - \$9.85 (Tier 2)	PA; QL (300 per 30 days); NDS
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 - \$9.85 (Tier 2)	PA; QL (150 per 30 days); NDS
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	\$0 - \$9.85 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	\$0 - \$9.85 (Tier 2)	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	\$0 (Tier 1)	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	\$0 (Tier 1)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	
XADAGO ORAL TABLET 100 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days)
XADAGO ORAL TABLET 50 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	\$0 (Tier 1)	QL (60 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	\$0 (Tier 1)	ST; QL (60 per 30 days); NDS
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	\$0 - \$9.85 (Tier 2)	QL (4.8 per 365 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 - \$9.85 (Tier 2)	QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 - \$9.85 (Tier 2)	QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 - \$9.85 (Tier 2)	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 - \$9.85 (Tier 2)	QL (3.2 per 28 days); NDS
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	\$0 (Tier 1)	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days); NDS
<i>chlorpromazine injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 1)	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	\$0 (Tier 1)	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	\$0 (Tier 1)	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	\$0 (Tier 1)	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	\$0 (Tier 1)	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	\$0 (Tier 1)	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i>	\$0 (Tier 1)	ST; QL (120 per 30 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 - \$9.85 (Tier 2)	ST; QL (60 per 30 days); NDS
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0 - \$9.85 (Tier 2)	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	\$0 (Tier 1)	(Haldol Decanoate)
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	\$0 - \$9.85 (Tier 2)	QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	\$0 - \$9.85 (Tier 2)	QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 - \$9.85 (Tier 2)	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 - \$9.85 (Tier 2)	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 - \$9.85 (Tier 2)	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 - \$9.85 (Tier 2)	QL (0.25 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
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 - \$9.85 (Tier 2)	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0 - \$9.85 (Tier 2)	QL (0.88 per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0 - \$9.85 (Tier 2)	QL (1.32 per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 - \$9.85 (Tier 2)	QL (1.75 per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0 - \$9.85 (Tier 2)	QL (2.63 per 84 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>molindone oral tablet 10 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
NUPLAZID ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	\$0 (Tier 1)	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
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	\$0 (Tier 1)	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	\$0 - \$9.85 (Tier 2)	QL (1 per 30 days); NDS
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Seroquel)	\$0 (Tier 1)	QL (90 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i> (Seroquel)	\$0 (Tier 1)	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	\$0 - \$9.85 (Tier 2)	ST; QL (120 per 30 days); NDS
REXULTI ORAL TABLET 0.5 MG	\$0 - \$9.85 (Tier 2)	ST; QL (60 per 30 days); NDS
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	\$0 - \$9.85 (Tier 2)	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	\$0 - \$9.85 (Tier 2)	QL (2 per 28 days); NDS
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	\$0 (Tier 1)	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Risperdal)	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i> (Risperdal)	\$0 (Tier 1)	QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i>	\$0 (Tier 1)	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
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days); NDS
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 - \$9.85 (Tier 2)	ST; QL (540 per 30 days); NDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 - \$9.85 (Tier 2)	ST; QL (30 per 30 days); NDS
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 - \$9.85 (Tier 2)	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, (Geodon) 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon (Geodon) soln 20 mg/ml (final conc.)</i>	\$0 (Tier 1)	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 - \$9.85 (Tier 2)	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	\$0 - \$9.85 (Tier 2)	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	\$0 - \$9.85 (Tier 2)	QL (1 per 28 days); NDS
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml (Ziagen)</i>	\$0 (Tier 1)	
<i>abacavir oral tablet 300 mg (Ziagen)</i>	\$0 (Tier 1)	
<i>abacavir-lamivudine oral tablet 600-300 (Epzicom) mg</i>	\$0 (Tier 1)	
<i>abacavir-lamivudine-zidovudine oral tablet (Trizivir) 300-150-300 mg</i>	\$0 (Tier 1)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	\$0 - \$9.85 (Tier 2)	QL (24 per 365 days); NDS
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	\$0 - \$9.85 (Tier 2)	NDS
APTIVUS ORAL CAPSULE 250 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>atazanavir oral capsule 150 mg</i>	\$0 (Tier 1)	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	\$0 (Tier 1)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 - \$9.85 (Tier 2)	NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	\$0 - \$9.85 (Tier 2)	NDS
<i>cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)</i>	\$0 - \$9.85 (Tier 2)	QL (24 per 365 days); NDS
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	\$0 - \$9.85 (Tier 2)	QL (24 per 365 days); NDS
CIMDUO ORAL TABLET 300-300 MG	\$0 - \$9.85 (Tier 2)	NDS
COMPLERA ORAL TABLET 200-25-300 MG	\$0 - \$9.85 (Tier 2)	NDS
CRIXIVAN ORAL CAPSULE 200 MG	\$0 - \$9.85 (Tier 2)	
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 - \$9.85 (Tier 2)	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	\$0 (Tier 1)	
DOVATO ORAL TABLET 50-300 MG	\$0 - \$9.85 (Tier 2)	NDS
EDURANT ORAL TABLET 25 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	\$0 (Tier 1)	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	\$0 (Tier 1)	NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	\$0 (Tier 1)	NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0 (Tier 1)	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	\$0 (Tier 1)	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	\$0 - \$9.85 (Tier 2)	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	\$0 (Tier 1)	NDS
EVOTAZ ORAL TABLET 300-150 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	\$0 (Tier 1)	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 - \$9.85 (Tier 2)	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 - \$9.85 (Tier 2)	NDS
INTELENCE ORAL TABLET 25 MG	\$0 - \$9.85 (Tier 2)	
INVIRASE ORAL TABLET 500 MG	\$0 - \$9.85 (Tier 2)	NDS
ISENTRESS HD ORAL TABLET 600 MG	\$0 - \$9.85 (Tier 2)	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 - \$9.85 (Tier 2)	
ISENTRESS ORAL TABLET 400 MG	\$0 - \$9.85 (Tier 2)	NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	\$0 - \$9.85 (Tier 2)	
JULUCA ORAL TABLET 50-25 MG	\$0 - \$9.85 (Tier 2)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	\$0 (Tier 1)	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	\$0 (Tier 1)	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	\$0 (Tier 1)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	\$0 (Tier 1)	
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 - \$9.85 (Tier 2)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	\$0 (Tier 1)	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	\$0 (Tier 1)	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	\$0 (Tier 1)	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	\$0 (Tier 1)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 - \$9.85 (Tier 2)	
NORVIR ORAL SOLUTION 80 MG/ML	\$0 - \$9.85 (Tier 2)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 - \$9.85 (Tier 2)	NDS
PIFELTRO ORAL TABLET 100 MG	\$0 - \$9.85 (Tier 2)	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 - \$9.85 (Tier 2)	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 - \$9.85 (Tier 2)	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	\$0 - \$9.85 (Tier 2)	NDS
PREZISTA ORAL TABLET 75 MG	\$0 - \$9.85 (Tier 2)	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 - \$9.85 (Tier 2)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	\$0 - \$9.85 (Tier 2)	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	\$0 (Tier 1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 - \$9.85 (Tier 2)	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 - \$9.85 (Tier 2)	
SELZENTRY ORAL TABLET 25 MG	\$0 - \$9.85 (Tier 2)	
SELZENTRY ORAL TABLET 75 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 - \$9.85 (Tier 2)	NDS
SYM TUZA ORAL TABLET 800-150-200-10 MG	\$0 - \$9.85 (Tier 2)	NDS
TEMIXYS ORAL TABLET 300-300 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0 (Tier 1)	
TIVICAY ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 - \$9.85 (Tier 2)	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 - \$9.85 (Tier 2)	
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 - \$9.85 (Tier 2)	NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0 - \$9.85 (Tier 2)	NDS
TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine)	\$0 - \$9.85 (Tier 2)	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	\$0 - \$9.85 (Tier 2)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
VEMLIDY ORAL TABLET 25 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days); NDS
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 - \$9.85 (Tier 2)	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 - \$9.85 (Tier 2)	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 - \$9.85 (Tier 2)	NDS
VOCABRIA ORAL TABLET 30 MG	\$0 - \$9.85 (Tier 2)	
<i>zidovudine oral capsule 100 mg</i>	(Retrovir) \$0 (Tier 1)	
<i>zidovudine oral syrup 10 mg/ml</i>	(Retrovir) \$0 (Tier 1)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i>	(Foscavir) \$0 (Tier 1)	PA BvD
<i>oseltamivir oral capsule 30 mg</i>	(Tamiflu) \$0 (Tier 1)	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	(Tamiflu) \$0 (Tier 1)	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	(Tamiflu) \$0 (Tier 1)	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	(Tamiflu) \$0 (Tier 1)	QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG	\$0 - \$9.85 (Tier 2)	QL (20 per 5 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	\$0 - \$9.85 (Tier 2)	PA; QL (336 per 28 days); NDS
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	\$0 - \$9.85 (Tier 2)	PA; QL (672 per 28 days); NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 - \$9.85 (Tier 2)	PA; QL (28 per 28 days); NDS
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i>	(Flumadine) \$0 (Tier 1)	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
XOFLUZA ORAL TABLET 20 MG, 40 MG	\$0 - \$9.85 (Tier 2)	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	\$0 - \$9.85 (Tier 2)	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	\$0 - \$9.85 (Tier 2)	PA; QL (28 per 28 days); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	\$0 - \$9.85 (Tier 2)	PA; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	\$0 - \$9.85 (Tier 2)	PA; QL (28 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir) \$0 - \$9.85 (Tier 2)	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	\$0 - \$9.85 (Tier 2)	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	\$0 - \$9.85 (Tier 2)	PA; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 45-200 MG	\$0 - \$9.85 (Tier 2)	PA; QL (28 per 28 days); NDS
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir) \$0 - \$9.85 (Tier 2)	PA; QL (28 per 28 days); NDS
VOSEVI ORAL TABLET 400-100-100 MG	\$0 - \$9.85 (Tier 2)	PA; QL (28 per 28 days); NDS
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 - \$9.85 (Tier 2)	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	\$0 (Tier 1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	\$0 (Tier 1)	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	\$0 (Tier 1)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	\$0 (Tier 1)	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>lagevrio (eua) oral capsule 200 mg</i>	\$0 - \$9.85 (Tier 2)	QL (40 per 5 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	\$0 (Tier 1)	PA BvD; NDS
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	\$0 (Tier 1)	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	\$0 (Tier 1)	
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 - \$9.85 (Tier 2)	
ELIQUIS ORAL TABLET 2.5 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 - \$9.85 (Tier 2)	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	\$0 (Tier 1)	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	\$0 (Tier 1)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	\$0 (Tier 1)	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	\$0 (Tier 1)	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	\$0 (Tier 1)	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	\$0 (Tier 1)	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	\$0 (Tier 1)	QL (24 per 30 days); NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	\$0 (Tier 1)	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	\$0 (Tier 1)	QL (12 per 30 days); NDS
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	\$0 (Tier 1)	QL (18 per 30 days); NDS
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	\$0 (Tier 1)	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	\$0 (Tier 1)	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	\$0 (Tier 1)	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	\$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 - \$9.85 (Tier 2)	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	\$0 - \$9.85 (Tier 2)	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 - \$9.85 (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
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	\$0 - \$9.85 (Tier 2)	PA; QL (20 per 30 days); NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 - \$9.85 (Tier 2)	PA; QL (20 per 30 days); NDS
LEUKINE INJECTION RECON SOLN 250 MCG	\$0 - \$9.85 (Tier 2)	NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	\$0 - \$9.85 (Tier 2)	NDS
MULPLETA ORAL TABLET 3 MG	\$0 - \$9.85 (Tier 2)	PA; QL (7 per 7 days); NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PROMACTA ORAL POWDER IN PACKET 12.5 MG	\$0 - \$9.85 (Tier 2)	PA; QL (90 per 30 days); NDS
PROMACTA ORAL POWDER IN PACKET 25 MG	\$0 - \$9.85 (Tier 2)	PA; QL (180 per 30 days); NDS
PROMACTA ORAL TABLET 12.5 MG	\$0 - \$9.85 (Tier 2)	PA; QL (90 per 30 days); NDS
PROMACTA ORAL TABLET 25 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 - \$9.85 (Tier 2)	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 - \$9.85 (Tier 2)	PA; QL (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>anagrelide oral capsule 0.5 mg</i>	\$0 (Tier 1)	
<i>anagrelide oral capsule 1 mg</i>	\$0 (Tier 1)	
CABLIVI INJECTION KIT 11 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 - \$9.85 (Tier 2)	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>protamine intravenous solution 10 mg/ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SIKLOS ORAL TABLET 1,000 MG, 100 MG	\$0 - \$9.85 (Tier 2)	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	\$0 (Tier 1)	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	\$0 (Tier 1)	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 - \$9.85 (Tier 2)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	\$0 (Tier 1)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	\$0 (Tier 1)	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 - \$9.85 (Tier 2)	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.85 (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
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	\$0 - \$9.85 (Tier 2)	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	\$0 - \$9.85 (Tier 2)	PA BvD
<i>dex4 glucose 15 gm gel packet tropical, go-pouch 15 gram/33 gram *</i>	(\$0 (Tier 4) (dextrose)	
<i>dex4 glucose 4 gm tablet chew orange flavor (rx) 4 gram *</i>	(\$0 (Tier 4) (glucose)	
DEX4 GLUCOSE LIQUID BLAST 6'S, BERRY BURST (RX) 15 GRAM/59 ML *	(\$0 (Tier 4) (dextrose)	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	(\$0 (Tier 1)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>gluco burst 40% gel 40 % *</i> (dextrose)	\$0 (Tier 4)	
<i>glutose-15 gel 3's, outer, u-d 40 % *</i> (dextrose)	\$0 (Tier 4)	
<i>gnp glucose 4 gram tablet chew orange, gluten-free (rx) 4 gram *</i> (Dex4 Glucose)	\$0 (Tier 4)	
<i>gs glucose 15 gram gel packet 15 gram/33 gram *</i> (Dex4 Glucose)	\$0 (Tier 4)	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	\$0 - \$9.85 (Tier 2)	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 - \$9.85 (Tier 2)	PA BvD
<i>microdot glucose 40% gel 40 % *</i> (dextrose)	\$0 (Tier 4)	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	\$0 - \$9.85 (Tier 2)	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 - \$9.85 (Tier 2)	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	\$0 - \$9.85 (Tier 2)	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$9.85 (Tier 2)	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$9.85 (Tier 2)	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$9.85 (Tier 2)	PA BvD
<i>trueplus glucose 4 gm tab chew 4 gram *</i> (glucose)	\$0 (Tier 4)	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	\$0 (Tier 1)	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	\$0 (Tier 1)	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	\$0 (Tier 1)	QL (8 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	\$0 (Tier 1)	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	\$0 (Tier 1)	PA; QL (180 per 30 days); NDS
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	\$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	\$0 (Tier 1)	
Angiotensin II Receptor Antagonists		
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 - \$9.85 (Tier 2)	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 - \$9.85 (Tier 2)	
ENTRESTO ORAL TABLET 24-26 MG	\$0 - \$9.85 (Tier 2)	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0 (Tier 1)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	\$0 (Tier 1)	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	\$0 (Tier 1)	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	\$0 (Tier 1)	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (Tier 1)	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>benazepril oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	\$0 (Tier 1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	\$0 (Tier 1)	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (Tier 1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 200 mg, 400 mg</i> (Pacerone)	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpac)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	\$0 (Tier 1)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lidocaine (pf) injection solution 10 mg/ml (1%)</i> (Xylocaine-MPF)	\$0 (Tier 1)	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	\$0 (Tier 1)	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	\$0 - \$9.85 (Tier 2)	
<i>pacerone oral tablet 200 mg, 400 mg</i> (amiodarone)	\$0 (Tier 1)	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	\$0 (Tier 1)	
<i>procainamide intravenous syringe 100 mg/ml</i>	\$0 (Tier 1)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	\$0 (Tier 1)	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	\$0 (Tier 1)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	\$0 (Tier 1)	
<i>labetalol intravenous solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	\$0 (Tier 1)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	\$0 (Tier 1)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	\$0 (Tier 1)	
<i>propranolol intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	\$0 (Tier 1)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	\$0 (Tier 1)	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	\$0 (Tier 1)	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	\$0 (Tier 1)	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	\$0 (Tier 1)	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i> (Tiadylt ER)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>diltiazem hcl oral capsule, extended release</i> (Cartia XT) 24hr 120 mg, 180 mg, 240 mg, 300 mg	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 90 mg</i>	\$0 (Tier 1)	
<i>dilt-xr oral capsule, ext. rel 24h degradable</i> (diltiazem hcl) 120 mg, 180 mg, 240 mg	\$0 (Tier 1)	
<i>taztia xt oral capsule, extended release 24 hr</i> (diltiazem hcl) 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (Tier 1)	
<i>tiadylt er oral capsule, extended release 24 hr</i> (diltiazem hcl) 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (Tier 1)	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>verapamil oral capsule, 24 hr er pellet ct</i> (Verelan PM) 100 mg, 200 mg, 300 mg	\$0 (Tier 1)	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i> (Verelan) 120 mg, 180 mg, 240 mg	\$0 (Tier 1)	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i> (Verelan) 360 mg	\$0 - \$9.85 (Tier 2)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	\$0 (Tier 1)	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 - \$9.85 (Tier 2)	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	\$0 (Tier 1)	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	\$0 (Tier 1)	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	\$0 (Tier 1)	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	\$0 (Tier 1)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	\$0 (Tier 1)	QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i> (Adrenalin)	\$0 (Tier 1)	
<i>hydralazine injection solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	\$0 (Tier 1)	PA; QL (18 per 30 days); NDS
