



SFHP Care Plus (HMO D-SNP) , 一項 Medicare Medi-Cal 計劃

2027 年承保藥物清單 (藥物清單)

sfhp.org/zh/careplus-members

請仔細閱讀：此文件包含本計劃承保藥物相關資訊

有關最新資訊或如有其他疑問，請聯絡我們，電話：1(833) 530-7327 (TTY: 711)。
我們的營業時間為上午 8:00 至晚上 8:00，十月至翌年三月，每天營業；四月至九月，
週六與週日休息。您亦可瀏覽 **sfhp.org/zh/careplus-members**。

本《藥物清單》的更新日期為：01/01/2027。

簡介

本文件稱為《承保藥物清單》（亦稱為《藥物清單》）。它會列出 SFHP Care Plus 承保的藥物。《藥物清單》亦會告訴您，SFHP Care Plus 承保的藥物有否任何特殊規定或限制。關鍵術語及其定義列於《會員手冊》的最後一章。

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A. 免責聲明

本文件列出了會員可透過 SFHP Care Plus 取得的藥物。

- ❖ SFHP Care Plus (HMO D-SNP) 是一項 Medicare Medi-Cal 計劃，並且是與 Medicare 與 Medicaid 簽訂合約的 Medicare Advantage 組織。是否參保 SFHP Care Plus 取決於合約續約情況。
- ❖ 您可隨時瀏覽 sfhp.org/careplus-yourmaterials 或致電 1(833) 530-7327 (TTY: 711)，以查詢 SFHP Care Plus 的最新《承保藥物清單》。此電話費用全免。
- ❖ 您可免費索取其他格式的本文件，如大字印刷、點字或音訊。請致電本頁底部的電話號碼。此電話費用全免。
- ❖ 本文件免費提供英語、中文（繁體）、西班牙語、越南語、俄語和他加祿語版本。



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ENGLISH - ATTENTION: If you need help in your language, call **1(833) 530-7327** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1(833) 530-7327** (TTY: **711**). These services are free.

العربية (ARABIC) - يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1(833) 530-7327** (TTY: **711**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1(833) 530-7327** (TTY: **711**). هذه الخدمات مجانية.

Հայերեն (ARMENIAN) - ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1(833) 530-7327** (TTY: **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1(833) 530-7327** (TTY: **711**): Այս ծառայություններն անվճար են:

ខ្មែរ (CAMBODIAN) - ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់ អ្នក សូម ទូរស័ព្ទទៅលេខ **1(833) 530-7327** (TTY: **711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាច រកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1(833) 530-7327** (TTY: **711**)។ សេវាកម្មទាំងនេះគឺឥតគិតថ្លៃ។



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简体中文标语 (CHINESE - SIMPLIFIED) - 请注意：如果您需要以您的母语提供帮助，请致电 **1(833) 530-7327 (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(833) 530-7327 (TTY: 711)**。这些服务是免费的。

繁體中文 (CHINESE - TRADITIONAL) - 請注意：如果您需要以您的母語提供幫助，請致電 **1(833) 530-7327 (TTY: 711)**。另外還提供針對殘障人士的說明和服務，例如盲文和需要較大字體閱讀，也是方便取用的。請致電 **1(833) 530-7327 (TTY: 711)**。這些服務是免費的。

فارسی (FARSI) - توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1(833) 530-7327 (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(833) 530-7327 (TTY: 711)** تماس بگیرید. این خدمات رایگان هستند.

हिंदी (HINDI) - ध्यान दें: यदि आपको अपनी भाषा में मदद चाहिए, तो **1(833) 530-7327 (TTY: 711)**. । विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। **1(833) 530-7327 (TTY: 711)** । ये सेवाएँ निःशुल्क हैं।

HMOOB (HMONG) - CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1(833) 530-7327 (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(833) 530-7327 (TTY: 711)**. Cov kev pabcuam no pub dawb.



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日本語 (JAPANESE) - 注記: あなたの言語でサポートが必要な場合は、**1(833) 530-7327** (TTY: **711** までお電話ください)。また、点字や大きな活字で作成したドキュメントなど、障害をお持ちの方のための補助やサービスもご利用いただけます。**1(833) 530-7327** (TTY: **711** までお電話ください)。これらのサービスは無料です。

한국어 (KOREAN) - 주의: 자국어로 도움이 필요한 경우, **1(833) 530-7327** (TTY: **711** 으로 전화하십시오). 점자 및 큰 글씨로 된 문서 등 장애인을 위한 보조 도구와 서비스도 제공됩니다. **1(833) 530-7327** (TTY: **711** 으로 전화하십시오). 이러한 서비스는 무료입니다.

ພາສາລາວ (LAO) - ຂໍຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ **1(833) 530-7327** (TTY: **711**). ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນຸນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ແມ່ນຍັງມີຢູ່. ໂທ **1(833) 530-7327** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ.

MIEN (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(833) 530-7327** (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 hlou mbiutx aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1(833) 530-7327** (TTY: **711**). Naaiv deix gong benx wangv henh tengx oc.



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ਪੰਜਾਬੀ (PUNJABI) - ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1(833) 530-7327** (TTY: **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ **1(833) 530-7327** (TTY: **711** 'ਤੇ ਕਾਲ ਕਰੋ)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

РУССКИЙ (RUSSIAN) - ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1(833) 530-7327** (линия TTY: **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1(833) 530-7327** (линия TTY: **711**). Эти услуги являются бесплатными.

ESPAÑOL (SPANISH) - ATENCIÓN: si necesita ayuda en su idioma, llame al **1(833) 530-7327** (TTY: **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1(833) 530-7327** (TTY: **711**). Estos servicios son gratuitos.

TAGALOG (TAGALOG-FILIPINO) - ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1(833) 530-7327** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1(833) 530-7327** (TTY: **711**). Libre ang mga serbisyong ito.

ภาษาไทย (THAI) - โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1(833) 530-7327** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1(833) 530-7327** (TTY: **711**) บริการไม่มีค่าใช้จ่ายใด ๆ



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上次更新時間：01/01/2027

УКРАЇНСЬКОЮ (UKRAINIAN) - УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1(833) 530-7327** (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(833) 530-7327** (TTY: **711**). Ці послуги є безкоштовними.

TIẾNG VIỆT (VIETNAMESE) - CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1(833) 530-7327** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1(833) 530-7327** (TTY: **711**). Những dịch vụ này đều là miễn phí.



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上次更新時間：01/01/2027

您也可以提出長期請求以獲取其他語言和/或替代格式的材料：

- 其他文件均提供英語、中文（繁體）、西班牙語、越南語、俄語和他加祿語版本。
- 可提供的替代格式包括大字印刷、盲文、資料光碟/資料 CD 或音訊 CD。
- 您的長期請求將保留在我們的系統中，以供將來的所有郵寄和通訊使用。
- 如需取消或更改您的長期請求，請致電本頁底部的電話號碼聯絡 SFHP Care Plus 客戶服務部。

您可以隨時要求以另一種語言及/或替代格式接收您的資料。我們將無限期保留您的偏好，或者保留至您再次要求更改偏好。如需以英語以外的語言及/或替代格式取得此文件，請致電本頁底部的電話號碼聯絡客戶服務部。

B. 常見問題 (FAQ)

如對本《承保藥物清單》（《藥物清單》）有疑問，您可在這裡找到答案。您可閱讀所有常見問題，以瞭解更多資訊或尋找問題和答案。

B1. 《承保藥物清單》中有哪些處方藥？（我們將《承保藥物清單》簡稱為「《藥物清單》」。）

《藥物清單》中由 C 部分開始的藥物，為 SFHP Care Plus 承保的藥物。這些藥物可在我們的網絡內藥房購買。如果藥房與我們達成協議，同意與我們合作並為您提供服務，該藥房就加入了我們的網絡。我們將這些藥房稱為「網絡內藥房」。

其他藥物（例如部分非處方 (OTC) 藥物和特定的維他命）可能由 Medi-Cal Rx 承保。有關更多資訊，請瀏覽 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov)。您亦可致電 Medi-Cal Rx 客戶服務中心，電話：800-977-2273。如需透過 Medi-Cal Rx 領取處方藥，請攜帶您的 Medi-Cal 受益人會員卡 (BIC)。

- 若您符合以下條件，SFHP Care Plus 將承保《藥物清單》中所有醫療上必需的藥物：
 - 您的醫生或其他開藥者表明您需要這些藥物來改善健康狀況或維持健康，
 - SFHP Care Plus 同意該藥物對您而言屬於醫療上必需，以及
 - 您會在 SFHP Care Plus 網絡內藥房配取處方藥。
- 在某些情況下，您必須先採取一些行動，才能獲得藥物。請參閱問題 B4 瞭解更多資訊。



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

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您亦可前往我們的網站 sfhp.org/zh/careplus-members 或致電本頁底部的電話號碼聯絡客戶服務部，以找到我們的最新承保藥物清單。

B2. 《藥物清單》會有更改嗎？

會，而且當 SFHP Care Plus 作出更改時，必須遵守 Medicare 和 Medi-Cal 的規定。在該年內，我們可能會從《藥物清單》新增或剔除藥物。

我們亦可能會更改有關藥物的規定。例如，我們可以：

- 決定某種藥物是否需要事先授權。（事先授權是指您必須得到 SFHP Care Plus 的許可，才能取得某種藥物。）
- 新增或更改您可獲得的藥物數量（稱為數量限制）。
- 新增或更改藥物的階梯療法限制。（階梯療法意味著您必須先嘗試一種藥物，然後我們才會承保另一種藥物。）

有關這些藥物規定的更多資訊，請參閱問題 B4。

如果您正在服用在年初承保的藥物，我們通常不會在當年剩餘時間內刪除或更改該藥物的保障範圍，除非：

- 一種新的、更便宜的藥物上市，其效果與目前《藥物清單》上的藥物一樣好，或者
- 我們得知某種藥物不安全，或者
- 藥物被退市。

下方的問題 B3 和 B6 會提供更多資訊，說明當《藥物清單》有所更改時，會怎麼樣。

- 您可隨時在網上查看 SFHP Care Plus 的最新《藥物清單》，網址：sfhp.org/zh/careplus-yourmaterials。該網站每月都會發佈《藥物清單》的更新。
- 您亦可致電本頁底部的電話號碼聯絡客戶服務部，以查詢目前的《藥物清單》。

B3. 《藥物清單》發生更改後會怎樣？

《藥物清單》的部分更改會即時生效。例如：

- 特定新版本藥物的替代品。如果我們以某些藥物的特定新版本來取代這些藥物，我們可能會即時將該種藥物從《藥物清單》中剔除，但您購買新藥物的費



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

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用仍會保持為 \$0。若我們新增某種新版本的藥物，我們亦可能會決定將品牌藥或原始生物製品保留在清單上，但更改其承保規定或限制。

- 我們可能在未通知您的情況下作出此項更改，但當更改後，我們將會向您傳送有關具體更改的資訊。
- 只有當我們新增的藥物符合以下情況時，我們才能進行這些更改：
 - 是品牌藥的新仿製藥，或者
 - 是《藥物清單》中原始生物製品的特定新生物類似藥版本（例如，新增一種可互換的生物類似藥，該藥無需新處方即可替代原始生物製品）。
 - 對您來說，其中一些藥物類型可能是新藥物。有關更多資訊，請參閱 **B14 部分**。
- 對於這些更改，您或您的提供者可申請例外安排。我們將向您發出通知，說明您可採取哪些步驟來申請例外安排。有關例外安排的更多資訊，請參閱問題 B10 至 B12。
- **剔除不安全藥物和其他退市的藥物。**有時候，某種藥物可能會被發現不安全或因其他原因而退市。如果發生這種情況，我們可能會即時將該藥物從《藥物清單》中剔除。如果您正在使用該藥物，我們會在更改後通知您。
 - 您可與您的醫生或其他開藥者合作，物色另一種適合您醫療狀況的藥物。如需協助尋找另一種藥物，請聯絡您的醫生或其他開藥者。有關更多資訊，您亦可致電
1(833) 530-7327 (TTY: 711) 聯絡 SFHP Care Plus。我們的營業時間為上午 8:00 至晚上 8:00，十月至翌年三月，每天營業；四月至九月，週六與週日休息。此電話費用全免。

我們所作出的其他更改，可能會影響您所使用的藥物。我們會提前告知您《藥物清單》的其他更改。如有以下情況，可能會出現這些更改：

- FDA 提供了新指引，或者某種藥物有新的臨床指引。
- 我們在《藥物清單》中新增非新上市的仿製藥時，將品牌藥從《藥物清單》中剔除，或者
- 我們在新增生物類似藥時刪除了原始生物製品，或者
- 我們更改了品牌藥的承保規定或限制。

當發生這些變更時，我們將：



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- 至少在我們更改《藥物清單》之前的 30 天通知您，或者
- 在您要求續配藥物後通知您，並提供 30 天的藥量。

這樣，您便有時間與醫生或其他開藥者商討。他們可協助您決定：

- 《藥物清單》中是否有類似藥物可以取代，或者
- 是否就這些更改申請例外安排。如欲進一步瞭解例外安排，請參閱問題 B10 至 B12。

B4. 藥物承保範圍有任何限制嗎？或者需採取任何行動來取得特定藥物嗎？

有，部分藥物設有承保規定，或者對配取數量設有限制。在某些情況下，您、您的醫生或其他開藥者必須採取一些行動，您才能取得該藥物。例如：

- **事先授權：**對於某些藥物，您、您的醫生或其他開藥者必須先取得 SFHP Care Plus 的授權，您才能配取藥物。事先授權與轉介不同。如果您未取得事先授權，SFHP Care Plus 未必會承保該藥物。
- **數量限制：**有時候，SFHP Care Plus 會限制您可取得的藥物數量。
- **階梯療法：**有時候，SFHP Care Plus 要求您採取階梯療法。這意味著您必須根據您的醫療狀況，按照特定順序嘗試藥物。您可能需要先嘗試一種藥物，我們才能承保另一種藥物。如果開藥者認為第一種藥物對您無效，我們將會承保第二種藥物。

您可查看 C 部分中的表格，以瞭解您的藥物是否有任何額外要求或限制。您亦可瀏覽我們的網站（網址：sfhp.org/zh/careplus-members），以取得更多資訊。我們已發佈網上文件，說明我們事先授權和階梯療法的限制。您亦可向我們索取郵寄副本。

您可就這些限制申請例外安排。這樣，您便有時間與醫生或其他開藥者商討。他們可協助您決定《藥物清單》上是否有類似藥物可以取代，或者是否需要申請例外安排。有關例外安排的更多資訊，請參閱問題 B10 至 B12。

B5. 如何得知我想要的藥物是否設有限制，或者是否需要採取行動才能取得該藥物？

「按藥物類型列出的藥物清單」部分中的表有一列標記為「必要的行動、限制或使用限制」。



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

B6. 如果 SFHP Care Plus 更改了其承保某些藥物的規定（例如事先授權、數量限制及/或階梯療法限制），會怎麼樣？

在某些情況下，如果我們增加或更改藥物的事先授權、數量限制及/或階梯療法限制，我們會提前通知您。如欲進一步瞭解此提前通知，以及當我們更改《藥物清單》中藥物的相關規定，而我們無法提前通知您的情況，請參閱問題 B3。

B7. 如何在《藥物清單》中查找藥物？

查找藥物的方法有兩種：

- 按字母順序搜尋，或
- 按藥物類型搜尋。

如需按字母順序搜尋，請在「承保藥物索引」部分中查找您的藥物。您可在《藥物清單》後的 D 部分中尋找藥物。該索引中列出了品牌藥和仿製藥。查看索引並找到您的藥物。在您的藥物旁邊，您將看到可以找到承保資訊的頁碼。翻到索引中列出的頁面，在清單的第一個直欄中找到您的藥物名稱。

如需按藥物類型搜尋，請找出標有「按藥物類型列出的藥物清單」的 C1 部分。此部分中的藥物會按類型分組。例如，如果您正在服用治療偏頭痛的藥物，則應該尋找「抗偏頭痛藥物」類別。您可在此類別中找到治療偏頭痛的藥物。

B8. 如果我想使用的藥物不在《藥物清單》上，該怎麼辦？

如果您在《藥物清單》上找不到您的藥物，請致電本頁底部的電話號碼聯絡客戶服務部查詢。如果您得知 SFHP Care Plus 不承保該藥物，您可採取以下其中一項行動：

