



Kern Family Health Care (HMO D-SNP),
a Medicare Medi-Cal Plan

2026

List of Covered Drugs (Drug List or Formulary)

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

This *Drug List* was updated on 03/01/2026.

For more recent information or other questions, contact us at 1 (866) 661-3767 (TTY: 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 - September 30, or visit www.kernfamilyhealthcare.com.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List* or *Formulary*). It tells you which drugs and non-drug products and items are covered by Kern Family Health Care Medicare (HMO D-SNP). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Kern Family Health Care Medicare (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



A. Disclaimers

This is a list of drugs that members can get in Kern Family Health Care Medicare (HMO D-SNP).

Kern Family Health Care Medicare (HMO D-SNP), a Medicare Medi-Cal Plan, is a Medicare Advantage organization with both Medicare and Medi-Cal contracts. Enrollment in Kern Family Health Care Medicare (HMO D-SNP) depends on contract renewal. Kern Family Health Care Medicare (HMO D-SNP) complies with applicable federal civil rights laws and does not discriminate on the base of race, color, national origin, age, disability or sex. Call Kern Family Health Care Medicare (HMO D-SNP) Member Services toll-free at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. Visit us at www.kernfamilyhealthcare.com.

- ❖ You can always check Kern Family Health Care Medicare (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at www.kernfamilyhealthcare.com or by calling 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free.
- ❖ This document is available for free in Spanish.
- ❖ To get this document in a language other than English and/or in an alternate format, please contact Member Services at 1-866-661-3767, (TTY: 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



ENGLISH

ATTENTION: If you need help in your language, call 1-866-661-3767 (TTY 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-866-661-3767 (TTY 711). These services are free of charge.

العربية

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل ب
تتوفر أيضًا المساعدات (TTY 711) 1-866-661-3767
والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة
(TTY 711). بريل والخط الكبير. اتصل ب 3767 - 1-866-661-
هذه الخدمات مجانية.

ՀայրԼիհ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեզ օգնություն է անհրաժեշտ ձեր
լեզվով, զանգահարեք 1-866-661-3767 (TTY 711):
Հասանելի են նաև հաշմանդամություն ունեցող անձանց
համար նախատեսված օժանդակ միջոցներ և
ծառայություններ, ինչպիսիք են Բրայլի գրերով և խոշոր
տառերով փաստաթղթերը: Չանգահարեք 1-866-661-3767
(TTY 711): Այս ծառայությունները անվճար են:

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



កម្ពុជា (Cambodian-Mon-Khmer)

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នកសូមទូរស័ព្ទទៅលេខ 1-866-661-3767 (TTY 711)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្នាប និងការបោះពុម្ពផ្សាយផងដែរ។ ទូរស័ព្ទទៅ 1-866-661-3767 (TTY 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

简体中文 (Simplified Chinese)

注意：如果您需要母语帮助，请致电 1-866-661-3767 (TTY 711)。我们还提供残障人士辅助服务，例如盲文和大字印刷文件。请致电 1-866-661-3767 (TTY 711)。这些服务均免费。

繁體中文 (Traditional Chinese)

注意：如果您需要母語協助，請致電 1-866-661-3767 (TTY 711)。我們也提供殘障人士輔助服務，例如點字和大字印刷文件。請致電 1-866-661-3767 (TTY 711)。這些服務均免。

فارسی (Farsi)

توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با تماس بگیرید. کمک ها و 1-866-661-3767 (TTY: 711) خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چپا حروف بزرگ، نیز موجود است. با 1-866-661-3767 تماس بگیرید. این خدمات رایگان ارائه می شوند (TTY: .711)

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में मदद चाहिए, तो 1-866-661-3767 (TTY 711) पर कॉल करें। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़, भी उपलब्ध हैं। 1-866-661-3767 (TTY 711) पर कॉल करें। ये सेवाएँ निःशुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog tias koj xav tau kev pab ua yog lus Hmong, hu rau 1-866-661-3767 (TTY 711). Cov kev pab thiab kev pabcuam rau cov neeg tsis taus, zoo li cov ntaub ntawv nyob rau hauv daim ntawv Braille thiab luam ntawv loj, kuj muaj. Hu rau 1-866-661-3767 (TTY 711). Cov kev pab cuam no pub dawb.