<i>metyrosine oral capsule 250 mg</i> (Demser)	\$0 (Tier 1)	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	\$0 (Tier 1)	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	\$0 (Tier 1)	QL (120 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	\$0 (Tier 1)	PA; QL (18 per 30 days); NDS
VYNDAMAX ORAL CAPSULE 61 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
VYNDAQEL ORAL CAPSULE 20 MG	\$0 - \$9.85 (Tier 2)	PA; QL (120 per 30 days); NDS
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	\$0 (Tier 1)	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	\$0 (Tier 1)	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	\$0 (Tier 1)	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	\$0 (Tier 1)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide injection syringe 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
JYNARQUE ORAL TABLET 15 MG, 30 MG	\$0 - \$9.85 (Tier 2)	PA; QL (120 per 30 days); NDS
JYNARQUE 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)	\$0 - \$9.85 (Tier 2)	PA; QL (56 per 28 days); NDS
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	\$0 (Tier 1)	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	\$0 (Tier 1)	
<i>toremide oral tablet 20 mg</i> (Soanz)	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	\$0 (Tier 1)	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	\$0 (Tier 1)	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	\$0 (Tier 1)	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	\$0 (Tier 1)	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	\$0 (Tier 1)	
<i>colestipol oral packet 5 gram</i> (Colestid)	\$0 (Tier 1)	
<i>colestipol oral tablet 1 gram</i> (Colestid)	\$0 (Tier 1)	
<i>endur-acin er 250 mg tablet 250 mg *</i> (niacin)	\$0 (Tier 4)	
<i>endur-acin er 500 mg tablet 500 mg *</i> (niacin)	\$0 (Tier 4)	
<i>endur-acin er 750 mg tablet 750 mg *</i> (niacin)	\$0 (Tier 4)	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	\$0 (Tier 1)	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	\$0 (Tier 1)	
<i>fenofibrate nanocrystallized oral tablet 160 mg</i>	\$0 (Tier 1)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (Tier 1)	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	\$0 (Tier 1)	
<i>gnp niacin 400 mg capsule flush free (rx) 400 mg niacin (500 mg) *</i> (niacin (inositol niacinate))	\$0 (Tier 4)	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
JUXTAPID ORAL CAPSULE 20 MG	\$0 - \$9.85 (Tier 2)	PA; QL (90 per 30 days); NDS
JUXTAPID ORAL CAPSULE 5 MG	\$0 - \$9.85 (Tier 2)	PA; QL (45 per 30 days); NDS
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
NEXLETOL ORAL TABLET 180 MG	\$0 - \$9.85 (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
NEXLIZET ORAL TABLET 180-10 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
<i>niacin 100 mg tablet (rx) 100 mg *</i>	\$0 (Tier 4)	
<i>niacin 250 mg tablet (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>niacin 50 mg tablet (rx) 50 mg *</i>	\$0 (Tier 4)	
<i>niacin 500 mg capsule sa (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>niacin 500 mg tablet (rx) 500 mg *</i>	(Niacor) \$0 (Tier 4)	
<i>niacin 750 mg tablet sa 750 mg *</i>	(Endur-Acin) \$0 (Tier 4)	
<i>niacin er 1,000 mg tablet (rx) 1,000 mg *</i>	\$0 (Tier 4)	
<i>niacin er 250 mg tablet plf (rx) 250 mg *</i>	(Endur-Acin) \$0 (Tier 4)	
<i>niacin flush free 500 mg cap (rx) 400 mg niacin (500 mg) *</i>	(niacin (inositol niacinate)) \$0 (Tier 4)	
<i>niacin inositol 500 mg capsule 400 mg niacin (500 mg) *</i>	(Niacin Flush Free) \$0 (Tier 4)	
<i>niacin oral tablet 500 mg</i>	(Niacor) \$0 (Tier 1)	
<i>niacin oral tablet extended release 24 hr 1,000 mg</i>	(Niaspan Extended-Release) \$0 (Tier 1)	
<i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>niacin sa 250 mg capsule (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>niacin tr 250 mg capsule (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>niacin tr 500 mg capsule (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>niacin tr 500 mg tablet (rx) 500 mg *</i>	(Endur-Acin) \$0 (Tier 4)	
NO FLUSH NIACIN 400 MG CAP P/F (RX) 400 MG NIACIN (500 MG) *	(niacin (inositol niacinate)) \$0 (Tier 4)	
<i>omega-3 1,000 mg softgel softgel (rx) 1,000 mg *</i>	(Super Omega-3) \$0 (Tier 4)	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	(Lovaza) \$0 (Tier 1)	QL (120 per 30 days)
<i>plain niacin 250 mg tablet (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>plain niacin 500 mg tablet (rx) 500 mg *</i>	(Niacor) \$0 (Tier 4)	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 - \$9.85 (Tier 2)	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	\$0 (Tier 1)	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i>	(cholestyramine-aspartame) \$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	\$0 - \$9.85 (Tier 2)	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	\$0 - \$9.85 (Tier 2)	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	\$0 - \$9.85 (Tier 2)	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	\$0 (Tier 1)	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	\$0 (Tier 1)	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>super omega-3 softgel 1,000 mg *</i> (omega-3 fatty acids)	\$0 (Tier 4)	
SUPER TWIN EPA-DHA 1,250 MG 1,250 MG *	\$0 (Tier 4)	
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	\$0 (Tier 1)	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	\$0 (Tier 1)	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	\$0 (Tier 1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	\$0 (Tier 1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1)	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (nitroglycerin)	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	\$0 (Tier 1)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	\$0 (Tier 1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (Nitro-Dur)	\$0 (Tier 1)	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	\$0 (Tier 1)	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	\$0 (Tier 1)	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 - \$9.85 (Tier 2)	PA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; QL (1 per 28 days); NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 - \$9.85 (Tier 2)	PA; QL (15 per 30 days); NDS
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	\$0 (Tier 1)	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	\$0 (Tier 1)	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	\$0 - \$9.85 (Tier 2)	PA; QL (12 per 28 days); NDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	\$0 (Tier 1)	PA; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	\$0 (Tier 1)	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i> (Zenzedi)	\$0 (Tier 1)	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	\$0 (Tier 1)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	\$0 (Tier 1)	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg</i> (Tecfidera)	\$0 (Tier 1)	PA; QL (14 per 7 days); NDS
<i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg (14) - 240 mg (46)</i> (Tecfidera)	\$0 (Tier 1)	PA; NDS
<i>dimethyl fumarate oral capsule, delayed release (drlec) 240 mg</i> (Tecfidera)	\$0 (Tier 1)	PA; QL (60 per 30 days); NDS
<i>flumazenil intravenous solution 0.1 mg/ml</i>	\$0 (Tier 1)	
GILENYA ORAL CAPSULE 0.25 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
GILENYA ORAL CAPSULE 0.5 MG (fingolimod)	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	\$0 - \$9.85 (Tier 2)	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	\$0 - \$9.85 (Tier 2)	PA; QL (12 per 28 days); NDS
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	\$0 (Tier 1)	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
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	\$0 - \$9.85 (Tier 2)	PA; QL (1.2 per 28 days); NDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 450 mg</i>	\$0 (Tier 1)	
<i>lomaira 8 mg tablet 8 mg *</i> (phentermine)	\$0 (Tier 3)	PA; QL (90 per 30 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	\$0 - \$9.85 (Tier 2)	PA; QL (112 per 28 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	\$0 - \$9.85 (Tier 2)	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1)	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
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)	\$0 (Tier 1)	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	\$0 (Tier 1)	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	\$0 (Tier 1)	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (20 per 180 days); NDS
<i>phentermine 15 mg capsule 15 mg *</i>	\$0 (Tier 3)	PA; QL (30 per 30 days)
<i>phentermine 30 mg capsule 30 mg *</i>	\$0 (Tier 3)	PA; QL (30 per 30 days)
<i>phentermine 37.5 mg capsule 37.5 mg *</i> (Adipex-P)	\$0 (Tier 3)	PA; QL (30 per 30 days)
<i>phentermine 37.5 mg tablet 37.5 mg *</i> (Adipex-P)	\$0 (Tier 3)	PA; QL (30 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	\$0 - \$9.85 (Tier 2)	PA; QL (2800 per 28 days); NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	\$0 (Tier 1)	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 - \$9.85 (Tier 2)	
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	\$0 (Tier 1)	PA; QL (112 per 28 days); NDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	\$0 - \$9.85 (Tier 2)	PA; QL (120 per 30 days); NDS
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>after pill 1.5 mg tablet 1.5 mg *</i>	(levonorgestrel)	\$0 (Tier 4) QL (6 per 365 days)
<i>aftera 1.5 mg tablet 1.5 mg *</i>	(levonorgestrel)	\$0 (Tier 4) QL (6 per 365 days)
AIMSCO LATEX CONDOM *		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	\$0 (Tier 1)
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		\$0 (Tier 1)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1) QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0 (Tier 1)
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		\$0 (Tier 1)
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1) QL (91 per 84 days)
<i>abra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 1)
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 1)
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		\$0 (Tier 1)
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 1)
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		\$0 (Tier 1)
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)
<i>caziant (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>		\$0 (Tier 1)
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
CONDOMS LUBRICATED *		\$0 (Tier 4)
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0 (Tier 1)
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	\$0 (Tier 1)
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		\$0 (Tier 1)
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	\$0 (Tier 1)	
<i>dasetta 7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol-e.estradiol)	\$0 (Tier 1)	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))	\$0 (Tier 1)	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Syeda)	\$0 (Tier 1)	
DUREX AVANTI REAL FEEL CONDOM *	\$0 (Tier 4)	
<i>econtra one-step 1.5 mg tablet outer 1.5 mg *</i> (levonorgestrel)	\$0 (Tier 4)	QL (6 per 365 days)
<i>elinest oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	\$0 (Tier 1)	
ELLA ORAL TABLET 30 MG	\$0 - \$9.85 (Tier 2)	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	\$0 (Tier 1)	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	\$0 (Tier 1)	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	\$0 (Tier 1)	
<i>enskyce oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	\$0 (Tier 1)	
<i>errin oral tablet 0.35 mg</i> (norethindrone (contraceptive))	\$0 (Tier 1)	
<i>estarylla oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	\$0 (Tier 1)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	\$0 - \$9.85 (Tier 2)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
FANTASY CONDOM *	\$0 (Tier 4)	
FC2 FEMALE CONDOM *	\$0 (Tier 4)	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)
GYNOL II 3% GEL 3 % *	\$0 (Tier 4)	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 1)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0 (Tier 1)
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	\$0 (Tier 1)
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 1)	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 1)	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0 (Tier 1)	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 1)	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0 (Tier 1)	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0 (Tier 1)	
KIMONO CONDOMS *		\$0 (Tier 4)	
KIMONO MAXX CONDOM *		\$0 (Tier 4)	
KIMONO MICROTHIN AQUA LUBE *		\$0 (Tier 4)	
KIMONO MICROTHIN CONDOM *		\$0 (Tier 4)	
KIMONO MICROTHIN LARGE CONDOM *		\$0 (Tier 4)	
KIMONO TEXTURED CONDOM *		\$0 (Tier 4)	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>lnorgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	(LoJaimiess)	\$0 (Tier 1)	QL (91 per 84 days)
<i>lnorgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	\$0 (Tier 1)	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 1)	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>levonest (28) oral tablet 50-30 (6)/175-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	\$0 (Tier 1)
<i>levonorgestrel 1.5 mg tablet (otc) 1.5 mg *</i>	(After Pill)	\$0 (Tier 4) QL (6 per 365 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	\$0 (Tier 1)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	\$0 (Tier 1)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	\$0 (Tier 1) QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/175-40 (5)/125-30(10)</i>	(Enpresse)	\$0 (Tier 1)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1) QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	\$0 (Tier 1)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0 (Tier 1)
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	\$0 (Tier 1)
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lyleq oral tablet 0.35 mg</i> (norethindrone (contraceptive))	\$0 (Tier 1)	
<i>lyza oral tablet 0.35 mg</i> (norethindrone (contraceptive))	\$0 (Tier 1)	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>mili oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>my choice 1.5 mg tablet 1.5 mg *</i> (levonorgestrel)	\$0 (Tier 4)	QL (6 per 365 days)
<i>my way 1.5 mg tablet (otc) 1.5 mg *</i> (levonorgestrel)	\$0 (Tier 4)	QL (6 per 365 days)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>new day 1.5 mg tablet 1.5 mg *</i> (levonorgestrel)	\$0 (Tier 4)	QL (6 per 365 days)
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	\$0 (Tier 1)	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Merzee)	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tri-Legest Fe)	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri Femynor) \$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla) \$0 (Tier 1)	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive)) \$0 (Tier 1)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) \$0 (Tier 1)	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) \$0 (Tier 1)	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	\$0 (Tier 1)	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol) \$0 (Tier 1)	
<i>opcicon one-step 1.5 mg tablet 1.5 mg *</i>	(levonorgestrel) \$0 (Tier 4)	QL (6 per 365 days)
<i>option 2 1.5 mg tablet 1.5 mg *</i>	(levonorgestrel) \$0 (Tier 4)	QL (6 per 365 days)
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad) \$0 (Tier 1)	
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol) \$0 (Tier 1)	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol) \$0 (Tier 1)	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad) \$0 (Tier 1)	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol) \$0 (Tier 1)	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol) \$0 (Tier 1)	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad) \$0 (Tier 1)	QL (91 per 84 days)

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0 (Tier 1)	
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	\$0 (Tier 1)	
<i>take action 1.5 mg tablet 1.5 mg *</i>	(levonorgestrel)	\$0 (Tier 4)	QL (6 per 365 days)
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol) \$0 (Tier 1)	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol) \$0 (Tier 1)	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic) \$0 (Tier 1)	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol) \$0 (Tier 1)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol) \$0 (Tier 1)	
TRUSTEX CONDOM *	\$0 (Tier 4)	
TRUSTEX CONDOM 12'S,W/NONOXYNOL-9 *	\$0 (Tier 4)	
TRUSTEX LATEX CONDOM 12'S *	\$0 (Tier 4)	
TRUSTEX-RIA CONDOM 48'S,NON-LUBRICATED *	\$0 (Tier 4)	
TRUSTEX-RIA CONDOM 48'S,W/SPERMICIDE *	\$0 (Tier 4)	
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive)) \$0 (Tier 1)	
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>	\$0 (Tier 1)	
<i>vcf contraceptive foam 12.5 % *</i>	\$0 (Tier 4)	
<i>vcf contraceptive gel 4 % *</i>	\$0 (Tier 4)	
<i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	\$0 (Tier 1)	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol) \$0 (Tier 1)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad) \$0 (Tier 1)	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol) \$0 (Tier 1)	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol) \$0 (Tier 1)	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol) \$0 (Tier 1)	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	(drospirenone-ethinyl estradiol)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	(ethynodiol diac-eth estradiol)
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	(drospirenone-ethinyl estradiol)
Cough And Cold Products		
Cough And Cold Products		
<i>benzonatate 100 mg capsule 100 mg *</i>	\$0 (Tier 3)	
<i>benzonatate 150 mg capsule 150 mg *</i>	\$0 (Tier 3)	
<i>benzonatate 200 mg capsule 200 mg *</i>	\$0 (Tier 3)	
CAPCOF LIQUID 2-5-10 MG/5 ML *	\$0 (Tier 4)	
<i>children's silfedrine liq 15 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cvs tussin 100 mg/5 ml liquid 100 mg/5 ml *</i>	\$0 (Tier 4)	(guaifenesin) PA; AGE (Min 2 Years)
<i>diabetic tussin 200 mg/10 ml 100 mg/5 ml *</i>	\$0 (Tier 4)	(guaifenesin) PA; AGE (Min 2 Years)
<i>diabetic tussin ex liquid dlf,n 100 mg/5 ml *</i>	\$0 (Tier 4)	(guaifenesin) PA; AGE (Min 2 Years)
<i>expectorant 100 mg/5 ml syrup 100 mg/5 ml *</i>	\$0 (Tier 4)	(guaifenesin) PA; AGE (Min 2 Years)
<i>guaifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml *</i>	\$0 (Tier 4)	(G Tussin AC) PA; QL (1800 per 30 days); AGE (Min 2 Years)
<i>hydrocodone-homatropine 5-1.5 mg tablet 5-1.5 mg *</i>	\$0 (Tier 3)	(Hycodan (with homatropine)) QL (180 per 30 days)
<i>hydrocodone-homatropine soln 5-1.5 mg/5 ml *</i>	\$0 (Tier 3)	(Hydromet) QL (900 per 30 days)
<i>hydromet 5 mg-1.5 mg/5 ml soln 5-1.5 mg/5 ml *</i>	\$0 (Tier 3)	(hydrocodone-homatropine)
<i>mucinex fast-max chest-congest 100 mg/5 ml *</i>	\$0 (Tier 4)	(guaifenesin) PA; AGE (Min 2 Years)
<i>ninjacof-xg liquid 8-200 mg/5 ml *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
POLY-TUSSIN AC LIQUID 4-10-10 MG/5 ML *	\$0 (Tier 4)	
<i>promethazine-codeine syrup 6.25-10 mg/5 ml *</i>	\$0 (Tier 3)	PA; QL (360 per 30 days); AGE (Min 2 Years)
<i>promethazine-dm 6.25-15 mg/5 ml 6.25-15 mg/5 ml *</i>	\$0 (Tier 3)	PA; AGE (Min 2 Years)
<i>promethazine-pe-codeine syrup 6.25-5-10 mg/5 ml *</i>	\$0 (Tier 3)	PA; QL (360 per 30 days); AGE (Min 2 Years)
<i>pseudoephedrine 30 mg tablet 30 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>pseudoephedrine 60 mg tablet (otc) 60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ra expectorant cough syrup 100 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ra tussin chest congestion syr non-drowsy 100 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>robafen 200 mg/10 ml syrup 100 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>scot-tussin expectorant liquid 100 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>siltussin sa 100 mg/5 ml syr 100 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sudogest 30 mg tablet boxed 30 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sudogest 60 mg tablet 60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-phed 30 mg tablet maxium strength 30 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-tussin syrup 100 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	\$0 (Tier 1)
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	\$0 (Tier 1)
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use	
<i>oralone dental paste 0.1 %</i>	(triamcinolone acetonide)	\$0 (Tier 1)	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	\$0 (Tier 1)	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	\$0 (Tier 1)	
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	\$0 (Tier 1)	
<i>sodium fluoride dental solution 0.2 %</i>	(PreviDent)	\$0 (Tier 1)	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Fluoridex Sensitivity Relief)	\$0 (Tier 1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Oralone)	\$0 (Tier 1)	
Dermatological Agents			
Dermatological Agents, Other			
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	\$0 (Tier 1)	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		\$0 (Tier 1)	
<i>acne medication 10% gel 10 % *</i>	(benzoyl peroxide)	\$0 (Tier 4)	
<i>acne medication 10% lotion 10 % *</i>	(benzoyl peroxide)	\$0 (Tier 4)	
<i>acne medication 5% gel 5 % *</i>	(benzoyl peroxide)	\$0 (Tier 4)	
ACNE MEDICATION 5% LOTION 5 % *	(benzoyl peroxide)	\$0 (Tier 4)	
<i>acneclear gel 10 % *</i>	(benzoyl peroxide)	\$0 (Tier 4)	
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	\$0 (Tier 1)	QL (30 per 30 days)
ALCOHOL 70% SWABS	(Alcohol Pads)	\$0 (Tier 1)	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	\$0 (Tier 1)	
<i>ammonium lactate topical cream 12 %</i>		\$0 (Tier 1)	
<i>ammonium lactate topical lotion 12 %</i>	(Skin Treatment)	\$0 (Tier 1)	
BD SINGLE USE SWAB	(alcohol swabs)	\$0 (Tier 1)	
BENZEFOAM 5.3% EMOLLIENT FOAM (OTC) 5.3 % *	(benzoyl peroxide)	\$0 (Tier 4)	
<i>benzoyl peroxide 10% wash (otc) 10 % *</i>	(Panoxyl)	\$0 (Tier 4)	
<i>benzoyl peroxide 2.5% gel (otc) 2.5 % *</i>	(Acne Medication)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>benzoyl peroxide 5% wash (otc) 5 % *</i> (Advanced Exfoliating Cleanser)	\$0 (Tier 4)	