- 向客戶服務部或護理經理索取一份清單，上面應列出與您想使用之藥物類似的藥物。然後向您的醫生或其他開藥者出示該清單。他們可處方《藥物清單》上與您想使用之藥物類似的藥物。或
- 要求 SFHP Care Plus 作出例外安排，以承保您的藥物。有關例外安排的更多資訊，請參閱問題 B10 至 B12。

B9. 如果我是 SFHP Care Plus 的新會員，並且在《藥物清單》上找不到我的藥物，或是在取得藥物時遇到問題，該怎麼辦？

我們可以提供協助。在您成為 SFHP Care Plus 會員後的首 90 天內，我們可為您提供 30 天的臨時藥量。這樣，您便有時間與醫生或其他開藥者商討。他們可協助您決定《藥物清單》上是否有類似藥物可以取代，或者是否需要申請例外安排。

如果您的處方藥使用天數較少，我們將允許您多次續配藥物，最多可提供 30 天的藥量。



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

如果符合以下情況，我們將承保您 30 天的藥量：

- 您正在服用的藥物不在我們的《藥物清單》上，或
- 我們的計劃規則不允許您獲得開藥者開出的藥量，或
- 藥物需要 SFHP Care Plus 的事先授權，或
- 您正在服用遵守分步療法限制的藥物。

如果您正在服用 SFHP Care Plus 認為不屬於「D 部分」的藥物，而該藥物不在《藥物清單》上，且您在取得該藥物時遇到問題，則該藥物或可透過 Medi-Cal Rx 獲得承保。如果「D 部分」以外的藥物需要例外安排，而您遇到緊急情況，Medi-Cal Rx 將允許不少於 72 小時的藥量。有關更多資訊，請瀏覽 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov)。您亦可致電 Medi-Cal Rx 客戶服務中心，電話：800-977-2273。如需透過 Medi-Cal Rx 領取處方藥，請攜帶您的 Medi-Cal BIC。

如果您正在入住療養院或其他長期護理機構，並且需要未列於《藥物清單》上的藥物，或者您無法輕易取得所需的藥物，我們可提供協助。如果您已參保此計劃超過 90 天，正在入住長期護理機構，並且需要立即取得藥物：

- 無論您是否為 SFHP Care Plus 的新會員，我們都將會為所需藥物承保一份 31 天的藥量（除非您的處方藥天數較少）。
- 除了您成為 SFHP Care Plus 會員後首 90 天內享有的臨時藥量以外，本計劃可提供此額外藥量。

如果您現時為會員，並且由一個治療環境轉往另一個治療環境，這稱為「護理等級變更」。例子包括：

- 由急診醫院轉入長期護理機構
- 出院回家
- 結束 A 部分專業護理住院並恢復至 D 部分承保
- 放棄臨終關懷身份，恢復標準 A 部分和 B 部分福利
- 結束長期護理機構的住院並重返社區
- 從精神病院出院



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

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如果您出現「護理等級變更」，而您的任何藥物不在本《藥物清單》上，或者您取得藥物的能力受限，當您前往網絡內藥房時，我們將承保 30 天的臨時藥量。在您使用完首 30 天的藥量後，我們將不再支付這些藥物的費用。在這些情況下，您有兩個選項：

- 向客戶服務部索取一份清單，上面應列出與您想使用之藥物類似的藥物。然後向您的醫生或其他開藥者出示該清單。他們可處方《藥物清單》上與您想使用之藥物類似的藥物。或
- 您可要求 SFHP Care Plus 作出例外安排，以承保您的藥物。有關例外安排的更多資訊，請參閱問題 B10。

B10. 我可申請例外安排，以承保我的藥物嗎？

可以。您可要求 SFHP Care Plus 作出例外安排，以承保不在《藥物清單》上的藥物。

您亦可要求我們更改您所用藥物的相關規定。

- 例如，SFHP Care Plus 可能會限制我們承保的藥物數量。如果您的藥物受限制，您可要求我們更改限制並承保更多數量。
- 其他例子：您可要求我們取消階梯療法限制或事先授權要求。

B11. 如何申請例外安排？

如需申請例外安排，請致電客戶服務部或您的護理經理。您的護理經理將與您和您的開藥者合作，以協助您申請例外安排。如欲進一步瞭解例外安排，請細閱《會員手冊》第 9 章 G2 部分。

B12. 申請例外安排需時多久？

我們收到開藥者為申請例外安排提供的支持聲明後，將在 72 小時內回覆決定。您的醫生或其他開藥者可以將聲明傳真或郵寄給我們。或者您的醫生或其他開藥者可以透過電話告訴我們，然後傳真或郵寄一份聲明。有關更多資訊，請致電 1(833) 530-7327 (TTY: 711) 聯絡 SFHP Care Plus。我們的營業時間為上午 8:00 至晚上 8:00，十月至翌年三月，每天營業；四月至九月，週六與週日休息。

如果您或您的開藥者認為，若等待 72 小時才得到決定，可能會損害您的健康，您可要求加急例外安排。此決定會更迅速批出。如果您的開藥者支持您的要求，我們將在收到開藥者的支持聲明後 24 小時內回覆決定。

B13. 什麼是仿製藥？

仿製藥與品牌藥的活性成分相同。它們的價格通常低於品牌藥，而且一般具有同樣的療效。他們的名字通常並不為人所知。仿製藥已獲食品和藥品管理局 (FDA) 批准。許多品牌藥都有仿製藥。根據州法律，藥房通常無需新的處方，便可使用仿製藥來代替品牌藥。

SFHP Care Plus 承保品牌藥和仿製藥。



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

B14. 什麼是原始生物製品？其與生物類似藥有何關係？

我們所指的藥物，可能是藥物或生物製品。相比典型藥物，生物製品是更複雜的藥物。由於生物製品比典型藥物更複雜，因此它們沒有仿製藥，而是有生物類似藥。一般來說，生物類似藥的藥效與原始生物製品一樣，但成本可能更低。一些原始生物製品已有生物類似藥替代品。一些生物類似藥屬於可互換生物類似藥。就像仿製藥可代替品牌藥一樣，視乎州法律而定，藥房可能無需新的處方，便可使用生物類似藥來代替原始生物製品。

有關藥物類型的更多資訊，請參閱《會員手冊》第 5 章。

B15. SFHP Care Plus 會承保非藥物 OTC 產品嗎？

SFHP Care Plus 承保部分非藥物 OTC 產品，前提是這些產品須由您的提供者處方。

非藥物 OTC 產品的例子包括與注射胰島素相關的用品。

如欲瞭解哪些非藥物 OTC 產品獲承保，請細閱 SFHP Care Plus 《藥物清單》。

B16. SFHP Care Plus 會承保長期處方供應嗎？

- 郵購計劃。我們提供郵購計劃，可將最多 100 天的藥量直接送到您的家中。100 天藥量與一個月藥量的共付額相同。
- 100 天零售藥房計劃。部分零售藥房可能亦會提供最多 100 天藥量的承保藥物。100 天藥量與一個月藥量的共付額相同。

B17. 我可以要求當地藥房將處方藥送到我家嗎？

您當地的藥房也許可以將處方藥送到您家。您可以致電藥房，瞭解他們有否提供送藥到府服務。

B18. 我的共付額是多少？

如果 SFHP Care Plus 會員遵守計劃規則，處方藥、OTC 藥物和非藥物產品的共付額為 \$0。有關 OTC 藥物和非藥物產品的更多資訊，請參閱問題 B15 和 B16。

我們的《藥物清單》中有不同的藥物分組。我們的《藥物清單》中的任何層級均不設共付額。

- 第 1 級藥物是首選仿製藥。
- 第 2 級藥物是仿製藥。
- 第 3 級藥物是首選品牌藥。
- 第 4 級藥物是非首選藥。
- 第 5 級藥物是特殊藥物。
- 第 6 級藥物是協助治療特定慢性病的指定護理藥。

如有疑問，請致電本頁底部的電話號碼聯絡客戶服務部。



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

上次更新時間：01/01/2027

C. 《承保藥物清單》概述

《承保藥物清單》為您提供有關 SFHP CarePlus 承保藥物的資訊。如果您在清單中找不到您的藥物，請翻頁至由 D 部分開始的「承保藥物索引」。此索引按字母順序列出了 SFHP Care Plus 承保的所有藥物。

其他藥物（例如部分非處方 (OTC) 藥物和特定維他命）可能會由 Medi-Cal Rx 承保。有關更多資訊，請瀏覽 Medi-Cal Rx 網站 (<http://www.medi-calrx.dhcs.ca.gov>)。您亦可致電 Medi-Cal Rx 客戶服務中心，電話：800-977-2273。如需透過 Medi-Cal Rx 領取處方藥，請攜帶您的 Medi-Cal 受益人會員卡 (BIC)。

就「D 部分」上訴

- 上訴是一種正式的方式，要求我們審查我們針對您的保障所做的決定，如果您認為我們犯了錯誤，則要求我們更改該決定。
- 例如，我們可能會決定您想要的某種藥物未獲承保，或不再由 Medicare 或 Medi-Cal 承保。
- 如果您或您的開藥者不同意我們的決定，您可以提出上訴。如有任何疑問，請致電本頁底部的電話號碼聯絡客戶服務部。
- 如需瞭解如何就決定提出上訴，請細閱《會員手冊》第 9 章。
- 非 D 部分藥物有不同的上訴規定。

C1. 按藥物類型列出的藥物清單

此部分中的藥物根據其用於治療的疾病類型，分為不同的類別。例如，如果您有心臟疾病，您應在「心血管藥物」類別中查找。您可以在該類別中找到治療心臟疾病的藥物。



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在「必要的行動、限制或使用限制」欄中，所使用代碼的意義如下所示：

代碼	意義
PA	事先授權 您（或您的醫生）必須先取得 SFHP Care Plus 的事先授權，您才能按照處方配取此藥物。如未獲事先批准，SFHP Care Plus 未必承保此藥物。
PA NSO	事先授權 — 新起點 如果您是會員或之前沒有使用過此藥物，您（或您的醫生）必須先取得 SFHP Care Plus 的事先授權，您才能按照處方配取此藥物。如未獲事先批准，SFHP Care Plus 未必承保此藥物。
PA BvD	事先授權 — B 部分與 D 部分 此藥物可能符合由 Medicare B 部分或 D 部分支付費用的資格。您（或您的醫生）必須先取得 SFHP Care Plus 的授權，以確定此藥物獲 Medicare D 部分承保，您才能按照處方配取此藥物。如未獲事先批准，SFHP Care Plus 未必承保此藥物。
PA-HRM	事先授權 — 高風險藥物 CMS 認為此藥物具有潛在危害，因此對於 65 歲或以上的 Medicare 受益人而言屬於「高風險藥物」。如未獲事先批准，SFHP Care Plus 未必承保此藥物。
AGE	事先授權年齡編輯 此藥物設有年齡限制。如未獲事先批准，SFHP Care Plus 未必承保此藥物。
QL	數量限制 在每張處方或特定時間範圍內，SFHP Care Plus 會限制此藥物的承保數量。
ST	階梯療法 您必須先嘗試以另一種藥物治療您的醫療狀況，SFHP Care Plus 才會承保此藥物。僅當其他藥物對您無效時，此藥物才可能獲得承保。
NDS	非延長日藥量 透過零售或郵購，您每次最多僅可為此藥物配取 30 天的藥量。



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

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代碼	意義
NM	不可郵購 這種藥物不能在郵購藥房購買。
LA	限制配取 此處方藥僅可在特定藥房配取。有關更多資訊，請查閱《藥房目錄》或致電 1(833) 530-7327 (TTY: 711) 聯絡 SFHP Care Plus 客戶服務部。我們的營業時間為上午 8:00 至晚上 8:00，十月至翌年三月，每天營業；四月至九月，週六與週日休息。此電話費用全免。



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

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



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藥物劑型縮寫	定義
er	extended release
ER	extended release
ext	extended
extnd	extended
extend	extended
gast	gastric
HFA	hydrofluoroalkane
hi	high
IR	immediate release
liqd	liquid
loz	lozenge
lo	low
lozeng	lozenge
mini lozenge	miniature lozenge
misc	miscellaneous
MP	Metered Pump
muco	mucous
pak	packet
pack	packet
PCA	Patient Controlled Administration
pell	pellet
pk	package
Powdr	powder
pt	patient
recon	reconstituted



如果您有任何疑問，請致電 SFHP Care Plus 電話 1(833) 530-7327 (TTY: 711)。我們的工作時間為上午 8:00 至晚上 8:00，十月至翌年三月每天營業，四月至九月週六與週日休息。該電話免費。有關更多資訊，請造訪 sfhp.org/zh/careplus-members。

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藥物劑型縮寫	定義
rel	release
releas	release
soln	solution
sprink	sprinkle
sprinkl	sprinkle
susp	suspension
suspen	suspension
syring	syringe
tab	tablet
TD	transdermal
var	variable
w/	with



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表格的第一欄列出了藥物的名稱。仿製藥以小寫斜體列出（例如 *lisinopril*），品牌藥則採用大寫（例如 HUMIRA）。在「必要的行動、限制或使用限制」欄中，您可查看 SFHP Care Plus 對於承保該藥物是否設有任何規定。

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

您可以前往本文件的 C1 部分，瞭解此表上的符號和縮寫的含義。

上次更新日期：01/01/2027

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	\$0-5.10 (Tier 2)	NM; NDS; QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0-5.10 (Tier 2)	PA; NM; NDS; QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml (2 mg/ml)</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	\$0-12.65 (Tier 4)	NM; NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	\$0-12.65 (Tier 4)	NM; NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	\$0-5.10 (Tier 2)	NM; NDS; QL (90 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	\$0-12.65 (Tier 4)	NM; NDS; QL (60 per 30 days)
<i>morphine oral tablet extended release 60 mg</i> (MS Contin)	\$0-5.10 (Tier 2)	NM; NDS; QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	\$0-5.10 (Tier 2)	NM; NDS; QL (120 per 30 days)

您可以前往本文件的簡介頁面，瞭解該表上的符號和縮寫的含義。

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxycodone oral tablet 20 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 10-325 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 2.5-325 mg</i>	\$0-12.65 (Tier 4)	NM; NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 5-325 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 7.5-325 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1)	NM; NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (Celebrex)</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0-5.10 (Tier 2)	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0-5.10 (Tier 2)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	\$0-5.10 (Tier 2)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	\$0-5.10 (Tier 2)	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg (Arthrotec 50)</i>	\$0-12.65 (Tier 4)	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg (Arthrotec 75)</i>	\$0-12.65 (Tier 4)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0-5.10 (Tier 2)	
<i>etodolac oral tablet 400 mg (Lodine)</i>	\$0-5.10 (Tier 2)	
<i>etodolac oral tablet 500 mg</i>	\$0-5.10 (Tier 2)	

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	\$0-5.10 (Tier 2)	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	\$0 (Tier 1)	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	\$0-5.10 (Tier 2)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	\$0 (Tier 1)	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	\$0-5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>ketorolac oral tablet 10 mg</i>	\$0-5.10 (Tier 2)	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0-5.10 (Tier 2)	
<i>naproxen oral tablet 250 mg, 375 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	\$0 (Tier 1)	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	\$0-5.10 (Tier 2)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0-5.10 (Tier 2)	
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	\$0-12.65 (Tier 4)	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	\$0-5.10 (Tier 2)	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	\$0-12.65 (Tier 4)	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	\$0-5.10 (Tier 2)	PA; QL (240 per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0-5.10 (Tier 2)	PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch, medicated 5 %</i> (lidocaine)	\$0-12.65 (Tier 4)	PA; QL (90 per 30 days)

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0-12.65 (Tier 4)	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0-12.65 (Tier 4)	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	\$0-12.65 (Tier 4)	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0-5.10 (Tier 2)	
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0-5.10 (Tier 2)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0-12.65 (Tier 4)	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	\$0-12.65 (Tier 3)	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	\$0-5.10 (Tier 2)	
<i>naloxone injection syringe 0.4 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	\$0-5.10 (Tier 2)	
<i>naltrexone oral tablet 50 mg</i>	\$0-5.10 (Tier 2)	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0-12.65 (Tier 4)	QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	\$0-12.65 (Tier 4)	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	\$0-12.65 (Tier 4)	QL (336 per 365 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	\$0-12.65 (Tier 4)	
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	\$0 (Tier 1)	NM; NDS; QL (120 per 30 days)