日本語 (Japanese)

ご注意：ご希望の言語でサポートが必要な場合は、1-866-661-3767 (TTY 711) までお電話ください。点字や拡大文字による資料など、障がいのある方向けの支援サービスもご利用いただけます。1-866-661-3767 (TTY 711) までお電話ください。これらのサービスは無料です。

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



한국어 (Korean)

주의: 한국어로 도움이 필요하시면 1-866-661-3767 (TTY 711) 번으로 전화하십시오. 점자 및 큰 활자체 문서와 같은 장애인을 위한 지원 및 서비스도 이용하실 수 있습니다. 1-866-661-3767 (TTY 711) 번으로 전화하십시오. 이러한 서비스는 무료입니다.

ພາສາລາວ (Laotian)

ຂໍ້ຄວນລະວັງ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາ 1-866-661-3767 (TTY 711). ການຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ການພິມຂະໜາດໃຫຍ່, ຍັງມີຢູ່. ໂທ 1-866-661-3767 (TTY 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າ.

Mien

CAU FIM JANGX LONGX: Se gorngv meih qiex longc mienh tengx faan benx meih nyei waac, douc waac lorz taux 1-866-661-3767 (TTY 711). Ninh mbuo mbenc duqv maaih jaa-dorngx aengx caux gong-bou jau-louc tengx ziux goux waaic fangx mienh, dorh sou zoux benx braille, nqaapv bieqc domh zei-linh. Douc waac lorz taux 1-866-661-3767 (TTY 711). Naaiv deix gong-bou jau-louc benx wangv-henh tengx hhangv oc.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-866-661-3767 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-866-661-3767 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Румынский (Russian)

ВНИМАНИЕ: Если вам нужна помощь на вашем языке, позвоните по телефону 1-866-661-3767 (TTY 711). Также доступны пособия и услуги для людей с ограниченными возможностями, такие как документы на шрифте Брайля и крупным шрифтом. Позвоните по телефону 1-866-661-3767 (TTY 711). Эти услуги бесплатны.

Español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-866-661-3767 (TTY 711). También disponemos de ayuda y servicios para personas con discapacidad, como documentos en braille y letra grande. Llame al 1-866-661-3767 (TTY 711). Estos servicios son gratuitos.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



Tagalog (Filipino)

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-866-661-3767 (TTY 711). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento nasa braille at malaking print. Tumawag sa 1-866-661-3767 (TTY 711). Ang mga serbisyong ito ay walang bayad.

ภาษาไทย (Thai)

หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 1-866-661-3767 (TTY 711) นอกจากนี้ยังมีบริการช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์และเอกสารตัวพิมพ์ใหญ่ โปรดโทร 1-866-661-3767 (TTY 711) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Українська (Ukrainian)

УВАГА: Якщо вам потрібна допомога вашою мовою, зателефонуйте за номером 1-866-661-3767 (TTY 711). Також доступні допоміжні засоби та послуги для людей з інвалідністю, такі як документи шрифтом Брайля та великим шрифтом. Зателефонуйте за номером 1-866-661-3767 (TTY 711). Ці послуги безкоштовні.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



Tiếng Việt (Vietnamese)

LƯU Ý: Nếu bạn cần trợ giúp bằng ngôn ngữ của mình, hãy gọi số 1-866-661-3767 (TTY 711). Các dịch vụ hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu chữ nổi và chữ in lớn, cũng có sẵn. Gọi số 1-866-661-3767 (TTY 711). Các dịch vụ này miễn phí.