<i>benzoyl peroxide 6% cleanser (otc) 6 % *</i>	\$0 (Tier 4)	
<i>benzoyl peroxide 9.5% cloth inner 9.5 % *</i>	\$0 (Tier 4)	
<i>bpo 6% foaming cloths (otc) 6 % *</i>	\$0 (Tier 4)	
<i>calamine lotion 8-8 % *</i>	\$0 (Tier 4)	
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	\$0 (Tier 1)	QL (120 per 30 days)
CARETOUCH ALCOHOL 70% PREP PAD (alcohol swabs)	\$0 (Tier 1)	
CURITY ALCOHOL PREPS 2 PLY, MEDIUM (alcohol swabs)	\$0 (Tier 1)	
<i>daylogic acne treatmnt 10% gel 10 % *</i> (benzoyl peroxide)	\$0 (Tier 4)	
DROPSAFE ALCOHOL 70% PREP PADS (alcohol swabs)	\$0 (Tier 1)	
EASY COMFORT ALCOHOL 70% PAD (alcohol swabs)	\$0 (Tier 1)	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED (alcohol swabs)	\$0 (Tier 1)	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	\$0 - \$9.85 (Tier 2)	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	\$0 (Tier 1)	
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (Tier 1)	
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	\$0 (Tier 1)	
<i>imiquimod topical cream in packet 5 %</i>	\$0 (Tier 1)	QL (24 per 30 days)
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD TOPICAL PADS, MEDICATED (alcohol swabs)	\$0 (Tier 1)	
IV ANTISEPTIC WIPES (alcohol swabs)	\$0 (Tier 1)	
KENDALL ALCOHOL 70% PREP PAD (alcohol swabs)	\$0 (Tier 1)	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	\$0 - \$9.85 (Tier 2)	QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	\$0 (Tier 1)	NDS
<i>mg217 psoriasis ointment 2 % *</i>	\$0 (Tier 4)	
<i>panoxyl 10% acne foaming wash 10 % *</i> (benzoyl peroxide)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>panoxyl 4% acne creamy wash 4 % *</i> (benzoyl peroxide)	\$0 (Tier 4)	
PANRETIN TOPICAL GEL 0.1 %	\$0 - \$9.85 (Tier 2)	QL (180 per 30 days); NDS
<i>persa-gel 10% 12's,max-strength 10 % *</i> (benzoyl peroxide)	\$0 (Tier 4)	
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1)	
PRO COMFORT ALCOHOL 70% PADS (alcohol swabs)	\$0 (Tier 1)	
<i>pub calamine lotion *</i>	\$0 (Tier 4)	
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	\$0 (Tier 1)	
RA ISOPROPYL ALCOHOL 70% WIPES (alcohol swabs)	\$0 (Tier 1)	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 - \$9.85 (Tier 2)	QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	\$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	\$0 (Tier 1)	
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	\$0 (Tier 1)	
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	\$0 (Tier 1)	
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	\$0 (Tier 1)	
VALCHLOR TOPICAL GEL 0.016 %	\$0 - \$9.85 (Tier 2)	NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE (alcohol swabs)	\$0 (Tier 1)	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	\$0 (Tier 1)	
Dermatological Antibacterials		
<i>bacitracin 500 unit/gm ointmnt 500 unit/gram *</i> (Bacitraycin Plus)	\$0 (Tier 4)	
<i>bacitracin zn 500 unit/gm oint 500 unit/gram *</i> (Antibiotic (bacitracin zinc))	\$0 (Tier 4)	
<i>bacitraycin plus 500 unit/gm 500 unit/gram *</i> (bacitracin)	\$0 (Tier 4)	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	\$0 (Tier 1)	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	\$0 (Tier 1)	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	\$0 (Tier 1)	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	\$0 (Tier 1)	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	\$0 (Tier 1)	
<i>metronidazole topical gel 1 %</i> (Metrogel)	\$0 (Tier 1)	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	\$0 (Tier 1)	
<i>mupirocin topical ointment 2 %</i> (Centany)	\$0 (Tier 1)	QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	\$0 (Tier 1)	
<i>rosadan topical cream 0.75 %</i> (metronidazole)	\$0 (Tier 1)	
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	\$0 (Tier 1)	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	\$0 - \$9.85 (Tier 2)	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	\$0 (Tier 1)	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	\$0 (Tier 1)	
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>aquanil hc 1% lotion 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>aquaphor itch relief 1% oint 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>beta hc 1% lotion 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	\$0 (Tier 1)	
<i>clobetasol scalp solution 0.05 %</i>	\$0 (Tier 1)	
<i>clobetasol topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>cortaid 1% cream 12 hr, anti-itch 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>cortizone-10 1% creme maximum strength 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>cortizone-10 1% lotion 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>cortizone-10 1% ointment 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>cortizone-10 easyrelief 1% liq 1 % *</i>	\$0 (Tier 4)	
<i>cvs cortisone 1% cream 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	\$0 (Tier 1)	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	\$0 - \$9.85 (Tier 2)	
<i>fluocinolone topical cream 0.01 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	\$0 (Tier 1)	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	\$0 (Tier 1)	
<i>fluocinonide topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1)	
<i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)	\$0 (Tier 1)	
<i>fluticasone propionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate topical ointment 0.005 %</i>	\$0 (Tier 1)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocortisone 0.5% cream (otc) 0.5 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 0.5% ointment 0.5 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 1% cream 1 % *</i> (Vanicream HC)	\$0 (Tier 4)	
<i>hydrocortisone 1% cream maximum strength (otc) 1 % *</i> (Ala-Cort)	\$0 (Tier 4)	
<i>hydrocortisone 1% cream maximum strength 1 % *</i> (Vanicream HC)	\$0 (Tier 4)	
<i>hydrocortisone 1% lotion (otc) 1 % *</i> (Aquanil HC)	\$0 (Tier 4)	
<i>hydrocortisone 1% ointment (otc) 1 % *</i> (Anti-Itch (HC))	\$0 (Tier 4)	
<i>hydrocortisone 1% ointment 1 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 1% ointment maximum strength (otc) 1 % *</i> (Anti-Itch (HC))	\$0 (Tier 4)	
<i>hydrocortisone 2.5% cream 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	\$0 (Tier 1)	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	\$0 (Tier 1)	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone-aloe 1% cream 1 % *</i> (Anti-Itch(hydrocortisone)-Aloe)	\$0 (Tier 4)	
<i>mometasone topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)	
<i>monistat care 1% cream 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	\$0 (Tier 1)	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>preparation h hc 1% cream 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	\$0 (Tier 1)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	\$0 (Tier 1)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	\$0 (Tier 1)	
<i>pub hydrocream 1% 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>ra anti-itch 1% cream maximum strength 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ra anti-itch 1% ointment maximum strength 1 % *</i> (hydrocortisone)	\$0 (Tier 4)	
<i>scalp relief liquid maximum strength 1 % *</i>	\$0 (Tier 4)	
<i>scalpicin 1% anti-itch liquid 1 % *</i>	\$0 (Tier 4)	
<i>sm hydrocortisone 1% ointment maximum strength (otc) 1 % *</i> (Anti-Itch (HC))	\$0 (Tier 4)	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	\$0 (Tier 1)	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	\$0 (Tier 1)	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	
<i>vanicream hc 1% cream 1 % *</i> (hydrocortisone acetate)	\$0 (Tier 4)	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	\$0 (Tier 1)	
<i>adapalene topical gel 0.1 %</i> (Differin)	\$0 (Tier 1)	
ALTRENO TOPICAL LOTION 0.05 %	\$0 - \$9.85 (Tier 2)	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	\$0 (Tier 1)	
TAZORAC TOPICAL CREAM 0.05 %	\$0 - \$9.85 (Tier 2)	
<i>tretinoin topical cream 0.025 %</i> (Avita)	\$0 (Tier 1)	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	\$0 (Tier 1)	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	\$0 (Tier 1)	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	\$0 (Tier 1)	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	\$0 (Tier 1)	PA
Scabicides And Pediculicides		
<i>lice killing shampoo w/nit comb 0.33-4 % *</i>	\$0 (Tier 4)	
<i>malathion topical lotion 0.5 %</i> (Ovide)	\$0 (Tier 1)	
<i>permethrin topical cream 5 %</i> (Elimite)	\$0 (Tier 1)	
<i>ra lice pyrinyl shampoo 0.33-4 % *</i>	\$0 (Tier 4)	
<i>rid lice killing shampoo 0.33-4 % *</i>	\$0 (Tier 4)	
<i>sm lice treatment 1% crm rinse 1 % *</i> (permethrin)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Devices		
Devices		
1ST TIER COMFORTOUCH 28G LANCET 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
1ST TIER COMFORTOUCH 30G LANCET 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic) \$0 (Tier 1)	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
ACCU-CHEK FASTCLIX LANCET DRUM *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ACCU-CHEK SAFE-T-PRO 23G LANCET 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACCU-CHEK SAFE-T-PRO PLUS 23G 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACCU-CHEK SOFTCLIX LANCETS *	(lancets) \$0 (Tier 4)	PA; QL (150 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
ACE AEROSOL CLOUD ENHANCER *	(inhalational spacing device) \$0 (Tier 3)	
ACTI-LANCE LITE 28G LANCETS 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ACTI-LANCE SPECIAL 17G LANCETS 17 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACTI-LANCE UNIVERS 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ADVANCED TRAVEL 28G LANCETS 28G,SINGLE-USE,STRL 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ADVANCED TRAVEL 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ADVOCATE 26G LANCETS 26 G,STERILE 26 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ADVOCATE 26G LANCETS STERILE 26 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ADVOCATE 30G LANCETS TWIST TOP 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ADVOCATE PEN NDL 12.7MM 29G (pen needle, diabetic) 29 GAUGE X 1/2"	\$0 (Tier 1)	
ADVOCATE PEN NEEDLE 4MM 33G (pen needle, diabetic) 33 GAUGE X 5/32"	\$0 (Tier 1)	
ADVOCATE PEN NEEDLES 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	\$0 (Tier 1)	
ADVOCATE PEN NEEDLES 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	\$0 (Tier 1)	
AEROCHAMBER MINI * (inhalational spacing device)	\$0 (Tier 3)	
AEROCHAMBER MV HOLD CHAMBER * (inhalational spacing device)	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU * (inhalational spacing device)	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU LARGE *	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU SMALL *	\$0 (Tier 3)	
AEROCHAMBER PLUS W-FLOWSIGNAL * (inhalational spacing device)	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS LARGE W/MASK, LARGE *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS W-FLOW * (inhalational spacing device)	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL *	\$0 (Tier 3)	
AEROTRACH HOLDING CHAMBER * (inhalational spacing device)	\$0 (Tier 3)	
AEROVENT PLUS HOLDING CHAMBER * (inhalational spacing device)	\$0 (Tier 3)	
AIRZONE PEAK FLOW METER ADULTS & CHILDREN *	\$0 (Tier 4)	
ALTERNATE SITE 26G LANCETS RECAPPABLE 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE HAEMOLANCE PLUS 18G 18 GAUGE *	\$0 (Tier 4)	PA; QL (150 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
ASSURE HAEMOLANCE PLUS 21G (lancets) 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE HAEMOLANCE PLUS 25G 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE HAEMOLANCE PLUS 28G (lancets) 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	\$0 (Tier 1)	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	\$0 (Tier 1)	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	\$0 (Tier 1)	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	\$0 (Tier 1)	
ASSURE ID PEN NEEDLE 31GX3/16" (pen needle, diabetic, safety) 31 GAUGE X 3/16"	\$0 (Tier 1)	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
ASSURE LANCE 25G LANCETS 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE LANCE 28G SAFETY (lancets) LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE LANCE PLUS 21G (lancets) LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE LANCE PLUS 25G LANCETS 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE LANCE PLUS 30G (lancets) LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASTHMA CHECK PEAK FLOW MTR * (peak flow meter)	\$0 (Tier 4)	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8" (insulin syringe-needle u-100)	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0 (Tier 1)	
BD INSULIN SYRINGE 1 ML W/O NEEDLE 1 ML (insulin syringe needleless)	\$0 (Tier 1)	
BD LUER-LOK SYRINGE 1 ML 1 ML (BD Insulin Syringe Slip Tip)	\$0 (Tier 1)	
BD MICROTAINER 21G LANCETS 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
BD MICROTAINER 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "	\$0 (Tier 1)	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	\$0 (Tier 1)	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD UF MICRO PEN NEEDLE (pen needle, diabetic) 6MMX32G 32 GAUGE X 1/4"	\$0 (Tier 1)	
BD UF MINI PEN NEEDLE (pen needle, diabetic) 5MMX31G 31 GAUGE X 3/16"	\$0 (Tier 1)	
BD UF NANO PEN NEEDLE (pen needle, diabetic) 4MMX32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
BD UF ORIG PEN NDL (pen needle, diabetic) 12.7MMX29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
BD UF SHORT PEN NEEDLE (pen needle, diabetic) 8MMX31G 31 GAUGE X 5/16"	\$0 (Tier 1)	
BD ULTRA-FINE 33G LANCETS 33 (lancets) GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
BD ULTRA-FINE II 30G LANCETS (lancets) 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD VEO INS SYRING 1 ML (insulin syringe- 6MMX31G 1 ML 31 GAUGE X 15/64" needle u-100)	\$0 (Tier 1)	
BD VEO INS SYRN 0.3 ML (insulin syringe- 6MMX31G 0.3 ML 31 GAUGE X needle u-100) 15/64"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe- needle u-100)	\$0 (Tier 1)
BLOOD LANCETS 30G EASY TWIST 30 GAUGE *	(1st Tier Unilet ComforTouch)	PA; QL (150 per 30 days)
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	\$0 (Tier 1)
BREATHERITE MDI SPACER *	(inhalational spacing device)	\$0 (Tier 3)
BREATHERITE SPACER-ADULT MASK *		\$0 (Tier 3)
BREATHERITE SPACER-INFANT MASK *		\$0 (Tier 3)
BREATHERITE SPACER-LG CHLD MSK *		\$0 (Tier 3)
BREATHERITE SPACER-NEONATE MSK *		\$0 (Tier 3)
BREATHERITE SPACER-SM CHLD MSK *		\$0 (Tier 3)
BREATHRITE VALVED MDI CHAMBER *	(inhalational spacing device)	\$0 (Tier 3)
BULLSEYE MINI SAFETY 21G 21 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
BULLSEYE MINI SAFETY 25G LANCT 25 GAUGE *		\$0 (Tier 4) PA; QL (150 per 30 days)
BULLSEYE MINI SAFETY 28G LANCT 28 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
BUTTERFLY TOUCH 30-36G LANCET 30 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0 (Tier 1)
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0 (Tier 1)
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0 (Tier 1)
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0 (Tier 1)
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16" (Advocate Syringes)	\$0 (Tier 1)	
CAREONE ULTRA THIN LANCET * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
CARESENS ULTRA THIN 30G LANCET 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
CARETOUCH 26G SAFETY LANCETS 26 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	
CARETOUCH TWIST 28G LANCET 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
CARETOUCH TWIST 30G LANCET 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
CLEVER CHEK ULTRA THIN 30G 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
CLEVER CHOICE CHAMBER-LRG MASK *	\$0 (Tier 3)	
CLEVER CHOICE CHAMBER-MED MASK *	\$0 (Tier 3)	
CLEVER CHOICE CHAMBER-SM MASK *	\$0 (Tier 3)	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
COAGUCHEK LANCETS *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic) \$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
COMFORT EZ PEN NEEDLES 4MM (pen needle, diabetic) 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 4MM (pen needle, diabetic) 33G 33 GAUGE X 5/32"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic) 31G MINI 31 GAUGE X 3/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic) 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 5MM (pen needle, diabetic) 33G 33 GAUGE X 3/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 6MM (pen needle, diabetic) 33G 33 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 8MM (pen needle, diabetic) 31G SHORT 31 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 8MM (pen needle, diabetic) 32G 32 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT EZ SAFETY 21G (lancets) LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
COMFORT EZ SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
COMFORT EZ SAFETY 28G (lancets) LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
COMFORT EZ SYR 0.3 ML 29GX1/2" (insulin syringe-needle u-100) 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 0.5 ML 28GX1/2" (insulin syringe-needle u-100) 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 0.5 ML 29GX1/2" (insulin syringe-needle u-100) 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 0.5 ML 30GX1/2" (insulin syringe-needle u-100) 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
COMFORT LANCETS *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	\$0 (Tier 1)	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH PEN NDL 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
COMFORT TOUCH ULT THIN 31G LAN 31 GAUGE *	\$0 (Tier 4)	PA; QL (150 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
COMFORTTOUCH PLUS SAF 30G LANC 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
COMPACT SPACE CHAMBER *	(inhalational spacing device) \$0 (Tier 3)	
COMPACT SPACE CHAMBER PLUS *	(inhalational spacing device) \$0 (Tier 3)	
COMPACT SPACE CHAMBER-LRG MASK *	\$0 (Tier 3)	
COMPACT SPACE CHAMBER-MED MASK *	\$0 (Tier 3)	
COMPACT SPACE CHAMBER-SM MASK *	\$0 (Tier 3)	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage) \$0 (Tier 1)	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	\$0 (Tier 1)	
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage) \$0 (Tier 1)	
CVS MICRO THIN 33G LANCETS 33 GAUGE *	(BD Ultra Fine Lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
CVS THIN 26G LANCETS 26 GAUGE *	(Advocate Lancet) \$0 (Tier 4)	PA; QL (150 per 30 days)
CVS ULTRA THIN 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage) \$0 (Tier 1)	
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	\$0 (Tier 1)	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	\$0 (Tier 1)	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
DROPLET INS 0.3 ML 30GX12.5MM (insulin syringe-needle u-100) 0.3 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS SYR 0.3 ML (insulin syringe-needle u-100) 30GX8MM 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET INS SYR 0.3 ML (insulin syringe-needle u-100) 31GX6MM 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS SYR 0.3 ML (insulin syringe-needle u-100) 31GX8MM 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML (insulin syringe-needle u-100) 29GX12.5MM 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML (insulin syringe-needle u-100) 30GX12.5MM 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML 30GX8MM (insulin syringe-needle u-100) 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML 31GX6MM (insulin syringe-needle u-100) 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML 31GX8MM (insulin syringe-needle u-100) 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
DROPLET PEN NEEDLE 29GX1/2" 29 (pen needle, diabetic) GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 30GX5/16" (pen needle, diabetic) 30 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 31GX1/4" 31 (pen needle, diabetic) GAUGE X 1/4"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 31GX3/16" (pen needle, diabetic) 31 GAUGE X 3/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 31GX5/16" (pen needle, diabetic) 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 32GX3/16" (pen needle, diabetic) 32 GAUGE X 3/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 32GX5/16" (pen needle, diabetic) 32 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 32GX5/32" (pen needle, diabetic) 32 GAUGE X 5/32"	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31GX3/16" (pen needle, diabetic, safety) 31 GAUGE X 3/16"	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
DRUG MART ULTRA COMFORT (insulin syringe- needle u-100) SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASIVENT HOLDING CHAMBER (inhalational spacing device) HOSPITAL PACK *	\$0 (Tier 3)	
EASIVENT MASK-LARGE *	\$0 (Tier 3)	
EASIVENT MASK-MEDIUM *	\$0 (Tier 3)	
EASIVENT MASK-SMALL *	\$0 (Tier 3)	
EASY COMFORT 0.3 ML SYRINGE (insulin syringe- needle u-100) 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe- needle u-100)	\$0 (Tier 1)
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	\$0 (Tier 1)
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		\$0 (Tier 1)
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	\$0 (Tier 1)
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe- needle u-100)	\$0 (Tier 1)
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		\$0 (Tier 1)
EASY COMFORT 30G LANCETS 30G,TWIST TOP,STRL 30 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe- needle u-100)	\$0 (Tier 1)
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0 (Tier 1)
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0 (Tier 1)
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0 (Tier 1)
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0 (Tier 1)
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0 (Tier 1)
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	\$0 (Tier 1)
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	\$0 (Tier 1)
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe- needle u-100)	\$0 (Tier 1)
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe- needle u-100)	\$0 (Tier 1)
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe- needle u-100)	\$0 (Tier 1)
