



SFHP Care Plus (HMO D-SNP), isang Medicare Medi-Cal Plan

# *Listahan ng Mga Saklaw na Gamot (Listahan ng Gamot) ng 2026*



[sfhp.org/careplus-members](https://sfhp.org/careplus-members)

**PAKIBASA: ANG DOKUMENTONG ITO AY NAGLALAMAN NG IMPORMASYON TUNGKOL SA MGA GAMOT NA SINASAKLAW NAMIN SA PLANONG ITO**

Para sa mas bagong impormasyon o iba pang tanong, makipag-ugnayan sa amin sa **1(833) 530-7327** (TTY: **711**). Bukas kami nang 8:00am–8:00pm, pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. O bisitahin ang [sfhp.org/careplus-members](https://sfhp.org/careplus-members).

Na-update ang *Listahan ng Gamot* na ito noong 03/01/2026. Formulary ID: 26368, Version: 9

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## Panimula

Ang dokumentong ito ay tinatawag na *Listahan ng Mga Saklaw na Gamot* (kilala rin bilang *Listahan ng Gamot*). Sinasabi nito sa iyo kung aling mga gamot ang sinasaklaw ng SFHP Care Plus. Sinasabi rin sa iyo ng *Listahan ng Gamot* kung may anumang espesyal na panuntunan o restriksyon sa anumang gamot na sinasaklaw ng SFHP Care Plus. Makikita ang mahahalagang termino at mga pagpapakahulugan sa mga ito sa huling kabanata ng *Handbook ng Miyembro*.

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## A. Mga Disclaimer

Isa itong listahan ng mga gamot na maaaring makuha ng mga miyembro sa SFHP Care Plus.

- Ang SFHP Care Plus (HMO D-SNP), na isang Medicare Medi-Cal Plan, ay isang organisasyon ng Medicare Advantage na may mga kontrata sa Medicare at Medicaid. Ang pagpapatala sa SFHP Care Plus ay nakadepende sa pag-renew ng kontrata.
- Maaari mong tingnan ang updated na *Listahan ng Mga Saklaw na Gamot* ng SFHP Care Plus anumang oras online sa [sfhp.org/careplus-members](https://sfhp.org/careplus-members) o sa pamamagitan ng pagtawag sa 1(833) 530-7327 (TTY: 711). Libre ang tawag na ito.
- Maaari mong makuha ang dokumentong ito nang libre sa ibang format, gaya ng malaking print, braille, o audio. Tumawag sa mga numerong nakalista sa ibaba ng pahinang ito. Libre ang tawag.
- Makukuha nang libre ang dokumentong ito sa English, Chinese (Traditional), Spanish, Vietnamese, Russian, at Tagalog.



**Kung mayroon kang mga tanong**, tawagan SFHP Care Plus sa 1(833) 530-7327 (TTY: 711). Bukas kami nang 8:00am–8:00pm, ang pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. Libre ang tawag. **Para sa higit pang impormasyon**, bisitahin ang [sfhp.org/careplus-members](https://sfhp.org/careplus-members).

*Huling na-update: 03/01/2026*

**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 սիջոցներ 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.



**Kung mayroon kang mga tanong**, tawagan SFHP Care Plus sa **1(833) 530-7327 (TTY: 711)**. Bukas kami nang 8:00am–8:00pm, ang pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. Libre ang tawag. **Para sa higit pang impormasyon**, bisitahin ang [sfhp.org/careplus-members](https://sfhp.org/careplus-members).

**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 qiemx 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 hluo mbiutc 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.

**?** **Kung mayroon kang mga tanong**, tawagan SFHP Care Plus sa **1(833) 530-7327** (TTY: 711). Bukas kami nang 8:00am–8:00pm, ang pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. Libre ang tawag. **Para sa higit pang impormasyon**, bisitahin ang [sfhp.org/careplus-members](https://sfhp.org/careplus-members).

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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।

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**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.

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**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.

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**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.

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**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



**Kung mayroon kang mga tanong**, tawagan SFHP Care Plus sa 1(833) 530-7327 (TTY: 711). Bukas kami nang 8:00am–8:00pm, ang pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. Libre ang tawag. **Para sa higit pang impormasyon**, bisitahin ang [sfhp.org/careplus-members](https://sfhp.org/careplus-members).

*Huling na-update: 03/01/2026*

**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.

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**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.



**Kung mayroon kang mga tanong**, tawagan SFHP Care Plus sa 1(833) 530-7327 (TTY: 711). Bukas kami nang 8:00am–8:00pm, ang pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. Libre ang tawag. **Para sa higit pang impormasyon**, bisitahin ang [sfhp.org/careplus-members](https://sfhp.org/careplus-members).

*Huling na-update: 03/01/2026*

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Puwede ka ring gumawa ng permanenteng kahilingan para makatanggap ng mga materyales sa ibang mga wika at/o alternatibong format:

- Makukuha ang iba pang dokumento sa English, Chinese (Traditional), Spanish, Vietnamese, Russian, at Tagalog.
- Ang mga alternatibong format na puwedeng makuha ay malaking print, braille, data DC, o audio.
- Papanatilihin sa aming system ang iyong permanenteng kahilingan para sa lahat ng sulat at komunikasyon sa hinaharap.
- Para kanselahin o baguhin ang iyong permanenteng kahilingan, tawagan ang Serbisyo sa Customer ng SFHP Care Plus sa mga numerong nakalista sa ibaba ng pahinang ito.

Maaari mong hilinging matanggap ang iyong mga materyales sa ibang wika at/o alternatibong format anumang oras. Susundin namin ang iyong kagustuhan sa lahat ng pagkakataon, o hanggang sa hilingin mong baguhin ito ulit. Para matanggap ang dokumentong ito sa wikang hindi English at/o sa alternatibong format, mangyaring makipag-ugnayan sa Serbisyo sa Customer sa mga numerong nakalista sa ibaba ng pahinang ito.

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## **B. Mga Madalas Itanong (Frequently Asked Questions, FAQ)**

Makikita rito ang mga sagot sa mga tanong mo tungkol sa *Listahan ng Mga Saklaw na Gamot (Listahan ng Gamot)* na ito. Maaari mong basahin ang lahat ng FAQ para malaman pa ang mga detalye o maghanap ng tanong at sagot.

### **B1. Anong mga inireresetang gamot ang nasa *Listahan ng Mga Saklaw na Gamot?* (Pinapaikli namin ang *Listahan ng Mga Saklaw na Gamot* sa “*Listahan ng Gamot*”)**

Ang mga gamot sa *Listahan ng Gamot* na nagsisimula sa **Seksyon C** ay mga gamot na sinasaklaw ng SFHP Care Plus. Makukuha ang mga gamot sa mga parmasya sa aming network. Ang isang parmasya ay nasa aming network kung mayroon kaming kasunduan na makikipagtulungan sila sa amin at pagkakalooban ka nila ng mga serbisyo. Tinutukoy namin ang mga parmasyang ito bilang “mga parmasyang nasa network.”

Ang ibang mga gamot, gaya ng ilang over-the-counter (OTC) na gamot at ilang partikular na bitamina, ay maaaring saklawin ng Medi-Cal Rx. Bisitahin ang website ng Medi-Cal Rx ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang iyong



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Medi-Cal Beneficiary Identification Card (BIC) kapag kumukuha ng mga inireresetang gamot sa pamamagitan ng Medi-Cal Rx.

- Sasaklawin ng SFHP Care Plus ang lahat ng medikal na kinakailangang gamot na nasa *Listahan ng Gamot* kung:
  - sasabihin ng iyong doktor o iba pang tagareseta na kailangan mo ang mga ito para gumaling o manatiling malusog,
  - sasang-ayon ang SFHP Care Plus na medikal na kinakailangan mo ang gamot, **at**
  - kukunin mo ang inireresetang gamot sa parmasyang nasa network ng SFHP Care Plus.
- Sa ilang sitwasyon, may mga kailangan kang gawin bago mo makuha ang isang gamot. Sumangguni sa tanong na B4 para sa higit pang impormasyon.

Makakakita ka rin ng updated na listahan ng mga gamot na sinasaklaw namin sa aming website sa [sfhp.org/careplus-members](https://sfhp.org/careplus-members) o maaari mong tawagan ang Serbisyo sa Customer sa mga numerong nakalista sa ibaba ng pahinang ito.

## **B2. Nagbabago ba ang *Listahan ng Gamot*?**

Oo, at dapat sundin ng SFHP Care Plus ang mga panuntunan ng Medicare at Medi-Cal kapag gumagawa ng mga pagbabago. Maaari kaming magdagdag o mag-alis ng mga gamot sa *Listahan ng Gamot* sa buong taon.

Maaari din naming baguhin ang aming mga panuntunan tungkol sa mga gamot. Halimbawa, maaari naming:

- Pagpasyahang humiling o hindi humiling ng paunang pahintulot para sa isang gamot. (Ang paunang pahintulot ay permiso mula sa SFHP Care Plus bago mo makuha ang gamot.)
- Dagdagan o palitan ang dami ng gamot na puwede mong kunin (tinatawag na mga limitasyon sa dami).
- Dagdagan o palitan ang mga restriksyon sa step therapy sa isang gamot. (Ang step therapy ay nangangahulugang dapat mong subukan ang isang gamot bago namin saklawin ang isa pang gamot.)

Para sa higit pang impormasyon tungkol sa mga panuntunang ito sa gamot, sumangguni sa tanong na B4.



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Kung gumagamit ka ng gamot na sinaklaw sa **simula** ng taon, karaniwang hindi namin inaalis o binabago ang coverage ng gamot na iyon **sa natitirang bahagi ng taon** maliban na lang kung:

- may bago at mas murang gamot na lalabas sa merkado na kasing bisa ng gamot na nasa *Listahan ng Gamot* ngayon, o
- mapag-aalaman naming hindi ligtas ang isang gamot, o
- aalisin ang isang gamot sa merkado.

Ang tanong na B3 at B6 sa ibaba ay may higit pang impormasyon tungkol sa mangyayari kapag nagbago ang *Listahan ng Gamot*.

- Maaari mong tingnan ang updated na *Listahan ng Gamot* ng SFHP Care Plus anumang oras online sa [sfhp.org/careplus-members](https://sfhp.org/careplus-members). Ang mga update sa *Listahan ng Gamot* ay pino-post sa website buwan-buwan.
- Maaari mo ring tawagan ang Serbisyo sa Customer sa mga numerong nakalista sa ibaba ng pahinang ito para tingnan ang updated na *Listahan ng Gamot*.

### **B3. Ano ang mangyayari kung may pagbabago sa *Listahan ng Gamot*?**

Ang ilang pagbabago sa *Listahan ng Gamot* ay mangyayari **kaagad**. Halimbawa:

- **Mga pagpapalit ng ilang partikular na bagong bersyon ng mga gamot.** Maaari naming alisin kaagad ang mga gamot sa *Listahan ng Gamot* kung papalitan namin ang mga ito ng ilang partikular na bagong bersyon ng gamot na iyon, pero ang iyong halaga para sa gamot ay mananatiling pareho. Kapag nagdagdag kami ng bagong bersyon ng gamot, maaari din naming hindi alisin ang branded na gamot o orihinal na biological na produkto sa listahan pero papalitan namin ang mga panuntunan o limitasyon nito sa coverage.
  - Maaaring hindi namin sabihin sa iyo bago namin gawin ang pagbabagong ito, pero papadalan ka namin ng impormasyon tungkol sa partikular na pagbabagong ginawa namin kapag nangyari ito.
  - Maaari lang naming gawin ang mga pagbabagong ito kung ang gamot na idaragdag namin ay:
    - isang bagong generic na bersyon ng branded na gamot, o



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- isang partikular na bagong biosimilar na bersyon ng mga orihinal na biological na produkto sa *Listahan ng Gamot* (halimbawa, pagdaragdag ng interchangeable na biosimilar na puwedeng ipalit sa orihinal na biological na produkto nang walang bagong reseta).
  - Maaaring bago sa iyo ang ilan sa mga uri ng gamot na ito. Para sa higit pang impormasyon, sumangguni sa **Seksyon B14**.
  - o Ikaw o ang iyong provider ay maaaring humiling ng eksepsyon sa mga pagbabagong ito. Papadalhan ka namin ng abiso na naglalaman ng mga hakbang na puwede mong gawin para humiling ng eksepsyon. Sumangguni sa tanong na B10-B12 para sa higit pang impormasyon sa mga eksepsyon.
  - **Pag-aalis ng mga hindi ligtas na gamot at iba pang gamot na inalis sa merkado.** Kung minsan, mapag-aalamang hindi ligtas ang isang gamot o inalis ito sa merkado para sa ibang dahilan. Kung mangyayari ito, maaari naming alisin ito kaagad sa *Listahan ng Gamot*. Kung ginagamit mo ang gamot, papadalhan ka namin at ang iyong tagareseta ng abiso pagkatapos naming gawin ang pagbabago.
    - o Maaari kang makipagtulungan sa iyong doktor o ibang tagareseta para maghanap ng ibang gamot para sa iyong kondisyon. Makipag-ugnayan sa iyong doktor o ibang tagareseta kung kailangan mo ng tulong sa paghahanap ng ibang gamot. Maaari mo ring tawagan ang SFHP Care Plus sa 1(833) 530-7327 (TTY: 711) para sa higit pang impormasyon. Bukas kami nang 8:00am–8:00pm, pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado tuwing Sabado at Linggo mula Abril hanggang Setyembre.