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alprazolam oral tablet 2 mg</i> (Xanax)	\$0 (Tier 1)	NM; NDS; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	\$0 (Tier 1)	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0-5.10 (Tier 2)	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0-5.10 (Tier 2)	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0-12.65 (Tier 4)	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	\$0-5.10 (Tier 2)	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	\$0-5.10 (Tier 2)	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0-5.10 (Tier 2)	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	\$0 (Tier 1)	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	\$0-5.10 (Tier 2)	NM; NDS; QL (150 per 30 days)
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	\$0-12.65 (Tier 4)	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	\$0-5.10 (Tier 2)	NM; NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	\$0 (Tier 1)	NM; NDS; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	\$0 (Tier 1)	NM; NDS; QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	\$0 (Tier 1)	NM; NDS; QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	\$0-5.10 (Tier 2)	NM; NDS; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	\$0-5.10 (Tier 2)	NM; NDS; QL (120 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	\$0-12.65 (Tier 4)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (235.2 per 28 days)
<i>gentamicin injection solution 40 mg/ml</i>	\$0-5.10 (Tier 2)	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	\$0-5.10 (Tier 2)	
<i>neomycin oral tablet 500 mg</i>	\$0-5.10 (Tier 2)	
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0-12.65 (Tier 5)	NM; NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0-12.65 (Tier 4)	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	\$0-5.10 (Tier 2)	
<i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)</i>	\$0-12.65 (Tier 4)	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	\$0-12.65 (Tier 4)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	\$0-12.65 (Tier 4)	
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	\$0-12.65 (Tier 4)	PA BvD
<i>fosfomycin tromethamine oral packet 3 gram</i>	\$0-12.65 (Tier 4)	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	\$0-12.65 (Tier 4)	PA BvD

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	\$0-12.65 (Tier 5)	NM; NDS
<i>linezolid oral tablet 600 mg</i>	\$0-12.65 (Tier 4)	
<i>methenamine hippurate oral tablet 1 gram</i>	\$0-5.10 (Tier 2)	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	\$0-5.10 (Tier 2)	PA BvD
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0-5.10 (Tier 2)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0-5.10 (Tier 2)	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
SIVEXTRO ORAL TABLET 200 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>trimethoprim oral tablet 100 mg</i>	\$0-5.10 (Tier 2)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	\$0-12.65 (Tier 4)	PA BvD
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	\$0-12.65 (Tier 4)	QL (77 per 28 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	\$0-12.65 (Tier 4)	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	\$0-12.65 (Tier 3)	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$0-12.65 (Tier 3)	PA; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0-12.65 (Tier 4)	
<i>cefadroxil oral capsule 500 mg</i>	\$0-5.10 (Tier 2)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	\$0-12.65 (Tier 4)	
<i>cefazolin intravenous recon soln 10 gram</i>	\$0-12.65 (Tier 4)	
<i>cefdinir oral capsule 300 mg</i>	\$0-5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefдинир oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0-12.65 (Tier 4)	
<i>cefixime oral capsule 400 mg</i>	\$0-5.10 (Tier 2)	
<i>cefixime oral tablet 400 mg</i>	\$0-5.10 (Tier 2)	
<i>cefподoxime oral tablet 100 mg, 200 mg</i>	\$0-5.10 (Tier 2)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0-5.10 (Tier 2)	
<i>ceftaroline fosamil intravenous recon soln 400 mg, 600 mg</i> (Teflaro)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	\$0-12.65 (Tier 4)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0-12.65 (Tier 4)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0-5.10 (Tier 2)	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0-5.10 (Tier 2)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	\$0-12.65 (Tier 4)	PA BvD
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	\$0-12.65 (Tier 4)	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	\$0-12.65 (Tier 4)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> (Zithromax)	\$0-5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>	\$0-12.65 (Tier 4)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0-5.10 (Tier 2)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	\$0-5.10 (Tier 2)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	\$0-5.10 (Tier 2)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0-5.10 (Tier 2)	
<i>fidaxomicin oral tablet 200 mg</i> (Difcid)	\$0-12.65 (Tier 5)	NM; NDS; QL (20 per 10 days)
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	\$0-12.65 (Tier 4)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0-12.65 (Tier 5)	PA; NM; LA; NDS
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0-12.65 (Tier 4)	PA BvD
<i>ertapenem injection recon soln 1 gram</i>	\$0-12.65 (Tier 4)	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	\$0-12.65 (Tier 4)	PA BvD
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	\$0-12.65 (Tier 4)	PA BvD
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	\$0-5.10 (Tier 2)	PA BvD
<i>meropenem intravenous recon soln 2 gram</i>	\$0-12.65 (Tier 4)	PA BvD
Penicillins		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>amoxicillin oral suspension for reconstitution 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0-5.10 (Tier 2)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	\$0-5.10 (Tier 2)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	\$0-5.10 (Tier 2)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	\$0-5.10 (Tier 2)	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	\$0-5.10 (Tier 2)	
<i>ampicillin oral capsule 500 mg</i>	\$0-5.10 (Tier 2)	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	\$0-12.65 (Tier 4)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	\$0-12.65 (Tier 4)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0-12.65 (Tier 4)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0-5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	\$0-12.65 (Tier 4)	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	\$0-12.65 (Tier 4)	
<i>naftcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0-12.65 (Tier 4)	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	\$0-12.65 (Tier 4)	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0-12.65 (Tier 4)	PA BvD
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	\$0-5.10 (Tier 2)	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	\$0-5.10 (Tier 2)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0-5.10 (Tier 2)	PA BvD
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0-5.10 (Tier 2)	PA BvD
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0-5.10 (Tier 2)	
<i>moxifloxacin 400 mg/250 ml bag suv, p/f, inner</i>	\$0-12.65 (Tier 4)	PA BvD
<i>moxifloxacin oral tablet 400 mg</i>	\$0-12.65 (Tier 4)	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0-12.65 (Tier 4)	PA BvD

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	\$0-5.10 (Tier 2)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	\$0 (Tier 1)	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	\$0-12.65 (Tier 4)	PA BvD
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	\$0-12.65 (Tier 4)	PA BvD
<i>doxycycline hyclate oral capsule 100 mg</i>	\$0-5.10 (Tier 2)	
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	\$0-5.10 (Tier 2)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0-5.10 (Tier 2)	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxine NL)	\$0-5.10 (Tier 2)	
<i>doxycycline monohydrate oral capsule 50 mg</i>	\$0-5.10 (Tier 2)	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	\$0-5.10 (Tier 2)	
<i>doxycycline monohydrate oral tablet 50 mg</i>	\$0-5.10 (Tier 2)	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0-5.10 (Tier 2)	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0-12.65 (Tier 4)	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	\$0-12.65 (Tier 4)	PA BvD
Anticancer Agents		
Anticancer Agents		

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abiraterone oral tablet 250 mg</i> (Abirtega)	\$0-12.65 (Tier 4)	PA NSO; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i> (abiraterone)	\$0-12.65 (Tier 4)	PA NSO; QL (120 per 30 days)
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	\$0-12.65 (Tier 4)	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0 (Tier 1)	
AUGTYRO ORAL CAPSULE 160 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	\$0-12.65 (Tier 5)	NM; NDS
BALVERSA ORAL TABLET 3 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 28 days)

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bendamustine intravenous recon soln</i> (Treanda) 25 mg	\$0-12.65 (Tier 4)	PA NSO
BEQALZI ORAL TABLET 1 MG, 20 MG, 5 MG, 80 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
BEQALZI STARTER PACK ORAL TABLETS,DOSE PACK 1-5-20-80 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (2 per 28 days)
<i>bexarotene oral capsule 75 mg</i> (Targretin)	\$0-5.10 (Tier 2)	PA NSO
<i>bexarotene topical gel 1 %</i> (Targretin)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	\$0-5.10 (Tier 2)	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	\$0-5.10 (Tier 2)	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	\$0-12.65 (Tier 4)	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
BOSULIF ORAL CAPSULE 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG (bosutinib)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 500 MG (bosutinib)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>bosutinib oral tablet 100 mg</i> (Bosulif)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>bosutinib oral tablet 400 mg, 500 mg</i> (Bosulif)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
BRUKINSA ORAL TABLET 160 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CABOMETYX ORAL TABLET 20 MG, 60 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	\$0-12.65 (Tier 4)	PA NSO
CAPRELSA ORAL TABLET 100 MG (vandetanib)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	\$0-12.65 (Tier 5)	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram</i>	\$0-12.65 (Tier 4)	PA BvD
<i>cyclophosphamide intravenous recon soln 2 gram, 500 mg</i>	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0-5.10 (Tier 2)	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0-12.65 (Tier 3)	PA BvD; ST
DANZITEN ORAL TABLET 71 MG, 95 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DAURISMO ORAL TABLET 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	\$0-12.65 (Tier 4)	
<i>doxorubicin, peg-liposomal</i> (Caelyx) <i>intravenous suspension 2 mg/ml</i>	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0-12.65 (Tier 4)	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0-12.65 (Tier 4)	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0-12.65 (Tier 4)	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0-12.65 (Tier 4)	PA NSO
ENSACOVE ORAL CAPSULE 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (270 per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg</i>	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	\$0-12.65 (Tier 4)	PA NSO; QL (60 per 30 days)
<i>etoposide intravenous solution 20 mg/ml</i> (Avopef)	\$0-5.10 (Tier 2)	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	\$0-12.65 (Tier 5)	NM; NDS

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	(Yulithira)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg</i>	(Yulithira)	\$0-12.65 (Tier 4)	PA NSO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i>	(Yulithira)	\$0-12.65 (Tier 4)	PA NSO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	(Afinitor Disperz)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	(Aromasin)	\$0-5.10 (Tier 2)	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		\$0-12.65 (Tier 5)	PA BvD; NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		\$0-12.65 (Tier 3)	PA BvD
<i>floxuridine injection recon soln 0.5 gram</i>		\$0-5.10 (Tier 2)	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>		\$0-12.65 (Tier 4)	PA BvD
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	(Cligavyx)	\$0-12.65 (Tier 4)	
GAVRETO ORAL CAPSULE 100 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	(Iressa)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	(afatinib)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (112 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (5 per 21 days)
HERNEXEOS ORAL TABLET 60 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	\$0-5.10 (Tier 2)	
HYRNUO ORAL TABLET 10 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	\$0-12.65 (Tier 4)	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	\$0-12.65 (Tier 4)	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	\$0-5.10 (Tier 2)	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	\$0-5.10 (Tier 2)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (280 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
INLEXZO INTRAVESICAL IMPLANT 225 MG	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
INLURIYO ORAL TABLET 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
JIDEYTRO ORAL TABLET 100 MG, 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0-12.65 (Tier 4)	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (21 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (63 per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
KOSELUGO ORAL CAPSULE 10 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (600 per 30 days)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (390 per 30 days)
KRAZATI ORAL TABLET 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
LAZCLUZE ORAL TABLET 240 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	\$0 (Tier 1)	
LEUKERAN ORAL TABLET 2 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i> (Lutrate Depot (3 month))	\$0-12.65 (Tier 4)	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0-12.65 (Tier 4)	PA NSO
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9), 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
<i>lomustine oral capsule 10 mg, 40 mg</i> (Gleostine)	\$0-12.65 (Tier 4)	
<i>lomustine oral capsule 100 mg</i> (Gleostine)	\$0-12.65 (Tier 5)	NM; NDS
LONSURF ORAL TABLET 15-6.14 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
LUTRATE DEPOT (3 MONTH) (leuprolide acetate (3 month)) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	\$0-12.65 (Tier 4)	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	\$0-12.65 (Tier 5)	NM; NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (140 per 28 days)
MATULANE ORAL CAPSULE 50 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0-5.10 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	\$0-12.65 (Tier 5)	NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	\$0-5.10 (Tier 2)	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	\$0-5.10 (Tier 2)	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0-5.10 (Tier 2)	
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0-5.10 (Tier 2)	
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0-5.10 (Tier 2)	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	\$0-5.10 (Tier 2)	
MODEYSO ORAL CAPSULE 125 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (20 per 28 days)
NERLYNX ORAL TABLET 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i> (Tasigna)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i> (Tasigna)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (96 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
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
ORSERDU ORAL TABLET 345 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
<i>pazopanib oral tablet 400 mg</i>	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg</i>	\$0-12.65 (Tier 4)	
<i>pemetrexed disodium intravenous recon soln 500 mg, 750 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	\$0-12.65 (Tier 5)	NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (56 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i> (Pomalyst)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (21 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
RASONQUE ORAL TABLET 100 MG, 150 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
RYBREVAANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
RYBREVAANT INTRAVENOUS SOLUTION 50 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RYDAPT ORAL CAPSULE 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (224 per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0-12.65 (Tier 5)	NM; NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG (thioguanine)	\$0-12.65 (Tier 5)	NM; NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0-12.65 (Tier 5)	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0-5.10 (Tier 2)	
TEPMETKO ORAL TABLET 225 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	\$0-12.65 (Tier 4)	
<i>toremifene oral tablet 60 mg</i> (Fareston)	\$0-12.65 (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>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	\$0-12.65 (Tier 3)	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; LA; NDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; LA; NDS
VEPPANU ORAL TABLET 100 MG, 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	\$0-12.65 (Tier 4)	
VITRAKVI ORAL CAPSULE 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; 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
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
WELIREG ORAL TABLET 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0-12.65 (Tier 4)	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XTANDI ORAL TABLET 80 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
YONSA ORAL TABLET 125 MG	(abiraterone, submicronized)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
yulithira oral tablet 10 mg, 7.5 mg	(everolimus (antineoplastic))	\$0-12.65 (Tier 4)	PA NSO; QL (60 per 30 days)
yulithira oral tablet 2.5 mg, 5 mg	(everolimus (antineoplastic))	\$0-12.65 (Tier 4)	PA NSO; QL (30 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (240 per 30 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML		\$0-12.65 (Tier 5)	PA BvD; NM; NDS
ZOLINZA ORAL CAPSULE 100 MG		\$0-12.65 (Tier 5)	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (84 per 28 days)
Anticonvulsants			
Anticonvulsants			
brivaracetam intravenous solution 50 mg/5 ml	(Briviact)	\$0-12.65 (Tier 5)	NM; NDS; QL (80 per 30 days)
brivaracetam oral solution 10 mg/ml	(Briviact)	\$0-12.65 (Tier 4)	QL (600 per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	(Briviact)	\$0-12.65 (Tier 5)	NM; NDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	\$0-12.65 (Tier 4)	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	\$0-12.65 (Tier 4)	
carbamazepine oral tablet 200 mg	(Tegretol)	\$0-5.10 (Tier 2)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	\$0-12.65 (Tier 4)	