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe- needle u-100)	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH INSULIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH LUER LOK INSUL 1 ML 1 ML	(insulin syringe needleless) \$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic) \$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	\$0 (Tier 1)	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	\$0 (Tier 1)	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH SAFETY 21G LANCETS 21 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 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
EASY TOUCH SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH SAFETY 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	\$0 (Tier 1)	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
EASY TOUCH TWIST 26G LANCETS 26 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH TWIST 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH TWIST 32G LANCETS 32 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH TWIST 33G LANCETS 33 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH UNI-SLIP SYR 1 ML 1 ML (insulin syringe needleless)	\$0 (Tier 1)	
EASY TWIST & CAP 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	\$0 (Tier 1)	
EMBRACE 21G SAFETY LANCET 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
EMBRACE 28G SAFETY LANCET 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
EMBRACE 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
EQ SPACE CHAMBER * (inhalational spacing device)	\$0 (Tier 3)	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30 (Ultra Comfort Insulin Syringe)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Lite Touch Insulin Syringe) \$0 (Tier 1)	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Lite Touch Insulin Syringe) \$0 (Tier 1)	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
E-Z JECT LANCETS *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
EZ SMART 28G LANCETS 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
E-ZJECT COLOR 32G LANCETS 32 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
E-ZJECT COLOR 33G LANCETS 33 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
E-ZJECT SUPER THIN 30G LANCETS SUPER THIN 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
EZ-LETS 26G LANCETS 26 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes) \$0 (Tier 1)	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16"	(Advocate Syringes) \$0 (Tier 1)	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
FIFTY50 SAFETY SEAL 30G LANCET 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
FIFTY50 SAFETY SEAL 32G LANCET 32 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FINE 30 UNIVERSAL 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
FINGERSTIX LANCETS *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
FLEXICHAMBER *	(inhalational spacing device) \$0 (Tier 3)	
FLEXICHAMBER-SM CHILD MASK *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FORA 30G LANCETS TWIST OFF,SINGLE USE 30 GAUGE *	(1st Tier Unilet ComforTouch)	\$0 (Tier 4) PA; QL (150 per 30 days)
FORACARE 30G LANCETS 30 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Lite Touch Insulin Syringe)	\$0 (Tier 1)
FREESTYLE 28G LANCETS 28 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
FREESTYLE INSULINX TEST STRIP NO CODE *	(blood sugar diagnostic)	\$0 (Tier 4) PA; QL (150 per 30 days)
FREESTYLE INSULINX TEST STRIPS *	(blood sugar diagnostic)	\$0 (Tier 4) PA; QL (150 per 30 days)
FREESTYLE LITE TEST STRIP *	(blood sugar diagnostic)	\$0 (Tier 4) PA; QL (150 per 30 days)
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0 (Tier 1)
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0 (Tier 1)
FREESTYLE PREC NEO TEST STRIPS *	(blood sugar diagnostic)	\$0 (Tier 4) PA; QL (150 per 30 days)
FREESTYLE TEST STRIPS *	(blood sugar diagnostic)	\$0 (Tier 4) PA; QL (150 per 30 days)
FREESTYLE UNISTIK 2 LANCETS *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
GAUZE PADS & DRESSINGS - PADS 2 X 2 TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	\$0 (Tier 1)
GLUCOCOM 28G LANCETS 28 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
GLUCOCOM 30G LANCETS 30 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
GLUCOCOM 33G LANCETS 33 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
GNP STERILE 33G LANCET 33 GAUGE *	(BD Ultra Fine Lancets)	\$0 (Tier 4) PA; QL (150 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
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100) \$0 (Tier 1)	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	\$0 (Tier 1)	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100) \$0 (Tier 1)	
GNP UNIVERSAL 1 STANDARD 21G 21 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
GNP UNIVERSAL 1 THIN 26G LANCT 26 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
GOJJI LANCETS 30G 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
HEALTHY ACCENTS UNILET 30G 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
IN-CHECK NASAL WITH MASK * (peak flow meter)	\$0 (Tier 4)	
IN-CHECK ORAL FLOW METER * (peak flow meter)	\$0 (Tier 4)	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
INCONTROL SUPER THIN 30G LANCT 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
INCONTROL ULTRA THIN 28G LANCT 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
INJECT EASE 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
INJECT EASE 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	\$0 - \$9.85 (Tier 2)	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	\$0 - \$9.85 (Tier 2)	
INSPIRACHAMBER * (inhalational spacing device)	\$0 (Tier 3)	
INSPIRACHAMBER WITH MASK-LARGE *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
INSPIRACHAMBER WITH MASK- SMALL *	\$0 (Tier 3)	
INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (Advocate Syringes)	\$0 (Tier 1)	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (UltiCare Insulin Syr(half unit))	\$0 (Tier 1)	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0 (Tier 1)	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0 (Tier 1)	
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (Advocate Syringes)	\$0 (Tier 1)	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0 (Tier 1)	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes)	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)	\$0 (Tier 1)	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)	\$0 (Tier 1)	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 1/2 ML 29 GAUGE (insulin syringe-needle u-100)	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16" (Advocate Syringes)	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	\$0 (Tier 1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Advocate Syringes)	\$0 (Tier 1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Lite Touch Insulin Syringe)	\$0 (Tier 1)	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" (pen needle, diabetic)	\$0 (Tier 1)	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
INVACARE 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
KROGER SUPER THIN LANCETS * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
LANCETS 28G LANCETS 28 GAUGE * (1st Tier Unilet ComforTouch)	\$0 (Tier 4)	PA; QL (150 per 30 days)
LANCETS 33G 33 GAUGE * (BD Ultra Fine Lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
LANCETS THIN 23G 23 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
LANCETS ULTRA THIN 26G 26 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
LISCO SPONGES 100/BAG 2 X 2 "	\$0 (Tier 1)	
LITE TOUCH 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 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
LITE TOUCH 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
LITE TOUCH 33G LANCETS 33 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	\$0 (Tier 1)	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic) \$0 (Tier 1)	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
LITEAIRE MDI CHAMBER *	(inhalational spacing device) \$0 (Tier 3)	
LITETOUGH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITETOUGH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITETOUGH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITETOUGH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITETOUGH SMALL MASK *	\$0 (Tier 3)	
LITETOUGH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITETOUGH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITETOUGH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	
LONGS THIN LANCETS 26G 26G *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	\$0 (Tier 1)	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2"	\$0 (Tier 1)	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	\$0 (Tier 1)	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	\$0 (Tier 1)	
MEDISENSE THIN 28G LANCETS 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
MEDLANCE PLUS 21G LANCETS UNIVERSAL 21 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 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
MEDLANCE PLUS 30G LANCETS SUPERLITE, 1.2MM 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
MEDLANCE PLUS LITE 25G LANCETS STERILE 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
MICROCHAMBER *	(inhalational spacing device) \$0 (Tier 3)	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
MICROLET LANCETS *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
MICROSPACER FOR AEROSOL DEVICE *	(inhalational spacing device) \$0 (Tier 3)	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips) \$0 (Tier 1)	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle) \$0 (Tier 1)	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle) \$0 (Tier 1)	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles) \$0 (Tier 1)	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle) \$0 (Tier 1)	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles) \$0 (Tier 1)	
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles) \$0 (Tier 1)	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
MINI WRIGHT PEAK FLOW METER STANDARD, (60-800) *	(peak flow meter) \$0 (Tier 4)	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100) \$0 (Tier 1)	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML	(insulin syringes (disposable))	\$0 (Tier 1)	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		\$0 (Tier 1)	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0 (Tier 1)	
MONOLET 21G LANCETS 21 GAUGE *	(lancets)	\$0 (Tier 4)	PA; QL (150 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
MONOLET THIN 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
MYGLUCOHEALTH 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
NOVA SAFETY 23G LANCETS 23 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
NOVA SAFETY 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
NOVA SUREFLEX THIN LANCETS * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
NOVOFINE 30 NEEDLE	\$0 (Tier 1)	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	\$0 (Tier 1)	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	\$0 (Tier 1)	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	\$0 - \$9.85 (Tier 2)	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	\$0 - \$9.85 (Tier 2)	
OMNIPOD CLASSIC PDM KIT(GEN 3)	\$0 - \$9.85 (Tier 2)	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	\$0 - \$9.85 (Tier 2)	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 - \$9.85 (Tier 2)	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	\$0 - \$9.85 (Tier 2)	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 - \$9.85 (Tier 2)	
ON CALL 30G LANCET 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ON CALL PLUS 30G LANCET 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONE WAY VALVED MOUTHPIECE *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ONETOUCH DELICA 30G LANCETS (lancets) 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONETOUCH DELICA 33G LANCETS (lancets) 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONETOUCH DELICA PLUS 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONETOUCH DELICA SAF 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONETOUCH SURESOFT 28G LANC DEV 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONETOUCH ULTRASOFT LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ON-THE-GO 30G LANCETS GENTLE, 1.5MM 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
OPTICHAMBER ADULT MASK-LARGE *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND VHC * (inhalational spacing device)	\$0 (Tier 3)	
OPTICHAMBER DIAMOND W-LRG MASK *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND W-MED MASK *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND W-SML MASK *	\$0 (Tier 3)	
PANDA MASK SMALL *	\$0 (Tier 4)	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
PEAK-AIR PEAK FLOW METER * (peak flow meter)	\$0 (Tier 4)	
PEDIATRIC MOUTHPIECE *	\$0 (Tier 4)	
PEDIATRIC PANDA MASK *	\$0 (Tier 4)	
PEDIATRIC SMALL MASK *	\$0 (Tier 4)	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16" (AboutTime Pen Needle)	\$0 (Tier 1)	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips Plus)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PEN NEEDLES 12MM 29G (pen needle, diabetic) 29GX12MM,STRL 29 GAUGE X 1/2"	\$0 (Tier 1)	
PEN NEEDLES 4MM 32G 32 GAUGE (pen needle, diabetic) X 5/32"	\$0 (Tier 1)	
PEN NEEDLES 6MM 31G 31GX6MM, (1st Tier Unifine STRL 31 GAUGE X 1/4" Pentips)	\$0 (Tier 1)	
PEN NEEDLES 8MM 31G (pen needle, diabetic) 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 29GX1/2" 29 (pen needle, diabetic) GAUGE X 1/2"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 31GX3/16" (pen needle, diabetic) MINI, 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 31GX5/16" (pen needle, diabetic) SHORT, 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 32G 6MM 32 (pen needle, diabetic) GAUGE X 1/4"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 32GX5/32" (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 6MM 31G 31 (pen needle, diabetic) GAUGE X 1/4"	\$0 (Tier 1)	
PERSONAL BEST PEAK FLOW MTR (peak flow meter) *	\$0 (Tier 4)	
PFLEX INSPIRATORY TRAINER *	\$0 (Tier 3)	
PHARMACIST CHOICE 30G (1st Tier Unilet LANCETS ULTRA THIN 30 GAUGE ComforTouch) *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PIKO 1 FLOW METER * (peak flow meter)	\$0 (Tier 4)	
PIP 28G LANCET 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PIP 30G LANCET 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PIP PEN NEEDLE 31G X 5MM 31 (pen needle, diabetic) GAUGE X 3/16"	\$0 (Tier 1)	
PIP PEN NEEDLE 32G X 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	\$0 (Tier 1)	
POCKET CHAMBER * (inhalational spacing device)	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
POCKET PEAK FLOW METER 12'S * (peak flow meter)	\$0 (Tier 4)	
PRECISION XTRA TEST STRIPS * (blood sugar diagnostic)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PREFERRED PLUS THIN LANCETS * (Accu-Chek Fastclix Lancet Drum)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRESSURE ACTIVATED 21G LANCETS 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRESSURE ACTIVATED 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
PRIMEAIRE CHAMBER * (inhalational spacing device)	\$0 (Tier 3)	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRO COMFORT 31G LANCET 31 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	\$0 (Tier 1)	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PRO COMFORT PEN NDL 5MM 32G (pen needle, diabetic) 32 GAUGE X 3/16"	\$0 (Tier 1)	
PROCARE SPACER WITH ADULT MASK *	\$0 (Tier 3)	
PROCARE SPACER WITH CHILD MASK *	\$0 (Tier 3)	
PROCHAMBER HOLDING CHAMBER * (inhalational spacing device)	\$0 (Tier 3)	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
PRODIGY PRESSURE ACTIVATED 28G 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRODIGY SAFETY 26G LANCETS 26 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
PRODIGY TWIST TOP 28G LANCET 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PURE COMFORT 30G SAFETY LANCET 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PURE COMFORT 30G TWIST LANCET 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
PURE COMFORT SPACER-ADULT MASK *	\$0 (Tier 3)	
PUSH BUTTON SAFETY 21G LANCET 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
PUSH BUTTON SAFETY 28G LANCET 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 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
RA E-ZJECT 26G LANCETS 26 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
RA E-ZJECT 28G LANCETS 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
READYLANCER 21G SAFETY LANCETS 21 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
READYLANCER 23G SAFETY LANCETS 23 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
READYLANCER 26G SAFETY LANCETS 26 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
READYLANCER 28G SAFETY LANCETS 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
READYLANCER 30G SAFETY LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
RELIAMED 28G LANCETS 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
RELIAMED 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
RELIAMED SAFETY 23G LANCETS 23 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
RELIAMED SAFETY SEAL 28G LANCT 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
RELIAMED SAFETY SEAL 30G LANCT 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF) \$0 (Tier 1)	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF) \$0 (Tier 1)	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF) \$0 (Tier 1)	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Lite Touch Insulin Syringe) \$0 (Tier 1)	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	(Lite Touch Insulin Syringe) \$0 (Tier 1)	
RELION MICRO THIN 33G LANCET 33 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 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
RELION MINI PEN 31G X 1/4" NDL (pen needle, diabetic) 31 GAUGE X 1/4"	\$0 (Tier 1)	
RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	\$0 (Tier 1)	
RELION PEN NEEDLES 32GX5/32" (pen needle, diabetic) 32 GAUGE X 5/32"	\$0 (Tier 1)	
RELION THIN 26G LANCETS 26 (lancets) GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELION ULTRA THIN PLUS 33G 33 (lancets) GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELION ULTRA THIN PLUS (lancets) LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
REXALL UNIVERSAL 1 30G (lancets) LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RIGHTEST GL300 30G LANCETS 30 (lancets) GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RITEFLO SPACER * (inhalational spacing device)	\$0 (Tier 3)	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
SAFETY 21G LANCETS 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SAFETY 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SAFETY LANCETS 26G 26 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 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
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	\$0 (Tier 1)	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety) \$0 (Tier 1)	
SAFETY SEAL 28G LANCETS 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
SAFETY SEAL 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
SAFETY-LET 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	\$0 (Tier 1)	
SIDESTREAM PEDIATRIC FACE MASK *	\$0 (Tier 4)	
SILICONE MASK-INFANT *	\$0 (Tier 3)	
SILICONE MASK-PEDIATRIC *	\$0 (Tier 4)	
SINGLE-LET LANCETS *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	\$0 (Tier 1)	
SM COLOR LANCETS 21G 21 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
SM LANCETS 21G 21 GAUGE *	(Assure Haemolance Plus) \$0 (Tier 4)	PA; QL (150 per 30 days)
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	(gauze bandage) \$0 (Tier 1)	
SM THIN LANCETS 26G 26 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
SMART SENSE COLOR 33G LANCETS 33 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
SMART SENSE STANDARD 21G 21 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
SMART SENSE THIN 26G LANCETS 26 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
SMARTEST LANCET *	(lancets) \$0 (Tier 4)	PA; QL (150 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
SOFT TOUCH LANCETS * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SOLUS V2 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SOLUS V2 30G TWIST LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SPACE CHAMBER PLUS * (inhalational spacing device)	\$0 (Tier 3)	
STERILANCE TL TWIST 30G LANCET 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
STERILANCE TL TWIST 32G LANCET 32 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SUPER THIN 28G LANCETS STERILE 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SUPER THIN 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	\$0 (Tier 1)	
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"	\$0 (Tier 1)	
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	\$0 (Tier 1)	
SURE COMFORT 18G LANCETS 18 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE COMFORT 21G LANCETS 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE COMFORT 23G LANCETS 23 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE COMFORT 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 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
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"	\$0 (Tier 1)	
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
SURE COMFORT 30G LANCETS 30 GAUGE *	\$(Tier 4)	PA; QL (150 per 30 days)
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	\$0 (Tier 1)	
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16"	\$0 (Tier 1)	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	\$0 (Tier 1)	
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	\$0 (Tier 1)	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SURE-JECT INSU SYR U100 0.5 ML (insulin syringe-needle u-100) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
SURE-LANCE 26G LANCETS 26 GAUGE *	(\$0 (Tier 4))	PA; QL (150 per 30 days)
SURE-LANCE FLAT LANCETS *	(\$0 (Tier 4))	PA; QL (150 per 30 days)
SURE-LANCE THIN 28G LANCETS 28 GAUGE *	(\$0 (Tier 4))	PA; QL (150 per 30 days)
SURE-LANCE ULTRA THIN 30G 30 GAUGE *	(\$0 (Tier 4))	PA; QL (150 per 30 days)
SURE-TOUCH LANCET *	(\$0 (Tier 4))	PA; QL (150 per 30 days)