**Maaari kaming gumawa ng iba pang pagbabago na nakakaapekto sa mga gamot na ginagamit mo.** Sasabihin namin sa iyo bago namin gawin ang iba pang pagbabagong ito sa *Listahan ng Gamot*. Maaaring mangyari ang mga pagbabagong ito kung:

- Magbibigay ang FDA ng bagong gabay o may mga bagong klinikal na alituntunin tungkol sa isang gamot.
- Aalisin namin ang branded na gamot sa Listahan ng Gamot kapag magdaragdag ng generic na gamot na hindi bago sa merkado, o
- mag-aalis kami ng orihinal na biological na produkto kapag magdaragdag ng biosimilar, o



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- babaguhin namin ang mga panuntunan o limitasyon sa coverage para sa branded na gamot.

Kapag nangyari ang mga pagbabagong ito, gagawin namin ang mga sumusunod:

- sasabihan ka namin nang hindi bababa sa 30 araw bago namin gawin ang pagbabago sa *Listahan ng Gamot* o
- ipapaalam namin sa iyo at bibigyan ka namin ng 30 araw na supply ng gamot pagkatapos mong humiling ng refill.

Bibigyan ka nito ng panahon para kausapin ang iyong doktor o ibang tagareseta. Matutulungan ka niyang magpasya:

- kung may katulad na gamot sa *Listahan ng Gamot* at puwedeng iyon na lang ang gamitin mo o
- kung hihiling ka ng eksepsyon sa mga pagbabagong ito. Para alamin pa ang tungkol sa mga eksepsyon, sumangguni sa tanong na B10-B12.

#### **B4. Mayroon bang anumang restriksyon o limitasyon sa coverage sa gamot o anumang kailangang gawin para makuha ang ilang partikular na gamot?**

Oo, may mga panuntunan o limitasyon sa coverage ang ilang gamot sa dami na puwede mong kunin. Sa ilang sitwasyon, may kailangan kang gawin, o ang iyong doktor o ibang tagareseta, bago mo makuha ang gamot. Halimbawa:

- **Paunang pahintulot:** Para sa ilang gamot, ikaw o ang iyong doktor o ibang tagareseta ay dapat kumuha ng pahintulot mula sa SFHP Care Plus bago mo kunin ang iyong inireresetang gamot. Magkaiba ang paunang pahintulot at referral. Maaaring hindi saklawin ng SFHP Care Plus ang gamot kung wala kang paunang pahintulot.
- **Mga limitasyon sa dami:** Kung minsan, nililimitahan ng SFHP Care Plus ang dami ng gamot na puwede mong kunin.
- **Step therapy:** Kung minsan, hinihiling ng SFHP Care Plus na sumailalim ka sa step therapy. Ibig sabihin nito, kakailanganin mong subukan ang mga gamot sa isang partikular na pagkakasunod-sunod para sa iyong medikal na kondisyon. Maaaring kailanganin mong sumubok ng isang gamot bago namin saklawin ang isa pang gamot. Kung sa tingin ng tagareseta mo ay hindi mabisa para sa iyo ang unang gamot, sasaklawin namin ang pangalawang gamot.



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Malalaman mo kung may anumang karagdagang kahingian o limitasyon ang iyong gamot sa pamamagitan ng pagtingin sa mga talahanayan sa **Seksyon C**. Makakakuha ka rin ng iba pang impormasyon sa pamamagitan ng pagbisita sa aming website sa [sfhp.org/careplus-members](http://sfhp.org/careplus-members). Nag-post kami ng mga dokumento online na nagpapaliwanag ng aming mga restriksyon sa paunang pahintulot at step therapy. Maaari mo ring hilingin sa amin na padalhan ka ng kopya.

**Maaari kang humiling ng eksepsyon sa mga limitasyong ito.** Bibigyan ka nito ng panahon para kausapin ang iyong doktor o ibang tagareseta. Matutulungan ka niyang magpasya kung may katulad na gamot sa *Listahan ng Gamot* at puwedeng iyon na lang ang gamitin mo, o kung hihiling ka ng eksepsyon. Sumangguni sa tanong na B10-B12 para sa higit pang impormasyon tungkol sa mga eksepsyon.

**B5. Paano ko malalaman kung may mga limitasyon ang gamot na gusto ko o kung may mga kailangang gawin para makuha ang gamot?**

Ang talahanayan sa seksyong may pamagat na “Listahan ng Mga Gamot ayon sa Uri ng Gamot” ay may column na may label na “Mga kailangang gawin, restriksyon, o limitasyon sa paggamit.”

**B6. Ano ang mangyayari kung babaguhin ng SFHP Care Plus ang mga panuntunan nila tungkol sa kung paano nila sinasaklaw ang ilang gamot (halimbawa, paunang pahintulot, mga limitasyon sa dami, at/o mga restriksyon sa step therapy)?**

Sa ilang sitwasyon, sasabihan ka namin bago namin dagdagan o baguhin ang paunang pahintulot, mga limitasyon sa dami, at/o mga restriksyon sa step therapy sa gamot. Sumangguni sa tanong na B3 para sa higit pang impormasyon tungkol sa paunang abiso na ito at mga sitwasyon kung saan maaaring hindi ka namin masabihan bago magbago ang aming mga panuntunan tungkol sa mga gamot sa *Listahan ng Gamot*.

**B7. Paano ako maghahanap ng gamot sa *Listahan ng Gamot*?**

May dalawang paraan para maghanap ng gamot:

- maaari kang maghanap nang paalpabeto, o
- maaari kang maghanap ayon sa uri ng gamot.

Para maghanap **nang paalpabeto**, hanapin ang iyong gamot sa seksyong Index ng Mga Saklaw na Gamot. Makikita mo ito sa Seksyon D kasunod ng *Listahan ng Gamot*. Nakalista ang mga branded na gamot at generic na gamot sa Index. Tingnan ang Index at hanapin ang gamot mo. Sa tabi ng gamot mo, makikita mo ang numero ng pahina kung saan mo



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makikita ang impormasyon sa coverage. Pumunta sa pahinang nakalista sa Index at hanapin ang pangalan ng gamot mo sa unang column ng listahan.

Para maghanap **ayon sa uri ng gamot**, hanapin ang **Seksyon C1** na may label na “Listahan ng Mga Gamot ayon sa Uri ng Gamot”. Ang mga gamot sa seksyong ito ay iginrupo sa mga kategorya ayon sa uri. Halimbawa, kung gumagamit ka ng gamot para sa mga migraine, dapat kang tumingin sa kategoryang Mga Antimigraine Agent. Doon mo makikita ang mga gamot na panggamot sa mga migraine.

### **B8. Paano kung wala sa *Listahan ng Gamot* ang gamot na gusto kong gamitin?**

Kung hindi mo nakikita ang gamot mo sa *Listahan ng Gamot*, tawagan ang Serbisyo sa Customer sa mga numerong nakalista sa ibaba ng pahinang ito at magtanong tungkol dito. Kung mapag-aalaman mong hindi sasaklawin ng SFHP Care Plus ang gamot, maaari mong gawin ang isa sa mga ito:

- Humiling sa Serbisyo sa Customer o sa iyong Tagapamahala ng Pangangalaga ng listahan ng mga gamot na tulad ng gamot na gusto mong gamitin. Pagkatapos ay ipakita ang listahan sa iyong doktor o ibang tagareseta. Maaari siyang magreseta ng gamot na nasa *Listahan ng Gamot* na tulad ng gamot na gusto mong gamitin. ○
- Hilingin sa SFHP Care Plus na gumawa ng eksepsyon para saklawin ang gamot mo. Sumangguni sa tanong na B10-B12 para sa higit pang impormasyon tungkol sa mga eksepsyon.

### **B9. Paano kung isa akong bagong miyembro ng SFHP Care Plus at hindi ko makita ang gamot ko sa *Listahan ng Gamot* o nagkakaproblema ako sa pagkuha ng gamot ko?**

Makakatulong kami. Maaari naming saklawin ang pansamantalang 30 araw na supply ng iyong gamot sa unang 90 araw kung miyembro ka ng SFHP Care Plus. Bibigyan ka nito ng panahon para kausapin ang iyong doktor o ibang tagareseta. Matutulungan ka niyang magpasya kung may katulad na gamot sa *Listahan ng Gamot* at puwedeng iyon na lang ang gamitin mo, o kung hihiling ka ng eksepsyon.

Kung ang reseta mo ay para sa mas kaunting araw, papayagan namin ang maraming refill para magbigay ng gamot para sa hanggang 30 araw.

Sasaklawin namin ang 30 araw na supply ng iyong gamot kung:

- gumagamit ka ng gamot na wala sa aming *Listahan ng Gamot*, ○



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- hindi ka pinapayagan ng mga panuntunan ng plano namin na kunin ang dami na sinabi ng iyong tagareseta, ○
  - kailangan ng gamot ng paunang pahintulot ng SFHP Care Plus, ○
  - gumagamit ka ng gamot na bahagi ng restriksyon sa step therapy.

Kung gumagamit ka ng gamot na hindi itinuturing ng SFHP Care Plus na gamot sa Part D, at wala sa *Listahan ng Gamot* ang gamot, at nagkakaproblema ka sa pagkuha ng gamot, maaari itong saklawin sa pamamagitan ng Medi-Cal Rx. Kung kailangan ng eksepsyon ng isang gamot na wala sa Part D, at mayroon kang emergency, magbibigay ang Medi-Cal Rx ng hindi bababa sa 72 oras na supply ng gamot. Bisitahin ang website ng Medi-Cal Rx ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang iyong Medi-Cal BIC kapag kumukuha ng mga inireresetang gamot sa pamamagitan ng Medi-Cal Rx.

Kung ikaw ay nasa isang nursing home o ibang pasilidad sa pangmatagalang pangangalaga at kailangan mo ng gamot na wala sa *Listahan ng Gamot* o kung hindi mo makuha kaagad ang gamot na kailangan mo, makakatulong kami. Kung mahigit 90 araw ka na sa plano, naninirahan ka sa pasilidad sa pangmatagalang pangangalaga, at kailangan mo kaagad ng supply:

- Sasaklawin namin ang isang 31 araw na supply ng gamot na kailangan mo (maliban na lang kung para sa mas kaunting araw ang reseta mo), bagong miyembro ka man ng SFHP Care Plus o hindi.
- Bukod pa ito sa pansamantalang supply na ibinigay sa unang 90 araw mo bilang miyembro ng SFHP Care Plus.

Kung kasalukuyan kang miyembro na lilipat sa isang lugar ng gamutan mula sa ibang lugar ng gamutan, tinatawag itong Pagbabago sa Antas ng Pangangalaga. Kabilang sa mga halimbawa ang:

- Pagpasok sa pasilidad sa pangmatagalang pangangalaga mula sa ospital para sa acute na pangangalaga
- Pag-uwi sa bahay mula sa pagkakaospital
- Pagtatapos ng pananatili sa pasilidad ng may kasanayang pangangalaga sa Part A at pagbalik sa coverage sa Part D



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- Pagsuko ng pagtanggap ng pangangalaga sa hospisyo para bumalik sa mga karaniwang benepisyo sa Part A at Part B
  - Pagtatapos ng pananatili sa pasilidad sa pangmatagalang pangangalaga at pagbalik sa komunidad
  - Pagkaka-discharge mula sa psychiatric na ospital

Kung mayroon kang Pagbabago ng Antas ng Pangangalaga, sasaklawin namin ang pansamantalang 30 araw na supply kapag pumunta ka sa parmasyang nasa network para sa bawat isa sa iyong mga gamot na wala sa aming *Listahan ng Gamot*, o kung limitado ang kakayahan mong kunin ang iyong mga gamot. Pagkatapos ng iyong unang 30 araw na supply, hindi na namin babayaran ang mga gamot na ito. Sa mga pagkakataong ito, mayroon kang dalawang opsyon:

- Humiling sa Serbisyo sa Customer ng listahan ng mga gamot na tulad ng gamot na gusto mong gamitin. Pagkatapos ay ipakita ang listahan sa iyong doktor o ibang tagareseta. Maaari siyang magreseta ng gamot na nasa *Listahan ng Gamot* na tulad ng gamot na gusto mong gamitin, **o**
- Maaari mong hilingin sa SFHP Care Plus na gumawa ng eksepsyon para saklawin ang gamot mo. Tingnan ang tanong na B10 para sa higit pang impormasyon tungkol sa mga eksepsyon

### **B10. Maaari ba akong humiling ng eksepsyon para saklawin ang gamot ko?**

Oo. Maaari mong hilingin sa SFHP Care Plus na gumawa ng eksepsyon para saklawin ang gamot na wala sa *Listahan ng Gamot*.