Other Languages

You can get the *Member Handbook* and other plan materials in other languages at no cost to you. Kern Family Health Care (D-SNP) provides written translations from qualified translators. Call Kern Family Health Care (HMO D-SNP)'s Member Services at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. Read the *Member Handbook* to learn more about health care language assistance services such as interpreter and translation services.

Other Formats

You can get this information, in a timely manner, in other formats such as braille, 20-point font large print, audio format, and accessible electronic formats (data CD) at no cost to you. Call Kern Family Health Care (HMO D-SNP)'s Member Services at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and

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Monday through Friday from April 1 – September 30. The call is free.

Interpreter Services

Kern Family Health Care (D-SNP) provides oral interpretation services, as well as sign language, from a qualified interpreter, on a 24-hour basis, at no cost to you. You don't have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it's an emergency. Interpreter, linguistics, and cultural services are available for free. Help is available 24 hours a day, 7 days a week. For language help, or to get this handbook in a different language, call Kern Family Health Care (HMO D-SNP)'s Member Services at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free.

- You can ask that we always send you information in the language or format you need. This is called a standing request.
- We will keep track of your standing request, so you do not need to make separate requests each time we send you information.
- To cancel or make a change to your standing request please call Member Services at 1-866-661-3767, (TTY: 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by Kern Family Health Care Medicare (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide services to you. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- Kern Family Health Care Medicare (HMO D-SNP) will cover all medically necessary drugs on the *Drug List* if:
 - Your doctor or other prescriber says you need them to get better or stay healthy,
 - Kern Family Health Care Medicare (HMO D-SNP) agrees that the drug is medically necessary for you, **and**
 - You fill the prescription at a Kern Family Health Care Medicare (HMO D-SNP) network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.kernfamilyhealthcare.com or call Member Services at 1-866-661-3767, (TTY: 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30.

B2. Does the *Drug List* ever change?

Yes, and Kern Family Health Care Medicare (HMO D-SNP) must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the *Drug List* during the year.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Kern Family Health Care Medicare (HMO D-SNP) before you can get a drug).
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug).

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

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

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

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

- You can always check Kern Family Health Care Medicare (HMO D-SNP)'s up-to-date *Drug List* online at www.kernfamilyhealthcare.com. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30 to check the current *Drug List*.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0. When we add a new version of a drug, we may also decide to keep the brand name drug, or original biological product, on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



- We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of an original biological product on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change.
 - You can work with your doctor or other prescriber to find another drug for your condition. Please speak with your doctor or other prescriber if you need help finding a different drug that is safe for you.
 - You can also call Kern Family Health Care Medicare (HMO D-SNP) Member Services for help at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30.

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

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

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



When these changes happen, we'll:

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

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

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Kern Family Health Care Medicare (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Kern Family Health Care Medicare (HMO D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Kern Family Health Care Medicare (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Kern Family Health Care Medicare (HMO D-SNP) requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at www.kernfamilyhealthcare.com. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



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

The table in the section titled “List of Drugs by Drug Type” has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Kern Family Health Care Medicare (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it starting on page 195. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by drug type**, find the **Section C1** labeled “List of Drugs by Drug Type”. The drugs in this section are grouped into categories by type. For example, if you’re taking a medicine for migraines, you should look in the Antimigraine Agents category. That’s where you’ll find drugs that treat migraines.

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

If you don’t find your drug on the *Drug List*, call Member Services at 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30 and ask about it. If you learn that Kern Family Health Care Medicare (HMO D-SNP) won’t cover the drug, you can do one of these things:

- Ask *Member Services* for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



- Ask Kern Family Health Care Medicare (HMO D-SNP) to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I'm a new Kern Family Health Care Medicare (HMO D-SNP) member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of Kern Family Health Care Medicare (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* that you can take instead, or whether to ask for an exception.