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	(\$0 (Tier 1))	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	(\$0 (Tier 1))	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	(\$0 (Tier 1))	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	(\$0 (Tier 1))	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	(\$0 (Tier 1))	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	(\$0 (Tier 1))	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	(\$0 (Tier 1))	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	(\$0 (Tier 1))	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	(\$0 (Tier 1))	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TECHLITE 25G LANCETS 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TECHLITE 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
TECHLITE 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0 (Tier 1)	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
TELCARE ULTRA THIN 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (Advocate Syringes)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
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"	(\$0 (Tier 1))	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(\$0 (Tier 1))	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(\$0 (Tier 1))	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(\$0 (Tier 1))	
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"	(\$0 (Tier 1))	
THIN LANCETS 28G 28 GAUGE *	(\$0 (Tier 4))	PA; QL (150 per 30 days)
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(\$0 (Tier 1))	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"	(\$0 (Tier 1))	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(\$0 (Tier 1))	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"	(\$0 (Tier 1))	
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"	(\$0 (Tier 1))	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"	(\$0 (Tier 1))	
THRESHOLD IMT TRAINER *	(\$0 (Tier 3))	
THRESHOLD PEP DEVICE *	(\$0 (Tier 3))	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(\$0 (Tier 1))	(pen needle, diabetic)
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(\$0 (Tier 1))	(pen needle, diabetic)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(\$0 (Tier 1))	
TOPCARE UNIVERSAL1 33G LANCETS 33 GAUGE *	(lancets) (\$0 (Tier 4))	PA; QL (150 per 30 days)
TOPCARE UNIVERSAL1 THIN LANCET THIN, 26G *	(lancets) (\$0 (Tier 4))	PA; QL (150 per 30 days)
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) (\$0 (Tier 1))	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) (\$0 (Tier 1))	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	(\$0 (Tier 1))	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) (\$0 (Tier 1))	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) (\$0 (Tier 1))	
TRUE COMFORT 30G LANCET 30 GAUGE *	(lancets) (\$0 (Tier 4))	PA; QL (150 per 30 days)
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic) (\$0 (Tier 1))	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic) (\$0 (Tier 1))	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic) (\$0 (Tier 1))	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic) (\$0 (Tier 1))	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic) (\$0 (Tier 1))	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic) (\$0 (Tier 1))	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic) (\$0 (Tier 1))	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TRUE COMFORT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TRUEPLUS 26G LANCETS 26 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
TRUEPLUS 33G LANCETS 33 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	\$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
TRUEPLUS SAFETY 28G LANCET 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
TRUEPLUS SUPER THIN 28G LANCET 28G, STERILE 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0 (Tier 1)
TRUEPLUS ULTRA THIN 30G LANCET 30 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
TRUZONE PEAK FLOW METER ADULT/PEDIATRIC *	(peak flow meter)	\$0 (Tier 4)
TWIST LANCETS 30G 30 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
TWIST LANCETS 32G 32 GAUGE *		\$0 (Tier 4) PA; QL (150 per 30 days)
TWIST TOP 30G LANCET 30 GAUGE *	(lancets)	\$0 (Tier 4) PA; QL (150 per 30 days)
ULT CFT 0.3 ML 30GX5/16" (1/2) 1/2 UNIT 0.3 ML 30 GAUGE X 5/16"		\$0 (Tier 1)
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	\$0 (Tier 1)
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	\$0 (Tier 1)
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	\$0 (Tier 1)
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	\$0 (Tier 1)
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ULTICARE PEN NEEDLE 31GX3/16" (pen needle, diabetic) 31 GAUGE X 3/16"	\$0 (Tier 1)	
ULTICARE PEN NEEDLE 6MM 31G (pen needle, diabetic) 31 GAUGE X 1/4"	\$0 (Tier 1)	
ULTICARE PEN NEEDLE 8MM 31G (pen needle, diabetic) 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTICARE PEN NEEDLES 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	\$0 (Tier 1)	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	\$0 (Tier 1)	
ULTICARE SAFE PEN NDL 8MM 30G 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 (insulin syringe- ML 30 GAUGE X 1/2" needle u-100)	\$0 (Tier 1)	
ULTICARE SYR 0.3 ML 31GX5/16" (insulin syringe- SHORT NDL 0.3 ML 31 GAUGE X needle u-100) 5/16"	\$0 (Tier 1)	
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 (insulin syringe- ML 30 GAUGE X 1/2" needle u-100)	\$0 (Tier 1)	
ULTICARE SYR 0.5 ML 31GX5/16" (insulin syringe- SHORT NDL 0.5 ML 31 GAUGE X needle u-100) 5/16"	\$0 (Tier 1)	
ULTICARE SYR 1 ML 31GX5/16" 1 (insulin syringe- ML 31 GAUGE X 5/16 needle u-100)	\$0 (Tier 1)	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	\$0 (Tier 1)	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
ULTIGUARD SAFE 0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	\$0 (Tier 1)	
ULTIGUARD SAFE 0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ULTIGUARD SAFEPAK 1 ML 31G 8MM 1 ML 31 X 5/16"	\$0 (Tier 1)	
ULTIGUARD SAFEPAK 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
ULTIGUARD SAFEPAK 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
ULTIGUARD SAFEPAK 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"	\$0 (Tier 1)	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	\$0 (Tier 1)	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	\$0 (Tier 1)	
ULTILET 28G LANCETS 28 GAUGE (lancets) *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET 30G LANCETS 30 GAUGE (lancets) *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET 33G LANCETS 33 GAUGE (lancets) *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET BASIC 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET CLASSIC 26G LANCETS * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET CLASSIC 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET CLASSIC 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET CLASSIC 33G LANCETS 33 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTILET PEN NEEDLE 29 GAUGE	\$0 (Tier 1)	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
ULTILET SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA FINE 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	\$0 (Tier 1)	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRA THIN 28G LANCETS 28G, STRL 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA THIN 31G LANCET 31 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA THIN 31G LANCETS 31 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA THIN 33G LANCETS 33 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
ULTRA-CARE 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0 (Tier 1)	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic) \$0 (Tier 1)	
ULTRALANCE 26G LANCETS 26 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRALANCE 28G LANCETS 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA-THIN II 28G LANCETS 28 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA-THIN II 30G LANCETS 30 GAUGE *	(lancets) \$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0 (Tier 1)	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100) \$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ULTRA-THIN II PEN NDL 29GX1/2" (pen needle, diabetic) 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA-THIN II PEN NDL 31GX5/16 (pen needle, diabetic) 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRATLC LANCETS * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNIFINE PEN NEEDLE 32G 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	\$0 (Tier 1)	
UNIFINE PENTIPS 12MM 29G (pen needle, diabetic) 29GX12MM, STRL 29 GAUGE X 1/2"	\$0 (Tier 1)	
UNIFINE PENTIPS 31GX3/16" (pen needle, diabetic) 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	\$0 (Tier 1)	
UNIFINE PENTIPS 32GX1/4" 32 (pen needle, diabetic) GAUGE X 1/4"	\$0 (Tier 1)	
UNIFINE PENTIPS 32GX5/32" (pen needle, diabetic) 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	\$0 (Tier 1)	
UNIFINE PENTIPS 33GX5/32" 33 (pen needle, diabetic) GAUGE X 5/32"	\$0 (Tier 1)	
UNIFINE PENTIPS 6MM 31G 31 (pen needle, diabetic) GAUGE X 1/4"	\$0 (Tier 1)	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	\$0 (Tier 1)	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	\$0 (Tier 1)	
UNIFINE PENTIPS PLUS 29GX1/2" (pen needle, diabetic) 12MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	\$0 (Tier 1)	
UNIFINE PENTIPS PLUS 31GX1/4" (pen needle, diabetic) ULTRA SHORT, 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
UNIFINE PENTIPS PLUS 31GX3/16" (pen needle, diabetic) MINI 31 GAUGE X 3/16"	\$0 (Tier 1)	
UNIFINE PENTIPS PLUS 31GX5/16" (pen needle, diabetic) SHORT 31 GAUGE X 5/16"	\$0 (Tier 1)	
UNIFINE PENTIPS PLUS 32GX5/32" (pen needle, diabetic) 32 GAUGE X 5/32"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
UNIFINE PENTIPS PLUS 33GX5/32" (pen needle, diabetic) 33 GAUGE X 5/32"	\$0 (Tier 1)	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"	\$0 (Tier 1)	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"	\$0 (Tier 1)	
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
UNIFINE ULTRA PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
UNIFINE ULTRA PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
UNILET COMFORTOUCH 26G (lancets) LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET COMFORTOUCH LANCET (lancets) *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET EXCELITE II LANCET * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET EXCELITE LANCET * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET GP LANCET * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET MICRO THIN 33G LANCET (lancets) 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET MICRO THIN 33G (lancets) LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET SUPER THIN 30G (lancets) LANCETS SINGLE-USE,STERILE 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET ULTRA THIN 28G (lancets) LANCETS SINGLE-USE,STERILE 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK 3 COMFORT LANCET * (lancets)	\$0 (Tier 4)	PA; QL (150 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
UNISTIK 3 EXTRA 21G LANCETS 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK 3 GENTLE ON-THE-GO 30G 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK 3 NORMAL 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK 3 SAFETY 21G LANCETS 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK CZT COMFORT 28G LANCET 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK CZT NORMAL 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK PRO 21G LANCET 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK PRO 25G LANCET 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK PRO 28G LANCET 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK SAFETY 28G LANCET 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK SAFETY 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK TOUCH 21G LANCETS 21 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK TOUCH 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK TOUCH 28G LANCETS 28 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK TOUCH 30G LANCETS 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNIVERSAL 1 33G LANCETS 33 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	\$0 (Tier 1)	
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	(insulin syringe-needle u-100)

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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 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	\$0 (Tier 1)	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	\$0 (Tier 1)	
V-GO 20 DEVICE	\$0 - \$9.85 (Tier 2)	
V-GO 30 DEVICE	\$0 - \$9.85 (Tier 2)	
V-GO 40 DEVICE	\$0 - \$9.85 (Tier 2)	
VIVAGUARD 30G LANCET 30 GAUGE * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
VORTEX ADULT MASK *	\$0 (Tier 4)	
VORTEX HOLDING CHAMBER HRI * (inhalational spacing device)	\$0 (Tier 3)	
VORTEX VHC LADYBUG TODDLER MSK HRI *	\$0 (Tier 3)	
WALGREENS ULTRA THIN LANCETS * (lancets)	\$0 (Tier 4)	PA; QL (150 per 30 days)
WINDMILL TRAINER FOR MINI WRIGHT PFM *	\$0 (Tier 4)	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	\$0 - \$9.85 (Tier 2)	NDS
CERDELGA ORAL CAPSULE 84 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	\$0 - \$9.85 (Tier 2)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 - \$9.85 (Tier 2)	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	\$0 - \$9.85 (Tier 2)	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	\$0 - \$9.85 (Tier 2)	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	\$0 - \$9.85 (Tier 2)	PA; QL (14 per 28 days); NDS
<i>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	\$0 (Tier 1)	NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	\$0 (Tier 1)	PA; QL (90 per 30 days); NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 - \$9.85 (Tier 2)	NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	\$0 (Tier 1)	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 - \$9.85 (Tier 2)	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
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	\$0 (Tier 1)	NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	\$0 - \$9.85 (Tier 2)	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	\$0 - \$9.85 (Tier 2)	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>alaway 0.025% eye drops 0.025 % (0.035 %)</i> * (ketotifen fumarate)	\$0 (Tier 4)	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>artificial tears</i> *	\$0 (Tier 4)	
<i>artificial tears drops 0.5-0.6 %</i> *	\$0 (Tier 4)	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	\$0 - \$9.85 (Tier 2)	
<i>ayr saline 0.65% nose drops 0.65 %</i> *	\$0 (Tier 4)	
<i>ayr saline 0.65% nose spray 0.65 %</i> * (sodium chloride)	\$0 (Tier 4)	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	\$0 (Tier 1)	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	
<i>clear eyes natural tears drop 0.5-0.6 %</i> *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)	
<i>cyclopentolate ophthalmic (eye) drops 0.5 % (Cyclogyl) 1 %, 2 %</i>	\$0 (Tier 1)	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 28 days); NDS
<i>deep sea 0.65% nose spray 0.65 % *</i> (sodium chloride)	\$0 (Tier 4)	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	
<i>eq nasal 0.65% spray 0.65 % *</i> (sodium chloride)	\$0 (Tier 4)	
<i>freshkote eye drop 2.7-2 % *</i>	\$0 (Tier 4)	
FRESHKOTE EYE DROPS 2-0.9-1.8 % *	\$0 (Tier 4)	
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 % * (artificial tear(dxtrn-hpm-gly))	\$0 (Tier 4)	
<i>genteal tears 0.1%-0.3% drop 0.1-0.3 % *</i>	\$0 (Tier 4)	
<i>gs nasal moist 0.65% spray 0.65 % *</i> (sodium chloride)	\$0 (Tier 4)	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	\$0 (Tier 1)	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	\$0 (Tier 1)	QL (15 per 10 days)
<i>itchy eye drops ophthalmic (eye) drops 0.025 % (0.035 %) *</i> (ketotifen fumarate)	\$0 (Tier 4)	
<i>ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %) *</i> (Alaway)	\$0 (Tier 4)	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	\$0 (Tier 1)	
<i>little remedies saline spray 0.65 % *</i> (sodium chloride)	\$0 (Tier 4)	
<i>little remedies stuffy nose kt w/ nasal aspirator 0.65 % *</i> (sodium chloride)	\$0 (Tier 4)	
<i>lubricating eye drop 0.4-0.3 % *</i>	\$0 (Tier 4)	
<i>muro-128 2% eye drops 2 % *</i>	\$0 (Tier 4)	
<i>muro-128 5% eye drops 5 % *</i> (sodium chloride)	\$0 (Tier 4)	
<i>muro-128 5% eye ointment 5 % *</i> (sodium chloride)	\$0 (Tier 4)	
<i>natural balance tears ophthalmic (eye) drops 0.1-0.3 % *</i>	\$0 (Tier 4)	
<i>nature's tears ophthalmic (eye) drops 0.1-0.3 % *</i>	\$0 (Tier 4)	
<i>ocean 0.65% nasal spray 0.65 % *</i> (sodium chloride)	\$0 (Tier 4)	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Clear Eyes Once Daily Allergy)	\$0 (Tier 1)	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	\$0 (Tier 1)	
<i>pure & gentle eye drops lubricant 0.3 % *</i>	\$0 (Tier 4)	
<i>ra lubricant 0.6% eye drop 0.6 % *</i>	\$0 (Tier 4)	
<i>ra saline 0.65% nose spray 0.65 % *</i> (sodium chloride)	\$0 (Tier 4)	
<i>sodium chloride 5% eye drop 5 % *</i> (Muro 128)	\$0 (Tier 4)	
<i>sodium chloride 5% eye oint 5 % *</i> (Muro 128)	\$0 (Tier 4)	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
THERA TEARS 0.25% EYE DROPS 0.25 % *	\$0 (Tier 4)	
<i>ultra fresh pm ointment *</i>	\$0 (Tier 4)	
<i>ultra lubricant eye drops 0.4-0.3 % *</i>	\$0 (Tier 4)	
<i>vista meibo tears 0.6% eye drp 0.6 % *</i>	\$0 (Tier 4)	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	\$0 (Tier 1)	
<i>bleph-10 ophthalmic (eye) drops 10 %</i> (sulfacetamide sodium)	\$0 (Tier 1)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	\$0 (Tier 1)	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	\$0 (Tier 1)	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 %</i> (gentamicin) (3 mg/gram)	\$0 (Tier 1)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 - \$9.85 (Tier 2)	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(Neo-Polycin HC) \$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(Neo-Polycin) \$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	(Maxitrol) \$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	(Maxitrol) \$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(neomycin-bacitracin-poly-hc) \$0 (Tier 1)	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(neomycin-bacitracin-polymyxin) \$0 (Tier 1)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflox) \$0 (Tier 1)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b) \$0 (Tier 1)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	(Polytrim) \$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	\$0 (Tier 1)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 - \$9.85 (Tier 2)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	\$0 - \$9.85 (Tier 2)	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>24 hour allergy 50 mcg spray 50 mcglactuation *</i>	(fluticasone propionate)	\$0 (Tier 4)
<i>aller-flo 50 mcg spray outer 50 mcglactuation *</i>	(fluticasone propionate)	\$0 (Tier 4)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	\$0 - \$9.85 (Tier 2)	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	\$0 - \$9.85 (Tier 2)	
<i>childrens 24 hr allergy relief nasal spray,suspension 50 mcglactuation *</i>	(fluticasone propionate)	\$0 (Tier 4)
<i>clarispray 50 mcg nasal spray 50 mcglactuation *</i>	(fluticasone propionate)	\$0 (Tier 4)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	\$0 (Tier 1)	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	\$0 (Tier 1)	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	\$0 - \$9.85 (Tier 2)	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1)	QL (50 per 25 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	(FML Liquifilm)	\$0 - \$9.85 (Tier 2)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)	
<i>fluticasone prop 50 mcg spray (otc) 50 mcglactuation *</i>	(24 Hour Allergy Relief) \$0 (Tier 4)	
<i>fluticasone propionate nasal spray,suspension 50 mcg/lactuation</i>	(24 Hour Allergy Relief) \$0 (Tier 1)	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	\$0 - \$9.85 (Tier 2)	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0 - \$9.85 (Tier 2)	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	(Acular) \$0 (Tier 1)	QL (10 per 25 days)
<i>kro 24hr allergy rlf 50 mcg spr 50 mcglactuation *</i>	(fluticasone propionate) \$0 (Tier 4)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	\$0 - \$9.85 (Tier 2)	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	\$0 - \$9.85 (Tier 2)	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	(Lotemax) \$0 (Tier 1)	
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i>	\$0 (Tier 1)	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	(Pred Forte) \$0 - \$9.85 (Tier 2)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 - \$9.85 (Tier 2)	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine) \$0 (Tier 1)	QL (60 per 30 days)
<i>sm allergy relief 50 mcg spray 50 mcglactuation *</i>	(fluticasone propionate) \$0 (Tier 4)	
<i>triamcinolone 55 mcg nasal spr (otc) 55 mcg *</i>	(24 Hour Nasal Allergy) \$0 (Tier 4)	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	ST; QL (32 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	
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)	
Gastrointestinal Agents			
Antiflatulents			
<i>gnp gas rlf(simeth) 80 mg chew 80 mg *</i>	(simethicone)	\$0 (Tier 4)	
<i>little remedies gas relief drp 40 mg/0.6 ml *</i>	(simethicone)	\$0 (Tier 4)	
<i>mi-acid gas 80 mg tab chew 80 mg *</i>	(simethicone)	\$0 (Tier 4)	
<i>simethicone 125 mg tab chew 125 mg *</i>	(Gas Relief (simethicone))	\$0 (Tier 4)	
<i>sm inf gas relief 20 mg/0.3 ml non-staining 40 mg/0.6 ml *</i>	(simethicone)	\$0 (Tier 4)	
Antiulcer Agents And Acid Suppressants			
<i>acid reducer dr 20 mg cap 20 mg *</i>	(omeprazole magnesium)	\$0 (Tier 4)	
<i>acid-pep 20 mg tablet 20 mg *</i>	(famotidine)	\$0 (Tier 4)	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>		\$0 (Tier 1)	
<i>cvs acid controller 20 mg tab 20 mg *</i>	(famotidine)	\$0 (Tier 4)	
<i>cvs heartburn relief 200 mg tb 200 mg *</i>	(cimetidine)	\$0 (Tier 4)	
<i>eq famotidine 20 mg tablet (otc) 20 mg *</i>	(Acid Controller)	\$0 (Tier 4)	
<i>esomeprazole mag dr 20 mg cap outer (otc) 20 mg *</i>	(Nexium)	\$0 (Tier 4)	