Maaari mo ring ipabago sa amin ang mga panuntunan tungkol sa iyong gamot.

- Halimbawa, maaaring limitahan ng SFHP Care Plus ang dami ng gamot na sasaklawin namin. Kung may limitasyon ang iyong gamot, maaari mong ipabago sa amin ang limitasyon at palawakin ang sinasaklaw.
- Iba pang halimbawa: Maaari mong ipaalis sa amin ang mga restriksyon sa step therapy o mga kahingian sa paunang pahintulot.

### **B11. Paano ako hihiling ng eksepsyon?**

Para humiling ng eksepsyon, tawagan ang Serbisyo sa Customer o ang iyong Tagapamahala ng Pangangalaga. Makikipagtulungan ang iyong Tagapamahala ng Pangangalaga sa iyo at sa iyong tagareseta para humiling ng eksepsyon. Maaari mo ring



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basahin ang **Seksyon G2 ng Kabanata 9** ng *Handbook ng Miyembro* para alamin pa ang tungkol sa mga eksepsyon.

### **B12. Gaano katagal bago makakuha ng eksepsyon?**

Kapag nakuha na namin ang pahayag mula sa iyong tagareseta na sumusuporta sa iyong kahilingan para sa eksepsyon, bibigyan ka namin ng pasya sa loob ng 72 oras. Maaaring i-fax o i-mail sa amin ng iyong doktor o ibang tagareseta ang pahayag. O maaari itong sabihin sa amin ng iyong doktor o ibang tagareseta sa isang tawag sa telepono, at pagkatapos ay ifa-fax o ime-mail niya ang pahayag. Maaari mong tawagan ang SFHP Care Plus sa 1(833) 530-7327 (TTY: 711) para sa higit pang impormasyon. Bukas kami nang 8:00am–8:00pm, pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre.

Kung sa tingin mo o ng iyong tagareseta na maaaring manganib ang iyong kalusugan kung maghihintay ka nang 72 oras para sa pasya, maaari kang humiling ng pinabilis na eksepsyon. Isa itong mas mabilis na pasya. Kung susuportahan ng iyong tagareseta ang kahilingan mo, bibigyan ka namin ng pasya sa loob ng 24 na oras mula nang matanggap ang pansuportang pahayag ng iyong tagareseta.

### **B13. Ano ang mga generic na gamot?**

Ang mga generic na gamot ay binubuo ng mga mismong aktibong sangkap na makikita sa mga branded na gamot. Kadalasan, mas mura ang mga ito kaysa sa branded na gamot at karaniwang kasing bisa naman nito. Kadalasan ay hindi kilala ang pangalan ng mga ito. Ang mga generic na gamot ay inaprubahan ng Food and Drug Administration (FDA). May mga generic na gamot para sa maraming branded na gamot. Kadalasan, maaaring ipamalit ang mga generic na gamot sa mga branded na gamot sa parmasya nang walang bagong reseta—depende sa mga batas ng estado.

Sinasaklaw ng SFHP Care Plus ang mga branded na gamot at mga generic na gamot.

### **B14. Ano ang mga orihinal na biological na produkto at paano nauugnay ang mga ito sa mga biosimilar?**

Kapag binabanggit namin ang mga gamot, maaari itong tumukoy sa gamot o biological na produkto. Ang mga biological na produkto ay mga gamot na mas kumplikado kaysa sa mga karaniwang gamot. Dahil mas kumplikado ang mga biological na produkto kaysa sa mga karaniwang gamot, mayroong mga anyo ang mga ito na tinatawag na mga biosimilar, sa halip na generic na anyo. Karaniwang kasing bisa ng mga biosimilar ang orihinal na biological na produkto at maaaring mas mura ang mga ito. May mga biosimilar na alternatibo para sa ilang orihinal na biological na produkto. Ang ilang biosimilar ay mga interchangeable na biosimilar at, depende sa mga batas ng estado, maaaring ipamalit sa



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orihinal na biological na produkto sa parmasya nang hindi nangangailangan ng bagong reseta, tulad kung paano maaaring ipamalit ang mga generic na gamot sa mga branded na gamot.

Para sa higit pang impormasyon tungkol sa mga uri ng gamot, sumangguni sa **Kabanata 5** ng *Handbook ng Miyembro*.

### **B15. Sinasaklaw ba ng SFHP Care Plus ang mga OTC na produktong hindi gamot?**

Sinasaklaw ng SFHP Care Plus ang ilang OTC (over the counter) na produktong hindi gamot kapag inireseta ang mga ito ng iyong provider.

Kasama sa mga halimbawa ng mga OTC na produktong hindi gamot ang mga supply na nauugnay sa pagtuturok ng insulin.

Maaari mong basahin ang *Listahan ng Gamot* ng SFHP Care Plus para malaman kung anong mga OTC na produktong hindi gamot ang sinasaklaw.

### **B16. Sinasaklaw ba ng SFHP Care Plus ang mga pangmatagalang supply ng mga inireresetang gamot?**

- **Mga Mail-Order na Programa.** Nag-aalok kami ng mail-order na programa kung saan maaari mong direktang ipadala sa bahay mo ang hanggang 100 araw na supply ng iyong mga gamot. Ang copay ng 100 araw na supply ay kapareho ng copay ng isang buwang supply.
- **Mga Programa ng Retail na Parmasya para sa 100 Araw.** Maaari ding mag-alok ang ilang retail na parmasya ng hanggang 100 araw na supply ng mga saklaw na gamot. Ang copay ng 100 araw na supply ay kapareho ng copay ng isang buwang supply.

### **B17. Maaari ko bang ipadala sa bahay ko ang mga inireresetang gamot mula sa aking lokal na parmasya?**

Maaaring dalhin ng iyong lokal na parmasya ang iyong inireresetang gamot sa bahay mo. Maaari mong tawagan ang iyong parmasya para alamin kung nag-aalok sila ng pagpapadala sa bahay.

### **B18. Ano ang copay ko?**

Ang mga miyembro ng SFHP Care Plus ay may iba't ibang copay para sa mga inireresetang gamot at mga OTC na gamot at mga -produktong hindi gamot kung susundin ng miyembro ang mga panuntunan ng plano. Sumangguni sa tanong na B15 at B16 para sa higit pang impormasyon tungkol sa mga OTC na gamot at mga produktong hindi gamot.



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Ang mga tier ay mga grupo ng mga gamot na nasa aming *Listahan ng Gamot*.

- Ang mga gamot sa Tier 1 ay walang copay. Ang mga gamot sa Tier 1 ay mga gustong generic na gamot.
- Ang mga gamot sa Tier 2 ay mga generic na gamot. Ang copay ay mula \$0 hanggang \$5.10, depende sa Karagdagang Tulong na natatanggap mo mula sa Medicare.
- Ang mga gamot sa Tier 3 ay mga gustong branded na gamot. Ang copay ay mula \$0 hanggang \$12.65, depende sa Karagdagang Tulong na natatanggap mo mula sa Medicare.
- Ang mga gamot sa Tier 4 ay mga branded na gamot. Ang copay ay mula \$0 hanggang \$12.65, depende sa Karagdagang Tulong na natatanggap mo mula sa Medicare.
- Ang mga gamot sa Tier 5 ay mga gamot na may espesyalidad. Ang copay ay mula \$0 hanggang \$12.65, depende sa Karagdagang Tulong na natatanggap mo mula sa Medicare.
- Ang mga gamot sa Tier 6 ay walang copay. Ang mga gamot sa Tier 6 ay mga gustong generic na gamot na tumutulong na pangasiwaan ang ilang partikular na hindi gumagaling na kondisyon.

Kung mayroon kang mga tanong, tawagan ang Serbisyo sa Customer sa mga numerong nakalista sa ibaba ng pahinang ito.

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### **C. Pangkalahatang-ideya ng *Listahan ng Mga Saklaw na Gamot***

Ang *Listahan ng Mga Saklaw na Gamot* ay nagbibigay sa iyo ng impormasyon tungkol sa mga gamot na sinasaklaw ng SFHP Care Plus. Kung nahihirapan kang makita ang gamot mo sa listahan, puntahan ang Index ng Mga Saklaw na Gamot na nagsisimula sa **Seksyon D**. Inililista nang paalpabeto ng index ang lahat ng gamot na sinasaklaw ng SFHP Care Plus.

Ang ibang mga gamot, gaya ng ilang over-the-counter (OTC) na gamot at ilang partikular na bitamina, ay maaaring saklawin ng Medi-Cal Rx. Bisitahin ang website ng Medi-Cal Rx ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) para sa higit pang impormasyon. Maaari mo ring tawagan ang Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang iyong Medi-Cal Beneficiary Identification Card (BIC) kapag kumukuha ng mga inireresetang gamot sa pamamagitan ng Medi-Cal Rx.



**Kung mayroon kang mga tanong**, tawagan SFHP Care Plus sa 1(833) 530-7327 (TTY: 711). Bukas kami nang 8:00am–8:00pm, ang pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. Libre ang tawag. **Para sa higit pang impormasyon**, bisitahin ang [sfhp.org/careplus-members](http://sfhp.org/careplus-members).

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## Mga Apela sa Ilalim ng Part D

- Ang apela ay pormal na paraan ng paghiling sa amin na suriin ang pasyang ginawa namin tungkol sa iyong coverage at baguhin ito kung sa tingin mo ay nagkamali kami.
- Halimbawa, maaari kaming magpasya na hindi sinasaklaw o hindi na sinasaklaw ng Medicare o Medi-Cal ang gamot na gusto mo.
- Kung ikaw o ang iyong tagareseta ay hindi sumasang-ayon sa aming pasya, maaari kang mag-apela. Kung mayroon kang tanong, tawagan ang Mga Serbisyo sa Customer sa mga numerong nakalista sa ibaba ng pahinang ito.
- Maaari mo ring basahin ang **Kabanata 9** ng *Handbook ng Miyembro* para malaman kung paano mag-apela ng pasya.
- Ang mga gamot na hindi gamot sa Part D ay may ibang mga panuntunan para sa mga apela.



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## C1. Listahan ng Mga Gamot ayon sa Uri ng Gamot

Ang mga gamot sa seksyong ito ay iginrupo sa mga kategorya depende sa uri ng mga medikal na kondisyon na ginagamot ng mga ito. Halimbawa, kung mayroon kang kondisyon sa puso, dapat mong tingnan ang kategoryang Mga Cardiovascular Agent. Doon mo makikita ang mga gamot na ginagamit para gamutin ang mga kondisyon sa puso.

Narito ang pagpapakahulugan ng mga code na ginagamit sa column na “Mga kailangang gawin, restriksyon, o limitasyon sa paggamit”:

Code	Pagpapakahulugan
PA	Prior Authorization (Paunang Pahintulot) Kailangan mo (o ng iyong doktor) na kumuha ng paunang pahintulot mula sa SFHP Care Plus bago mo i-fill ang reseta mo para sa gamot na ito. Kapag walang paunang pahintulot, maaaring hindi saklawin ng SFHP Care Plus ang gamot na ito.
PA NSO	Prior Authorization – New Starts (Paunang Pahintulot – Mga Kakasimula Lang) Kung bago kang miyembro o kung hindi mo pa nagamit ang gamot na ito, ikaw (o ang iyong doktor) ay kailangang kumuha ng paunang pahintulot mula sa SFHP Care Plus bago mo i-fill ang iyong reseta para sa gamot na ito. Kapag walang paunang pahintulot, maaaring hindi saklawin ng SFHP Care Plus ang gamot na ito.
PA BvD	Prior Authorization – Part B vs. Part D (Paunang Pahintulot – Part B vs. Part D) Maaaring kwalipikado ang gamot na ito para sa pagbabayad sa ilalim ng Part B o Part D ng Medicare. Kailangan mo (o ng iyong doktor) na kumuha ng paunang pahintulot mula sa SFHP Care Plus para matukoy na sinasaklaw ang gamot na ito sa ilalim ng Part D ng Medicare bago mo i-fill ang iyong reseta para sa gamot na ito. Kapag walang paunang pahintulot, maaaring hindi saklawin ng SFHP Care Plus ang gamot na ito.