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

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

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Kern Family Health Care Medicare (HMO D-SNP), **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a drug that Kern Family Health Care Medicare (HMO D-SNP) doesn't consider to be a Part D drug, and the drug isn't on the *Drug List*, and you have a problem getting the drug, it may be covered through Medi-Cal Rx. If a Part D excluded drug requires an exception, and you have an emergency, Medi-Cal Rx will allow no less than 72-hour supply of the drug. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Please bring your Medi-Cal BIC when getting prescriptions through Medi-Cal Rx.

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

- We'll cover one 34-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new Kern Family Health Care Medicare (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you're a member of Kern Family Health Care Medicare (HMO D-SNP).

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



If you are a current member moving from one treatment setting to another, this is called a Level of Care Change. Examples include:

- Members who enter long-term care facilities from the hospital.
- Members who are discharged from a hospital to a home.
- Members who end their skilled nursing facility Medicare Part A stay and who need to revert to their Part D plan formulary.
- Members who give up hospice status to revert to standard Medicare Part A and B benefits.
- Members who end a long-term care facility stay and return to the community.
- Members who are discharged from a psychiatric hospital with drug regimens that are highly individualized.

If you have a Level of Care Change, for each of your drugs that is not on our Drug List, or if your ability to get your drugs is limited, we will cover a temporary, 31-day supply when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs. In these instances, you have two options:

- Ask Member Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take, **or**
- You can ask Kern Family Health Care Medicare (HMO D-SNP) to make an exception to cover your drug. Please see Section B10 for more information about exceptions.

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

Yes. You can ask Kern Family Health Care Medicare (HMO D-SNP) to make an exception to cover a drug that isn't on the *Drug List*.

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

- For example, Kern Family Health Care Medicare (HMO D-SNP) may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



B11. How can I ask for an exception?

To ask for an exception, call your care team. Your care team will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9, Section G2**, of the *Member Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Your doctor or other prescriber can fax or mail the statement to your care team. Or your doctor or other prescriber can tell us on the phone and then fax or mail a statement. You can call your care team at 1-833-546-0101 (TTY: 711), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30, for more information.

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

B13. What are generic drugs?

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

Kern Family Health Care Medicare (HMO D-SNP) covers both brand name drugs and generic drugs.

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

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

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

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



B15. Does Kern Family Health Care Medicare (HMO D-SNP) cover non-drug OTC products?

Kern Family Health Care Medicare (HMO D-SNP) covers some non-drug OTC products when they're written as prescriptions by your provider.

Examples of non-drug OTC products include supplies associated with injection of insulin.

You can read the Kern Family Health Care Medicare (HMO D-SNP) *Drug List* to find out what non-drug OTC products are covered.

B16. Does Kern Family Health Care Medicare (HMO D-SNP) cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

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

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

B18. What's my copay?

Kern Family Health Care Medicare (HMO D-SNP) members have a \$0, \$1.60, or \$4.90 co-pay for prescription and OTC non-drug products if the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

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

- Tier 1 drugs are our preferred generic drugs. The co-pay will be \$0.
- Tier 2 drugs are non-preferred generic drugs. The co-pay will be \$0 or \$1.60. Your low income subsidy rider will tell you how much you pay.
- Tier 3 drugs are brand name drugs. The co-pay will be \$0 or \$4.90. Your low income subsidy rider will tell you how much you pay.
- Tier 4 drugs are non-preferred drugs. The co-pay will be \$0, \$1.60, or \$4.90. Your low income subsidy rider will tell you how much you pay.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



- Tier 5 drugs are Specialty drugs. The co-pay will be \$0, \$1.60, or \$4.90. Your low income subsidy rider will tell you how much you pay.
- Tier 6 drugs are select care drugs for treating conditions such as diabetes, high blood pressure, and high cholesterol. The co-pay will be \$0.

If you have questions, call Member Services at 1-866-661-3767, (TTY: 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Kern Family Health Care Medicare (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D, page 195**. The index alphabetically lists all drugs covered by Kern Family Health Care Medicare (HMO D-SNP).