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	(Nexium)	\$0 (Tier 1)	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	(Nexium)	\$0 (Tier 1)	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	(Nexium Packet)	\$0 (Tier 1)	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	(Nexium Packet)	\$0 (Tier 1)	ST; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>		\$0 (Tier 1)	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	(Nexium IV)	\$0 (Tier 1)	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>		\$0 (Tier 1)	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>		\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>famotidine intravenous solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	\$0 (Tier 1)	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	\$0 (Tier 1)	
<i>gnp omeprazole mag dr 20 mg cp 20 mg *</i> (Acid Reducer (omeprazole))	\$0 (Tier 4)	
<i>gs omeprazole dr 20 mg odt 20 mg *</i>	\$0 (Tier 4)	
<i>heartburn relief 10 mg tablet 10 mg *</i> (famotidine)	\$0 (Tier 4)	
<i>heartburn relief 20 mg tablet 20 mg *</i> (famotidine)	\$0 (Tier 4)	
<i>hm famotidine 20 mg tablet maximum strength (otc) 20 mg *</i> (Acid Controller)	\$0 (Tier 4)	
<i>kro heartburn preven 20 mg tab 20 mg *</i> (famotidine)	\$0 (Tier 4)	
<i>lansoprazole dr 15 mg capsule (otc) 15 mg *</i> (Prevacid 24Hr)	\$0 (Tier 4)	
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Prevacid 24Hr)	\$0 (Tier 1)	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	\$0 (Tier 1)	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	\$0 (Tier 1)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>omeprazole dr 20 mg tablet 20 mg *</i>	\$0 (Tier 4)	
<i>omeprazole mag dr 20.6 mg cap two 14-day course 20 mg *</i> (Acid Reducer (omeprazole))	\$0 (Tier 4)	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	\$0 (Tier 1)	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	\$0 (Tier 1)	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i> (Protonix)	\$0 (Tier 1)	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i> (Protonix)	\$0 (Tier 1)	QL (60 per 30 days)
<i>pub famotidine 20 mg tablet max strength (otc) 20 mg *</i> (Acid Controller)	\$0 (Tier 4)	
<i>ra esomeprazole mag dr 20 mg (otc) 20 mg *</i> (Nexium)	\$0 (Tier 4)	
<i>ra lansoprazole dr 15 mg cap 14capsx3 bottles (otc) 15 mg *</i> (Prevacid 24Hr)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use	
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	(AcipHex)	\$0 (Tier 1)	QL (30 per 30 days)
<i>sm acid reducer 20 mg tablet 20 mg *</i>	(famotidine)	\$0 (Tier 4)	
<i>sm acid reducer 20 mg tablet maximum strength 20 mg *</i>	(famotidine)	\$0 (Tier 4)	
<i>sm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc) 15 mg *</i>	(Prevacid 24Hr)	\$0 (Tier 4)	
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	\$0 (Tier 1)	
<i>zantac-360 (famotidine) 20 mg tb 20 mg *</i>	(famotidine)	\$0 (Tier 4)	
Gastrointestinal Agents, Other			
<i>acid gone tablet chew 160-105 mg *</i>		\$0 (Tier 4)	
<i>almacone-2 liquid 400-400-40 mg/5 ml *</i>	(alum-mag hydroxide-simeth)	\$0 (Tier 4)	
<i>aluminum hydroxide gel 320 mg/5 ml *</i>		\$0 (Tier 4)	
<i>antacid anti-gas liquid 400-400-40 mg/5 ml *</i>	(alum-mag hydroxide-simeth)	\$0 (Tier 4)	
<i>antacid chewable tablet peppermint flavor 550-110 mg *</i>		\$0 (Tier 4)	
<i>antacid ex-str tablet chew 160-105 mg *</i>		\$0 (Tier 4)	
<i>antacid ultra tablet chew 400 mg calcium (1,000 mg) *</i>	(calcium carbonate)	\$0 (Tier 4)	
<i>antacid-antigas 1000-60 mg chw 1,000-60 mg *</i>		\$0 (Tier 4)	
<i>anti-diarrheal 2 mg caplet caplet 2 mg *</i>	(loperamide)	\$0 (Tier 4)	
<i>bismatrol tablet chew 262 mg *</i>	(bismuth subsalicylate)	\$0 (Tier 4)	
<i>calcium 500 mg chewable tablet tab chew, plf (rx) 500 mg calcium (1,250 mg) *</i>	(Calcium 500)	\$0 (Tier 4)	
<i>calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg) *</i>	(calcium carbonate)	\$0 (Tier 4)	
<i>calcium antacid 750 mg tb chew 300 mg (750 mg) *</i>	(calcium carbonate)	\$0 (Tier 4)	
<i>cal-gest 500 mg tablet chew 200 mg calcium (500 mg) *</i>	(calcium carbonate)	\$0 (Tier 4)	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	(Carbaglu)	\$0 (Tier 1)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use	
<i>comfort gel max str susp max-str 400-400-40 mg/5 ml *</i>	(alum-mag hydroxide-simeth)	\$0 (Tier 4)	
<i>comfort gel suspension regular str, cherry 200-200-20 mg/5 ml *</i>	(alum-mag hydroxide-simeth)	\$0 (Tier 4)	
<i>constulose oral solution 10 gram/15 ml</i>	(lactulose)	\$0 (Tier 1)	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	(Gastrocrom)	\$0 (Tier 1)	
<i>cvs anti-diarrheal suspension 262 mg/15 ml *</i>	(bismuth subsalicylate)	\$0 (Tier 4)	
<i>dicyclomine oral capsule 10 mg</i>		\$0 (Tier 1)	
<i>dicyclomine oral solution 10 mg/5 ml</i>		\$0 (Tier 1)	
<i>dicyclomine oral tablet 20 mg</i>		\$0 (Tier 1)	
<i>diotame instydose 524 mg/30 ml 524 mg/30 ml *</i>		\$0 (Tier 4)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	(Lomotil)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i>	(lactulose)	\$0 (Tier 1)	
<i>eq liquid antacid susp maximum strength 400-400-40 mg/5 ml *</i>	(alum-mag hydroxide-simeth)	\$0 (Tier 4)	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		\$0 - \$9.85 (Tier 2)	PA; NDS
<i>gelusil 200-200-25 mg chew tab cool mint 200-200-25 mg *</i>		\$0 (Tier 4)	
<i>generlac oral solution 10 gram/15 ml</i>	(lactulose)	\$0 (Tier 1)	
<i>geri-lanta liquid 200-200-20 mg/5 ml *</i>	(alum-mag hydroxide-simeth)	\$0 (Tier 4)	
<i>glycopyrrolate oral tablet 1 mg</i>	(Robinul)	\$0 (Tier 1)	
<i>glycopyrrolate oral tablet 2 mg</i>	(Robinul Forte)	\$0 (Tier 1)	
<i>gs anti-diarrheal-antigas cplt 2-125 mg *</i>	(loperamide-simethicone)	\$0 (Tier 4)	
<i>hm loperamide 2 mg softgel softgel (otc) 2 mg *</i>	(Anti-Diarrheal (loperamide))	\$0 (Tier 4)	
IMODIUM MULTI-SYMPTOM REL CPLT MULTI-SYMPTOM,CAPLET 2-125 MG *	(loperamide-simethicone)	\$0 (Tier 4)	
<i>kaopectate 262 mg/15 ml susp 262 mg/15 ml *</i>	(bismuth subsalicylate)	\$0 (Tier 4)	
<i>kaopectate extra strength liq peppermint 525 mg/15 ml *</i>		\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>kao-tin (bismuth subsalicylat) oral suspension 262 mg/15 ml *</i>	(bismuth subsalicylate) \$0 (Tier 4)	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	\$0 (Tier 1)	
<i>lactulose oral solution 10 gram/15 ml</i>	(Constulose) \$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	\$0 - \$9.85 (Tier 2)	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
<i>loperamide 1 mg/7.5 ml soln 1 mg/7.5 ml *</i>	(Anti-Diarrheal (loperamide)) \$0 (Tier 4)	
<i>loperamide oral capsule 2 mg</i>	(Anti-Diarrheal (loperamide)) \$0 (Tier 1)	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	(Amitiza) \$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
<i>maalox advanced suspension regular strength 200-200-20 mg/5 ml *</i>	(alum-mag hydroxide-simeth) \$0 (Tier 4)	
MAG-AL LIQUID 200-200 MG/5 ML *	\$0 (Tier 4)	
<i>maglox oral suspension 200-200-20 mg/5 ml *</i>	(alum-mag hydroxide-simeth) \$0 (Tier 4)	
<i>magnesium oxide 250 mg tablet (rx) 250 mg magnesium *</i>	\$0 (Tier 4)	
<i>magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium) *</i>	(MgO) \$0 (Tier 4)	
<i>magnesium oxide 400 packet 240 mg magnesium *</i>	\$0 (Tier 4)	
<i>magnesium oxide 420 mg tablet (rx) 420 mg *</i>	\$0 (Tier 4)	
<i>magnesium oxide 500 mg capsule (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>magnesium oxide 500 mg tablet plf,lactose-free (rx) 500 mg *</i>	(Phillips) \$0 (Tier 4)	
MAG-OXIDE 200 MG TAB 200 MG MAGNESIUM *	\$0 (Tier 4)	
<i>mag-oxide magnesium 200 mg tab 200 mg magnesium *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	\$0 (Tier 1)	
<i>mgo 400 mg tablet 400 mg (241.3 mg magnesium) *</i> (magnesium oxide)	\$0 (Tier 4)	
<i>mi-acid 400-400-40 mg/10 ml lq 200-200-20 mg/5 ml *</i> (alum-mag hydroxide-simeth)	\$0 (Tier 4)	
<i>mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml *</i> (alum-mag hydroxide-simeth)	\$0 (Tier 4)	
<i>mintox plus tablet chewable 200-200-25 mg *</i>	\$0 (Tier 4)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>phillips 500 mg caplet 500 mg *</i> (magnesium oxide)	\$0 (Tier 4)	
<i>ra anti-diarrheal 2 mg softgel 2 mg *</i> (loperamide)	\$0 (Tier 4)	
<i>ra pink bismuth 262 mg/15 ml 262 mg/15 ml *</i> (bismuth subsalicylate)	\$0 (Tier 4)	
<i>ra pink bismuth caplet 262 mg *</i>	\$0 (Tier 4)	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>ri-gel ii oral suspension 400-400-40 mg/5 ml *</i> (alum-mag hydroxide-simeth)	\$0 (Tier 4)	
<i>ri-gel oral suspension 200-200-20 mg/5 ml *</i> (alum-mag hydroxide-simeth)	\$0 (Tier 4)	
<i>ri-mox oral suspension 200-200-20 mg/5 ml *</i> (alum-mag hydroxide-simeth)	\$0 (Tier 4)	
RULOX ORAL SUSPENSION 200-200-20 MG/5 ML *	\$0 (Tier 4)	
<i>smooth dissolve antacid chew 300 mg (750 mg) *</i> (calcium carbonate)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sodium bicarb 325 mg tablet 325 mg *</i>	\$0 (Tier 4)	
<i>sodium bicarb 650 mg tablet 650 mg *</i>	\$0 (Tier 4)	
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	\$0 (Tier 1)	NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (Tier 1)	
<i>stomach relief 525 mg/15 ml 525 mg/15 ml *</i>	\$0 (Tier 4)	
<i>stomach rlf 525 mg/30 ml susp 262 mg/15 ml *</i> (bismuth subsalicylate)	\$0 (Tier 4)	
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	\$0 (Tier 1)	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	\$0 (Tier 1)	
XERMELO ORAL TABLET 250 MG	\$0 - \$9.85 (Tier 2)	PA; QL (90 per 30 days); NDS
Laxatives		
<i>bisacodyl 10 mg suppository 10 mg *</i> (Laxative (bisacodyl))	\$0 (Tier 4)	
<i>bisacodyl ec 5 mg tablet 5 mg *</i> (Alophen (bisacodyl))	\$0 (Tier 4)	
<i>clearlax powder packet 17 gram *</i> (polyethylene glycol 3350)	\$0 (Tier 4)	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	\$0 - \$9.85 (Tier 2)	
<i>cvs glycerin suppository child size *</i>	\$0 (Tier 4)	
<i>cvs purelax powder 17 gram/dose *</i> (polyethylene glycol 3350)	\$0 (Tier 4)	
<i>cvs purelax powder packet 10 daily doses 17 gram *</i> (polyethylene glycol 3350)	\$0 (Tier 4)	
<i>dioctyl oral syrup 60 mg/15 ml *</i> (docusate sodium)	\$0 (Tier 4)	
<i>docu liquid 50 mg/5 ml 50 mg/5 ml *</i> (docusate sodium)	\$0 (Tier 4)	
<i>docusate cal 240 mg softgel 240 mg *</i> (Kaopectate (docusate calcium))	\$0 (Tier 4)	
<i>docusate sodium 100 mg softgel softgel 100 mg *</i> (DulcoEase)	\$0 (Tier 4)	
<i>docusate sodium 250 mg softgel 250 mg *</i> (Col-Rite)	\$0 (Tier 4)	
<i>docusate sodium 50 mg/5 ml liq 50 mg/5 ml *</i> (Docu)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>docusate sodium mini enema 283 mg/5 ml</i> (Enemeez) *	\$0 (Tier 4)	
<i>docusol mini-enema outer 283 mg</i> *	\$0 (Tier 4)	
<i>dok 100 mg softgel softgel 100 mg</i> * (docusate sodium)	\$0 (Tier 4)	
<i>dok 100 mg tablet 100 mg</i> * (docusate sodium)	\$0 (Tier 4)	
<i>dulcoease 100 mg softgel 100 mg</i> * (docusate sodium)	\$0 (Tier 4)	
<i>enema disposable 19-7 gram/118 ml</i> *	\$0 (Tier 4)	
<i>enemeez mini enema 5cc tubes, outer 283 mg/5 ml</i> * (docusate sodium)	\$0 (Tier 4)	
<i>enemeez plus mini enema outer 283-20 mg/5 ml</i> *	\$0 (Tier 4)	
<i>evac-u-gen 8.6 mg tablet 8.6 mg</i> * (sennosides)	\$0 (Tier 4)	
<i>fiber powder 3 gram/12 gram</i> *	\$0 (Tier 4)	
<i>fiber tablet unboxed 625 mg</i> * (calcium polycarbophil)	\$0 (Tier 4)	
<i>fiber therapy powder 2 gram/19 gram</i> *	\$0 (Tier 4)	
<i>fiber therapy powder 3 gram/12 gram</i> *	\$0 (Tier 4)	
<i>fiber-lax captabs 500mg polycarbophil 625 mg</i> * (calcium polycarbophil)	\$0 (Tier 4)	
FLEET BISACODYL 10 MG ENEMA 10 MG/30 ML *	\$0 (Tier 4)	
<i>FLEET MINERAL OIL ENEMA</i> * (mineral oil)	\$0 (Tier 4)	
<i>fleet pedia-lax stool softener 50 mg/15 ml</i> *	\$0 (Tier 4)	
<i>fleet pedia-lax suppositories</i> * (glycerin (child))	\$0 (Tier 4)	
<i>gavilyte-c oral recon soln 240-22.72-6.72 - 5.84 gram</i> (peg 3350-electrolytes)	\$0 (Tier 1)	
<i>gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram</i> (peg 3350-electrolytes)	\$0 (Tier 1)	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	\$0 (Tier 1)	
<i>glycerin adult suppository</i> * (Fleet Glycerin (Adult))	\$0 (Tier 4)	
<i>glycerin pediatric suppository infants & children</i> *	\$0 (Tier 4)	
<i>glycerin suppository</i> * (Fleet Glycerin (Adult))	\$0 (Tier 4)	
<i>glycolax oral powder 17 gram/dose</i> * (polyethylene glycol 3350)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>healthylax powder packet outer 17 gram *</i> (polyethylene glycol 3350)	\$0 (Tier 4)	
<i>konsyl psyllium fiber packet orange, gluten free 3.4 gram *</i>	\$0 (Tier 4)	
<i>kro gentlelax 17 gram powder 17 gram/dose *</i> (polyethylene glycol 3350)	\$0 (Tier 4)	
<i>laxaclear powder 17 gram/dose *</i> (polyethylene glycol 3350)	\$0 (Tier 4)	
<i>laxative 15 mg tablet 15 mg *</i>	\$0 (Tier 4)	
<i>magic bullet 10 mg suppos 10 mg *</i> (bisacodyl)	\$0 (Tier 4)	
<i>magnesium citrate solution *</i> (Citrate of Magnesia)	\$0 (Tier 4)	
METAMUCIL POWDER 3.4 GRAM/7 GRAM *	\$0 (Tier 4)	
METAMUCIL POWDER GLUTEN-FREE, ORANGE 3.4 GRAM/12 GRAM *	\$0 (Tier 4)	
<i>milk of magnesia suspension 400 mg/5 ml *</i> (magnesium hydroxide)	\$0 (Tier 4)	
<i>mineral oil *</i> (Mineral Oil Extra Heavy)	\$0 (Tier 4)	
<i>mineral oil enema *</i> (Fleet Mineral Oil)	\$0 (Tier 4)	
<i>mineral oil heavy heavy (otc) *</i> (mineral oil)	\$0 (Tier 4)	
<i>mineral oil laxative oral oil *</i> (mineral oil)	\$0 (Tier 4)	
<i>mineral oil usp *</i> (Mineral Oil Extra Heavy)	\$0 (Tier 4)	
<i>mineral oil, heavy usp, heavy (rx) *</i> (mineral oil)	\$0 (Tier 4)	
<i>natural fiber powder regular 3.4 gram/7 gram *</i>	\$0 (Tier 4)	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	\$0 (Tier 1)	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (Tier 1)	
<i>perdiem overnight relief tb 15 mg *</i>	\$0 (Tier 4)	
<i>phillips' lax liqui-gels 100 mg *</i> (docusate sodium)	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd (otc) 17 gram/dose *</i> (GentleLax)	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc) 17 gram *</i> (ClearLax)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose *</i>	(GentleLax)	\$0 (Tier 4)
<i>polyethylene glycol 3350 powd outer (otc) 17 gram *</i>	(ClearLax)	\$0 (Tier 4)
<i>powderlax 17 g powder packet 17 gram *</i>	(polyethylene glycol 3350)	\$0 (Tier 4)
<i>powderlax powder 17 gram/dose *</i>	(polyethylene glycol 3350)	\$0 (Tier 4)
<i>promolaxin 100 mg tablet 100 mg *</i>	(docusate sodium)	\$0 (Tier 4)
<i>qc mineral oil heavy *</i>	(Mineral Oil Extra Heavy)	\$0 (Tier 4)
<i>qc natural vegetable powder 48 doses, reg flavor *</i>	(psyllium seed (with dextrose))	\$0 (Tier 4)
<i>qc natura-lax 17 gm powder 17 gram/dose *</i>	(polyethylene glycol 3350)	\$0 (Tier 4)
<i>ra citrate of magnesia soln *</i>	(magnesium citrate)	\$0 (Tier 4)
<i>ra fast relief lax 10 mg supp 10 mg *</i>	(bisacodyl)	\$0 (Tier 4)
<i>ra laxative peg 3350 powder 30 once-daily doses 17 gram/dose *</i>	(polyethylene glycol 3350)	\$0 (Tier 4)
<i>ra mineral oil extra-heavy extra-heavy *</i>	(mineral oil)	\$0 (Tier 4)
<i>ra senna 8.6 mg tablet 8.6 mg *</i>	(sennosides)	\$0 (Tier 4)
<i>reguloid powder 3 gram/7 gram *</i>		\$0 (Tier 4)
<i>senna 8.6 mg tablet 8.6 mg *</i>	(sennosides)	\$0 (Tier 4)
<i>senna 8.8 mg/5 ml syrup 8.8 mg/5 ml *</i>	(sennosides)	\$0 (Tier 4)
<i>senna 8.8 mg/5 ml syrup grx 8.8 mg/5 ml *</i>	(sennosides)	\$0 (Tier 4)
<i>senna-time 8.6 mg tablet 8.6 mg *</i>	(sennosides)	\$0 (Tier 4)
<i>silace 60 mg/15 ml syrup 60 mg/15 ml *</i>	(docusate sodium)	\$0 (Tier 4)
<i>sm fiber laxative 500 mg cplt 500 mg *</i>		\$0 (Tier 4)
<i>sm fiber powder 3 gram/7 gram *</i>		\$0 (Tier 4)
<i>sm fiber powder 3.4 gram/11 gram *</i>		\$0 (Tier 4)
<i>smoothlax powder 30 once-daily doses 17 gram/dose *</i>	(polyethylene glycol 3350)	\$0 (Tier 4)
<i>smoothlax powder packet 17 gram *</i>	(polyethylene glycol 3350)	\$0 (Tier 4)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	(Suprep Bowel Prep Kit)	\$0 - \$9.85 (Tier 2)
<i>stool softener 100 mg tablet 100 mg *</i>	(docusate sodium)	\$0 (Tier 4)
<i>stool softener-stim lax softgl 8.6-50 mg *</i>		\$0 (Tier 4)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,m ag sulfates)	\$0 - \$9.85 (Tier 2)	
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	\$0 - \$9.85 (Tier 2)	
<i>trilyte with flavor packets oral recon soln 420 gram</i> (peg-electrolyte soln)	\$0 (Tier 1)	
Phosphate Binders		
CALCIUM ACETATE 667 MG TABLET 667 MG * (Calphron)	\$0 (Tier 4)	
CALCIUM ACETATE 668 MG TABLET 668 MG (169 MG CALCIUM) * <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	\$0 (Tier 4)	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	\$0 (Tier 1)	
CALPHRON 667 MG TABLET 667 MG * (calcium acetate)	\$0 (Tier 4)	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	\$0 - \$9.85 (Tier 2)	NDS
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	\$0 (Tier 1)	
<i>sevelamer hcl oral tablet 400 mg</i>	\$0 (Tier 1)	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	\$0 - \$9.85 (Tier 2)	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	\$0 (Tier 1)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 - \$9.85 (Tier 2)	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	\$0 (Tier 1)	
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER 3.9 MG/24 HOUR *	\$0 (Tier 4)	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	\$0 (Tier 1)	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	\$0 (Tier 1)	
<i>tropium oral tablet 20 mg</i>	\$0 (Tier 1)	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	\$0 (Tier 1)	
<i>finasteride oral tablet 5 mg</i> (Proscar)	\$0 (Tier 1)	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>tiopronin oral tablet 100 mg</i> (Thiola)	\$0 (Tier 1)	NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique oral capsule 250 mg</i> (trientine)	\$0 (Tier 1)	PA; QL (240 per 30 days); NDS
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	\$0 (Tier 1)	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i> (Jadenu)	\$0 (Tier 1)	PA; NDS
<i>deferasirox oral tablet 90 mg</i> (Jadenu)	\$0 (Tier 1)	PA
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	\$0 (Tier 1)	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	\$0 (Tier 1)	PA; NDS
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	\$0 (Tier 1)	PA; NDS
<i>deferoxamine injection recon soln 2 gram</i>	\$0 (Tier 1)	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	\$0 (Tier 1)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FERRIPROX 1,000 MG (deferiprone) TAB(2X/DAY) 1,000 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG (deferiprone)	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	\$0 (Tier 1)	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	\$0 (Tier 1)	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	\$0 (Tier 1)	PA; QL (240 per 30 days); NDS
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	\$0 (Tier 1)	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	\$0 (Tier 1)	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 1)	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i> (Vogelxo)	\$0 (Tier 1)	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> (AndroGel)	\$0 (Tier 1)	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel)	\$0 (Tier 1)	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	\$0 (Tier 1)	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; 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
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	(estradiol-norethindrone acet)	\$0 (Tier 1) PA-HRM; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(estradiol)	\$0 (Tier 1) PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Estrace)	\$0 (Tier 1) PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Dotti)	\$0 (Tier 1) PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>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</i>	(Climara)	\$0 (Tier 1) PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	(Estrace)	\$0 (Tier 1)
<i>estradiol vaginal tablet 10 mcg</i>	(Yuvafem)	\$0 (Tier 1) QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	(Delestrogen)	\$0 (Tier 1)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	(Amabelz)	\$0 (Tier 1) PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 1) PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0 (Tier 1) PA-HRM; AGE (Max 64 Years)
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(estradiol)	\$0 (Tier 1) PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet)	\$0 (Tier 1) PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(Fyavolv)	\$0 (Tier 1) PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG		
	\$0 - \$9.85 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	\$0 - \$9.85 (Tier 2)	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	0.625 (conjugated estrogens)	\$0 - \$9.85 (Tier 2) PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 - \$9.85 (Tier 2)	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	\$0 - \$9.85 (Tier 2)	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	\$0 - \$9.85 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i>	(Evista)	\$0 (Tier 1)
<i>yuvafem vaginal tablet 10 mcg</i>	(estradiol)	\$0 (Tier 1) QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>		\$0 (Tier 1)
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	(Celestone Soluspan)	\$0 (Tier 1)
<i>dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml</i>		\$0 (Tier 1)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>		\$0 (Tier 1)
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		\$0 (Tier 1)
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>		\$0 (Tier 1)
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>		\$0 (Tier 1)
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>		\$0 (Tier 1)
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>		\$0 (Tier 1)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (91 per 28 days); NDS
EMFLAZA ORAL TABLET 18 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	\$0 (Tier 1)	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 32 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	\$0 (Tier 1)	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	\$0 (Tier 1)	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	\$0 - \$9.85 (Tier 2)	
<i>triamcinolone acetate injection suspension 40 mg/ml</i> (Kenalog)	\$0 (Tier 1)	