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Code	Pagpapakahulugan
PA-HRM	<p>Prior Authorization – High Risk Medications (Paunang Pahintulot – Mga Delikadong Gamot)</p> <p>Ang gamot na ito ay itinuring ng CMS na potensyal na mapanganib at samakatuwid ay Delikadong Gamot para sa mga benepisyaryo ng Medicare na 65 taong gulang pataas. Kapag walang paunang pahintulot, maaaring hindi saklawin ng SFHP Care Plus ang gamot na ito.</p>
AGE	<p>Prior Authorization Age Edit</p> <p>Ang gamot na ito ay may mga limitasyong nakadepende sa edad. Kapag walang paunang pahintulot, maaaring hindi saklawin ng SFHP Care Plus ang gamot na ito.</p>
QL	<p>Nililimitahan ng SFHP Care Plus ang dami ng gamot na ito na sinasaklaw kada reseta, o sa loob ng partikular na time frame.</p>
ST	<p>Bago magbigay ang SFHP Care Plus ng coverage para sa gamot na ito, dapat ka munang sumubok ng ibang (mga) gamot para gamutin ang iyong medikal na kondisyon. Maaari lang saklawin ang gamot na ito kung hindi naging mabisa sa iyo ang ibang (mga) gamot.</p>
NDS	<p>Maaari ka lang kumuha ng hanggang 30 araw na supply ng mga gamot na ito kada fill, sa pamamagitan ng retail o mail order.</p>
NM	<p>No Mail Order (Walang Mail Order)</p> <p>Hindi maaaring kunin ang gamot na ito sa isang mail-order na parmasya.</p>
LA	<p>Ang inireresetang gamot na ito ay maaari lang kunin sa ilang partikular na parmasya. Para sa higit pang impormasyon, sumangguni sa iyong Direktoryo ng Parmasya o tawagan ang Serbisyo sa Customer sa SFHP Care Plus sa 1(833) 530-7327 (TTY: 711). Bukas kami nang 8:00am–8:00pm, pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. Libre ang tawag.</p>



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



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Dosage Form Abbreviation	Definition
loz	lozenge
lo	low
lozeng	lozenge
mini lozenge	miniature lozenge
misc	miscellaneous
MP	Metered Pump
muco	mucous
pak	packet
pack	packet
PCA	Patient Controlled Administration
pell	pellet
pk	package
Powdr	powder
pt	patient
recon	reconstituted
rel	release
releas	release
soln	solution
sprink	sprinkle
sprinkl	sprinkle
susp	suspension
suspen	suspension
syring	syringe
tab	tablet
TD	transdermal
var	variable
w/	with



**Kung mayroon kang mga tanong**, tawagan SFHP Care Plus sa 1(833) 530-7327 (TTY: 711). Bukas kami nang 8:00am–8:00pm, ang pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. Libre ang tawag. **Para sa higit pang impormasyon**, bisitahin ang [sfhp.org/careplus-members](https://sfhp.org/careplus-members).

Nakalista sa unang column ng talahanayan ang pangalan ng gamot. Ang mga generic na gamot ay nakasulat sa maliliit na titik na naka-italics (halimbawa, *lisinopril*), ang mga branded na gamot ay nakasulat sa malalaking titik (halimbawa, HUMIRA). Sinasabi sa iyo ng impormasyon sa column na “Mga kailangang gawin, restriksyon, o limitasyon sa paggamit” kung mayroong anumang panuntunan ang SFHP Care Plus para sa pagsaklaw ng gamot mo.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Analgesics</b>		
<b>Analgesics, Miscellaneous</b>		
<i>acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml</i>	\$0 (Tier 1)	NM; NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1)	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 weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	\$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 capsule 50-300-40 mg</i> (Fioricet)	\$0-12.65 (Tier 4)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	\$0-12.65 (Tier 4)	PA-HRM; 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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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</i>	\$0-12.65 (Tier 4)	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	\$0-12.65 (Tier 4)	NM; NDS; QL (2700 per 30 days)
<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 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</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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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)
<i>oxycodone oral tablet 20 mg</i>	\$0-5.10 (Tier 2)	NM; NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	\$0-5.10 (Tier 2)	NM; NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i> (Endocet)	\$0-12.65 (Tier 4)	NM; NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i> (Endocet)	\$0-5.10 (Tier 2)	NM; NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	\$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)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	\$0-12.65 (Tier 4)	PA; 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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	\$0-12.65 (Tier 4)	QL (300 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	\$0-12.65 (Tier 4)	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	\$0-12.65 (Tier 4)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0-12.65 (Tier 4)	
<i>etodolac oral tablet 400 mg</i> (Lodine)	\$0-5.10 (Tier 2)	
<i>etodolac oral tablet 500 mg</i>	\$0-5.10 (Tier 2)	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	\$0-5.10 (Tier 2)	
<i>ibu oral tablet 400 mg</i> (ibuprofen)	\$0 (Tier 1)	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i> (ibuprofen)	\$0 (Tier 1)	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	\$0 (Tier 1)	QL (240 per 30 days)
<i>ibuprofen oral tablet 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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use	
<b>Anesthetics</b>			
<b>Local Anesthetics</b>			
<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)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<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>		\$0-12.65 (Tier 4)	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	(lidocaine hcl)	\$0-5.10 (Tier 2)	
<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)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	(lidocaine)	\$0-12.65 (Tier 4)	PA; QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		\$0-12.65 (Tier 3)	PA; QL (90 per 30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			
<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)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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>	\$0-5.10 (Tier 2)	
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	\$0-12.65 (Tier 4)	QL (4 per 30 days)
<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)	
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	\$0 (Tier 1)	NM; NDS; QL (120 per 30 days)
<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)

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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)	\$0-12.65 (Tier 4)	NM; NDS; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	\$0-12.65 (Tier 4)	NM; NDS; QL (120 per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 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)	
<b>Antibacterials, Miscellaneous</b>		
<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 5)	NM; NDS
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
<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)	
<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>	\$0-12.65 (Tier 4)	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	\$0-5.10 (Tier 2)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<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)
<i>trimethoprim oral tablet 100 mg</i>	\$0-5.10 (Tier 2)	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	\$0-12.65 (Tier 4)	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	\$0-12.65 (Tier 4)	QL (56 per 14 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 5)	PA; NM; NDS; QL (90 per 30 days)
<b>Cephalosporins</b>		
<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)	
<i>cefdinir 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>	\$0-12.65 (Tier 4)	
<i>cefixime oral tablet 400 mg</i>	\$0-12.65 (Tier 4)	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0-12.65 (Tier 4)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	\$0-12.65 (Tier 4)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0-5.10 (Tier 2)	
<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)	
<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)	
<b>TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG</b>	\$0-12.65 (Tier 5)	NM; NDS
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	\$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)	
<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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	\$0-12.65 (Tier 4)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	\$0-12.65 (Tier 4)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0-12.65 (Tier 4)	
<i>fidaxomicin oral tablet 200 mg</i> (Dificid)	\$0-12.65 (Tier 5)	NM; NDS; QL (20 per 10 days)
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	\$0-12.65 (Tier 4)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0-12.65 (Tier 5)	PA; NM; LA; NDS
<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)	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	\$0-12.65 (Tier 4)	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	\$0-12.65 (Tier 3)	
<i>meropenem intravenous recon soln 2 gram</i>	\$0-12.65 (Tier 4)	
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0-5.10 (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>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)	\$0-12.65 (Tier 4)	
<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>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0-12.65 (Tier 4)	
<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)	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	\$0-12.65 (Tier 4)	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	\$0-12.65 (Tier 4)	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 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>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	\$0-12.65 (Tier 4)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</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)	
<b>Quinolones</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	\$0 (Tier 1)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0-5.10 (Tier 2)	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0-5.10 (Tier 2)	
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0-12.65 (Tier 4)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin 400 mg/250 ml bag suv, p/f, inner</i>	\$0-12.65 (Tier 4)	
<i>moxifloxacin oral tablet 400 mg</i>	\$0-12.65 (Tier 4)	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml (Avelox in NaCl (iso-osmotic))</i>	\$0-12.65 (Tier 4)	
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	\$0-12.65 (Tier 4)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)</i>	\$0-5.10 (Tier 2)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)</i>	\$0 (Tier 1)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	\$0 (Tier 1)	
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	\$0-12.65 (Tier 4)	
<i>doxy-100 intravenous recon soln 100 mg</i> (doxycycline hyclate)	\$0-12.65 (Tier 4)	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	\$0-12.65 (Tier 4)	
<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> (Mondoxyne 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)	
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
<i>abiraterone oral tablet 250 mg</i> (Abitrega)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abiraterone, submicronized oral tablet 125 mg</i> (Yonsa)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; 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)	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (1.6 per 28 days)
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)
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	\$0-12.65 (Tier 5)	NM; NDS
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
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)
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
<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)	
BIZENGRIN INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (75 per 28 days)
<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
BORUZU INJECTION SOLUTION 2.5 MG/ML	\$0-12.65 (Tier 4)	PA NSO
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	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	\$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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
BRUKINSA ORAL TABLET 160 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
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)
CALQUENCE ORAL CAPSULE 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, 2 gram, 500 mg</i>	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0-12.65 (Tier 4)	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0-12.65 (Tier 3)	PA BvD; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 28 days)
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)
DATROWAY INTRAVENOUS RECON SOLN 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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 5)	NM; NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	\$0-12.65 (Tier 5)	PA NSO; 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
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	\$0-12.65 (Tier 5)	NM; NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
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)
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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 (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 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)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	\$0-12.65 (Tier 4)	
<i>etoposide intravenous solution 20 mg/ml</i>	\$0-5.10 (Tier 2)	
EULEXIN ORAL CAPSULE 125 MG (flutamide)	\$0-12.65 (Tier 5)	NM; NDS
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i> (Torpenz)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg</i> (Torpenz)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 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)	\$0-12.65 (Tier 4)	
FAKZYNJA ORAL TABLET 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (42 per 28 days)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<i>flutamide oral capsule 125 mg</i> (Eulexin)	\$0-12.65 (Tier 4)	
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> (Faslodex)	\$0-12.65 (Tier 5)	NM; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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	\$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)
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
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)	\$0-12.65 (Tier 3)	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	\$0-12.65 (Tier 3)	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, 560 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (280 per 28 days)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
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)
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)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	\$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
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (2 per 28 days)
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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)	\$0-5.10 (Tier 2)	
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
<i>lomustine oral capsule 10 mg</i> (Gleostine)	\$0-12.65 (Tier 4)	
<i>lomustine oral capsule 100 mg, 40 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)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	\$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) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (leuprolide acetate (3 month))	\$0-12.65 (Tier 4)	PA NSO
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (40 per 28 days)
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)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
MEKTOVI ORAL TABLET 15 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
<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>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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 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, 750 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i> (Alimta)	\$0-12.65 (Tier 5)	NM; NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	\$0-12.65 (Tier 5)	NM; NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	\$0-12.65 (Tier 5)	NM; NDS

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
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)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$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)
RETEVMO ORAL CAPSULE 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
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)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (224 per 28 days)
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
SCEMBLIX ORAL TABLET 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
SCEMBLIX 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)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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)	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (5 per 21 days)
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	\$0-5.10 (Tier 2)	
<i>toremifene oral tablet 60 mg</i> (Fareston)	\$0-12.65 (Tier 5)	NM; NDS
<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)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	\$0-12.65 (Tier 4)	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0-12.65 (Tier 5)	NM; NDS