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<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	\$0-5.10 (Tier 2)	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	\$0-12.65 (Tier 4)	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	\$0-12.65 (Tier 4)	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0-12.65 (Tier 4)	
DILANTIN ORAL CAPSULE 30 MG	\$0-12.65 (Tier 4)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	\$0-12.65 (Tier 4)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	\$0-5.10 (Tier 2)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	\$0-5.10 (Tier 2)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i> (carbamazepine)	\$0-5.10 (Tier 2)	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	\$0-12.65 (Tier 4)	ST; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	\$0-12.65 (Tier 4)	ST; QL (60 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	\$0-5.10 (Tier 2)	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	\$0-5.10 (Tier 2)	
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	\$0-12.65 (Tier 4)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	\$0-12.65 (Tier 4)	
<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)	\$0-12.65 (Tier 4)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	\$0-5.10 (Tier 2)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	\$0-5.10 (Tier 2)	QL (120 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	\$0-12.65 (Tier 4)	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	\$0-12.65 (Tier 4)	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)	\$0-5.10 (Tier 2)	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	\$0-12.65 (Tier 4)	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	\$0-12.65 (Tier 4)	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	\$0-5.10 (Tier 2)	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	\$0-5.10 (Tier 2)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	\$0-5.10 (Tier 2)	
<i>levetiracetam oral tablet for suspension 250 mg, 500 mg</i> (Spritam)	\$0-12.65 (Tier 4)	ST
<i>methsuximide oral capsule 300 mg</i> (Celontin)	\$0-12.65 (Tier 4)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0-12.65 (Tier 4)	PA NSO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	\$0-5.10 (Tier 2)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	\$0-5.10 (Tier 2)	
<i>perampanel oral suspension 0.5 mg/ml</i> (Fycompa)	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (720 per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 8 mg</i> (Fycompa)	\$0-12.65 (Tier 4)	ST; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	\$0-12.65 (Tier 4)	ST; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0-12.65 (Tier 4)	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>	\$0-5.10 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytek oral capsule 200 mg, 300 mg</i> (phenytoin sodium extended)	\$0-5.10 (Tier 2)	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	\$0-5.10 (Tier 2)	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	\$0-5.10 (Tier 2)	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	\$0-5.10 (Tier 2)	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	\$0-5.10 (Tier 2)	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	\$0-5.10 (Tier 2)	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	\$0-5.10 (Tier 2)	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	\$0-5.10 (Tier 2)	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	\$0-5.10 (Tier 2)	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	\$0-12.65 (Tier 4)	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	\$0-5.10 (Tier 2)	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	\$0-12.65 (Tier 5)	NM; NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	\$0-12.65 (Tier 4)	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	\$0-12.65 (Tier 4)	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML	\$0-12.65 (Tier 4)	PA NSO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMPAZAN ORAL FILM 5 MG	\$0-12.65 (Tier 4)	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0-12.65 (Tier 4)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	\$0-12.65 (Tier 4)	
<i>topiramate oral capsule, sprinkle 50 mg</i>	\$0-12.65 (Tier 4)	
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	\$0-12.65 (Tier 4)	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	\$0 (Tier 1)	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	\$0-12.65 (Tier 4)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>valproic acid oral capsule 250 mg</i>	\$0-5.10 (Tier 2)	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0-12.65 (Tier 5)	NM; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0-12.65 (Tier 4)	
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0-12.65 (Tier 5)	NM; NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0-12.65 (Tier 5)	NM; NDS
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	\$0-5.10 (Tier 2)	
<i>zonisamide oral capsule 50 mg</i>	\$0-5.10 (Tier 2)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	\$0-5.10 (Tier 2)	
<i>donepezil oral tablet,disintegrating 5 mg</i>	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	\$0-12.65 (Tier 4)	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0-12.65 (Tier 4)	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0-12.65 (Tier 4)	QL (60 per 30 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (7.2 per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML (250MG/1.25MLX2)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (10 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>memantine oral capsule, sprinkle, er</i> 24hr 14 mg, 21 mg, 28 mg, 7 mg	\$0-5.10 (Tier 2)	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	\$0-12.65 (Tier 4)	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0-12.65 (Tier 4)	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0-5.10 (Tier 2)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	\$0-12.65 (Tier 5)	NM; NDS
AUVELITY ORAL TABLET, IR ER BIPHASIC, DOSEPACK 30 MG-105 MG /45 MG-105 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0-5.10 (Tier 2)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	\$0-5.10 (Tier 2)	
<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>	\$0-12.65 (Tier 4)	
<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, 75 mg</i> (Anafranil)	\$0-5.10 (Tier 2)	
<i>clomipramine oral capsule 50 mg</i> (Anafranil)	\$0-12.65 (Tier 4)	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0-5.10 (Tier 2)	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	\$0-5.10 (Tier 2)	QL (30 per 30 days)

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<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0-5.10 (Tier 2)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0-5.10 (Tier 2)	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	\$0-12.65 (Tier 4)	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	\$0-12.65 (Tier 4)	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	\$0-5.10 (Tier 2)	QL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	\$0-5.10 (Tier 2)	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	\$0 (Tier 1)	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0-12.65 (Tier 4)	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0-12.65 (Tier 4)	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	\$0 (Tier 1)	
<i>fluoxetine oral capsule 40 mg</i>	\$0 (Tier 1)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0-12.65 (Tier 4)	

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<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
MARPLAN ORAL TABLET 10 MG	\$0-12.65 (Tier 4)	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	\$0 (Tier 1)	
<i>mirtazapine oral tablet 45 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet 7.5 mg</i>	\$0-5.10 (Tier 2)	
<i>mirtazapine oral tablet, disintegrating</i> (Remeron SolTab) <i>15 mg, 30 mg, 45 mg</i>	\$0-5.10 (Tier 2)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0-12.65 (Tier 4)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	\$0-12.65 (Tier 4)	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>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	\$0-5.10 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	\$0-12.65 (Tier 4)	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	\$0-5.10 (Tier 2)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0-12.65 (Tier 4)	
RALDESY ORAL SOLUTION 10 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (1200 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	\$0-5.10 (Tier 2)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	\$0 (Tier 1)	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	\$0-12.65 (Tier 4)	
<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>	\$0-12.65 (Tier 4)	

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TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	\$0-5.10 (Tier 2)	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0-5.10 (Tier 2)	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
<i>dapagliflozin oral tablet 10 mg, 5 mg</i> (Farxiga)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg</i> (Xigduo XR)	\$0-5.10 (Tier 2)	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin)	\$0-12.65 (Tier 3)	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin)	\$0-12.65 (Tier 3)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0-12.65 (Tier 3)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 6)	QL (75 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>metformin oral tablet 500 mg</i>	\$0 (Tier 6)	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 6)	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 6)	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 6)	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (112 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 6)	QL (90 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	\$0 (Tier 6)	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	\$0 (Tier 6)	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	\$0 (Tier 6)	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 6)	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 6)	QL (240 per 30 days)
<i>sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg</i> (Janumet)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i> (Janumet XR)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i> (Janumet XR)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i> (Januvia)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0-12.65 (Tier 3)	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0-12.65 (Tier 3)	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG (linagliptin)	\$0-12.65 (Tier 3)	QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	\$0-12.65 (Tier 3)	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Semglee(insulin glarg-yfgn)Pen)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> (Semglee(insulin glargine-yfgn))	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart u-100)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart u-100)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (15 per 25 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (18 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		\$0-12.65 (Tier 3)	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
<i>glimepiride oral tablet 1 mg, 2 mg</i>		\$0 (Tier 6)	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>		\$0 (Tier 6)	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>		\$0 (Tier 6)	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>		\$0 (Tier 6)	QL (90 per 30 days)
<i>glipizide oral tablet 5 mg</i>		\$0 (Tier 6)	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>		\$0 (Tier 6)	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>		\$0 (Tier 6)	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>		\$0 (Tier 6)	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		\$0 (Tier 6)	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		\$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		\$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>		\$0 (Tier 6)	PA-HRM; AGE (Max 64 Years)
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		\$0-12.65 (Tier 4)	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>		\$0-12.65 (Tier 4)	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	(AmBisome)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>ciclopirox topical cream 0.77 %</i>	(Ciclodan)	\$0-5.10 (Tier 2)	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i>	(Ciclodan)	\$0-5.10 (Tier 2)	QL (19.8 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>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	\$0-12.65 (Tier 4)	QL (180 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0-5.10 (Tier 2)	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	\$0-5.10 (Tier 2)	
<i>clotrimazole topical solution 1 %</i> (Athlete's Foot (clotrimazole))	\$0-5.10 (Tier 2)	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0-5.10 (Tier 2)	QL (90 per 30 days)
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	\$0-12.65 (Tier 5)	NM; NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>econazole nitrate topical cream 1 %</i>	\$0-5.10 (Tier 2)	QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0-12.65 (Tier 4)	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	\$0-12.65 (Tier 4)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	\$0-12.65 (Tier 5)	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0-12.65 (Tier 4)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0-12.65 (Tier 4)	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	\$0-12.65 (Tier 4)	
<i>ketoconazole oral tablet 200 mg</i>	\$0-5.10 (Tier 2)	
<i>ketoconazole topical cream 2 %</i>	\$0-5.10 (Tier 2)	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	\$0-5.10 (Tier 2)	QL (360 per 30 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	\$0-12.65 (Tier 4)	

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<i>miconazole-3 vaginal suppository 200 mg</i>	\$0-5.10 (Tier 2)	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0-5.10 (Tier 2)	
<i>nystatin oral tablet 500,000 unit</i>	\$0-5.10 (Tier 2)	
<i>nystatin topical cream 100,000 unit/gram</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nystop)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	\$0-5.10 (Tier 2)	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	\$0-5.10 (Tier 2)	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	\$0-12.65 (Tier 4)	PA
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	\$0-12.65 (Tier 4)	PA BvD
<i>voriconazole intravenous solution 10 mg/ml</i>	\$0-12.65 (Tier 4)	PA BvD
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
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)	\$0-5.10 (Tier 2)	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	\$0-12.65 (Tier 4)	QL (30 per 30 days)

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<i>probenecid oral tablet 500 mg</i>	\$0-5.10 (Tier 2)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0-12.65 (Tier 4)	
Antihistamines		
Antihistamines		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	\$0 (Tier 1)	
Antihypoglycemic Agents		
Antihypoglycemic Agents, Miscellaneous		
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	\$0-12.65 (Tier 5)	NM; NDS
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0-12.65 (Tier 3)	PA; QL (1 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	\$0-5.10 (Tier 2)	PA; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0-12.65 (Tier 3)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0-12.65 (Tier 3)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	\$0-12.65 (Tier 3)	PA; QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0-5.10 (Tier 2)	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	\$0-12.65 (Tier 3)	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	\$0-12.65 (Tier 3)	PA; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	\$0-5.10 (Tier 2)	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	\$0-5.10 (Tier 2)	QL (18 per 30 days)

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<i>rizatriptan oral tablet, disintegrating</i> (Maxalt-MLT) 10 mg	\$0-5.10 (Tier 2)	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating</i> 5 mg	\$0-5.10 (Tier 2)	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol</i> 20 mg/actuation, 5 mg/actuation	\$0-12.65 (Tier 4)	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet</i> 100 mg (Imitrex)	\$0-5.10 (Tier 2)	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet</i> 25 mg, 50 mg (Imitrex)	\$0-5.10 (Tier 2)	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i> 4 mg/0.5 ml (Imitrex STATdose Pen)	\$0-12.65 (Tier 4)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i> 6 mg/0.5 ml (Imitrex STATdose Pen)	\$0-12.65 (Tier 4)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i> 6 mg/0.5 ml	\$0-12.65 (Tier 4)	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	\$0-12.65 (Tier 3)	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet</i> 100 mg, 25 mg	\$0-5.10 (Tier 2)	
<i>ethambutol oral tablet</i> 100 mg, 400 mg	\$0-5.10 (Tier 2)	
<i>isoniazid oral tablet</i> 100 mg, 300 mg	\$0 (Tier 1)	
PRETOMANID ORAL TABLET 200 MG	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>pyrazinamide oral tablet</i> 500 mg	\$0-12.65 (Tier 4)	
<i>rifabutin oral capsule</i> 150 mg	\$0-5.10 (Tier 2)	
<i>rifampin intravenous recon soln</i> 600 mg (Rifadin)	\$0-12.65 (Tier 4)	
<i>rifampin oral capsule</i> 150 mg, 300 mg	\$0-12.65 (Tier 4)	
<i>rifapentine oral tablet</i> 150 mg (Priftin)	\$0-5.10 (Tier 2)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	\$0-12.65 (Tier 4)	

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Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	\$0-12.65 (Tier 4)	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	\$0-12.65 (Tier 4)	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	\$0-12.65 (Tier 4)	PA BvD; QL (8 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	\$0-12.65 (Tier 4)	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	\$0-12.65 (Tier 4)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	\$0-5.10 (Tier 2)	PA; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	\$0 (Tier 1)	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	\$0 (Tier 1)	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0-5.10 (Tier 2)	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	\$0-5.10 (Tier 2)	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	\$0-5.10 (Tier 2)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	\$0-5.10 (Tier 2)	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	\$0-12.65 (Tier 4)	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	\$0-5.10 (Tier 2)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	\$0-12.65 (Tier 4)	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	\$0-12.65 (Tier 4)	

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<i>atovaquone-proguanil oral tablet 250-100 mg</i>	(Malarone)	\$0-12.65 (Tier 4)	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	(Malarone Pediatric)	\$0-12.65 (Tier 4)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		\$0-12.65 (Tier 4)	
COARTEM ORAL TABLET 20-120 MG		\$0-12.65 (Tier 4)	
<i>hydroxychloroquine oral tablet 100 mg</i>		\$0-5.10 (Tier 2)	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	(Plaquenil)	\$0-5.10 (Tier 2)	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	(Sovuna)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>		\$0-5.10 (Tier 2)	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i>	(Stromectol)	\$0-5.10 (Tier 2)	
<i>ivermectin oral tablet 6 mg</i>		\$0-12.65 (Tier 4)	
<i>mefloquine oral tablet 250 mg</i>		\$0-5.10 (Tier 2)	
<i>nitazoxanide oral tablet 500 mg</i>	(Alinia)	\$0-12.65 (Tier 5)	NM; NDS; QL (60 per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i>	(Nebupent)	\$0-12.65 (Tier 4)	PA BvD
<i>pentamidine injection recon soln 300 mg</i>	(Pentam)	\$0-12.65 (Tier 4)	
<i>praziquantel oral tablet 600 mg</i>		\$0-12.65 (Tier 4)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		\$0-12.65 (Tier 4)	
<i>pyrimethamine oral tablet 25 mg</i>	(Daraprim)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>quinine sulfate oral capsule 324 mg</i>	(Qualaquin)	\$0-12.65 (Tier 4)	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>		\$0-12.65 (Tier 4)	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
<i>amantadine hcl oral capsule 100 mg</i>		\$0-5.10 (Tier 2)	

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<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0-5.10 (Tier 2)	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0-5.10 (Tier 2)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0-12.65 (Tier 4)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0-5.10 (Tier 2)	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	\$0-5.10 (Tier 2)	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	\$0-5.10 (Tier 2)	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	\$0-5.10 (Tier 2)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0-5.10 (Tier 2)	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0-12.65 (Tier 4)	
<i>entacapone oral tablet 200 mg</i>	\$0-12.65 (Tier 4)	
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (600 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	\$0-5.10 (Tier 2)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	\$0-5.10 (Tier 2)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0-5.10 (Tier 2)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0-5.10 (Tier 2)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (560 per 28 days)
Antipsychotic Agents		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (2 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	\$0-5.10 (Tier 2)	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	\$0-12.65 (Tier 4)	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	\$0-12.65 (Tier 4)	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (3.2 per 14 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>asenapine maleate sublingual tablet</i> (Saphris) 10 mg, 2.5 mg, 5 mg	\$0-12.65 (Tier 4)	QL (60 per 30 days)
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (60 per 30 days)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0-12.65 (Tier 4)	ST
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	\$0-12.65 (Tier 4)	ST
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	\$0-12.65 (Tier 4)	ST
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (30 per 30 days)
<i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml	\$0-12.65 (Tier 4)	
<i>chlorpromazine oral tablet</i> 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	\$0-12.65 (Tier 4)	
<i>clozapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	\$0-5.10 (Tier 2)	
<i>clozapine oral tablet,disintegrating</i> 100 mg, 12.5 mg, 25 mg	\$0-12.65 (Tier 4)	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating</i> 150 mg	\$0-12.65 (Tier 4)	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating</i> 200 mg	\$0-12.65 (Tier 4)	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	\$0-12.65 (Tier 5)	ST; NM; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0-12.65 (Tier 4)	ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	\$0-12.65 (Tier 4)	ST
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	\$0-12.65 (Tier 4)	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>fluphenazine hcl oral tablet 1 mg</i>	\$0-5.10 (Tier 2)	
<i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0-12.65 (Tier 4)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	\$0-12.65 (Tier 4)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0-5.10 (Tier 2)	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.75 per 21 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0-12.65 (Tier 5)	NM; NDS; QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0-12.65 (Tier 3)	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0-12.65 (Tier 4)	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> (Latuda)	\$0-12.65 (Tier 4)	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (30 per 30 days)
<i>molindone oral tablet 10 mg, 5 mg</i>	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>molindone oral tablet 25 mg</i>	\$0-12.65 (Tier 4)	QL (270 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i> (Zyprexa) <i>10 mg</i>	\$0-12.65 (Tier 4)	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>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	\$0-5.10 (Tier 2)	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	\$0-12.65 (Tier 4)	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	\$0-12.65 (Tier 5)	ST; NM; NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	\$0-12.65 (Tier 4)	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0-5.10 (Tier 2)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0-12.65 (Tier 4)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	\$0-5.10 (Tier 2)	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	\$0-5.10 (Tier 2)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	\$0-12.65 (Tier 4)	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> (Rykindo)	\$0-12.65 (Tier 4)	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	\$0-12.65 (Tier 5)	NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	\$0-12.65 (Tier 4)	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	\$0 (Tier 1)	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	\$0 (Tier 1)	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	\$0-12.65 (Tier 4)	QL (60 per 30 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone oral tablet, disintegrating 4 mg</i>		\$0-12.65 (Tier 4)	QL (120 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	\$0-12.65 (Tier 5)	NM; NDS; QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		\$0-12.65 (Tier 5)	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		\$0-5.10 (Tier 2)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		\$0-12.65 (Tier 4)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		\$0-5.10 (Tier 2)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		\$0-12.65 (Tier 5)	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG		\$0-12.65 (Tier 3)	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	(Geodon)	\$0-5.10 (Tier 2)	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	(Geodon)	\$0-12.65 (Tier 4)	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		\$0-12.65 (Tier 4)	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		\$0-12.65 (Tier 5)	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		\$0-12.65 (Tier 5)	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)			
Antiretrovirals			
<i>abacavir oral solution 20 mg/ml</i>	(Ziagen)	\$0-5.10 (Tier 2)	
<i>abacavir oral tablet 300 mg</i>		\$0-5.10 (Tier 2)	