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	\$0 - \$9.85 (Tier 2)	PA; QL (35 per 28 days); NDS
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	\$0 - \$9.85 (Tier 2)	NDS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	\$0 - \$9.85 (Tier 2)	PA; QL (35 per 28 days); NDS
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	\$0 (Tier 1)	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (0.5 per 28 days); NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	\$0 - \$9.85 (Tier 2)	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 - \$9.85 (Tier 2)	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	\$0 - \$9.85 (Tier 2)	NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	\$0 - \$9.85 (Tier 2)	NDS
NORDITROPIN FLEXPLO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	\$0 (Tier 1)	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	\$0 (Tier 1)	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	\$0 (Tier 1)	
ORGOVYX ORAL TABLET 120 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	\$0 - \$9.85 (Tier 2)	PA; QL (28 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ORILISSA ORAL TABLET 200 MG	\$0 - \$9.85 (Tier 2)	PA; QL (56 per 28 days); NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	\$0 - \$9.85 (Tier 2)	NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML (lanreotide)	\$0 - \$9.85 (Tier 2)	PA NSO; QL (0.5 per 28 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (0.2 per 28 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (0.3 per 28 days); NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	\$0 - \$9.85 (Tier 2)	QL (1 per 360 days); NDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	\$0 - \$9.85 (Tier 2)	NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	\$0 - \$9.85 (Tier 2)	QL (1 per 168 days); NDS
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
Progestins		
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	(Makena) \$0 (Tier 1)	NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Depo-Provera) \$0 (Tier 1)	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	(Depo-Provera) \$0 (Tier 1)	QL (1 per 84 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	\$0 (Tier 1)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	\$0 (Tier 1)	
<i>progesterone intramuscular oil 50 mg/ml</i>	\$0 (Tier 1)	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	\$0 (Tier 1)	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	\$0 (Tier 1)	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	\$0 (Tier 1)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	\$0 (Tier 1)	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	
Immunological Agents		
Immunological Agents		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 - \$9.85 (Tier 2)	NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	\$0 (Tier 1)	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	\$0 (Tier 1)	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (8 per 28 days); NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (8 per 28 days); NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 - \$9.85 (Tier 2)	PA NSO; QL (2 per 28 days); NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	\$0 (Tier 1)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	\$0 (Tier 1)	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i> (Zortress)	\$0 (Tier 1)	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	\$0 (Tier 1)	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	\$0 - \$9.85 (Tier 2)	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
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	(\$0 (Tier 1) (cyclosporine modified))	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	(\$0 (Tier 1) (cyclosporine modified))	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	\$0 (Tier 1)	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	\$0 (Tier 1)	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	\$0 (Tier 1)	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	\$0 - \$9.85 (Tier 2)	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 - \$9.85 (Tier 2)	PA BvD; ST

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	\$0 - \$9.85 (Tier 2)	
REZUROCK ORAL TABLET 200 MG	\$0 - \$9.85 (Tier 2)	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	\$0 - \$9.85 (Tier 2)	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	\$0 (Tier 1)	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	\$0 (Tier 1)	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	\$0 (Tier 1)	PA BvD; NDS
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	\$0 - \$9.85 (Tier 2)	PA; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	\$0 (Tier 1)	PA BvD
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TREMIFYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	\$0 - \$9.85 (Tier 2)	PA; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 - \$9.85 (Tier 2)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 - \$9.85 (Tier 2)	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 - \$9.85 (Tier 2)	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 - \$9.85 (Tier 2)	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 - \$9.85 (Tier 2)	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 - \$9.85 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0 - \$9.85 (Tier 2)	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 - \$9.85 (Tier 2)	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 - \$9.85 (Tier 2)	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 - \$9.85 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 - \$9.85 (Tier 2)	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 - \$9.85 (Tier 2)	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 - \$9.85 (Tier 2)	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	\$0 - \$9.85 (Tier 2)	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 - \$9.85 (Tier 2)	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 - \$9.85 (Tier 2)	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	\$0 - \$9.85 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 - \$9.85 (Tier 2)	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 - \$9.85 (Tier 2)	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 - \$9.85 (Tier 2)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	\$0 - \$9.85 (Tier 2)	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 - \$9.85 (Tier 2)	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	\$0 - \$9.85 (Tier 2)	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	\$0 - \$9.85 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	\$0 - \$9.85 (Tier 2)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 - \$9.85 (Tier 2)	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 - \$9.85 (Tier 2)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 - \$9.85 (Tier 2)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 - \$9.85 (Tier 2)	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 - \$9.85 (Tier 2)	(tetanus-diphtheria toxoids-td)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 - \$9.85 (Tier 2)	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 - \$9.85 (Tier 2)	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 - \$9.85 (Tier 2)	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	\$0 - \$9.85 (Tier 2)	QL (0.75 per 365 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 - \$9.85 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	(typhoid vi polysacch vaccine)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 - \$9.85 (Tier 2)	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 - \$9.85 (Tier 2)	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 - \$9.85 (Tier 2)	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 - \$9.85 (Tier 2)	
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg</i>	(Lotronex)	\$0 (Tier 1)
<i>alosetron oral tablet 1 mg</i>	(Lotronex)	\$0 (Tier 1) NDS
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	\$0 (Tier 1)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>		\$0 (Tier 1)
DIPENTUM ORAL CAPSULE 250 MG		\$0 - \$9.85 (Tier 2) ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	\$0 - \$9.85 (Tier 2)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	(Delzicol) \$0 (Tier 1)	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	(Apriso) \$0 (Tier 1)	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	(Lialda) \$0 (Tier 1)	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	(Asacol HD) \$0 (Tier 1)	
<i>mesalamine rectal suppository 1,000 mg</i>	(Canasa) \$0 (Tier 1)	
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine) \$0 (Tier 1)	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	(Azulfidine EN-tabs) \$0 - \$9.85 (Tier 2)	
UCERIS RECTAL FOAM 2 MG/ACTUATION	\$0 - \$9.85 (Tier 2)	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i>	(Fosamax) \$0 (Tier 1)	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	\$0 (Tier 1)	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0 (Tier 1)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	(Rocaltrol) \$0 (Tier 1)	
<i>calcitriol oral solution 1 mcg/ml</i>	(Rocaltrol) \$0 (Tier 1)	
<i>cinacalcet oral tablet 30 mg</i>	(Sensipar) \$0 (Tier 1)	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	(Sensipar) \$0 (Tier 1)	QL (60 per 30 days); NDS
<i>cinacalcet oral tablet 90 mg</i>	(Sensipar) \$0 (Tier 1)	QL (120 per 30 days); NDS
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	\$0 - \$9.85 (Tier 2)	PA; QL (2.34 per 30 days); NDS
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	\$0 - \$9.85 (Tier 2)	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	\$0 (Tier 1)	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	\$0 (Tier 1)	QL (3 per 84 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ibandronate oral tablet 150 mg</i> (Boniva)	\$0 (Tier 1)	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	\$0 - \$9.85 (Tier 2)	PA; QL (2 per 28 days); NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	\$0 (Tier 1)	
<i>paricalcitol oral capsule 4 mcg</i>	\$0 (Tier 1)	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 - \$9.85 (Tier 2)	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	\$0 (Tier 1)	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	\$0 (Tier 1)	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	\$0 (Tier 1)	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	\$0 - \$9.85 (Tier 2)	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	\$0 (Tier 1)	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	\$0 (Tier 1)	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	\$0 (Tier 1)	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	\$0 (Tier 1)	NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	\$0 (Tier 1)	
ELMIRON ORAL CAPSULE 100 MG	\$0 - \$9.85 (Tier 2)	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 - \$9.85 (Tier 2)	PA; QL (180 per 30 days); NDS
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	\$0 - \$9.85 (Tier 2)	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	\$0 (Tier 1)	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 - \$9.85 (Tier 2)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 - \$9.85 (Tier 2)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 - \$9.85 (Tier 2)	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	\$0 (Tier 1)	
KEYEYIS ORAL TABLET 50 MG	\$0 - \$9.85 (Tier 2)	PA; QL (120 per 30 days); NDS
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	\$0 (Tier 1)	
<i>leucovorin calcium injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	\$0 (Tier 1)	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	\$0 - \$9.85 (Tier 2)	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	\$0 (Tier 1)	NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	\$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	\$0 - \$9.85 (Tier 2)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet 30 mg</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	\$0 (Tier 1)	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	\$0 - \$9.85 (Tier 2)	PA; QL (4 per 28 days); NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	\$0 - \$9.85 (Tier 2)	PA; QL (4 per 28 days); NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	\$0 - \$9.85 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
TOTECT INTRAVENOUS RECON SOLN 500 MG	\$0 - \$9.85 (Tier 2)	NDS
TYBOST ORAL TABLET 150 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	\$0 - \$9.85 (Tier 2)	QL (24 per 14 days); NDS
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	\$0 - \$9.85 (Tier 2)	PA; QL (120 per 30 days); NDS
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	\$0 - \$9.85 (Tier 2)	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	\$0 - \$9.85 (Tier 2)	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>acetazolamide sodium injection recon soln 500 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 - \$9.85 (Tier 2)	
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	\$0 (Tier 1)	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	\$0 (Tier 1)	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	\$0 - \$9.85 (Tier 2)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
COMBIGAN OPHTHALMIC (EYE) (brimonidine-timolol) DROPS 0.2-0.5 %	\$0 - \$9.85 (Tier 2)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	\$0 (Tier 1)	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	\$0 (Tier 1)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	\$0 (Tier 1)	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 - \$9.85 (Tier 2)	QL (2.5 per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 4 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic (eye) drops 2 %</i> (Isopto Carpine)	\$0 (Tier 1)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 - \$9.85 (Tier 2)	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 - \$9.85 (Tier 2)	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	\$0 - \$9.85 (Tier 2)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	\$0 - \$9.85 (Tier 2)	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	\$0 (Tier 1)	QL (2.5 per 25 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Replacement Preparations		
Replacement Preparations		
<i>calci-mix 1.25 gm capsule (rx) 500 mg calcium (1,250 mg) *</i>	\$0 (Tier 4)	
<i>cal-citrate plus vitamin d tab 250 mg-2.5 mcg (100 unit) *</i>	\$0 (Tier 4)	
CALCIUM + VITAMIN D3 GUMMIES 250 MG-5 MCG (200 UNIT) *	\$0 (Tier 4)	
CALCIUM 500 MG CHEWABLE TABLET (RX) 500 MG-2.5 MCG (100 UNIT) *	\$0 (Tier 4)	
<i>calcium 500 mg chewable tablet plf, gluten-f (rx) 500 mg-2.5 mcg (100 unit) *</i>	\$0 (Tier 4)	
<i>calcium 500 mg tablet 500mg elemental ca (rx) 500 mg calcium (1,250 mg) *</i>	(Natural Calcium) \$0 (Tier 4)	
<i>calcium 500+d tablet chew 500 mg-10 mcg (400 unit) *</i>	(calcium carbonate-vitamin d3) \$0 (Tier 4)	
<i>calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit) *</i>	(Calcium 500 + D) \$0 (Tier 4)	
<i>calcium 600-vit d3 500 softgel rapid release, sftgl (rx) 600 mg-12.5 mcg (500 unit) *</i>	(Calcium 600 with Vitamin D3) \$0 (Tier 4)	
<i>calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml) *</i>	\$0 (Tier 4)	
<i>calcium carbonate 648 mg tab 260 mg calcium (648 mg) *</i>	\$0 (Tier 4)	
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	\$0 (Tier 1)	
<i>calcium cit 200 mg-d3 125 unit (rx) 200 mg-3.125 mcg (125 unit) *</i>	\$0 (Tier 4)	
<i>calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit) *</i>	(Calcium Citrate + D) \$0 (Tier 4)	
<i>calcium citrate 200 mg tablet plf (rx) 200 mg (950 mg) *</i>	\$0 (Tier 4)	
CALCIUM CITRATE 250 MG CAPLET 250 MG CALCIUM *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>calcium citrate granules 760 mg calcium /3.5 gram *</i>	\$0 (Tier 4)	
<i>calcium citrate malate with d 250 mg-2.5 mcg (100 unit) *</i>	\$0 (Tier 4)	
<i>calcium citrate-vit d3 caplet plf (rx) 315 mg-6.25 mcg (250 unit) *</i>	\$0 (Tier 4)	(Citracal + D Maximum)
<i>calcium citrate-vitamin d3 liq 1,000 mg-10 mcg /30 ml *</i>	\$0 (Tier 4)	
<i>calcium gluconate 50 mg tablet 50 mg calcium *</i>	\$0 (Tier 4)	
CALCIUM LACTATE 100 MG TABLET 100 MG CALCIUM *	\$0 (Tier 4)	
<i>calcium with magnesium tab 300-300 mg *</i>	\$0 (Tier 4)	
CAL-QUICK LIQUID 500 MG-10 MCG (400 UNIT)/5 ML *	\$0 (Tier 4)	
<i>citracal + d maximum caplet (rx) 315 mg-6.25 mcg (250 unit) *</i>	\$0 (Tier 4)	(calcium citrate-vitamin d3)
CITRACAL-D3 MAXIMUM PLUS CAPLT 325 MG-12.5 MCG -2.75 MG *	\$0 (Tier 4)	(calcium-d3-zinc-copper-mangan)
<i>citrus calcium + d tablet 315 mg-6.25 mcg (250 unit) *</i>	\$0 (Tier 4)	(calcium citrate-vitamin d3)
<i>citrus calcium 200-vit d3 250 200 mg-6.25 mcg (250 unit) *</i>	\$0 (Tier 4)	(calcium citrate-vitamin d3)
<i>cvs pediatric electrolyte soln (rx) *</i>	\$0 (Tier 4)	(electrolytes-dextrose)
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 - \$9.85 (Tier 2)	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 - \$9.85 (Tier 2)	
<i>electrolyte solution (rx) *</i>	\$0 (Tier 4)	(electrolytes-dextrose)
<i>hydralyte electrolyte soln *</i>	\$0 (Tier 4)	(electrolytes-dextrose)
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	\$0 - \$9.85 (Tier 2)	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$9.85 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.85 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride)	\$0 (Tier 1)	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	\$0 (Tier 1)	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	\$0 (Tier 1)	
<i>liquid calcium 600-vit d3 sfgl softgel,plf,gluten-f (rx) 600 mg-12.5 mcg (500 unit) *</i> (calcium carbonate-vitamin d3)	\$0 (Tier 4)	
<i>liquid calcium with vitamin d softgel, plf (rx) 600 mg-5 mcg (200 unit) *</i>	\$0 (Tier 4)	
<i>mag delay dr 64 mg tablet 64 mg *</i> (magnesium chloride)	\$0 (Tier 4)	
<i>mag-g 500 mg tablet 27 mg magnesium (500 mg) *</i> (magnesium gluconate)	\$0 (Tier 4)	
<i>magnesium 200 mg tablet salt,starch,plf (rx) 200 mg *</i>	\$0 (Tier 4)	
MAGNESIUM CITRATE 100 MG TAB 100 MG *	\$0 (Tier 4)	
<i>magnesium gluc 500 mg tablet 27 mg magnesium (500 mg) *</i> (Mag-G)	\$0 (Tier 4)	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	\$0 (Tier 1)	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4%), 40 gram/1,000 ml (4%)</i>	\$0 (Tier 1)	PA BvD
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4%), 4 gram/100 ml (4%), 4 gram/50 ml (8%)</i>	\$0 (Tier 1)	PA BvD
<i>magnesium sulfate injection syringe 4 meq/ml</i>	\$0 (Tier 1)	PA BvD
MAGONATE 54 MG/5 ML LIQUID (RX) 54 MG/5 ML *	\$0 (Tier 4)	
<i>natural calcium 500 mg tablet 500 mg calcium (1,250 mg) *</i> (calcium carbonate)	\$0 (Tier 4)	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$9.85 (Tier 2)	
<i>nu-mag 71.5 mg tablet 71.5 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>oralyte freezer pops</i> *	(electrolytes-dextrose)	\$0 (Tier 4)
<i>oralyte solution</i> *	(electrolytes-dextrose)	\$0 (Tier 4)
<i>oyster shell 500-vit d3 200 pk 500 mg-5 mcg (200 unit)</i> *		\$0 (Tier 4)
<i>oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)</i> *	(Natural Calcium)	\$0 (Tier 4)
<i>pediatric electrolyte solution (rx)</i> *	(electrolytes-dextrose)	\$0 (Tier 4)
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION		\$0 - \$9.85 (Tier 2)
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION		\$0 - \$9.85 (Tier 2)
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>		\$0 (Tier 1) PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>		\$0 (Tier 1)
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>		\$0 (Tier 1)
<i>potassium chloride oral tablet extended release 10 meq, 20 meq</i>	(K-Tab)	\$0 (Tier 1)
<i>potassium chloride oral tablet extended release 8 meq</i>	(Klor-Con 8)	\$0 (Tier 1)
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i>	(Klor-Con M10)	\$0 (Tier 1)
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i>	(Klor-Con M15)	\$0 (Tier 1)
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i>	(Klor-Con M20)	\$0 (Tier 1)
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>		\$0 (Tier 1)
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i>	(Urocit-K 10)	\$0 (Tier 1)
<i>potassium citrate oral tablet extended release 15 meq</i>	(Urocit-K 15)	\$0 (Tier 1)
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	(Urocit-K 5)	\$0 (Tier 1)
<i>ra calcium citrate - vit d tab plf, dlf (rx) 315 mg-6.25 mcg (250 unit)</i> *	(Citracal + D Maximum)	\$0 (Tier 4)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ra calcium citrate-vit d3 tab petites (rx) 200 mg-6.25 mcg (250 unit) *</i>	(Citrus Calcium-Vitamin D3)	\$0 (Tier 4)
<i>ra pediatric electrolyte soln (rx) *</i>	(electrolytes-dextrose)	\$0 (Tier 4)
<i>ra pediatric freezer pops *</i>	(electrolytes-dextrose)	\$0 (Tier 4)
<i>risacal-d tablet 100 mg calcium- 3 mcg *</i>	(calcium phos,dibas-vitamin d3)	\$0 (Tier 4)
<i>sm cal cit 315 mg-d3 250 unit caplet, gluten-free (rx) 315 mg-6.25 mcg (250 unit) *</i>	(CitraCal + D Maximum)	\$0 (Tier 4)
<i>sm pediatric electrolyte soln (rx) *</i>	(electrolytes-dextrose)	\$0 (Tier 4)
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>		\$0 (Tier 1)
<i>sodium chloride 0.9 % injection solution</i>		\$0 (Tier 1)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>		\$0 (Tier 1)
<i>sodium chloride 0.9% solution mini-bag, single use</i>		\$0 (Tier 1)
<i>sodium chloride 0.9% solution viaflex, single use</i>		\$0 - \$9.85 (Tier 2)
<i>vitamin d3-calcium-phos tablet 100 mg calcium- 3 mcg *</i>	(Risacal-D)	\$0 (Tier 4)
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	\$0 (Tier 1)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION		\$0 - \$9.85 (Tier 2)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		\$0 - \$9.85 (Tier 2)
QL (60 per 30 days)	QL (12 per 30 days)	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
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol) \$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	(Pulmicort) \$0 (Tier 1)	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	(Pulmicort) \$0 (Tier 1)	PA BvD; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	(fluticasone propionate) \$0 - \$9.85 (Tier 2)	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	(fluticasone propionate) \$0 - \$9.85 (Tier 2)	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	(fluticasone propionate) \$0 - \$9.85 (Tier 2)	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol) \$0 - \$9.85 (Tier 2)	QL (30.6 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i>	(Singulair) \$0 (Tier 1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	(Singulair) \$0 (Tier 1)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	(Accolate) \$0 (Tier 1)	