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
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, 200 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
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)
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (30 per 30 days)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
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
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG (abiraterone, submicronized)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (90 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)
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	\$0-12.65 (Tier 4)	PA NSO
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)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (20 per 28 days)
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0-12.65 (Tier 5)	NM; NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	\$0-12.65 (Tier 5)	NM; NDS; QL (60 per 30 days)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>carbamazepine 100 mg/5 ml cup outer 100 mg/5 ml (5 ml)</i>	\$0-12.65 (Tier 4)	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	\$0-12.65 (Tier 4)	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	\$0-12.65 (Tier 4)	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	\$0-5.10 (Tier 2)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	\$0-12.65 (Tier 4)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0-5.10 (Tier 2)	
<i>carbamazepine oral tablet, chewable 200 mg</i>	\$0-12.65 (Tier 4)	
<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)	\$0-12.65 (Tier 4)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	\$0-5.10 (Tier 2)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (60 per 30 days)
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 5)	ST; NM; NDS; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	\$0-12.65 (Tier 5)	ST; NM; NDS; 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
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	\$0-12.65 (Tier 4)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (720 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	\$0-5.10 (Tier 2)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	\$0-5.10 (Tier 2)	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 intravenous solution 200 mg/20 ml</i> (Vimpat)	\$0-5.10 (Tier 2)	QL (200 per 5 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)

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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)	\$0-12.65 (Tier 4)	
<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)	\$0-12.65 (Tier 4)	
<i>levetiracetam oral tablet for suspension 250 mg</i> (Spritam)	\$0-12.65 (Tier 4)	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0-12.65 (Tier 4)	QL (10 per 30 days)
<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)	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	\$0-12.65 (Tier 4)	
<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, 8 mg</i> (Fycompa)	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	\$0-12.65 (Tier 4)	ST; QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	\$0-12.65 (Tier 5)	ST; NM; NDS; 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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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) \$0-12.65 (Tier 4)	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)	ST; NM; NDS
<i>rufinamide oral tablet 200 mg</i>	(Banzel) \$0-12.65 (Tier 4)	ST
<i>rufinamide oral tablet 400 mg</i>	(Banzel) \$0-12.65 (Tier 5)	ST; NM; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	\$0-12.65 (Tier 4)	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	(levetiracetam) \$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, 5 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0-12.65 (Tier 4)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	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)
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (60 per 30 days)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
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 4)	
<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)
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<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)	\$0-12.65 (Tier 4)	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)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>	\$0-12.65 (Tier 4)	ST; QL (30 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 7 mg</i> (Namenda XR)	\$0-12.65 (Tier 4)	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)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<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)	ST; 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)	\$0-5.10 (Tier 2)	
<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, 50 mg, 75 mg</i> (Anafranil)	\$0-12.65 (Tier 4)	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	\$0-12.65 (Tier 4)	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	\$0-12.65 (Tier 4)	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 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)
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)	
<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>	\$0-5.10 (Tier 2)	
MARPLAN ORAL TABLET 10 MG	\$0-12.65 (Tier 4)	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	\$0-5.10 (Tier 2)	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	\$0-5.10 (Tier 2)	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	\$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> (Pamelor)	\$0 (Tier 1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0-12.65 (Tier 4)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	\$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)	\$0-12.65 (Tier 4)	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)	\$0-12.65 (Tier 4)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	\$0 (Tier 1)	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
<i>tranlycypromine 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)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0-12.65 (Tier 3)	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)	\$0-12.65 (Tier 4)	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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZURZUVAE ORAL CAPSULE 30 MG	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (14 per 14 days)
<b>Antidiabetic Agents</b>		
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	\$0-5.10 (Tier 2)	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	\$0-12.65 (Tier 3)	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	\$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)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0-12.65 (Tier 3)	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0-12.65 (Tier 3)	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
JANUVIA ORAL TABLET 50 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 solution 500 mg/5 ml</i> (Riomet)	\$0-12.65 (Tier 4)	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 6)	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 6)	QL (150 per 30 days)

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>metformin oral tablet 750 mg, 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)
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)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 6)	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0-12.65 (Tier 3)	PA; QL (3 per 28 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)
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)
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRADJENTA ORAL TABLET 5 MG (linagliptin)	\$0-12.65 (Tier 3)	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$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)
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)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	\$0-12.65 (Tier 3)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	\$0-12.65 (Tier 3)	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	\$0-12.65 (Tier 3)	QL (60 per 30 days)
<b>Insulins</b>		
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 PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	\$0-12.65 (Tier 3)	max \$35 copay per month supply
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30FlexPen U-100)	\$0-12.65 (Tier 3) max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	\$0-12.65 (Tier 3) max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	\$0-12.65 (Tier 3) max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	\$0-12.65 (Tier 3) max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	\$0-12.65 (Tier 3) max \$35 copay per month supply; QL (40 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)
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 INSULIN 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 (30 per 30 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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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)
<b>Sulfonylureas</b>		
<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)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0-12.65 (Tier 4)	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	\$0-5.10 (Tier 2)	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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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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, 165 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>miconazole intravenous recon soln 100 mg, 50 mg</i>	\$0-12.65 (Tier 4)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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> (Nyamyc)	\$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 5)	PA; NM; NDS
<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 5)	PA BvD; NM; NDS
<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>	\$0-12.65 (Tier 4)	
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	\$0 (Tier 1)	
<i>allopurinol oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	\$0-12.65 (Tier 4)	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	\$0-12.65 (Tier 4)	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</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>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0-5.10 (Tier 2)	
<b>Antihistamines</b>		
<b>Antihistamines</b>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	\$0 (Tier 1)	
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	\$0-12.65 (Tier 4)	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	\$0-12.65 (Tier 4)	
<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)	
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
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)	\$0-12.65 (Tier 5)	ST; NM; NDS; 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 (9 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
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)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	\$0-5.10 (Tier 2)	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	\$0-5.10 (Tier 2)	QL (18 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	\$0-12.65 (Tier 4)	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	\$0-5.10 (Tier 2)	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	\$0-5.10 (Tier 2)	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	\$0-12.65 (Tier 4)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	\$0-12.65 (Tier 4)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$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)
<b>Antimycobacterials</b>		
<b>Antimycobacterials</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0-5.10 (Tier 2)	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0-5.10 (Tier 2)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	\$0-12.65 (Tier 4)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0-12.65 (Tier 4)	
<i>rifabutin oral capsule 150 mg</i>	\$0-12.65 (Tier 4)	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	\$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>rifampin oral capsule 150 mg, 300 mg</i>	\$0-12.65 (Tier 4)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG	\$0-12.65 (Tier 4)	
<b>Antinausea Agents</b>		
<b>Antinausea Agents</b>		
<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 (4 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)	\$0-12.65 (Tier 4)	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 injection solution 25 mg/ml</i> (Phenergan)	\$0-5.10 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>promethazine rectal suppository 25 mg</i> (Promethegan)	\$0-12.65 (Tier 4)	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i> (promethazine)	\$0-12.65 (Tier 4)	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	\$0-12.65 (Tier 4)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
<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)	
<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>	\$0-5.10 (Tier 2)	
<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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	\$0-12.65 (Tier 4)	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	\$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)	
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	\$0-5.10 (Tier 2)	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0-12.65 (Tier 4)	
<i>benztropine oral tablet 0.5 mg, 1 mg</i>	\$0-5.10 (Tier 2)	
<i>benztropine oral tablet 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)	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	\$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
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>	\$0-5.10 (Tier 2)	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	\$0-12.65 (Tier 4)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i>	\$0-12.65 (Tier 4)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0-5.10 (Tier 2)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0-12.65 (Tier 4)	
<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)
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
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)	\$0-12.65 (Tier 4)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	\$0-12.65 (Tier 4)	QL (60 per 30 days)
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 injection solution 25 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0-12.65 (Tier 4)	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0-12.65 (Tier 4)	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	\$0-5.10 (Tier 2)	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	\$0-12.65 (Tier 4)	ST; QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg</i>	\$0-12.65 (Tier 4)	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	\$0-12.65 (Tier 4)	ST; QL (120 per 30 days)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	\$0-12.65 (Tier 5)	NM; NDS; QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.5 per 21 days)
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
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)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>fluphenazine hcl oral tablet 1 mg, 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>	\$0-5.10 (Tier 2)	
<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)
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
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</i> (Latuda)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	\$0-12.65 (Tier 4)	QL (60 per 30 days)
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</i>	\$0-12.65 (Tier 4)	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	\$0-12.65 (Tier 4)	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	\$0-12.65 (Tier 5)	NM; NDS; QL (120 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 10 mg</i> (Zyprexa)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	\$0-5.10 (Tier 2)	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	\$0-5.10 (Tier 2)	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	\$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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paliperidone oral tablet extended release 24hr 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>	\$0-12.65 (Tier 4)	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0-12.65 (Tier 4)	
<i>prochlorperazine 10 mg/2 ml vial inner 10 mg/2 ml (5 mg/ml)</i>	\$0-5.10 (Tier 2)	
<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 150 mg</i>	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	\$0-12.65 (Tier 4)	
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)	
<i>risperidone oral tablet 0.25 mg</i>	\$0-5.10 (Tier 2)	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	\$0-5.10 (Tier 2)	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</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
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)	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	\$0-12.65 (Tier 5)	NM; NDS; QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (540 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
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0-12.65 (Tier 4)	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	\$0-12.65 (Tier 4)	
<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)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	\$0-12.65 (Tier 3)	
<i>abacavir oral tablet 300 mg</i>	\$0-12.65 (Tier 3)	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0-12.65 (Tier 3)	
APTIVUS ORAL CAPSULE 250 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>atazanavir oral capsule 150 mg</i>	\$0-12.65 (Tier 3)	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	\$0-12.65 (Tier 3)	
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

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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</i> (Prezista)	\$0-12.65 (Tier 4)	
<i>darunavir oral tablet 800 mg</i> (Prezista)	\$0-12.65 (Tier 5)	NM; NDS
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 ORAL TABLET 25 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-tenofof oral tablet 600-200-300 mg</i>	\$0-5.10 (Tier 2)	
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
<i>efavirenz-lamivu-tenofof disop 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, 167-250 mg, 200-300 mg</i> (Truvada)	\$0-12.65 (Tier 4)	
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i> (Truvada)	\$0-12.65 (Tier 5)	NM; NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i> (Complera)	\$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
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0-12.65 (Tier 4)	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	\$0-12.65 (Tier 4)	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	\$0-12.65 (Tier 5)	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	\$0-12.65 (Tier 5)	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0-12.65 (Tier 5)	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0-12.65 (Tier 5)	NM; NDS
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)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	\$0-12.65 (Tier 3)	
<i>lamivudine oral tablet 100 mg</i>	\$0-12.65 (Tier 3)	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (EpiVir)	\$0-12.65 (Tier 3)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0-12.65 (Tier 4)	
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0-12.65 (Tier 4)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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 100 mg</i>	\$0-12.65 (Tier 4)	QL (90 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)	
NORVIR ORAL SOLUTION 80 MG/ML	\$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)	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	\$0-12.65 (Tier 4)	
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0-12.65 (Tier 5)	NM; NDS
<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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
SYM TUZA ORAL TABLET 800-150-200-10 MG	\$0-12.65 (Tier 5)	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	\$0-12.65 (Tier 5)	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0-12.65 (Tier 3)	
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)	
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0-12.65 (Tier 5)	NM; NDS