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<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0-5.10 (Tier 2)	
APTIVUS ORAL CAPSULE 250 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	\$0-5.10 (Tier 2)	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	\$0-5.10 (Tier 2)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	\$0-12.65 (Tier 5)	NM; NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	\$0-12.65 (Tier 5)	NM; NDS; QL (24 per 365 days)
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	\$0-12.65 (Tier 5)	NM; NDS; QL (24 per 365 days)
CIMDUO ORAL TABLET 300-300 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	\$0-12.65 (Tier 4)	
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0-12.65 (Tier 5)	NM; NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	\$0-12.65 (Tier 4)	
DOVATO ORAL TABLET 50-300 MG	\$0-12.65 (Tier 5)	NM; NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	\$0-12.65 (Tier 4)	
<i>efavirenz oral tablet 600 mg</i>	\$0-12.65 (Tier 4)	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	\$0-12.65 (Tier 4)	

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<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	\$0-12.65 (Tier 5)	NM; NDS
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0-12.65 (Tier 4)	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	\$0-12.65 (Tier 4)	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	\$0-5.10 (Tier 2)	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i> (Complera)	\$0-12.65 (Tier 5)	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0-12.65 (Tier 4)	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	\$0-12.65 (Tier 4)	
EVOTAZ ORAL TABLET 300-150 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	\$0-12.65 (Tier 4)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0-12.65 (Tier 5)	NM; NDS
IDVYNZO ORAL TABLET 100-0.25 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	\$0-12.65 (Tier 4)	
ISENTRESS HD ORAL TABLET 600 MG	\$0-12.65 (Tier 5)	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0-12.65 (Tier 5)	NM; NDS
ISENTRESS ORAL TABLET 400 MG	\$0-12.65 (Tier 5)	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	\$0-12.65 (Tier 5)	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	\$0-12.65 (Tier 3)	
JULUCA ORAL TABLET 50-25 MG	\$0-12.65 (Tier 5)	NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	\$0-12.65 (Tier 4)	QL (480 per 30 days)

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<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	\$0-5.10 (Tier 2)	
<i>lamivudine oral tablet 100 mg</i>	\$0-5.10 (Tier 2)	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	\$0-5.10 (Tier 2)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0-12.65 (Tier 4)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	\$0-12.65 (Tier 4)	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	\$0-12.65 (Tier 4)	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	\$0-12.65 (Tier 5)	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0-12.65 (Tier 4)	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0-12.65 (Tier 4)	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	\$0-12.65 (Tier 4)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0-12.65 (Tier 5)	NM; NDS
PIFELTRO ORAL TABLET 100 MG	\$0-12.65 (Tier 5)	NM; NDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	\$0-12.65 (Tier 5)	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0-12.65 (Tier 5)	NM; NDS
PREZISTA ORAL TABLET 150 MG	\$0-12.65 (Tier 5)	NM; NDS
PREZISTA ORAL TABLET 75 MG	\$0-12.65 (Tier 4)	
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>rilpivirine hcl oral tablet 25 mg</i> (Edurant)	\$0-12.65 (Tier 5)	NM; NDS

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上次更新時間：10/01/2026

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>	\$0-12.65 (Tier 5)	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	\$0-12.65 (Tier 4)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0-12.65 (Tier 5)	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0-12.65 (Tier 5)	NM; NDS
SELZENTRY ORAL TABLET 25 MG	\$0-12.65 (Tier 3)	
SELZENTRY ORAL TABLET 75 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0-12.65 (Tier 4)	
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0-12.65 (Tier 5)	NM; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	\$0-12.65 (Tier 5)	NM; NDS
SYMITUZA ORAL TABLET 800-150-200-10 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0-5.10 (Tier 2)	
TIVICAY ORAL TABLET 10 MG	\$0-12.65 (Tier 4)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0-12.65 (Tier 5)	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0-12.65 (Tier 5)	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0-12.65 (Tier 4)	
TYBOST ORAL TABLET 150 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0-12.65 (Tier 5)	NM; NDS

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0-12.65 (Tier 5)	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	\$0-12.65 (Tier 4)	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	\$0-12.65 (Tier 4)	
<i>zidovudine oral tablet 300 mg</i>	\$0-5.10 (Tier 2)	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>oseltamivir oral capsule 30 mg</i>	\$0-5.10 (Tier 2)	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	\$0-5.10 (Tier 2)	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	\$0-5.10 (Tier 2)	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	\$0-12.65 (Tier 4)	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	\$0-5.10 (Tier 2)	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	\$0-5.10 (Tier 2)	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0-5.10 (Tier 2)	QL (30 per 5 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0-12.65 (Tier 4)	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (56 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EPCLUSA ORAL TABLET 200-50 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (28 per 28 days)
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	\$0-5.10 (Tier 2)	
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0-5.10 (Tier 2)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0-12.65 (Tier 4)	PA BvD
<i>adefovir oral tablet 10 mg</i>	\$0-12.65 (Tier 4)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	\$0-12.65 (Tier 4)	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0-5.10 (Tier 2)	
<i>ribavirin oral capsule 200 mg</i>	\$0-12.65 (Tier 4)	
<i>ribavirin oral tablet 200 mg</i>	\$0-5.10 (Tier 2)	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	\$0-5.10 (Tier 2)	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	\$0-12.65 (Tier 5)	NM; NDS
<i>valganciclovir oral tablet 450 mg</i>	\$0-5.10 (Tier 2)	
VEMLIDY ORAL TABLET 25 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (30 per 30 days)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	\$0-12.65 (Tier 4)	QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0-12.65 (Tier 3)	
ELIQUIS ORAL TABLET 2.5 MG	\$0-12.65 (Tier 3)	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0-12.65 (Tier 3)	QL (74 per 30 days)

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	\$0-12.65 (Tier 3)	QL (960 per 30 days)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	\$0-12.65 (Tier 3)	QL (120 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	\$0-12.65 (Tier 4)	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	\$0-12.65 (Tier 4)	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	\$0-12.65 (Tier 4)	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	\$0-12.65 (Tier 4)	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	\$0-12.65 (Tier 4)	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	\$0-12.65 (Tier 5)	NM; NDS; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	\$0-12.65 (Tier 4)	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	\$0-12.65 (Tier 5)	NM; NDS; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	\$0-12.65 (Tier 4)	QL (18 per 30 days)
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0-5.10 (Tier 2)	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	\$0 (Tier 1)	
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)	\$0-5.10 (Tier 2)	QL (600 per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i> (Xarelto)	\$0-5.10 (Tier 2)	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
Blood Formation Modifiers		
<i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i> (Promacta)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (Promacta)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	\$0-12.65 (Tier 5)	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0-12.65 (Tier 5)	PA; NM; 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	\$0-12.65 (Tier 3)	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0-12.65 (Tier 3)	PA; QL (4 per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	\$0-12.65 (Tier 4)	
<i>anagrelide oral capsule 1 mg</i>	\$0-12.65 (Tier 4)	
<i>tranexamic acid oral tablet 650 mg</i>	\$0-5.10 (Tier 2)	
Platelet-Aggregation Inhibitors		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0-12.65 (Tier 4)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	\$0 (Tier 1)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0-12.65 (Tier 4)	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0-5.10 (Tier 2)	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	\$0-5.10 (Tier 2)	
<i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)	\$0-5.10 (Tier 2)	

Caloric Agents

Caloric Agents

CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	\$0-12.65 (Tier 4)	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	\$0-12.65 (Tier 4)	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	\$0-12.65 (Tier 4)	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	\$0-12.65 (Tier 4)	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	\$0-12.65 (Tier 4)	PA BvD
<i>d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution</i> (d5 % and 0.9 % sodium chloride)	\$0-5.10 (Tier 2)	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> (D5 % (d-glucose)-0.9 % sodchlr)	\$0-5.10 (Tier 2)	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0-5.10 (Tier 2)	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0-5.10 (Tier 2)	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	\$0-12.65 (Tier 4)	PA BvD

Cardiovascular Agents

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	\$0-12.65 (Tier 4)	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	\$0-12.65 (Tier 4)	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	\$0-12.65 (Tier 4)	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0-5.10 (Tier 2)	
<i>midodrine oral tablet 10 mg</i>	\$0-12.65 (Tier 4)	
<i>midodrine oral tablet 2.5 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	\$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	\$0 (Tier 6)	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	\$0 (Tier 6)	
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	\$0 (Tier 6)	
<i>irbesartan oral tablet 75 mg</i>	\$0 (Tier 6)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	\$0 (Tier 6)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	\$0 (Tier 6)	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	\$0 (Tier 6)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	\$0 (Tier 6)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	\$0 (Tier 6)	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	\$0 (Tier 6)	
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	\$0-5.10 (Tier 2)	QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>telmisartan oral tablet 20 mg</i>	\$0 (Tier 6)	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	\$0 (Tier 6)	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	\$0 (Tier 6)	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	\$0 (Tier 6)	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	\$0 (Tier 6)	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	\$0 (Tier 6)	
<i>benazepril oral tablet 5 mg</i>	\$0 (Tier 6)	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	\$0 (Tier 6)	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	\$0 (Tier 6)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 6)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	\$0 (Tier 6)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	\$0 (Tier 6)	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (Tier 6)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 6)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 6)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	\$0 (Tier 6)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	\$0 (Tier 6)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 6)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 6)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 6)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 6)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 6)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 6)	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	\$0-5.10 (Tier 2)	
<i>amiodarone oral tablet 400 mg</i>	\$0-5.10 (Tier 2)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	\$0-5.10 (Tier 2)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
MULTAQ ORAL TABLET 400 MG	\$0-12.65 (Tier 3)	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	\$0-12.65 (Tier 4)	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0-12.65 (Tier 4)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0-5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0-12.65 (Tier 4)	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0-5.10 (Tier 2)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0-5.10 (Tier 2)	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0-5.10 (Tier 2)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	\$0 (Tier 1)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0-5.10 (Tier 2)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	\$0-5.10 (Tier 2)	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	\$0-5.10 (Tier 2)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0-5.10 (Tier 2)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0-5.10 (Tier 2)	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	\$0-5.10 (Tier 2)	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	\$0-5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sotalol oral tablet 240 mg</i>	\$0-5.10 (Tier 2)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0-12.65 (Tier 4)	
Calcium-Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	\$0 (Tier 1)	
<i>amlodipine-benazepril oral capsule 10-20 mg</i> (Lotrel)	\$0 (Tier 6)	
<i>amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 6)	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	\$0 (Tier 6)	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	\$0 (Tier 6)	
<i>amlodipine-valsartan-hcthiacid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	\$0-12.65 (Tier 4)	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	\$0-5.10 (Tier 2)	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0-12.65 (Tier 4)	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	\$0-5.10 (Tier 2)	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	\$0-5.10 (Tier 2)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	\$0-5.10 (Tier 2)	
<i>diltiazem hcl oral tablet 90 mg</i>	\$0-5.10 (Tier 2)	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	\$0-5.10 (Tier 2)	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 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>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i>	(Procardia XL)	\$0-5.10 (Tier 2)	
<i>nifedipine oral tablet extended release 24hr 90 mg</i>		\$0-5.10 (Tier 2)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>		\$0-5.10 (Tier 2)	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	(diltiazem hcl)	\$0-5.10 (Tier 2)	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	(diltiazem hcl)	\$0-5.10 (Tier 2)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>		\$0-5.10 (Tier 2)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>		\$0-12.65 (Tier 4)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>		\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>		\$0-5.10 (Tier 2)	
Cardiovascular Agents, Miscellaneous			
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	(Lanoxin)	\$0 (Tier 1)	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	(Firazyr)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	(Corlanor)	\$0-12.65 (Tier 4)	ST; QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i>		\$0-12.65 (Tier 5)	PA; NM; NDS
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	(Nitro-Dur)	\$0-5.10 (Tier 2)	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>		\$0-5.10 (Tier 2)	
VYNDAMAX ORAL CAPSULE 61 MG		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
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>	\$0-5.10 (Tier 2)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0-5.10 (Tier 2)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	\$0 (Tier 1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0-5.10 (Tier 2)	
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i> (Jynarque)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (120 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i> (Jynarque)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (56 per 28 days)
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)	
Dyslipidemics		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	\$0 (Tier 6)	
<i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	\$0 (Tier 6)	
<i>atorvastatin oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	\$0 (Tier 6)	
<i>cholestyramine (with sugar) oral powder in packet</i> 4 gram (Questran)	\$0-12.65 (Tier 4)	
<i>cholestyramine light oral powder in packet</i> 4 gram (cholestyramine)	\$0-12.65 (Tier 4)	
<i>colesevelam oral tablet</i> 625 mg (WelChol)	\$0-5.10 (Tier 2)	
<i>colestipol oral packet</i> 5 gram	\$0-12.65 (Tier 4)	
<i>colestipol oral tablet</i> 1 gram (Colestid)	\$0-12.65 (Tier 4)	
<i>ezetimibe oral tablet</i> 10 mg (Zetia)	\$0 (Tier 1)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-10 mg (Vytorin 10-10)	\$0 (Tier 6)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-20 mg (Vytorin 10-20)	\$0 (Tier 6)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-40 mg (Vytorin 10-40)	\$0 (Tier 6)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i> 10-80 mg (Vytorin 10-80)	\$0 (Tier 6)	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i> 134 mg, 200 mg, 67 mg	\$0 (Tier 1)	
<i>fenofibrate nanocrystallized oral tablet</i> 145 mg, 48 mg	\$0 (Tier 1)	
<i>fenofibrate oral tablet</i> 160 mg, 54 mg	\$0 (Tier 1)	
<i>fluvastatin oral capsule</i> 20 mg, 40 mg	\$0 (Tier 6)	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release</i> 24 hr 80 mg (Lescol XL)	\$0 (Tier 6)	
<i>gemfibrozil oral tablet</i> 600 mg (Lopid)	\$0 (Tier 1)	
<i>icosapent ethyl oral capsule</i> 0.5 gram (Vascepa)	\$0-12.65 (Tier 4)	QL (240 per 30 days)
<i>icosapent ethyl oral capsule</i> 1 gram (Vascepa)	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>lovastatin oral tablet</i> 10 mg, 20 mg, 40 mg	\$0 (Tier 6)	

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NEXLETOL ORAL TABLET 180 MG	\$0-12.65 (Tier 3)	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	\$0-12.65 (Tier 3)	ST; QL (30 per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0-5.10 (Tier 2)	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	\$0-5.10 (Tier 2)	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 6)	
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine)	\$0-12.65 (Tier 4)	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	\$0-12.65 (Tier 3)	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	\$0-12.65 (Tier 3)	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	\$0-12.65 (Tier 3)	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	\$0 (Tier 6)	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0 (Tier 6)	
<i>simvastatin oral tablet 5 mg, 80 mg</i>	\$0 (Tier 6)	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (0.8 per 28 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	\$0-12.65 (Tier 4)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	\$0-12.65 (Tier 3)	PA; QL (30 per 30 days)
Vasodilators		