Bronchodilators		
<i>albuterol 5 mg/ml solution 5 mg/ml</i>	\$0 (Tier 1)	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	(Proventil HFA) \$0 (Tier 1)	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0 (Tier 1)	QL (13.4 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	\$0 (Tier 1)	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	\$0 (Tier 1)	PA BvD; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	\$0 (Tier 1)	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	\$0 (Tier 1)	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1)	PA BvD; QL (540 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	\$0 (Tier 1)	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	\$0 - \$9.85 (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
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	\$0 - \$9.85 (Tier 2)	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0 - \$9.85 (Tier 2)	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20%)</i> (Acetadote)	\$0 (Tier 1)	
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	\$0 (Tier 1)	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	\$0 - \$9.85 (Tier 2)	QL (560 per 28 days); NDS
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.85 (Tier 2)	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
<i>cromolyn sodium nasal spray 5.2 mg/spray (4%)</i> * (Nasalcrom)	\$0 (Tier 4)	
DALIRESP ORAL TABLET 250 MCG (roflumilast)	\$0 - \$9.85 (Tier 2)	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	\$0 - \$9.85 (Tier 2)	PA; QL (270 per 30 days); NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (1 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (1 per 28 days); NDS
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 - \$9.85 (Tier 2)	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	\$0 - \$9.85 (Tier 2)	PA; QL (56 per 28 days); NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 - \$9.85 (Tier 2)	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	\$0 - \$9.85 (Tier 2)	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 - \$9.85 (Tier 2)	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	\$0 - \$9.85 (Tier 2)	PA; LA; QL (0.4 per 28 days); NDS
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 - \$9.85 (Tier 2)	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 - \$9.85 (Tier 2)	PA; QL (120 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	\$0 (Tier 1)	PA; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 534 mg</i>	\$0 (Tier 1)	PA; QL (90 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	\$0 (Tier 1)	PA; QL (90 per 30 days); NDS
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	\$0 - \$9.85 (Tier 2)	PA BvD; NDS
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	\$0 (Tier 1)	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 - \$9.85 (Tier 2)	PA; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	\$0 - \$9.85 (Tier 2)	PA; QL (84 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 - \$9.85 (Tier 2)	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	\$0 - \$9.85 (Tier 2)	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>chlorzoxazone oral tablet 250 mg</i>	\$0 (Tier 1)	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years); NDS
<i>chlorzoxazone oral tablet 500 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	\$0 (Tier 1)	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i> (dantrolene)	\$0 (Tier 1)	
<i>tizanidine oral tablet 2 mg</i>	\$0 (Tier 1)	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	\$0 (Tier 1)	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	\$0 (Tier 1)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 - \$9.85 (Tier 2)	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	\$0 (Tier 1)	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	\$0 - \$9.85 (Tier 2)	PA; QL (150 per 30 days); NDS
HETLIOZ ORAL CAPSULE 20 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>modafinil oral tablet 100 mg</i> (Provigil)	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	\$0 (Tier 1)	PA; QL (60 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
XYREM ORAL SOLUTION 500 MG/ML	\$0 - \$9.85 (Tier 2)	PA; LA; QL (540 per 30 days); NDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	\$0 (Tier 1)	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 - \$9.85 (Tier 2)	PA; QL (90 per 30 days); NDS
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	\$0 (Tier 1)	PA; QL (30 per 30 days); NDS
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	\$0 (Tier 1)	PA; NDS
OPSUMIT ORAL TABLET 10 MG	\$0 - \$9.85 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	\$0 (Tier 1)	PA; QL (37.5 per 1 day); NDS
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	\$0 (Tier 1)	PA; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	\$0 (Tier 1)	PA; LA; QL (60 per 30 days); NDS
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	\$0 - \$9.85 (Tier 2)	PA; QL (112 per 28 days); NDS
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	\$0 (Tier 1)	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	\$0 - \$9.85 (Tier 2)	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	\$0 - \$9.85 (Tier 2)	PA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLET 200 MCG	\$0 - \$9.85 (Tier 2)	PA; QL (240 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	\$0 - \$9.85 (Tier 2)	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>ascorbic acid 500 mg/ml vial sub 500 mg/ml *</i>	\$0 (Tier 3)	
<i>b-12 500 mcg tablet (rx) 500 mcg *</i>	(cyanocobalamin (vitamin b-12)) \$0 (Tier 4)	
<i>b-12 dots 500 mcg tablet 500 mcg *</i>	(cyanocobalamin (vitamin b-12)) \$0 (Tier 4)	
<i>b-6 tr 200 mg tablet (rx) 200 mg *</i>	\$0 (Tier 4)	
<i>bal-care dha combo pack 27-1-430 mg</i>	\$0 (Tier 1)	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	\$0 (Tier 1)	
<i>bio-d-mulsion forte 2,000 unit (rx) 50 mcg/drop (2, 000 unit/drop) *</i>	\$0 (Tier 4)	
<i>bio-d-mulsn 400 unit/drop conc (rx) 10 mcg/drop (400 unit/drop) *</i>	(cholecalciferol (vitamin d3)) \$0 (Tier 4)	
<i>c-1,000 mg tablet (rx) 1,000 mg *</i>	(ascorbic acid (vitamin c)) \$0 (Tier 4)	
<i>c-1,000 mg with rose hips cplt caplet 1,000 mg *</i>	(ascorbic acid (vitamin c)) \$0 (Tier 4)	
<i>c-500 mg tablet (rx) 500 mg *</i>	(ascorbic acid (vitamin c)) \$0 (Tier 4)	
<i>calcium 1,000 + d3 caplet 1,000 mg-20 mcg (800 unit) *</i>	\$0 (Tier 4)	
<i>calcium 250-vit d3 125 tablet 250 mg-3.125 mcg (125 unit) *</i>	(Oyster Shell Calcium-Vit D3) \$0 (Tier 4)	
<i>calcium 500-vit d3 600 tablet 500 mg-15 mcg (600 unit) *</i>	(Os-Cal 500 + D3) \$0 (Tier 4)	
<i>calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit) *</i>	(Calcium 600 + D(3)) \$0 (Tier 4)	
<i>calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg-5 mcg (200 unit) *</i>	(Calcium 600 + D(3)) \$0 (Tier 4)	
<i>calcium ascorbate 500 mg tab 610mg buffered vit c (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>child ferrous sulfate 15 mg/ml (rx) 15 mg iron (75 mg)/ml *</i>	(Fer-In-Sol) \$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	\$0 (Tier 1)	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>cvs iron 27 mg tablet (rx) 240 mg (27 mg iron) *</i> (Ferate)	\$0 (Tier 4)	
<i>cvs prenatal vitamins tablet (rx) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit) *</i> (Vitamin D3)	\$0 (Tier 4)	
<i>cyanocobalamin 1,000 mcg/ml vial outer 1,000 mcg/ml *</i> (Dodex)	\$0 (Tier 3)	
<i>d3 dots 2,000 unit tablet plf (rx) 50 mcg (2,000 unit) *</i> (cholecalciferol (vitamin d3))	\$0 (Tier 4)	
<i>decara 50,000 unit softgel 1,250 mcg (50,000 unit) *</i> (cholecalciferol (vitamin d3))	\$0 (Tier 4)	
<i>delta d3 400 unit tablet lactose free 10 mcg (400 unit) *</i> (cholecalciferol (vitamin d3))	\$0 (Tier 4)	
DIALYVITE VIT D3 50,000 UNIT 1,250 MCG (50,000 UNIT) *	\$0 (Tier 4)	
<i>dialyvite vitamin d 5,000 unit 125 mcg (5,000 unit) *</i> (cholecalciferol (vitamin d3))	\$0 (Tier 4)	
<i>dodex 10,000 mcg/10 ml vial muv 1,000 mcg/ml *</i> (cyanocobalamin (vitamin b-12))	\$0 (Tier 3)	
<i>endur-amide sr 500 mg tablet 500 mg *</i> (niacinamide)	\$0 (Tier 4)	
<i>ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml) *</i> (Calcidol)	\$0 (Tier 4)	
<i>feosol 65 mg tablet (rx) 325 mg (65 mg iron) *</i> (ferrous sulfate)	\$0 (Tier 4)	
<i>ferate 27 mg tablet 240 mg (27 mg iron) *</i> (ferrous gluconate)	\$0 (Tier 4)	
<i>fergon 27 mg tablet 225 mg (27 mg iron) *</i> (ferrous gluconate)	\$0 (Tier 4)	
<i>ferosul 325 mg tablet (rx) 325 mg (65 mg iron) *</i> (ferrous sulfate)	\$0 (Tier 4)	
<i>ferretts 325 mg tablet 325 mg (106 mg iron) *</i>	\$0 (Tier 4)	
<i>ferrex 150 capsule outer, u-d 150 mg iron *</i> (polysaccharide iron complex)	\$0 (Tier 4)	
<i>ferrimin 150 tab 456 mg (150 mg iron) *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FERROUS FUMARATE 29 MG TAB 89 MG (29 MG IRON) *	\$0 (Tier 4)	
<i>ferrous fumarate 324 mg tab 324 mg (106 mg iron) *</i> (Ferrocite)	\$0 (Tier 4)	
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron) *</i> (Ferate)	\$0 (Tier 4)	
<i>ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron) *</i>	\$0 (Tier 4)	
<i>ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml *</i>	\$0 (Tier 4)	
<i>ferrous sulf 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml *</i>	\$0 (Tier 4)	
<i>ferrous sulf ec 324 mg tablet 324 mg (65 mg iron) *</i>	\$0 (Tier 4)	
<i>ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron) *</i>	\$0 (Tier 4)	
<i>ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron) *</i> (Feosol)	\$0 (Tier 4)	
FNP VITAMIN E 400 UNIT TABLET P/F, GLUTEN/F (RX) 268 MG (400 UNIT) *	\$0 (Tier 4)	
<i>folic acid 1 mg tablet (rx) 1 mg *</i>	\$0 (Tier 3)	
<i>folic acid 1,000 mcg tablet plf (rx) 1 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 14 Years and Max 45 Years)
<i>folic acid 400 mcg tablet (rx) 400 mcg *</i>	\$0 (Tier 4)	PA; AGE (Min 14 Years and Max 45 Years)
<i>folic acid 5 mg/ml vial mdv 5 mg/ml *</i>	\$0 (Tier 3)	
<i>folic acid 800 mcg tablet (rx) 800 mcg *</i>	\$0 (Tier 4)	
<i>folivane-ob capsule 85-1 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
generic prenatal vitamin oral capsule 106.5-1 mg, 26-1.2-55-300 mg, 27-1.25-55-300 mg, 28 mg iron-1 mg -200 mg, 28-1-250 mg, 28-1-50-250 mg, 29 mg iron-1 mg -50 mg-265 mg, 29 mg iron-1.25 mg-55 mg, 29-1.25-55-325 mg, 30 mg iron-1 mg -50 mg-260 mg, 30 mg iron-1.2 mg-55 mg-265 mg, 35-1-200 mg	\$0 (Tier 1)	
generic prenatal vitamin oral combo pack 28 mg iron-6 mg iron-1 mg	\$0 (Tier 1)	
generic prenatal vitamin oral combo pack, tablet and cap, dr 27-1-430 mg, 29 mg iron-1 mg -50 mg	\$0 (Tier 1)	
generic prenatal vitamin oral tablet 27 mg iron- 1 mg (pnv, calcium 72-iron-folic acid)	\$0 (Tier 1)	
generic prenatal vitamin oral tablet 27-1 mg, 28 mg iron- 1 mg, 29 mg iron- 1 mg, 29 mg iron- 1 mg-25 mg, 90-1-50 mg	\$0 (Tier 1)	
generic prenatal vitamin oral tablet extended release 90 mg iron-1 mg	\$0 (Tier 1)	
hydroxocobalamin 1,000 mcg/ml 1,000 mcg/ml *	\$0 (Tier 3)	
iferex 150 capsule 150 mg iron * (polysaccharide iron complex)	\$0 (Tier 4)	
infant iron 15 mg/ml drop (rx) 15 mg iron (75 mg)/ml * (Fer-In-Sol)	\$0 (Tier 4)	
infant vitamin a-c-d drop 250 mcg-50 mg-10 mcg/ml * (Tri-Vi-Sol)	\$0 (Tier 4)	PA; AGE (Max 4 Years)
infant vitamin d 10 mcg/ml drp (rx) 10 mcg/ml (400 unit/ml) * (D-Vi-Sol)	\$0 (Tier 4)	
infant-toddler vit a-c-d drop 250 mcg-50 mg- 10 mcg/ml * (Tri-Vi-Sol)	\$0 (Tier 4)	PA; AGE (Max 4 Years)
INFED 100 MG/2 ML VIAL OUTER,SUV 50 MG/ML * (iron dextran)	\$0 (Tier 3)	
iron 27 mg tablet (rx) 236 mg (27 mg iron) *	\$0 (Tier 4)	
iron 28 mg tablet 256 mg (28 mg iron) *	\$0 (Tier 4)	
iron 45 mg tablet 159 mg (45 mg iron) *	\$0 (Tier 4)	
iron chews 15 mg tablet chew 15 mg *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>kpn tablet *</i>	\$0 (Tier 4)	PA
<i>marnatal-f capsule 60 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) \$0 (Tier 1)	
<i>myferon 150 capsule 150 mg iron *</i>	(polysaccharide iron complex) \$0 (Tier 4)	
<i>mynatal capsule 65 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>newgen tablet 32-1,000 mg-mcg</i>	\$0 (Tier 1)	
<i>niacinamide 500 mg tablet (rx) 500 mg *</i>	(Niacin (niacinamide)) \$0 (Tier 4)	
<i>niacinamide er 500 mg tablet 500 mg *</i>	(Endur-amide) \$0 (Tier 4)	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>nu-iron 150 capsule 150 mg iron *</i>	(polysaccharide iron complex) \$0 (Tier 4)	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	\$0 (Tier 1)	
<i>oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit) *</i>	(calcium carbonate-vitamin d3) \$0 (Tier 4)	
<i>oyster shell 250 mg-vit d 125 (rx) 250 mg-3.125 mcg (125 unit) *</i>	(calcium carbonate-vitamin d3) \$0 (Tier 4)	
<i>oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit) *</i>	(calcium carbonate-vitamin d3) \$0 (Tier 4)	
<i>oyster shell calcium-vit d tab plf,gluten-free (rx) 500 mg-10 mcg (400 unit) *</i>	(calcium carbonate-vitamin d3) \$0 (Tier 4)	
<i>oystercal-d 500 mg-400 unit tb 500 mg-10 mcg (400 unit) *</i>	(calcium carbonate-vitamin d3) \$0 (Tier 4)	
<i>pedia tri-vite drop 750 unit-35 mg -400 unit/ml *</i>	(vit a palmitate-vit c-vit d3) \$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>pediatric tri-vite drops 750 unit-35 mg -400 unit/ml *</i>	(vit a palmitate-vit c-vit d3) \$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>perry prenatal capsule 13.5-0.4 mg *</i>	\$0 (Tier 4)	PA
<i>pharmacist choice ped tri-vit 750 unit-35 mg -400 unit/ml *</i>	(Pedia Tri-Vite) \$0 (Tier 4)	PA; AGE (Max 4 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>phytonadione 1 mg/0.5 ml syr plf, sdv 1 mg/0.5 ml *</i>	\$0 (Tier 3)	
<i>phytonadione 5 mg tablet 5 mg *</i> (Mephyton)	\$0 (Tier 3)	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>pnv-omega softgel 28-1-300 mg</i>	\$0 (Tier 1)	
<i>poly-iron 150 mg capsule 150 mg iron *</i> (polysaccharide iron complex)	\$0 (Tier 4)	
<i>pr natal 400 combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	\$0 (Tier 1)	
<i>prenal true combo pack 30 mg iron- 1.4 mg-300 mg</i>	\$0 (Tier 1)	
<i>prenatabs fa tablet 29-1 mg</i>	\$0 (Tier 1)	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	\$0 (Tier 1)	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>prenatal multivitamin tablet (rx) 28 mg iron- 800 mcg *</i> (pnv cmb#95-ferrous fumarate-fa)	\$0 (Tier 4)	PA
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv, calcium 72-iron, carb-folic)	\$0 (Tier 1)	
<i>prenatal plus tablet (rx) 27 mg iron- 1 mg</i> (pnv, calcium 72-iron-folic acid)	\$0 (Tier 1)	
<i>prenatal plus vitamin-mineral 27 mg iron- 1 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet (rx) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet (rx) 28 mg iron- 800 mcg *</i> (pnv cmb#95-ferrous fumarate-fa)	\$0 (Tier 4)	PA
<i>prenatal tablet 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet 28 mg iron- 800 mcg *</i> (Prenatal)	\$0 (Tier 4)	PA
<i>prenatal tablet 28 mg iron- 800 mcg *</i> (Prenatal Tablet)	\$0 (Tier 4)	PA
<i>prenatal tablet outer (rx) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>prenatal vitamin tablet (rx) 27 mg iron-0.8 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal vitamin tablet 27 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal vitamins tablet phosphorus free (rx) 28 mg iron- 800 mcg *</i>	(pvn cmb#95-ferrous fumarate-fa) \$0 (Tier 4)	PA
<i>prenatal-u capsule 106.5-1 mg</i>	\$0 (Tier 1)	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	(pvn,calcium 72-iron-folic acid) \$0 (Tier 1)	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	\$0 (Tier 1)	
<i>purefe ob plus capsule 106 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>purefe plus capsule 106 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>pyridoxine 100 mg/ml vial muv, outer 100 mg/ml *</i>	\$0 (Tier 3)	
<i>ra one daily prenatal dha pack 30's tab & 30's cap 28-800-440 mg-mcg-mg *</i>	\$0 (Tier 4)	PA
<i>ra prenatal formula tablet (rx) 28 mg iron- 800 mcg *</i>	(pvn cmb#95-ferrous fumarate-fa) \$0 (Tier 4)	PA
<i>ra prenatal tablet (rx) 28 mg iron- 800 mcg *</i>	(prenatal vit-iron fum-folic ac) \$0 (Tier 4)	PA
<i>ra vitamin a 10,000 unit sftgl plf,softgel (rx) 10,000 unit *</i>	\$0 (Tier 4)	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	\$0 (Tier 1)	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>slow release iron 160 mg tab plf,gluten-free (rx) 160 mg (50 mg iron) *</i>	(ferrous sulfate, dried) \$0 (Tier 4)	
<i>sm iron 160 mg tablet sa 160 mg (50 mg iron) *</i>	(ferrous sulfate, dried) \$0 (Tier 4)	
<i>sm prenatal vitamins tablet (rx) 28 mg iron- 800 mcg *</i>	(pvn cmb#95-ferrous fumarate-fa) \$0 (Tier 4)	PA
<i>sm vitamin c 500 mg tablet 500 mg *</i>	(ascorbic acid (vitamin c)) \$0 (Tier 4)	
<i>sm vitamin e 400 unit softgel sftgel,natural blend (rx) 268 mg (400 unit) *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sv b-12 2,500 mcg microlozenge 2,500 mcg</i> *	\$0 (Tier 4)	
<i>sv prenatal vitamins tablet 28-800 mg-mcg</i> *	\$0 (Tier 4)	PA
<i>taron-c dha capsule 35-1-200 mg</i>	\$0 (Tier 1)	
<i>thiamine 200 mg/2 ml vial muv, outer 100 mg/ml</i> *	\$0 (Tier 3)	
<i>triveen-duo dha combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
TRI-VI-SOL DROPS 250 MCG-50 MG-10 MCG/ML *	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>tri-vite-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml</i> *	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>vinate care chewable tablet 40 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	\$0 (Tier 1)	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	\$0 (Tier 1)	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	\$0 (Tier 1)	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	\$0 (Tier 1)	
<i>vit a,c,d-fluoride 0.5 mg/ml 0.5 mg fluoride (1.1 mg)/ml</i> *	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	\$0 (Tier 1)	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	\$0 (Tier 1)	
<i>vitamin b-1 100 mg tablet (rx) 100 mg</i> *	\$0 (Tier 4)	(thiamine mononitrate (vit b1))
<i>vitamin b-1 250 mg tablet (rx) 250 mg</i> *	\$0 (Tier 4)	(thiamine hcl (vitamin b1))
<i>vitamin b-1 50 mg tablet (rx) 50 mg</i> *	\$0 (Tier 4)	(Vitamin B-1)
<i>vitamin b-12 1,000 mcg tablet (rx) 1,000 mcg</i> *	\$0 (Tier 4)	(Vitamin B-12)
<i>vitamin b-12 100 mcg tablet (rx) 100 mcg</i> *	\$0 (Tier 4)	(Vitamin B-12)
<i>vitamin b-12 250 mcg tablet (rx) 250 mcg</i> *	\$0 (Tier 4)	(cyanocobalamin (vitamin b-12))
<i>vitamin b12 500 mcg tablet (rx) 500 mcg</i> *	\$0 (Tier 4)	(cyanocobalamin (vitamin b-12))

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>vitamin b-12 500 mcg tablet (rx) 500 mcg *</i>	(cyanocobalamin (vitamin b-12)) \$0 (Tier 4)	
<i>vitamin b-2 100 mg tablet plf (rx) 100 mg *</i>	(riboflavin (vitamin b2)) \$0 (Tier 4)	
<i>vitamin b-2 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-2 50 mg tablet (rx) 50 mg *</i>	(riboflavin (vitamin b2)) \$0 (Tier 4)	
<i>vitamin b-6 100 mg tablet (rx) 100 mg *</i>	(Vitamin B-6) \$0 (Tier 4)	
<i>vitamin b-6 25 mg tablet (rx) 25 mg *</i>	(pyridoxine (vitamin b6)) \$0 (Tier 4)	
<i>vitamin b-6 250 mg tablet (rx) 250 mg *</i>	(pyridoxine (vitamin b6)) \$0 (Tier 4)	
<i>vitamin b-6 50 mg tablet (rx) 50 mg *</i>	(Vitamin B-6) \$0 (Tier 4)	
<i>vitamin c 1,000 mg tablet (rx) 1,000 mg *</i>	(C-1000) \$0 (Tier 4)	
<i>vitamin c 100 mg tablet (rx) 100 mg *</i>	(ascorbic acid (vitamin c)) \$0 (Tier 4)	
<i>vitamin c 500 mg tablet (rx) 500 mg *</i>	(ascorbic acid (vitamin c)) \$0 (Tier 4)	
<i>vitamin c 500 mg tablet buffered (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>vitamin d2 1.25 mg (50,000 unit) softgel 1,250 mcg (50,000 unit) *</i>	(Drisdol) \$0 (Tier 3)	
VITAMIN D2 2,000 UNIT TABLET 50 MCG (2,000 UNIT) *	\$0 (Tier 4)	
<i>vitamin d2 400 unit tablet ylf, glutenlf (rx) 10 mcg (400 unit) *</i>	\$0 (Tier 4)	
VITAMIN D2 50 MCG (2,000 UNIT) 50 MCG (2,000 UNIT) *	\$0 (Tier 4)	
<i>vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml) *</i>	(D-Vi-Sol) \$0 (Tier 4)	
<i>vitamin d3 10,000 unit softgel softgel (rx) 250 mcg (10,000 unit) *</i>	(IS-D-10,000) \$0 (Tier 4)	
<i>vitamin d3 125 mcg capsule (rx) 125 mcg (5,000 unit) *</i>	(Dialyvite Vitamin D) \$0 (Tier 4)	
<i>vitamin d3 2,000 unit softgel softgel, plf (rx) 50 mcg (2,000 unit) *</i>	(cholecalciferol (vitamin d3)) \$0 (Tier 4)	
<i>vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit) *</i>	(Vitamin D3) \$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>vitamin d3 400 unit tablet plf (rx) 10 mcg (400 unit) *</i>	(cholecalciferol (vitamin d3)) \$0 (Tier 4)	
<i>vitamin d3 5,000 unit tablet 125 mcg (5,000 unit) *</i>	(Vitamin D3) \$0 (Tier 4)	
<i>vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit) *</i>	(D3 DOTS) \$0 (Tier 4)	
<i>vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit) *</i>	(Decara) \$0 (Tier 4)	
<i>vitamin d3 max 125 mcg softgel (rx) 125 mcg (5,000 unit) *</i>	(Dialyvite Vitamin D) \$0 (Tier 4)	
<i>vitamin e 100 unit softgel softgel (rx) 45 mg (100 unit) *</i>	\$0 (Tier 4)	
<i>vitamin e 180 mg softgel (rx) 180 mg (400 unit) *</i>	\$0 (Tier 4)	
<i>vitamin e 200 unit softgel 90 mg (200 unit) *</i>	(E-200) \$0 (Tier 4)	
<i>vitamin e 268 mg softgel (rx) 268 mg (400 unit) *</i>	\$0 (Tier 4)	
<i>vitamin e 400 unit softgel softgel,n,plf (rx) 268 mg (400 unit) *</i>	\$0 (Tier 4)	
<i>vitamin e 400 unit softgel softgel,plf,n (rx) 180 mg (400 unit) *</i>	\$0 (Tier 4)	
<i>vitamin e 45 mg softgel (rx) 45 mg (100 unit) *</i>	\$0 (Tier 4)	
<i>vitamin e 450 mg softgel (rx) 450 mg (1,000 unit) *</i>	\$0 (Tier 4)	
<i>vitamin k 100 mcg tablet plf,n,wheat-free 100 mcg *</i>	\$0 (Tier 4)	
<i>vitamin k-1 1 mg/0.5 ml ampul sub, outer 1 mg/0.5 ml *</i>	(phytonadione (vitamin k1)) \$0 (Tier 3)	
<i>vitamin k-1 10 mg/ml ampul sub, outer 10 mg/ml *</i>	(phytonadione (vitamin k1)) \$0 (Tier 3)	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	\$0 (Tier 1)	
<i>weekly-d 1,250 mcg softgel 1,250 mcg (50,000 unit) *</i>	(cholecalciferol (vitamin d3)) \$0 (Tier 4)	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>zatean-pn plus softgel 28-1-300 mg</i>	\$0 (Tier 1)	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	\$0 (Tier 1)	

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