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	\$0-12.65 (Tier 5)	NM; NDS
VEMLIDY ORAL TABLET 25 MG	\$0-12.65 (Tier 5)	NM; NDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0-12.65 (Tier 5)	NM; NDS
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
VOCABRIA ORAL TABLET 30 MG	\$0-12.65 (Tier 4)	
<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)	
<b>Antivirals, Miscellaneous</b>		
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> (Tamiflu)	\$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)
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Hcv Antivirals</b>		
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)
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)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) 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)
<b>Interferons</b>		
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
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	\$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> (Hepsera)	\$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 tablet 200 mg</i>	\$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
<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>	\$0-12.65 (Tier 3)	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	\$0-12.65 (Tier 3)	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)
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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	\$0-12.65 (Tier 5)	NM; NDS; QL (18 per 30 days)
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	\$0-5.10 (Tier 2)	
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	\$0 (Tier 1)	
<i>rivaroxaban oral suspension for reconstitution</i> 1 mg/ml (Xarelto)	\$0-12.65 (Tier 3)	QL (600 per 30 days)
<i>rivaroxaban oral tablet</i> 2.5 mg (Xarelto)	\$0-12.65 (Tier 3)	
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	\$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0-12.65 (Tier 3)	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	\$0-12.65 (Tier 3)	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	\$0-12.65 (Tier 3)	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG (rivaroxaban)	\$0-12.65 (Tier 3)	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	\$0-12.65 (Tier 3)	ST; QL (60 per 30 days)
<b>Blood Formation Modifiers</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)
<i>eltrombopag olamine oral powder in packet</i> 12.5 mg (Promacta)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral powder in packet</i> 25 mg (Promacta)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (180 per 30 days)
<i>eltrombopag olamine oral tablet</i> 12.5 mg (Promacta)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)
<i>eltrombopag olamine oral tablet</i> 25 mg (Promacta)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<i>eltrombopag olamine oral tablet</i> 50 mg, 75 mg (Promacta)	\$0-12.65 (Tier 5)	PA; 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
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)
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
<b>Hematologic Agents, Miscellaneous</b>		
<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>	\$0-12.65 (Tier 3)	
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0-12.65 (Tier 4)	
BRILINTA ORAL TABLET 90 MG (ticagrelor)	\$0-12.65 (Tier 3)	
<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)	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>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)	\$0-12.65 (Tier 3)	
<b>Caloric Agents</b>		
<b>Caloric Agents</b>		
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>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0-5.10 (Tier 2)	
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agents</b>		
<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>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	\$0 (Tier 1)	
<i>droxidopa oral capsule 100 mg</i> (Northera)	\$0-12.65 (Tier 4)	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i> (Northera)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 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>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0-12.65 (Tier 4)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
<b>Angiotensin II Receptor Antagonists</b>		
<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)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	\$0-12.65 (Tier 3)	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	\$0-12.65 (Tier 3)	QL (240 per 30 days)
<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)	
<i>olmesartan-amlodipin-hcthiazyd 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, 49-51 mg, 97-103 mg</i> (Entresto)	\$0-12.65 (Tier 3)	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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<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)	
<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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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, 2.5 mg, 5 mg</i> (Altace)	\$0 (Tier 6)	
<i>ramipril oral capsule 10 mg</i>	\$0 (Tier 6)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 6)	
<b>Antiarrhythmic Agents</b>		
<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)	\$0-12.65 (Tier 4)	
<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)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0-12.65 (Tier 4)	
<b>Beta-Adrenergic Blocking Agents</b>		
<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</i> (Tenoretic 100)	\$0-5.10 (Tier 2)	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	\$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>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 ta-hydrochlorothiaz oral tablet 50-25 mg</i>	\$0-12.65 (Tier 4)	
<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 tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0-5.10 (Tier 2)	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	\$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)	
<i>sotalol oral tablet 240 mg</i> (Betapace)	\$0-5.10 (Tier 2)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0-12.65 (Tier 4)	
<b>Calcium-Channel Blocking Agents</b>		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	\$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>diltiazem 24hr er 360 mg cap once-a-day dosage</i> (Tiadylt ER)	\$0-5.10 (Tier 2)	
<i>diltiazem 24hr er 420 mg cap</i> (Tiadylt ER)	\$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 180 mg, 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>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)	
<b>Cardiovascular Agents, Miscellaneous</b>		
ATTRUBY ORAL TABLET 356 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (112 per 28 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0-12.65 (Tier 4)	QL (600 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>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	\$0-12.65 (Tier 4)	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	\$0-5.10 (Tier 2)	
<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)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (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 3)	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	\$0-12.65 (Tier 4)	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	\$0-12.65 (Tier 4)	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0-12.65 (Tier 4)	PA; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<b>Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	\$0 (Tier 1)	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	\$0 (Tier 6)	
<i>amlodipine-benazepril oral capsule 2.5-10 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)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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-hcthiiazid 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>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
<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)	
<b>Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0-5.10 (Tier 2)	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	\$0-5.10 (Tier 2)	
<i>bumetanide oral tablet 2 mg</i>	\$0-5.10 (Tier 2)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0-5.10 (Tier 2)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide injection syringe 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0-5.10 (Tier 2)	
<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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (120 per 30 days)
<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 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>toremide 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)	
<b>Dyslipidemics</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	\$0 (Tier 6)	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	\$0 (Tier 6)	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	\$0 (Tier 6)	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	\$0 (Tier 6)	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	\$0-12.65 (Tier 4)	
<i>cholestyramine light oral powder in packet 4 gram</i>	\$0-12.65 (Tier 4)	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	\$0-12.65 (Tier 4)	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	\$0-12.65 (Tier 4)	
<i>colestipol oral packet 5 gram</i>	\$0-12.65 (Tier 4)	
<i>colestipol oral tablet 1 gram</i> (Colestid)	\$0-12.65 (Tier 4)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	\$0 (Tier 6)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	\$0 (Tier 6)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	\$0 (Tier 6)	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	\$0 (Tier 6)	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0-5.10 (Tier 2)	
<i>fenofibrate nanocrystallized oral tablet 145 mg</i> (Tricor)	\$0-5.10 (Tier 2)	
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	\$0-5.10 (Tier 2)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0-5.10 (Tier 2)	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	\$0 (Tier 6)	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	\$0 (Tier 6)	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	\$0 (Tier 1)	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	\$0-12.65 (Tier 4)	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	\$0-12.65 (Tier 4)	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 6)	
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</i>	\$0-5.10 (Tier 2)	
<i>niacin oral tablet extended release 24 hr 750 mg</i>	\$0-12.65 (Tier 4)	
<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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>	\$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)	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	\$0-12.65 (Tier 4)	
<i>eplerenone oral tablet 25 mg</i> (Inspra)	\$0-12.65 (Tier 4)	
<i>eplerenone oral tablet 50 mg</i>	\$0-12.65 (Tier 4)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	\$0-12.65 (Tier 3)	PA; QL (30 per 30 days)
<b>Vasodilators</b>		
<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 Titradoso)	\$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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<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)
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
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)
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (15 per 30 days)

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	\$0-12.65 (Tier 3)	PA; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	\$0-12.65 (Tier 4)	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>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 5)	PA; NM; NDS; QL (60 per 30 days)
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<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)
<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)

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (1.2 per 28 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)	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	\$0-12.65 (Tier 5)	PA; NM; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	\$0-12.65 (Tier 5)	PA; NM; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	\$0-12.65 (Tier 5)	PA; NM; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	\$0-12.65 (Tier 5)	PA; NM; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	\$0-12.65 (Tier 5)	PA; NM; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	\$0-12.65 (Tier 5)	PA; NM; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine(multiple sclerosis))	\$0-12.65 (Tier 5)	PA; NM; NDS
MAYZENT ORAL TABLET 0.25 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	\$0-12.65 (Tier 3)	PA

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	\$0-12.65 (Tier 5)	PA; NM; NDS
<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)
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
<i>riluzole oral tablet 50 mg</i>	\$0-12.65 (Tier 4)	
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	\$0-12.65 (Tier 4)	PA; QL (112 per 28 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (120 per 30 days)
<b>Contraceptives</b>		
<b>Contraceptives</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	\$0-5.10 (Tier 2)
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		\$0-5.10 (Tier 2)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	\$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>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)
<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)	\$0-5.10 (Tier 2)
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)
<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)

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<b>Name of Drug</b>		<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)	
<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>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	\$0-5.10 (Tier 2)	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
<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))	\$0-5.10 (Tier 2)	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	\$0-12.65 (Tier 4)	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)	\$0-5.10 (Tier 2)	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)	
<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)	\$0-5.10 (Tier 2)	
<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>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>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) \$0-5.10 (Tier 2)	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron) \$0-5.10 (Tier 2)	
<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)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive)) \$0-5.10 (Tier 2)	
<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)) \$0-5.10 (Tier 2)	
<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>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) \$0-5.10 (Tier 2)	
<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) \$0-5.10 (Tier 2)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron) \$0-5.10 (Tier 2)	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron) \$0-5.10 (Tier 2)	
<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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	\$0-5.10 (Tier 2)	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	\$0-12.65 (Tier 4)	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> (norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)	
<i>lessina oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (levonorg-eth estrad triphasic)	\$0-5.10 (Tier 2)	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> (Balcoltra)	\$0-12.65 (Tier 4)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	\$0-5.10 (Tier 2)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	\$0-5.10 (Tier 2)	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	\$0-5.10 (Tier 2)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	\$0-5.10 (Tier 2)	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	\$0-5.10 (Tier 2)	
<i>levora-28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	\$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
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0-12.65 (Tier 3)	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	\$0-5.10 (Tier 2)
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)
<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)	\$0-5.10 (Tier 2)
<i>meleya oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)
<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 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	\$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)	\$0-5.10 (Tier 2)
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)
<i>mili oral tablet 0.25-0.035 mg</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	\$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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>	(Jencycla)	\$0-5.10 (Tier 2)
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	\$0-5.10 (Tier 2)
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	\$0-5.10 (Tier 2)
<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)	\$0-5.10 (Tier 2)
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	(Tri-Estarylla)	\$0-5.10 (Tier 2)
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i>	(Mono-Linyah)	\$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)	\$0-5.10 (Tier 2)
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		\$0-5.10 (Tier 2)
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>orquidea oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)
<i>pimtrea (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>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	\$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>reclipsen</i> (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>setlakin</i> oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)
<i>sharobel</i> oral tablet 0.35 mg	(norethindrone (contraceptive))	\$0-5.10 (Tier 2)
<i>simliya</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	\$0-5.10 (Tier 2)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	\$0-12.65 (Tier 4)	
<i>sprintec</i> (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>sronyx</i> oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	\$0-5.10 (Tier 2)
<i>tarina 24 fe</i> oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)
<i>tarina fe 1-20 eq</i> (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)
<i>tilia fe</i> oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)
<i>tri-estarylla</i> oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>tri-legest fe</i> oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	\$0-5.10 (Tier 2)
<i>tri-linyah</i> oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>tri-lo-estarylla</i> oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>tri-lo-marzia</i> oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>tri-lo-mili</i> oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>tri-lo-sprintec</i> oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	\$0-5.10 (Tier 2)
<i>tri-mili</i> oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl 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>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)	\$0-5.10 (Tier 2)
<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)	\$0-5.10 (Tier 2)
<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>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)	\$0-5.10 (Tier 2)
<i>viorele (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)
<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 1/35e (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0-5.10 (Tier 2)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	\$0-5.10 (Tier 2)
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<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)