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<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	\$0-5.10 (Tier 2)	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	\$0-5.10 (Tier 2)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0-5.10 (Tier 2)	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0-5.10 (Tier 2)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	\$0-5.10 (Tier 2)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0-12.65 (Tier 4)	PA; QL (30 per 30 days)
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0-12.65 (Tier 4)	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0-12.65 (Tier 4)	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (210 per 30 days)

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AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	\$0-5.10 (Tier 2)	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21)	\$0-12.65 (Tier 5)	PA; NM; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	\$0-5.10 (Tier 2)	
<i>lithium carbonate oral tablet extended release 450 mg</i>	\$0-5.10 (Tier 2)	
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0-12.65 (Tier 4)	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	\$0-12.65 (Tier 4)	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	\$0-5.10 (Tier 2)	QL (90 per 30 days)
<i>riluzole oral tablet 50 mg</i>	\$0-12.65 (Tier 4)	

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tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)		\$0-12.65 (Tier 4)	PA; QL (112 per 28 days)
VEOZAH ORAL TABLET 45 MG		\$0-12.65 (Tier 4)	PA; QL (30 per 30 days)
Contraceptives			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	\$0-5.10 (Tier 2)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		\$0-5.10 (Tier 2)	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(1 norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	\$0 (Tier 1)	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(1 norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	

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<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0-5.10 (Tier 2)	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>camrese 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>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	\$0-5.10 (Tier 2)	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		\$0-5.10 (Tier 2)	
<i>daysee 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>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))	\$0-5.10 (Tier 2)	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Lo-Zumandimine (28))	\$0 (Tier 1)	

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<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	\$0 (Tier 1)	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)	QL (1 per 28 days)
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	\$0-5.10 (Tier 2)	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0 (Tier 1)	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>estarylla oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	\$0-5.10 (Tier 2)	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Valtya)	\$0-5.10 (Tier 2)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	\$0-5.10 (Tier 2)	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	\$0-5.10 (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>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)	\$0-5.10 (Tier 2)	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>introvale oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	\$0-12.65 (Tier 4)	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0 (Tier 1)	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0-5.10 (Tier 2)	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</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
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	\$0-12.65 (Tier 4)	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(\$0 (Tier 1))	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(\$0 (Tier 1))	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(\$0 (Tier 1))	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(\$0-5.10 (Tier 2))	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(\$0-5.10 (Tier 2))	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(\$0 (Tier 1))	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(\$0-5.10 (Tier 2))	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(\$0-5.10 (Tier 2))	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(\$0 (Tier 1))	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(\$0-5.10 (Tier 2))	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(\$0-12.65 (Tier 4))	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	(\$0 (Tier 1))	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(\$0 (Tier 1))	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	(\$0-12.65 (Tier 4))	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(\$0 (Tier 1))	QL (91 per 84 days)
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(\$0-5.10 (Tier 2))	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		\$0-12.65 (Tier 3)	
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	\$0 (Tier 1)	
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>lultera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>meleya oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0 (Tier 1)	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>microgestin 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>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 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		\$0-12.65 (Tier 4)	

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MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	\$0-12.65 (Tier 4)	
<i>mono-lynyah oral tablet 0.25-0.035 mg</i> (norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0-12.65 (Tier 3)	
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	\$0 (Tier 1)	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	\$0-5.10 (Tier 2)	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Deblitane)	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Blisovi Fe 1/20 (28))	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Blisovi Fe 1.5/30 (28))	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tilia Fe)	\$0-5.10 (Tier 2)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (Tri-Lo-Estarylla)	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Tri-Sprintec (28))	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i> (Mili)	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0-5.10 (Tier 2)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0-5.10 (Tier 2)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	\$0-5.10 (Tier 2)	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0-5.10 (Tier 2)	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin 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
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		\$0 (Tier 1)	
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	\$0-5.10 (Tier 2)	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	\$0-5.10 (Tier 2)	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	\$0 (Tier 1)	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		\$0-12.65 (Tier 4)	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	\$0 (Tier 1)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	\$0-5.10 (Tier 2)	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>tyblume oral tablet,chewable 0.1 mg-20 mcg</i>		\$0-12.65 (Tier 4)	
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0 (Tier 1)	
<i>vioarele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0-5.10 (Tier 2)	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	\$0-5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vylibra oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	\$0-12.65 (Tier 4)	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	\$0-12.65 (Tier 4)	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0-5.10 (Tier 2)	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	\$0-12.65 (Tier 4)	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	\$0 (Tier 1)	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg</i>	(Salagen (pilocarpine))	\$0-5.10 (Tier 2)	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	(Salagen (pilocarpine))	\$0-12.65 (Tier 4)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	\$0-5.10 (Tier 2)	
Dermatological Agents			
Anti-Infectives (Skin And Mucous Membrane)			
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	(Cleocin)	\$0-5.10 (Tier 2)	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	(Vandazole)	\$0-5.10 (Tier 2)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		\$0-5.10 (Tier 2)	
<i>terconazole vaginal suppository 80 mg</i>		\$0-12.65 (Tier 4)	
Dermatological Agents, Other			
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		\$0-12.65 (Tier 4)	

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ALTRENO TOPICAL LOTION 0.05 %	\$0-12.65 (Tier 4)	PA
<i>ammonium lactate topical cream 12 %</i>	\$0-5.10 (Tier 2)	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	\$0-5.10 (Tier 2)	
<i>calcipotriene scalp solution 0.005 %</i> (Pellix)	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i> (Efudex)	\$0-12.65 (Tier 4)	
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0-12.65 (Tier 4)	
<i>imiquimod topical cream in packet 5 %</i>	\$0-5.10 (Tier 2)	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (5 per 5 days)
<i>methoxsalen oral capsule, liq-filled, rapid rel 10 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) (w/w)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
PANRETIN TOPICAL GEL 0.1 %	\$0-12.65 (Tier 5)	NM; NDS; QL (60 per 28 days)
<i>podofilox topical solution 0.5 %</i>	\$0-12.65 (Tier 4)	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0-12.65 (Tier 4)	QL (180 per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	\$0-5.10 (Tier 2)	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	\$0-5.10 (Tier 2)	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	\$0-12.65 (Tier 4)	
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	\$0-12.65 (Tier 4)	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A)	\$0-12.65 (Tier 4)	PA
VALCHLOR TOPICAL GEL 0.016 %	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	\$0-12.65 (Tier 4)	
Dermatological Antibacterials		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin phosphate topical solution 1 %</i>	\$0-5.10 (Tier 2)	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	\$0-5.10 (Tier 2)	
<i>erythromycin with ethanol topical solution 2 %</i>	\$0-5.10 (Tier 2)	
<i>gentamicin topical cream 0.1 %</i>	\$0-5.10 (Tier 2)	QL (90 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	\$0-5.10 (Tier 2)	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	\$0-12.65 (Tier 4)	
<i>metronidazole topical gel 1 %</i>	\$0-12.65 (Tier 4)	
<i>mupirocin topical ointment 2 %</i> (Centany)	\$0 (Tier 1)	QL (220 per 30 days)
<i>rosadan topical cream 0.75 %</i> (metronidazole)	\$0-12.65 (Tier 4)	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	\$0-5.10 (Tier 2)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>betamethasone valerate topical cream 0.1 %</i>	\$0-5.10 (Tier 2)	
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0-5.10 (Tier 2)	
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0-5.10 (Tier 2)	
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	\$0-12.65 (Tier 4)	
<i>clobetasol scalp solution 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>clobetasol topical cream 0.05 %</i>	\$0-5.10 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobetasol topical gel 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>clobetasol topical ointment 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>clobetasol topical shampoo 0.05 %</i> (Clodan)	\$0-12.65 (Tier 4)	
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>diclofenac sodium topical drops 1.5 %</i>	\$0-5.10 (Tier 2)	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	\$0-12.65 (Tier 4)	PA; QL (224 per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	\$0-12.65 (Tier 3)	
<i>fluocinolone topical cream 0.01 %</i>	\$0-12.65 (Tier 4)	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	\$0-12.65 (Tier 4)	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	\$0-12.65 (Tier 4)	
<i>fluocinonide topical cream 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	\$0-5.10 (Tier 2)	
<i>fluocinonide topical gel 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>fluocinonide topical ointment 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>fluocinonide topical solution 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>fluticasone propionate topical cream 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>hydrocortisone 2.5% cream</i>	\$0-5.10 (Tier 2)	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	\$0-5.10 (Tier 2)	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	\$0-5.10 (Tier 2)	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0-5.10 (Tier 2)	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone valerate topical cream 0.2 %</i>	\$0-5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mometasone topical cream 0.1 %</i>		\$0-5.10 (Tier 2)	
<i>mometasone topical ointment 0.1 %</i>		\$0-5.10 (Tier 2)	
<i>mometasone topical solution 0.1 %</i>		\$0-5.10 (Tier 2)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	\$0-5.10 (Tier 2)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	\$0-5.10 (Tier 2)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	\$0-5.10 (Tier 2)	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>		\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.5 %</i>	(Triderm)	\$0 (Tier 1)	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		\$0-5.10 (Tier 2)	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		\$0-5.10 (Tier 2)	
Scabicides And Pediculicides			
<i>malathion topical lotion 0.5 %</i>	(Ovide)	\$0-5.10 (Tier 2)	
<i>permethrin topical cream 5 %</i>		\$0-5.10 (Tier 2)	QL (60 per 30 days)
Devices			
Devices			
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
1ST TIER UNIFINE PNTIP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	\$0 (Tier 1)	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2)	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		\$0-5.10 (Tier 2)	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	\$0-5.10 (Tier 2)	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	\$0-5.10 (Tier 2)	PA; ST
AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
BD SINGLE USE SWAB	(alcohol swabs)	\$0 (Tier 1)	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "		\$0 (Tier 1)	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G HRI 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	\$0 (Tier 1)	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		\$0-5.10 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		\$0-5.10 (Tier 2)	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	\$0 (Tier 1)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CURITY GAUZE PADS 2 X 2 " (gauze bandage)	\$0 (Tier 1)	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	\$0 (Tier 1)	PA; ST
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " (gauze bandage)	\$0 (Tier 1)	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	\$0 (Tier 1)	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	\$0 (Tier 1)	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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上次更新時間：10/01/2026

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	\$0 (Tier 1)	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	\$0-5.10 (Tier 2)	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	\$0-5.10 (Tier 2)	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2) PA; ST
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2) PA; ST
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2) PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2) PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2) PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2) PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	\$0 (Tier 1)	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"		\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"		\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		\$0-5.10 (Tier 2)	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	\$0 (Tier 1)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH AUTO 0.5 ML 30G 6MM 0.5 ML 30 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH AUTO 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH AUTORET 1 ML 30G 6MM 1 ML 30 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH AUTORET 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML (insulin syringe needleless)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML (insulin syringe needleless)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE ALCOHOL 70% PADS (alcohol swabs)	\$0 (Tier 1)	PA; ST
EASYLIFE INS PEN NDL 29G 12MM 29 GAUGE X 1/2" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 4MM 31 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 32G 8MM 32 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 4MM 33 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 5MM 33 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS PEN NDL 33G 6MM 33 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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上次更新時間：10/01/2026

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASYLIFE INS PEN NDL 33G 8MM 33 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE SAFTY PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE SAFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2)	PA; ST
EASYLIFE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		\$0-5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
EXEL U100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	\$0-5.10 (Tier 2)	PA; ST
FT STERILE PADS 2" X 2" 2 X 2 "		\$0 (Tier 1)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 "		\$0 (Tier 1)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GNP ALCOHOL SWAB STERILE, TWO PLY	(Alcohol Pads)	\$0 (Tier 1)	PA; ST
GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(1st Tier Unifine Pentips)	\$0-5.10 (Tier 2)	PA; ST
GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	\$0-5.10 (Tier 2)	PA; ST
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(1st Tier Unifine Pentips)	\$0-5.10 (Tier 2)	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
HEB INCONTROL ALCOHOL 70% PADS (alcohol swabs)	\$0 (Tier 1)	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	\$0-12.65 (Tier 3)	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	\$0-12.65 (Tier 3)	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	\$0-12.65 (Tier 3)	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	\$0-12.65 (Tier 3)	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	\$0-12.65 (Tier 3)	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	\$0-12.65 (Tier 3)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN 1 ML SYRINGE 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 7/16"	\$0-5.10 (Tier 2)	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML (Ultilet Insulin Syringe) 29	\$0-5.10 (Tier 2)	PA; ST
INSULIN 1/2 ML SYRINGE 1/2 ML 30 GAUGE	\$0-5.10 (Tier 2)	PA; ST
INSULIN 3/10 ML SYRINGE 0.3 ML 30 (Ultra Comfort Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" (Easy Touch Ins Syr (half unit))	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16" (Advocate Syringes)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" (Easy Touch Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29 (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Easy Touch Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Easy Touch Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 31GX5/16" SHORT NEEDLE, THIN II (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN U-500 SYRINGE- NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	\$0 (Tier 1)	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	\$0 (Tier 1)	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		\$0 (Tier 1)	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		\$0-5.10 (Tier 2)	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST

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MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		\$0-5.10 (Tier 2)	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2)	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	\$0-5.10 (Tier 2)	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	\$0-5.10 (Tier 2)	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	\$0-5.10 (Tier 2)	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	\$0-5.10 (Tier 2)	PA; ST

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MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"		\$0-5.10 (Tier 2)	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		\$0-5.10 (Tier 2)	PA; ST
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE		\$0-12.65 (Tier 3)	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		\$0-12.65 (Tier 3)	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		\$0-12.65 (Tier 3)	QL (10 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE		\$0-12.65 (Tier 3)	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		\$0-12.65 (Tier 3)	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		\$0-12.65 (Tier 3)	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		\$0-12.65 (Tier 3)	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		\$0-12.65 (Tier 3)	QL (10 per 30 days)
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		\$0-5.10 (Tier 2)	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRO COMFORT 0.5 ML 30GX5/16" (insulin syringe-needle u-100) 0.5 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
PRO COMFORT 0.5 ML 31GX5/16" (insulin syringe-needle u-100) 0.5 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 (insulin syringe-needle u-100) ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 (insulin syringe-needle u-100) ML 30 GAUGE X 5/16	\$0-5.10 (Tier 2)	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 (insulin syringe-needle u-100) ML 31 GAUGE X 5/16	\$0-5.10 (Tier 2)	PA; ST
PRO COMFORT ALCOHOL 70% (alcohol swabs) PADS	\$0 (Tier 1)	PA; ST
PRO COMFORT PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
PRO COMFORT PEN NDL 32G X (pen needle, diabetic) 1/4" 32 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
PRO COMFORT PEN NDL 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
PRO COMFORT PEN NDL 5MM (pen needle, diabetic) 32G 32 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
PRO-COMFORT ALCOHOL 70% (alcohol swabs) PADS	\$0 (Tier 1)	PA; ST
PRODIGY INS SYR 1 ML (insulin syringe-needle u-100) 28GX1/2" 1 ML 28 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
PRODIGY SYRNG 0.5 ML (insulin syringe-needle u-100) 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
PRODIGY SYRNGE 0.3 ML (insulin syringe-needle u-100) 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
PURE CMFT SFTY PEN NDL 31G (pen needle, diabetic, safety) 5MM 31 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
PURE COMFORT ALCOHOL 70% (alcohol swabs) PADS	\$0 (Tier 1)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
RA ISOPROPYL ALCOHOL 70% WIPES	(alcohol swabs)	\$0 (Tier 1)	PA; ST
RA STERILE PADS 2"X 2" 2 X 2 "	(Bordered Gauze)	\$0 (Tier 1)	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		\$0-5.10 (Tier 2)	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	\$0-5.10 (Tier 2)	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		\$0-5.10 (Tier 2)	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	(True-Comfort Pro Pen Needle)	\$0-5.10 (Tier 2)	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
RELION PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	\$0-5.10 (Tier 2)	PA; ST
RELION SYRING 0.3 ML 31GX5/16" INNER 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	\$0-5.10 (Tier 2)	PA; ST
RELION SYRING 0.5 ML 31GX5/16" INNER (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	\$0-5.10 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)	\$0-5.10 (Tier 2) PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2) PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
SECURES SAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2) PA; ST
SECURES SAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
SECURES SAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2) PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	\$0 (Tier 1)	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	\$0 (Tier 1)	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		\$0-5.10 (Tier 2)	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST

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TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		\$0-5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		\$0-5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		\$0-5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		\$0-5.10 (Tier 2)	PA; ST
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2)	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		\$0-5.10 (Tier 2)	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST

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上次更新時間：10/01/2026

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	\$0 (Tier 1)	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUE COMFORT PRO ALCOHOL (alcohol swabs) PADS	\$0 (Tier 1)	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFRT PRO 0.5 ML 30G (insulin syringe-needle u-100) 1/2" 0.5 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G (pen needle, diabetic) 5MM 31 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G (pen needle, diabetic) 6MM 31 GAUGE X 15/64"	\$0-5.10 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 31G (pen needle, diabetic) 8MM 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
TRUE-CMFRT PRO PEN NDL 32G (pen needle, diabetic) 4MM 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 29GX1/2" 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE 31G X (pen needle, diabetic) 1/4" 31 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX3/16" 31 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 31GX5/16" 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS PEN NEEDLE (pen needle, diabetic) 32GX5/32" 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" (insulin syringe-needle u-100) 0.3 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle u-100) 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML (insulin syringe-needle u-100) 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST

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上次更新時間：10/01/2026

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)	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULT CFT 0.3 ML 31GX5/16" (1/2) 1/2 UNIT 0.3 ML 31 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTICARE PEN NEEDLES 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLES 4MM (pen needle, diabetic) 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
ULTICARE PEN NEEDLES 6MM (pen needle, diabetic) 32G 32 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" (insulin syringe-needle 0.3 ML 30 GAUGE X 1/2" u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE SYR 0.3 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.3 ML 31 u-100) GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" (insulin syringe-needle 0.5 ML 30 GAUGE X 1/2" u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE SYR 0.5 ML (insulin syringe-needle 31GX5/16" SHORT NDL 0.5 ML 31 u-100) GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
ULTICARE SYR 1 ML 31GX5/16" (insulin syringe-needle 1 ML 31 GAUGE X 5/16 u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTIGUARD SAFEPAK 32G 4MM 32 GAUGE X 5/32"		\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPAK 32G 6MM 32 GAUGE X 1/4"		\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		\$0-5.10 (Tier 2)	PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	\$0 (Tier 1)	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTILET PEN NEEDLE 29 GAUGE		\$0-5.10 (Tier 2)	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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上次更新時間：10/01/2026

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA FLO SYR 0.5 ML 29G 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
0.5 ML 29 GAUGE X 1/2"			
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA-FINE 0.3 ML 30G 12.7MM (insulin syringe-needle u-100) 0.3 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM (insulin syringe-needle u-100) 0.5 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

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上次更新時間：10/01/2026

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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上次更新時間：10/01/2026

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		\$0-5.10 (Tier 2)	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		\$0-5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		\$0-5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"		\$0-5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		\$0-5.10 (Tier 2)	PA; ST
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"		\$0-5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"		\$0-5.10 (Tier 2)	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		\$0-5.10 (Tier 2)	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		\$0-5.10 (Tier 2)	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		\$0 (Tier 1)	PA; ST
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	\$0 (Tier 1)	PA; ST
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	(pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		\$0-12.65 (Tier 3)	
<i>javygtor oral tablet,soluble 100 mg</i>	(sapropterin)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	(Orfadin)	\$0-12.65 (Tier 5)	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML		\$0-12.65 (Tier 5)	PA; NM; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		\$0-12.65 (Tier 5)	PA; NM; NDS
<i>sapropterin oral tablet,soluble 100 mg</i>	(Javygtor)	\$0-12.65 (Tier 5)	PA; NM; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; LA; NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000 - 84,000 UNIT, 25,000-79,000 - 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000 - 168,000 UNIT, 5,000-17,000 - 24,000 UNIT, 60,000-189,600 - 252,600 UNIT	\$0-12.65 (Tier 3)	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>atropine ophthalmic (eye) drops 1 %</i>	\$0-5.10 (Tier 2)	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	\$0-5.10 (Tier 2)	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0-5.10 (Tier 2)	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	\$0-5.10 (Tier 2)	QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	\$0-5.10 (Tier 2)	QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	\$0-5.10 (Tier 2)	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	\$0-5.10 (Tier 2)	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	\$0-5.10 (Tier 2)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0-12.65 (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>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0-5.10 (Tier 2)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0-5.10 (Tier 2)	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0-12.65 (Tier 4)	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0-5.10 (Tier 2)	QL (3.5 per 4 days)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0-5.10 (Tier 2)	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	\$0-12.65 (Tier 4)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	\$0-5.10 (Tier 2)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0-12.65 (Tier 4)	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0-5.10 (Tier 2)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0-5.10 (Tier 2)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	\$0-5.10 (Tier 2)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0-5.10 (Tier 2)	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0-12.65 (Tier 4)	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0-12.65 (Tier 4)	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	\$0-5.10 (Tier 2)	

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(neomycin-bacitracin-polymyxin)	\$0-5.10 (Tier 2)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflox)	\$0-5.10 (Tier 2)	
<i>ofloxacin otic (ear) drops 0.3 %</i>		\$0-5.10 (Tier 2)	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b)	\$0-5.10 (Tier 2)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>		\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>		\$0-5.10 (Tier 2)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>		\$0-12.65 (Tier 4)	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>		\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>		\$0-5.10 (Tier 2)	
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i>	(Zylet)	\$0-12.65 (Tier 4)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>		\$0-5.10 (Tier 2)	
XDEMVIY OPTHALMIC (EYE) DROPS 0.25 %		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %		\$0-12.65 (Tier 4)	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	(Prolensa)	\$0-12.65 (Tier 4)	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	(Restasis)	\$0-12.65 (Tier 4)	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>		\$0-12.65 (Tier 4)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>		\$0-5.10 (Tier 2)	

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<i>difluprednate ophthalmic (eye) drops</i> (Durezol) 0.05 %	\$0-12.65 (Tier 4)	
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	\$0-12.65 (Tier 3)	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	\$0-12.65 (Tier 4)	QL (50 per 25 days)
<i>fluocinolone acetate oil otic (ear)</i> (DermOtic Oil) drops 0.01 %	\$0-5.10 (Tier 2)	
<i>fluorometholone ophthalmic (eye)</i> (FML Liquifilm) drops,suspension 0.1 %	\$0-12.65 (Tier 4)	
<i>flurbiprofen sodium ophthalmic (eye)</i> drops 0.03 %	\$0-5.10 (Tier 2)	
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief) <i>spray,suspension 50 mcg/actuation</i>	\$0 (Tier 1)	QL (16 per 30 days)
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	\$0-12.65 (Tier 3)	
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0-12.65 (Tier 3)	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops</i> 0.5 % (Acular)	\$0-5.10 (Tier 2)	QL (10 per 25 days)
LOTEMAX OPTHALMIC (EYE) OINTMENT 0.5 %	\$0-12.65 (Tier 3)	QL (3.5 per 14 days)
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL 0.38 %	\$0-12.65 (Tier 3)	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,gel 0.5 %</i>	\$0-12.65 (Tier 4)	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic</i> <i>(eye) drops,suspension 0.2 %</i>	\$0-12.65 (Tier 4)	ST
<i>loteprednol etabonate ophthalmic</i> <i>(eye) drops,suspension 0.5 %</i>	\$0-12.65 (Tier 4)	QL (15 per 19 days)
MIEBO (PF) OPTHALMIC (EYE) DROPS 100 %	\$0-12.65 (Tier 3)	QL (12 per 28 days)
<i>mometasone nasal spray,non-aerosol</i> (Allergy Nasal 50 mcg/actuation (mometasone))	\$0-5.10 (Tier 2)	QL (34 per 30 days)
<i>neomycin-polymyxin b-dexameth</i> <i>ophthalmic (eye) ointment 3.5 mg/g-</i> <i>10,000 unit/g-0.1 %</i>	\$0-5.10 (Tier 2)	

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<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	\$0-5.10 (Tier 2)	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0-5.10 (Tier 2)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	\$0-12.65 (Tier 3)	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	\$0 (Tier 1)	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	\$0 (Tier 1)	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	\$0 (Tier 1)	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	\$0-5.10 (Tier 2)	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	\$0 (Tier 1)	
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i> (AcipHex)	\$0-5.10 (Tier 2)	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	\$0-5.10 (Tier 2)	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	\$0-12.65 (Tier 4)	QL (168 per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	\$0-12.65 (Tier 4)	PA
Gastrointestinal Agents, Other		

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	\$0-12.65 (Tier 4)	QL (168 per 14 days)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	\$0-5.10 (Tier 2)	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	\$0-5.10 (Tier 2)	
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	\$0-5.10 (Tier 2)	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	\$0-12.65 (Tier 4)	
<i>dicyclomine oral capsule 10 mg</i>	\$0-5.10 (Tier 2)	
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>dicyclomine oral tablet 20 mg</i>	\$0-5.10 (Tier 2)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	\$0-5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	\$0-5.10 (Tier 2)	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	\$0-5.10 (Tier 2)	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	\$0-5.10 (Tier 2)	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	\$0-5.10 (Tier 2)	
<i>kionex oral suspension 15 gram/60 ml</i> (sodium polystyrene sulfonate)	\$0-12.65 (Tier 4)	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	\$0-5.10 (Tier 2)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM	\$0-12.65 (Tier 3)	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM	\$0-12.65 (Tier 3)	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	\$0-5.10 (Tier 2)	
<i>lubiprostone oral capsule 24 mcg</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i> (Amitiza)	\$0-5.10 (Tier 2)	QL (120 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0-5.10 (Tier 2)	

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<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	\$0 (Tier 1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	\$0-5.10 (Tier 2)	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	\$0-5.10 (Tier 2)	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	\$0-5.10 (Tier 2)	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	\$0-12.65 (Tier 4)	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (Kionex)	\$0-12.65 (Tier 4)	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0-12.65 (Tier 4)	
TRULANCE ORAL TABLET 3 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0-5.10 (Tier 2)	
<i>ursodiol oral tablet 250 mg</i>	\$0-5.10 (Tier 2)	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	\$0-5.10 (Tier 2)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	\$0-12.65 (Tier 3)	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (12 per 30 days)
XERMELO ORAL TABLET 250 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (84 per 28 days)
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	\$0-12.65 (Tier 4)	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	\$0-12.65 (Tier 4)	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0-5.10 (Tier 2)	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	\$0-12.65 (Tier 4)	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	\$0-12.65 (Tier 4)	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	\$0-12.65 (Tier 4)	

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<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	(Apriso)	\$0-12.65 (Tier 4)	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	(Lialda)	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>mesalamine rectal enema 4 gram/60 ml</i>	(Rowasa)	\$0-12.65 (Tier 4)	
<i>mesalamine rectal suppository 1,000 mg</i>	(Canasa)	\$0-12.65 (Tier 4)	
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine)	\$0-5.10 (Tier 2)	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	(Azulfidine EN-tabs)	\$0-12.65 (Tier 4)	
Laxatives			
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	(peg 3350-electrolytes)	\$0-5.10 (Tier 2)	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	(peg 3350-electrolytes)	\$0-5.10 (Tier 2)	
<i>gavilyte-n oral recon soln 420 gram</i>	(peg-electrolyte soln)	\$0-5.10 (Tier 2)	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	(GaviLyte-G)	\$0-5.10 (Tier 2)	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	(GaviLyte-N)	\$0-5.10 (Tier 2)	
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	(Suprep Bowel Prep Kit)	\$0-12.65 (Tier 4)	
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>		\$0-12.65 (Tier 4)	
Genitourinary Agents			
Antispasmodics, Urinary			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		\$0-5.10 (Tier 2)	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>		\$0-5.10 (Tier 2)	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	(Toviaz)	\$0-5.10 (Tier 2)	
<i>flavoxate oral tablet 100 mg</i>		\$0-12.65 (Tier 4)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	\$0-5.10 (Tier 2)	

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<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	\$0-5.10 (Tier 2)	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	\$0-5.10 (Tier 2)	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0-5.10 (Tier 2)	
<i>trospium oral tablet 20 mg</i>	\$0-5.10 (Tier 2)	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	\$0-5.10 (Tier 2)	
<i>finasteride oral tablet 5 mg</i> (Proscar)	\$0 (Tier 1)	
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	\$0-5.10 (Tier 2)	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0-12.65 (Tier 4)	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	\$0-5.10 (Tier 2)	PA

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>		\$0-5.10 (Tier 2)	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>		\$0-5.10 (Tier 2)	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	(Vogelxo)	\$0-12.65 (Tier 4)	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	(AndroGel)	\$0-12.65 (Tier 4)	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>		\$0-12.65 (Tier 4)	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	(Vogelxo)	\$0-12.65 (Tier 4)	PA; QL (300 per 30 days)
Estrogens And Antiestrogens			
<i>abigale lo oral tablet 0.5-0.1 mg</i>	(estradiol-norethindrone acet)	\$0 (Tier 1)	
<i>abigale oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet)	\$0-5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	(Premarin)	\$0-5.10 (Tier 2)	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(estradiol)	\$0-12.65 (Tier 4)	QL (8 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>		\$0 (Tier 1)	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Dotti)	\$0-12.65 (Tier 4)	QL (8 per 28 days)
<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)	\$0-12.65 (Tier 4)	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	(Estrace)	\$0-5.10 (Tier 2)	
<i>estradiol vaginal tablet 10 mcg</i>	(Yuvaferm)	\$0-12.65 (Tier 4)	QL (18 per 28 days)

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Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	(Abigale Lo)	\$0-5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	(Abigale)	\$0-5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet)	\$0-5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		\$0-12.65 (Tier 3)	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		\$0-12.65 (Tier 3)	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		\$0-12.65 (Tier 3)	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i>	(Evista)	\$0-5.10 (Tier 2)	
<i>yuvafem vaginal tablet 10 mcg</i>	(estradiol)	\$0-12.65 (Tier 4)	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
<i>dexamethasone oral solution 0.5 mg/5 ml</i>		\$0-5.10 (Tier 2)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		\$0-5.10 (Tier 2)	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>		\$0 (Tier 1)	
<i>fludrocortisone oral tablet 0.1 mg</i>		\$0-5.10 (Tier 2)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	(Cortef)	\$0-5.10 (Tier 2)	
ISTURISA ORAL TABLET 1 MG		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (360 per 30 days)
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	(Depo-Medrol)	\$0-5.10 (Tier 2)	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	(Medrol)	\$0-5.10 (Tier 2)	
<i>methylprednisolone oral tablet 32 mg</i>		\$0-5.10 (Tier 2)	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	(Medrol (Pak))	\$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>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	\$0-12.65 (Tier 4)	
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0-12.65 (Tier 4)	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0-12.65 (Tier 4)	
<i>prednisone oral solution 5 mg/5 ml</i>	\$0-12.65 (Tier 4)	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>	\$0-5.10 (Tier 2)	
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (120 per 30 days)
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	\$0-5.10 (Tier 2)	
Incretin Mimetics		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	\$0-12.65 (Tier 3)	PA; QL (2 per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	\$0-12.65 (Tier 3)	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0-12.65 (Tier 3)	PA; QL (3 per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	\$0-12.65 (Tier 3)	PA; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0-12.65 (Tier 3)	PA; QL (2 per 28 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	\$0-12.65 (Tier 3)	PA; QL (30 per 30 days)

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WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	\$0-12.65 (Tier 3)	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	\$0-12.65 (Tier 3)	PA; QL (3 per 28 days)
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (35 per 28 days)
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	\$0-12.65 (Tier 4)	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0-12.65 (Tier 4)	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	\$0-5.10 (Tier 2)	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (0.5 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
NORDITROPIN FLEXPOR 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)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	\$0-5.10 (Tier 2)	

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<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0-5.10 (Tier 2)	
ORGOVYX ORAL TABLET 120 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0-12.65 (Tier 3)	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	\$0-5.10 (Tier 2)	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0 (Tier 1)	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0-5.10 (Tier 2)	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	\$0 (Tier 1)	
<i>megestrol 400 mg/10 ml susp cup outer 400 mg/10 ml (10 ml)</i>	\$0-5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0-5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	\$0-12.65 (Tier 4)	PA-HRM; AGE (Max 64 Years)

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<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	\$0-5.10 (Tier 2)	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	\$0-5.10 (Tier 2)	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	\$0 (Tier 1)	
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i> (liothyronine)	\$0-5.10 (Tier 2)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Liomny)	\$0-5.10 (Tier 2)	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0-5.10 (Tier 2)	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
Immunological Agents		
Immunological Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml</i> (Yuflyma(CF) Autoinjector)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty(CF) AI Crohns)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Yuflyma(CF))	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml</i> (adalimumab-aaty)	\$0-12.65 (Tier 5)	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>azathioprine oral tablet 50 mg</i> (Imuran)	\$0-5.10 (Tier 2)	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	\$0-5.10 (Tier 2)	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (8 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (15 per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	\$0-12.65 (Tier 4)	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	\$0-12.65 (Tier 4)	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	\$0-12.65 (Tier 4)	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Neoral)	\$0-12.65 (Tier 4)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	\$0-12.65 (Tier 4)	PA BvD
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i> (Tecfidera)	\$0-12.65 (Tier 4)	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	\$0-12.65 (Tier 4)	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> (Tecfidera)	\$0-12.65 (Tier 4)	PA; QL (60 per 30 days)

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0-12.65 (Tier 4)	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$0-12.65 (Tier 4)	PA BvD
<i>everolimus (immunosuppressive) oral (Zortress) tablet 1 mg</i>	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1 per 28 days)
<i>fingolimod oral capsule 0.5 mg (Gilenya)</i>	\$0-12.65 (Tier 4)	PA; QL (30 per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>engraf oral capsule 100 mg, 25 mg (cyclosporine modified)</i>	\$0-12.65 (Tier 4)	PA BvD
<i>engraf oral solution 100 mg/ml (cyclosporine modified)</i>	\$0-12.65 (Tier 4)	PA BvD
<i>glatiramer subcutaneous syringe 20 mg/ml (Glatopa)</i>	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (12 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwvd)	\$0-12.65 (Tier 5)	PA; NM; NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwvd)	\$0-12.65 (Tier 5)	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; Only NDCs starting with 00074

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	\$0-12.65 (Tier 5)	PA; NM; NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1.2 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	\$0-5.10 (Tier 2)	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	\$0-12.65 (Tier 4)	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	\$0-5.10 (Tier 2)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	\$0-12.65 (Tier 4)	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	\$0-5.10 (Tier 2)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	\$0-5.10 (Tier 2)	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 10 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0-12.65 (Tier 5)	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	\$0-12.65 (Tier 5)	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0-12.65 (Tier 5)	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	\$0-12.65 (Tier 5)	PA; NM; LA; NDS; QL (0.4 per 28 days)
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	\$0-12.65 (Tier 5)	PA; NM; NDS
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0-12.65 (Tier 3)	PA
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aauz)	\$0-12.65 (Tier 3)	PA
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aauz)	\$0-12.65 (Tier 5)	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0-12.65 (Tier 4)	PA BvD
REZUROCK ORAL TABLET 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (360 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
SAPHNELO PEN SUBCUTANEOUS AUTO- INJECTOR 120 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (3.2 per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0-12.65 (Tier 3)	PA
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	\$0-12.65 (Tier 3)	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i>	\$0-12.65 (Tier 4)	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0-12.65 (Tier 4)	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>tacrolimus intravenous solution 5 mg/ml</i> (Prograf)	\$0-12.65 (Tier 4)	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	\$0-12.65 (Tier 4)	PA BvD
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	\$0-5.10 (Tier 2)	PA BvD
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0-12.65 (Tier 4)	QL (100 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (180 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THALOMID ORAL CAPSULE 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (224 per 28 days)
<i>tofacitinib oral solution 1 mg/ml</i> (Xeljanz)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>tofacitinib oral tablet 10 mg, 5 mg</i> (Xeljanz)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg</i> (Xeljanz XR)	\$0-12.65 (Tier 5)	PA; NM; NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
VELSIPITY ORAL TABLET 2 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (120 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0-12.65 (Tier 3)	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0-12.65 (Tier 3)	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0-12.65 (Tier 3)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0-12.65 (Tier 3)	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0-12.65 (Tier 3)	\$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	\$0-12.65 (Tier 3)	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	\$0-12.65 (Tier 3)	
DENGIVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0-12.65 (Tier 3)	QL (3 per 365 days)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0-12.65 (Tier 3)	PA BvD; \$0 copay
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0-12.65 (Tier 3)	PA BvD; \$0 copay
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0-12.65 (Tier 3)	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0-12.65 (Tier 3)	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	\$0-12.65 (Tier 3)	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0-12.65 (Tier 3)	PA BvD; \$0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0-12.65 (Tier 3)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0-12.65 (Tier 3)	PA BvD; \$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0-12.65 (Tier 3)	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0-12.65 (Tier 3)	\$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0-12.65 (Tier 3)	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0-12.65 (Tier 3)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0-12.65 (Tier 3)	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	\$0-12.65 (Tier 3)	\$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	\$0-12.65 (Tier 3)	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	\$0-12.65 (Tier 3)	\$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	\$0-12.65 (Tier 3)	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0-12.65 (Tier 3)	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0-12.65 (Tier 3)	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0-12.65 (Tier 3)	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0-12.65 (Tier 3)	PA BvD; \$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0-12.65 (Tier 3)	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0-12.65 (Tier 3)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0-12.65 (Tier 3)	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay; QL (2 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0-12.65 (Tier 3)	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	\$0-12.65 (Tier 3)	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0-12.65 (Tier 3)	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine) \$0-12.65 (Tier 3)	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	\$0-12.65 (Tier 3)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0-12.65 (Tier 3)	\$0 copay

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	\$0-12.65 (Tier 3)	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0-12.65 (Tier 3)	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	\$0-12.65 (Tier 3)	\$0 copay
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	\$0-12.65 (Tier 3)	\$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	\$0-12.65 (Tier 3)	\$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	\$0 (Tier 1)	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	\$0-5.10 (Tier 2)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	\$0-12.65 (Tier 4)	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1)	QL (1 per 28 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0-12.65 (Tier 5)	PA; NM; NDS

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemlar)	\$0-12.65 (Tier 4)	
<i>paricalcitol oral capsule 4 mcg</i>	\$0-12.65 (Tier 4)	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	\$0-12.65 (Tier 5)	NM; NDS; QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	\$0-12.65 (Tier 3)	QL (1 per 180 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	\$0-12.65 (Tier 3)	
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	\$0-5.10 (Tier 2)	PA; QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (180 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0-12.65 (Tier 3)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0-12.65 (Tier 3)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0-12.65 (Tier 3)	

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<i>hydroxyzine pamoate oral capsule</i> 100 mg, 25 mg, 50 mg	\$0 (Tier 1)	
<i>leucovorin calcium oral tablet</i> 10 mg, 15 mg, 25 mg, 5 mg	\$0-5.10 (Tier 2)	
<i>mesna oral tablet</i> 400 mg (Mesnex)	\$0-12.65 (Tier 4)	
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release</i> 500 mg	\$0-5.10 (Tier 2)	
<i>acetazolamide oral tablet</i> 125 mg, 250 mg	\$0-5.10 (Tier 2)	
<i>acetazolamide sodium injection recon soln</i> 500 mg	\$0-5.10 (Tier 2)	
<i>betaxolol ophthalmic (eye) drops</i> 0.5 %	\$0-12.65 (Tier 4)	
<i>bimatoprost ophthalmic (eye) drops</i> 0.01 % (Lumigan)	\$0-12.65 (Tier 4)	
<i>bimatoprost ophthalmic (eye) drops</i> 0.03 %	\$0-12.65 (Tier 4)	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops</i> 0.1 % (Alphagan P)	\$0-12.65 (Tier 4)	
<i>brimonidine ophthalmic (eye) drops</i> 0.15 % (Alphagan P)	\$0-5.10 (Tier 2)	
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	\$0-5.10 (Tier 2)	
<i>brimonidine-timolol ophthalmic (eye) drops</i> 0.2-0.5 % (Combigan)	\$0-12.65 (Tier 4)	
<i>brinzolamide ophthalmic (eye) drops, suspension</i> 1 % (Azopt)	\$0-12.65 (Tier 4)	
<i>carteolol ophthalmic (eye) drops</i> 1 %	\$0 (Tier 1)	
<i>dorzolamide ophthalmic (eye) drops</i> 2 %	\$0-5.10 (Tier 2)	
<i>dorzolamide-timolol ophthalmic (eye) drops</i> 22.3-6.8 mg/ml (Cosopt)	\$0 (Tier 1)	
<i>latanoprost ophthalmic (eye) drops</i> 0.005 % (Xalatan)	\$0 (Tier 1)	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	\$0-5.10 (Tier 2)	

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<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0-12.65 (Tier 4)	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0-5.10 (Tier 2)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0-12.65 (Tier 3)	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0-12.65 (Tier 3)	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	\$0-12.65 (Tier 3)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	\$0 (Tier 1)	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	\$0-12.65 (Tier 4)	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	\$0-12.65 (Tier 4)	QL (5 per 30 days)
Parasympathomimetic (Cholinergic Agents)		
Parasympathomimetic (Cholinergic Agents)		
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	\$0-5.10 (Tier 2)	
Replacement Preparations		
Replacement Preparations		
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride)	\$0-5.10 (Tier 2)	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	\$0-5.10 (Tier 2)	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	\$0-5.10 (Tier 2)	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	\$0-12.65 (Tier 4)	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	\$0-5.10 (Tier 2)	
<i>potassium chloride intravenous solution 2 meq/ml</i>	\$0-5.10 (Tier 2)	

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<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0-5.10 (Tier 2)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0-12.65 (Tier 4)	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	\$0-5.10 (Tier 2)	
<i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>	\$0-5.10 (Tier 2)	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	\$0-5.10 (Tier 2)	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	\$0-5.10 (Tier 2)	
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	\$0-5.10 (Tier 2)	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	\$0-5.10 (Tier 2)	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	\$0-5.10 (Tier 2)	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	\$0-12.65 (Tier 4)	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	\$0-5.10 (Tier 2)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0-5.10 (Tier 2)	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0-5.10 (Tier 2)	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	\$0-5.10 (Tier 2)	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (30 per 30 days)
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (30 per 30 days)

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<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	\$0-12.65 (Tier 4)	PA BvD; QL (120 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	\$0-12.65 (Tier 4)	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	\$0-12.65 (Tier 4)	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	\$0-12.65 (Tier 4)	QL (21.2 per 30 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	\$0 (Tier 1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	\$0 (Tier 1)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0-12.65 (Tier 4)	
Bronchodilators		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	\$0-12.65 (Tier 3)	QL (12 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	\$0-5.10 (Tier 2)	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0-5.10 (Tier 2)	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	\$0-5.10 (Tier 2)	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	\$0-5.10 (Tier 2)	PA BvD
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	\$0-12.65 (Tier 3)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	\$0-12.65 (Tier 3)	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	\$0-12.65 (Tier 3)	QL (60 per 30 days)
<i>breyndra inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (budesonide-formoterol)	\$0-12.65 (Tier 4)	QL (30.9 per 30 days)
BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (23.6 per 28 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (23.6 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (8 per 30 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i> (Breo Ellipta)	\$0-12.65 (Tier 3)	QL (60 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation</i> (Atrovent HFA)	\$0-12.65 (Tier 4)	QL (25.8 per 28 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0-5.10 (Tier 2)	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0-5.10 (Tier 2)	PA BvD; QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0-12.65 (Tier 3)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (4 per 28 days)
<i>theophylline oral solution 80 mg/15 ml</i>	\$0-12.65 (Tier 4)	
<i>theophylline oral tablet extended release 12 hr 100 mg, 450 mg</i>	\$0-12.65 (Tier 4)	
<i>theophylline oral tablet extended release 12 hr 200 mg</i>	\$0-5.10 (Tier 2)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0-5.10 (Tier 2)	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0-12.65 (Tier 3)	QL (60 per 30 days)
<i>wixela inhnb inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0-12.65 (Tier 4)	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (560 per 28 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0-5.10 (Tier 2)	PA BvD
JASCAYD ORAL TABLET 18 MG, 9 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (56 per 28 days)
<i>nintedanib oral capsule 100 mg, 150 mg</i> (Ofev)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	\$0-5.10 (Tier 2)	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	\$0-5.10 (Tier 2)	PA; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	\$0-12.65 (Tier 4)	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	\$0-12.65 (Tier 4)	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	\$0-12.65 (Tier 4)	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0-5.10 (Tier 2)	
<i>tizanidine oral tablet 2 mg</i>	\$0-5.10 (Tier 2)	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	\$0-5.10 (Tier 2)	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	\$0-5.10 (Tier 2)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	\$0-5.10 (Tier 2)	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	\$0-5.10 (Tier 2)	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	\$0-12.65 (Tier 5)	PA; NM; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	\$0 (Tier 1)	QL (30 per 30 days)
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Sympathomimetic (Adrenergic) Agents		

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上次更新時間：10/01/2026

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>droxidopa oral capsule 100 mg, 300 mg</i>	(Northera)	\$0-12.65 (Tier 4)	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg</i>	(Northera)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (180 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i>	(Auvi-Q)	\$0-12.65 (Tier 3)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	(EpiPen Jr)	\$0-12.65 (Tier 4)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>		\$0-12.65 (Tier 3)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	(Auvi-Q)	\$0-12.65 (Tier 4)	QL (4 per 30 days)
Vasodilating Agents			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	(tadalafil (pulm. hypertension))	\$0-5.10 (Tier 2)	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg</i>	(Letairis)	\$0-12.65 (Tier 4)	PA; QL (30 per 30 days)
<i>ambrisentan oral tablet 5 mg</i>	(Letairis)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<i>macitentan oral tablet 10 mg</i>	(Opsumit)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	(Revatio)	\$0-5.10 (Tier 2)	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>		\$0-12.65 (Tier 4)	PA; QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	(Cialis)	\$0-12.65 (Tier 4)	PA; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 100 MCG		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (480 per 30 days)
UPTRAVI ORAL TABLET 150 MCG		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (300 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (240 per 30 days)

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上次更新時間：10/01/2026

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)	\$0-12.65 (Tier 5)	PA; NM; NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	\$0-12.65 (Tier 5)	PA; NM; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	\$0 (Tier 1)	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	\$0 (Tier 1)	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	\$0 (Tier 1)	
<i>folivane-ob capsule 85-1 mg</i>	\$0 (Tier 1)	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>m-natal plus tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	\$0 (Tier 1)	
<i>mynatal advance oral tablet 90-1-50 mg</i>	\$0 (Tier 1)	
<i>mynatal oral tablet 90-1-50 mg</i>	\$0 (Tier 1)	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	\$0 (Tier 1)	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	\$0 (Tier 1)	
<i>pnv-omega softgel 28-1-300 mg</i>	\$0 (Tier 1)	
<i>pnv-select tablet 27-1 mg</i>	\$0 (Tier 1)	
<i>pr natal 400 combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	\$0 (Tier 1)	

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上次更新時間：10/01/2026

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	\$0 (Tier 1)	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	\$0 (Tier 1)	
<i>prenatabs fa tablet 29-1 mg</i>	\$0 (Tier 1)	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	\$0 (Tier 1)	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i> (pnv,calcium 72-iron,carb-folic)	\$0 (Tier 1)	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	\$0 (Tier 1)	
<i>prenatal-u capsule 106.5-1 mg</i>	\$0 (Tier 1)	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>taron-c dha capsule 35-1-200 mg</i>	\$0 (Tier 1)	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	\$0 (Tier 1)	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	\$0 (Tier 1)	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	\$0 (Tier 1)	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	\$0 (Tier 1)	
<i>zatean-pn plus softgel 28-1-300 mg</i>	\$0 (Tier 1)	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	\$0 (Tier 1)	

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上次更新時間：10/01/2026

D. 承保藥物索引

在本部分中，您可以按字母順序搜尋藥品名稱以尋找藥品。這將告訴您可以在哪一頁找到有關您的藥品的更多承保資訊。

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