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>denta 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	\$0 (Tier 1)	
<i>dentagel dental gel 1.1 %</i> (fluoride (sodium))	\$0 (Tier 1)	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	\$0 (Tier 1)	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	\$0 (Tier 1)	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	\$0-12.65 (Tier 4)	
<i>sf 5000 plus dental cream 1.1 %</i> (fluoride (sodium))	\$0 (Tier 1)	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive)	\$0 (Tier 1)	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	\$0-5.10 (Tier 2)	
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0-12.65 (Tier 4)	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<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>	\$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)
<b>KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %</b>	\$0-12.65 (Tier 5)	ST; NM; NDS; QL (5 per 5 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	\$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
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)
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)	
<b>Dermatological Antibacterials</b>		
<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>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	\$0-12.65 (Tier 4)	
<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>gentamicin topical ointment 0.1 %</i>	\$0-5.10 (Tier 2)	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	\$0-12.65 (Tier 4)	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	\$0-12.65 (Tier 4)	
<i>metronidazole topical gel 1 %</i> (Metrogel)	\$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)	
<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)	
<b>Dermatological Anti-Inflammatory Agents</b>		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	\$0-5.10 (Tier 2)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0-5.10 (Tier 2)	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0-12.65 (Tier 4)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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>	\$0-12.65 (Tier 4)	
<i>clobetasol topical cream 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>clobetasol topical gel 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	\$0-12.65 (Tier 4)	
<i>clobetasol topical ointment 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	\$0-12.65 (Tier 4)	
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	\$0-12.65 (Tier 4)	
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>	\$0-12.65 (Tier 4)	
<i>fluocinonide topical gel 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>fluocinonide topical ointment 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>fluocinonide topical solution 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>fluticasone propionate topical cream 0.05 %</i>	\$0-5.10 (Tier 2)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>halobetasol propionate topical cream 0.05 %</i>	\$0-12.65 (Tier 4)	
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0-12.65 (Tier 4)	
<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>	\$0-12.65 (Tier 4)	
<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>pimecrolimus topical cream 1 %</i> (Elidel)	\$0-12.65 (Tier 4)	QL (100 per 30 days)
<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>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0-12.65 (Tier 4)	QL (100 per 30 days)
<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)	
<b>Dermatological Retinoids</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	\$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
ALTRENO TOPICAL LOTION 0.05 %	\$0-12.65 (Tier 4)	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	\$0-12.65 (Tier 4)	
<i>tretinoin topical cream 0.025 %</i> (Avita)	\$0-12.65 (Tier 4)	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	\$0-12.65 (Tier 4)	PA
<b>Scabicides And Pediculicides</b>		
<i>malathion topical lotion 0.5 %</i> (Ovide)	\$0-12.65 (Tier 4)	
<i>permethrin topical cream 5 %</i>	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<b>Devices</b>		
<b>Devices</b>		
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
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADVOCATE INS 0.5 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 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
ADVOCATE INS 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
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(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 NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic) \$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
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs) \$0 (Tier 1)	PA; ST
ALCOHOL WIPES 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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ASSURE ID DUO-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
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
ASSURE ID PEN NEEDLE (pen needle, diabetic, safety) 31GX3/16" 31 GAUGE X 3/16"	\$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
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"	\$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 (insulin syringe-needle u-100) 1 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	\$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 (insulin syringe-needle u-100) 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
BD INS SYR UF 0.5 ML (insulin syringe-needle u-100) 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
BD INSULIN SYR 1 ML (insulin syringe-needle u-100) 27GX12.7MM 1 ML 27 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$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
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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" (pen needle, diabetic)	\$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 " (gauze bandage)	\$0 (Tier 1)	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
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 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16" (pen needle, diabetic, safety)	\$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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 5MM 32 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 6MM 32 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 32G (pen needle, diabetic) 8MM 32 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 4MM 33 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL 33G (pen needle, diabetic) 6MM 33 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
COMFORT TOUCH PEN NDL (pen needle, diabetic) 33GX5MM 33 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 " (gauze bandage)	\$0 (Tier 1)	PA; ST
CURITY ALCOHOL PREPS 2 (alcohol swabs) PLY,MEDIUM	\$0 (Tier 1)	PA; ST
CURITY GAUZE PADS 2 X 2 " (gauze bandage)	\$0 (Tier 1)	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	\$0 (Tier 1)	PA; ST
DERMACEA 2"X2" GAUZE 12 (gauze bandage) PLY, USP TYPE VII 2 X 2 "	\$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) 0.3 ML 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 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 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 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 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET 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
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
DROPLET 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
DROPLET INS SYR 1 ML 31GX8MM 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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(\$0-5.10 (Tier 2))	PA; ST
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(\$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"	(\$0-5.10 (Tier 2))	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(\$0-5.10 (Tier 2))	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(\$0-5.10 (Tier 2))	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(\$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
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(\$0-5.10 (Tier 2))	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(\$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	(\$0 (Tier 1))	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(\$0-5.10 (Tier 2))	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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 SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	\$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
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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 SYR 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 SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(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
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
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe) \$0-5.10 (Tier 2)	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe) \$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
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	\$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FREESTYLE PREC 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
FREESTYLE PREC 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
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
GAUZE PAD TOPICAL BANDAGE 2 X 2 " (gauze bandage)	\$0 (Tier 1)	PA; ST
GAUZE PADS 2"X2" STRL 2 X 2 " (Bordered Gauze)	\$0 (Tier 1)	PA; ST
GNP ALCOHOL SWAB STERILE, TWO PLY (Alcohol Pads)	\$0 (Tier 1)	PA; ST
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	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 4MM 32 GAUGE X 5/32" (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 ULTRA COMFORT 0.5 ML SYR 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 29 GAUGE	\$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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 4MM 32G 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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
HEB INCONTROL ALCOHOL 70% (alcohol swabs) PADS	\$0 (Tier 1)	PA; ST
INCONTROL PEN NEEDLE 12MM (pen needle, diabetic) 29G 29 GAUGE X 1/2"	\$0-5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 4MM (pen needle, diabetic) 32G 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 5MM (pen needle, diabetic) 31G 31 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 6MM (pen needle, diabetic) 31G 31 GAUGE X 1/4"	\$0-5.10 (Tier 2)	PA; ST
INCONTROL PEN NEEDLE 8MM (pen needle, diabetic) 31G 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	\$0-12.65 (Tier 3)	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	\$0-12.65 (Tier 3)	
INSULIN 1 ML SYRINGE 1 ML 30 (Ultra Comfort Insulin GAUGE X 7/16" Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYR 0.3 ML (UltiCare Insuln Syr(half 31GX1/4(1/2) 0.3 ML 31 GAUGE X unit)) 1/4"	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYR 0.5 ML 28G (Comfort EZ Insulin 12.7MM (OTC) 1/2 ML 28 GAUGE Syringe) X 1/2"	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (Comfort EZ Insulin (RX) 0.5 ML 30 GAUGE X 1/2" Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" (Easy Touch Insulin INNER 1/2 ML 27 GAUGE X 1/2" Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML (insulin syringe-needle 29 GAUGE u-100)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.3 ML (Sure Comfort Insulin 31GX1/4 0.3 ML 31 GAUGE X 1/4" Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML (insulin syringe-needle 29 u-100)	\$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" (Sure Comfort 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 27G 16MM 1 ML 27 GAUGE X 5/8" (BD SafetyGlide Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2" (Comfort EZ Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2" (BD Eclipse Luer-Lok)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" (Sure Comfort Insulin Syringe)	\$0-5.10 (Tier 2)	PA; ST
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML (Easy Touch Luer Lock Insulin)	\$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 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (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
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" (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
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE	\$0-5.10 (Tier 2)	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LITETOUCH 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
LITETOUCH 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
LITETOUCH 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
LITETOUCH 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
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	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
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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 4MM 33 GAUGE X 5/32" (Advocate Pen Needle)	\$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
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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(\$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"	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(\$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"	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(\$0-5.10 (Tier 2))	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(\$0-5.10 (Tier 2))	PA; ST
MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16	(\$0-5.10 (Tier 2))	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30	(\$0-5.10 (Tier 2))	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(\$0-5.10 (Tier 2))	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
NANO PEN NEEDLE 32G 4MM 32 (pen needle, diabetic) GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
NOVOFINE 30 NEEDLE	\$0-5.10 (Tier 2)	PA; ST
NOVOFINE 32G NEEDLES 32 (pen needle, diabetic) GAUGE X 1/4"	\$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
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	\$0-5.10 (Tier 2)	PA; ST
OMNIPOD 5 (G6/LIBRE 2 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(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	\$0-12.65 (Tier 3)	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	\$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)
PC UNIFINE PENTIPS 8MM (pen needle, diabetic) NEEDLE SHORT 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLE 30G 5MM OUTER (Embrace Pen Needle) 30 GAUGE X 3/16"	\$0-5.10 (Tier 2)	PA; ST
PEN NEEDLE 30G 8MM INNER 30 (CareFine Pen Needle) GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
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 6MM 31G 6MM 31 GAUGE X 1/4" (pen needle, diabetic)	\$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" 4MM 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
PREFPLS INS SYR 1 ML 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16 (Advocate Syringes)	\$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
PURE COMFORT ALCOHOL 70% PADS (alcohol swabs)	\$0 (Tier 1)	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	\$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
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"	\$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
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	\$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
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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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 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"	\$0-5.10 (Tier 2)	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	\$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 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
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	\$0-5.10 (Tier 2)	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	\$0 (Tier 1)	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	\$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	\$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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) \$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
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 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 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes) \$0-5.10 (Tier 2)	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100) \$0-5.10 (Tier 2)	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes) \$0-5.10 (Tier 2)	PA; ST
ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes) \$0-5.10 (Tier 2)	PA; ST

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	\$0-5.10 (Tier 2)	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" (insulin syringe-needle 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
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	\$0-5.10 (Tier 2)	PA; ST
ULTIGUARD SAFEPACK 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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$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 0.5 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	\$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 0.5 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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" (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 NEEDLES 29G 29 GAUGE	\$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
UNIFINE PENTIPS PLUS 30GX3/16" 30 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 31GX3/16" MINI 31 GAUGE X 3/16" (pen needle, diabetic)	\$0-5.10 (Tier 2)	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16" (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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
V-GO 20 DEVICE	\$0-12.65 (Tier 3)	QL (30 per 30 days)
V-GO 30 DEVICE	\$0-12.65 (Tier 3)	QL (30 per 30 days)
V-GO 40 DEVICE	\$0-12.65 (Tier 3)	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE (alcohol swabs)	\$0 (Tier 1)	PA; ST
<b>Enzyme Cofactors/Chaperones</b>		
<b>Enzyme Cofactors/Chaperones</b>		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
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)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0-12.65 (Tier 5)	PA BvD; 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
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 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)	
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	\$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)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	\$0-12.65 (Tier 3)	QL (12 per 28 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)	
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		
<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)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(Polycin) \$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>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	\$0-5.10 (Tier 2)	
<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>	(Neo-Polycin 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>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	(Neo-Polycin) \$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 b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$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)	
<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>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0-5.10 (Tier 2)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0-12.65 (Tier 4)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0-12.65 (Tier 4)	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (10 per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0-12.65 (Tier 4)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	\$0-12.65 (Tier 3)	(tobramycin-lotepred)
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	\$0-12.65 (Tier 4)	(Prolensa)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	\$0-12.65 (Tier 4)	(Restasis)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0-5.10 (Tier 2)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0-5.10 (Tier 2)	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	\$0-12.65 (Tier 4)	(Durezol)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	\$0-12.65 (Tier 3)	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0-12.65 (Tier 4)	QL (50 per 25 days)
<i>fluocinolone acetamide oil otic (ear) drops 0.01 %</i>	\$0-12.65 (Tier 4)	(DermOtic Oil)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0-12.65 (Tier 4)	(FML Liquifilm)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0-5.10 (Tier 2)	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	\$0 (Tier 1)	(24 Hour Allergy Relief) QL (16 per 30 days)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	\$0-12.65 (Tier 3)	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0-12.65 (Tier 3)	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	\$0-5.10 (Tier 2)	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	\$0-12.65 (Tier 3)	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	\$0-12.65 (Tier 3)	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	\$0-12.65 (Tier 4)	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	\$0-12.65 (Tier 4)	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	\$0-12.65 (Tier 4)	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	\$0-12.65 (Tier 4)	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	\$0-12.65 (Tier 4)	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	\$0-12.65 (Tier 3)	QL (60 per 30 days)
<b>Gastrointestinal Agents</b>		
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	\$0-12.65 (Tier 4)	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	\$0-5.10 (Tier 2)	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	\$0-5.10 (Tier 2)	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	\$0-12.65 (Tier 4)	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	\$0-12.65 (Tier 4)	ST; QL (60 per 30 days)

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<b>Name of Drug</b>		<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<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</i>	(Protonix)	\$0 (Tier 1)	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	(Protonix)	\$0 (Tier 1)	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(AcipHex)	\$0-5.10 (Tier 2)	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	\$0-5.10 (Tier 2)	
VOQUEZNA ORAL TABLET 10 MG, 20 MG		\$0-12.65 (Tier 4)	PA
<b>Gastrointestinal Agents, Other</b>			
<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 (with sorbitol) oral suspension 15-20 gram/60 ml</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>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, 5 GRAM	\$0-12.65 (Tier 3)	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	\$0-5.10 (Tier 2)	
<i>lubiprostone oral capsule 24 mcg</i> (Amitiza)	\$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)	
<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>sodium polystyrene sulfonate oral powder 15 gram</i>	\$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 200 mg, 400 mg</i> (Reltone)	\$0-12.65 (Tier 5)	NM; NDS
<i>ursodiol oral capsule 300 mg</i>	\$0-12.65 (Tier 3)	
<i>ursodiol oral tablet 250 mg</i>	\$0-12.65 (Tier 3)	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	\$0-12.65 (Tier 3)	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	\$0-12.65 (Tier 3)	
XERMELO ORAL TABLET 250 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (84 per 28 days)
<b>Laxatives</b>		
<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)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	\$0-5.10 (Tier 2)	
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) 420 gram	\$0-5.10 (Tier 2)	
<i>sodium,potassium,mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram (Suprep Bowel Prep Kit)	\$0-12.65 (Tier 4)	
<i>sodium,potassium,mag sulfates oral recon soln</i> 17.5-3.13-1.6 gram 2 pack (480ml)	\$0-12.65 (Tier 4)	
<b>Phosphate Binders</b>		
<i>calcium acetate(phosphat bind) oral capsule</i> 667 mg	\$0-5.10 (Tier 2)	
<i>calcium acetate(phosphat bind) oral tablet</i> 667 mg	\$0-5.10 (Tier 2)	
<i>sevelamer carbonate oral powder in packet</i> 0.8 gram, 2.4 gram (Renvela)	\$0-12.65 (Tier 4)	
<i>sevelamer carbonate oral tablet</i> 800 mg (Renvela)	\$0-12.65 (Tier 4)	
<i>sevelamer hcl oral tablet</i> 400 mg, 800 mg	\$0-12.65 (Tier 4)	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg	\$0-5.10 (Tier 2)	
<i>fesoterodine oral tablet extended release</i> 24 hr 4 mg, 8 mg (Toviaz)	\$0-12.65 (Tier 4)	
<i>flavoxate oral tablet</i> 100 mg	\$0-12.65 (Tier 4)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	\$0-5.10 (Tier 2)	
<i>oxybutynin chloride oral syrup</i> 5 mg/5 ml	\$0-5.10 (Tier 2)	
<i>oxybutynin chloride oral tablet</i> 5 mg	\$0-5.10 (Tier 2)	
<i>oxybutynin chloride oral tablet extended release</i> 24hr 10 mg, 15 mg, 5 mg	\$0-5.10 (Tier 2)	
<i>solifenacin oral tablet</i> 10 mg, 5 mg (Vesicare)	\$0-5.10 (Tier 2)	

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<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	\$0-12.65 (Tier 4)	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0-12.65 (Tier 4)	
<i>tropium oral tablet 20 mg</i>	\$0-5.10 (Tier 2)	
<b>Genitourinary Agents, Miscellaneous</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	\$0-5.10 (Tier 2)	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)	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
<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)	\$0-12.65 (Tier 3)	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)
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>		
<b>Androgens</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0-12.65 (Tier 4)	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	\$0-12.65 (Tier 4)	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	\$0-5.10 (Tier 2)	PA
<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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
<b>Estrogens And Antiestrogens</b>		
<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)	\$0-12.65 (Tier 4)	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>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> (Yuvafem)	\$0-12.65 (Tier 4)	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Abigale Lo)	\$0-12.65 (Tier 4)	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Abigale)	\$0-12.65 (Tier 4)	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (estradiol-norethindrone acet)	\$0-12.65 (Tier 4)	PA-HRM; AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<b>Glucocorticoids/Mineralocorticoids</b>		
<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)	
<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)	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	\$0-5.10 (Tier 2)	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0-5.10 (Tier 2)	PA BvD
<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)	PA BvD
<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

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0-5.10 (Tier 2)	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	\$0-5.10 (Tier 2)	
<b>Pituitary</b>		
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 FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	\$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>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	\$0-12.65 (Tier 4)	
<i>octreotide acetate injection solution</i> 200 mcg/ml	\$0-12.65 (Tier 4)	
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
<b>Progestins</b>		
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)	\$0-5.10 (Tier 2)	
<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 oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	\$0-12.65 (Tier 4)	PA-HRM; AGE (Max 64 Years)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<b>Thyroid And Antithyroid Agents</b>		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	\$0 (Tier 1)	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	\$0 (Tier 1)	
<i>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
<b>Immunological Agents</b>		
<b>Immunological Agents</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	\$0-12.65 (Tier 4)	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG (tacrolimus)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<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)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS; QL (2 per 28 days)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CIMZIA 200 MG/ML SYRINGE KIT	\$0-12.65 (Tier 5)	PA; NM; NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	\$0-12.65 (Tier 5)	PA; NM; NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	\$0-12.65 (Tier 5)	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	\$0-12.65 (Tier 5)	PA; NM; NDS
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</i> (Sandimmune) 250 mg/5 ml	\$0-12.65 (Tier 4)	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	\$0-12.65 (Tier 4)	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	\$0-12.65 (Tier 4)	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	\$0-12.65 (Tier 4)	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 mg (Sandimmune)	\$0-12.65 (Tier 4)	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	\$0-12.65 (Tier 5)	PA; NM; NDS

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	\$0-12.65 (Tier 5)	PA; NM; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	\$0-12.65 (Tier 5)	PA; NM; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	\$0-12.65 (Tier 5)	PA; NM; NDS
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 100 MG/0.67 ML, 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 RECON SOLN 25 MG (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
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i> (Zortress)	\$0-12.65 (Tier 4)	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	\$0-12.65 (Tier 4)	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	\$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
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; Only NDCs starting with 00074
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS; Only NDCs starting with 00074
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) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 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 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
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	\$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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	\$0-12.65 (Tier 4)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	\$0-12.65 (Tier 4)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	\$0-12.65 (Tier 4)	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	\$0-12.65 (Tier 5)	PA NSO; NM; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	\$0-12.65 (Tier 5)	PA BvD; NM; NDS
ORENCIA (WITH MALTOSSE) INTRAVENOUS RECON SOLN 250 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
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
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)	\$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
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0-12.65 (Tier 4)	PA BvD
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	\$0-12.65 (Tier 4)	ST
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)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
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	\$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 oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	\$0-12.65 (Tier 4)	PA BvD

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAVNEOS ORAL CAPSULE 10 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (180 per 30 days)
TREMIFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
TREMIFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
TREMIFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
TREMIFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
TREMIFYA 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
<i>ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i> (Otulfi)	\$0-12.65 (Tier 3)	PA
XELJANZ ORAL SOLUTION 1 MG/ML	\$0-12.65 (Tier 5)	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	\$0-12.65 (Tier 5)	PA; NM; NDS
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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
YUFLYMA(CF) AI CROHN'S-UC- (adalimumab-aaty) HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
YUFLYMA(CF) AUTOINJECTOR (adalimumab-aaty) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
YUFLYMA(CF) SUBCUTANEOUS (adalimumab-aaty) SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
<b>Vaccines</b>		
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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0-12.65 (Tier 3)	\$0 copay
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)	
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0-12.65 (Tier 3)	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0-12.65 (Tier 3)	PA BvD; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0-12.65 (Tier 3)	PA BvD; \$0 copay
ENGERIX-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)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0-12.65 (Tier 3)	PA BvD; \$0 copay
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)	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0-12.65 (Tier 3)	\$0 copay
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)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/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

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	\$0-12.65 (Tier 3)	\$0 copay
(typhoid vi polysacch vaccine)		
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
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 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, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0-12.65 (Tier 3)	\$0 copay
<b>Inflammatory Bowel Disease Agents</b>		
<b>Inflammatory Bowel Disease Agents</b>		
<i>alosetron oral tablet 0.5 mg</i>	(Lotronex)	\$0-12.65 (Tier 4)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug		What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alosetron oral tablet 1 mg</i>	(Lotronex)	\$0-12.65 (Tier 5)	NM; NDS
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	\$0-12.65 (Tier 4)	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>		\$0-12.65 (Tier 4)	
<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)	
<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>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)	
<b>Metabolic Bone Disease Agents</b>			
<b>Metabolic Bone Disease Agents</b>			
<i>alendronate oral solution 70 mg/75 ml</i>		\$0-12.65 (Tier 4)	QL (300 per 28 days)
<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>		\$0-5.10 (Tier 2)	
<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>		\$0-5.10 (Tier 2)	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		\$0-12.65 (Tier 5)	PA; NM; NDS; QL (2 per 28 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	\$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)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0-12.65 (Tier 5)	PA; NM; NDS
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
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>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	\$0-12.65 (Tier 5)	NM; NDS
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	\$0-12.65 (Tier 3)	
<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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	\$0-5.10 (Tier 2)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0-5.10 (Tier 2)	
<i>mesna oral tablet 400 mg</i> (Mesnex)	\$0-12.65 (Tier 5)	NM; NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	\$0-12.65 (Tier 4)	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	\$0-5.10 (Tier 2)	
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)
TYBOST ORAL TABLET 150 MG	\$0-12.65 (Tier 3)	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	\$0-12.65 (Tier 4)	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (12 per 30 days)
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0-12.65 (Tier 4)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0-5.10 (Tier 2)	
<i>acetazolamide sodium injection recon soln 500 mg</i>	\$0-5.10 (Tier 2)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0-12.65 (Tier 4)	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i> (Alphagan P)	\$0-12.65 (Tier 4)	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	\$0-5.10 (Tier 2)	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	\$0-5.10 (Tier 2)	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	\$0-12.65 (Tier 4)	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	\$0-12.65 (Tier 4)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0-5.10 (Tier 2)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0-5.10 (Tier 2)	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	\$0-5.10 (Tier 2)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	\$0 (Tier 1)	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0-5.10 (Tier 2)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0-12.65 (Tier 3)	QL (2.5 per 25 days)
<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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	\$0-12.65 (Tier 4)	QL (5 per 30 days)
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<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>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)
<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</i>		\$0-12.65 (Tier 4)
<i>potassium chloride oral tablet extended release 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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	\$0-12.65 (Tier 4)	
<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>	\$0-12.65 (Tier 4)	
<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)	
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
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 90-80 MCG INHALER 90-80 MCG/ACTUATION	\$0-12.65 (Tier 3)	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	\$0-12.65 (Tier 3)	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	\$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>breyina 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)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	\$0-12.65 (Tier 4)	QL (30.6 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)
<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>wixela inhub 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)
<b>Antileukotrienes</b>		
<i>montelukast oral tablet 10 mg</i> (Singulair)	\$0 (Tier 1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	\$0-5.10 (Tier 2)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	\$0-12.65 (Tier 4)	
<b>Bronchodilators</b>		
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0-12.65 (Tier 4)	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 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>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)
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)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0-12.65 (Tier 4)	
<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>	(\$piriva with HandiHaler)	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)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0-12.65 (Tier 4)	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)
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>	\$0-12.65 (Tier 3)	PA BvD
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)
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)
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
OFEV ORAL CAPSULE 100 MG, 150 MG	\$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>	\$0-12.65 (Tier 5)	PA; NM; NDS; 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)	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (90 per 30 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 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
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0-12.65 (Tier 5)	PA; NM; NDS

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	\$0-12.65 (Tier 5)	PA; NM; NDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<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)	
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	\$0-12.65 (Tier 3)	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)	\$0-12.65 (Tier 3)	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	\$0-12.65 (Tier 3)	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)
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		
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)

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	\$0-5.10 (Tier 2)	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	\$0-12.65 (Tier 5)	PA; NM; LA; NDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	\$0-12.65 (Tier 3)	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 200 MCG	\$0-12.65 (Tier 5)	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	\$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>completenate tablet chew 29 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>folivane-ob capsule 85-1 mg</i>	\$0 (Tier 1)	
<i>kosher prenatal plus iron tab 30 mg iron- 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)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>mynatal capsule 65 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>mynatal oral tablet 90-1-50 mg</i>	\$0 (Tier 1)	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>newgen tablet 32-1,000 mg-mcg</i>	\$0 (Tier 1)	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</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 29-1 oral tablet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid) \$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>pr natal 400 combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 combo pack 29 mg iron- 1 mg -430 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	\$0 (Tier 1)	
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	\$0 (Tier 1)	
<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)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>	(\$0 (Tier 1) (pnv,calcium 72-iron,carb-folic)	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	(\$0 (Tier 1) (pnv,calcium 72-iron-folic acid)	
<i>prenatal-u capsule 106.5-1 mg</i>	(\$0 (Tier 1)	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	(\$0 (Tier 1) (pnv,calcium 72-iron-folic acid)	
<i>pretab oral tablet 29-1 mg</i>	(\$0 (Tier 1)	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	(\$0 (Tier 1)	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	(\$0 (Tier 1)	
<i>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>virt-c dha oral capsule 35-1-200 mg</i>	(\$0 (Tier 1)	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	(\$0 (Tier 1)	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	(\$0 (Tier 1)	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	(\$0 (Tier 1)	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	(\$0 (Tier 1)	
<i>vitafol nano oral tablet 18 mg iron- 1 mg</i>	(\$0 (Tier 1)	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	(\$0 (Tier 1)	
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	(\$0 (Tier 1)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

<b>Name of Drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>vp-pnv-dha oral capsule 28 mg iron-1 mg-200 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)	

Makikita mo ang impormasyon sa pagpapakahulugan ng mga simbolo at pagpapaikli sa talahanayang ito sa pamamagitan ng pagpunta sa mga panimulang pahina ng dokumentong ito.

## D. Index ng Mga Saklaw na Gamot

Sa seksyong ito, makikita mo ang isang gamot sa pamamagitan ng paghahanap ng pangalan nito nang paalpabeto. Sasabihin nito sa iyo ang numero ng pahina kung saan ka makakakita ng karagdagang impormasyon sa coverage para sa gamot mo.

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Para sa mas bagong impormasyon o iba pang tanong, makipag-ugnayan sa amin sa **1(833) 530-7327** (TTY: **711**). Bukas kami nang 8:00am–8:00pm, pitong araw sa isang linggo mula Oktubre hanggang Marso, sarado kami tuwing Sabado at Linggo mula Abril hanggang Setyembre. O bisitahin ang [sfhp.org/careplus-members](https://sfhp.org/careplus-members).

Na-update ang *Listahan ng Gamot* na ito noong 03/01/2026.

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