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

Appeals Under Part D

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Medi-Cal.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call your care team at your care team at 1-833-546-0101 (TTY: 711), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.
- Drugs that aren't Part D drugs have different rules for appeals.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you're taking a medicine for migraines, you should look in the Antimigraine Agents category. That's where you'll find drugs that treat migraines.

Table of Abbreviations

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

| Code | Meaning |
|-------------------------------|---|
| Age Limit (AGE) | Limits the use of a medication dependent on age. |
| Capped Benefit (CB) | This drug has a specified limit, or amount per month, and does not allow for early refill. |
| Excluded Drug (EX) | This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you may not be eligible to receive extra help to pay for this drug through other programs. |
| Limited Access (LA) | This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call 1-866-661-3767 (TTY 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. |
| No Mail Order (NM) | This drug is not available via mail order. |
| Non-Extended Day Supply (NDS) | Plans can elect to limit specific drugs to a 30-day supply. |
| Prior Authorization (PA) | You (or your physician) are required to get prior authorization from Kern Family Health Care Medicare (HMO D-SNP) before you fill your prescription for this drug. Without prior authorization, Kern Family Health Care Medicare (HMO D-SNP) may not cover this drug. |
| PA B vs D (PA BvD) | The decision process required to determine whether or not a specific prescription should be covered as a Part B or a Part D benefit. |

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



| Code (continued) | Meaning |
|--|--|
| PA New Starts Only (PA NSO) | A member new to a drug therapy. The first time a member has taken that specific drug with utilization management (UM) that specifies a process that requires members to obtain advanced approval for coverage from the plan before a service is rendered, or a prescription is filled. |
| PA High Risk Medication (PA-HRM) | This drug has been deemed by CMS to be a potentially harmful and therefore a High-Risk Medication for Medicare beneficiaries 65 years or older. Without prior authorization, this drug may not be covered. |
| PA New Starts Only High Risk Medication (PA NSO-HRM) | If you are a new member, you (or your physician) are required to get a prior authorization before you fill your prescription for this drug. This drug has been deemed by CMS to be potentially harmful and therefore a High-Risk Medication for Medicare beneficiaries 65 years or older. Without prior authorization, this drug may not be covered. |
| Quantity Limit (QL) | A form of utilization management (UM) that specifies quantity limitations or restrictions on prescriptions over time. Quantity limitations can take on various forms, the most typical being daily and monthly restrictions on the quantity issuance or re-issuance of a prescription. |
| Step Therapy (ST) | Before Kern Family Health Care Medicare (HMO D-SNP) will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you. |

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, amoxicillin), brand name drugs are capitalized (for example, ELIQUIS), and OTC non-drug products are capitalized (for example, INSULIN SYRINGE 1 ML). The information in the “Requirements/Limits” column tells you if Kern Family Health Care Medicare (HMO D-SNP) has any rules for covering your drug.

If you have questions, please call Kern Family Health Care Medicare (D-SNP) at 1-866-661-3767 TTY (711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit www.kernfamilyhealthcare.com



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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Analgesics | | |
| Analgesics, Miscellaneous | | |
| <i>acetaminophen-codeine 300-30 mg/12.5 ml cup inner 300 mg-30 mg /12.5 ml</i> | \$0 (Tier 1) | NDS; NM; QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | \$0 (Tier 1) | NDS; NM; QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (360 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; 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> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (4 per 28 days) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; NDS; NM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i> | \$0, \$1.60, or \$4.90 (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 or \$1.60 (Tier 2) | PA-HRM; QL (180 per 30 days); AGE (Max 64 Years) |
| <i>endocet oral tablet 10-325 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (180 per 30 days) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (360 per 30 days) |
| <i>endocet oral tablet 7.5-325 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (240 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; NM; QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> | \$0 or \$1.60 (Tier 2) | PA; NDS; NM; 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 or \$1.60 (Tier 2) | NDS; NM; QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i> | \$0 or \$1.60 (Tier 2) | NDS; QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (180 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (240 per 30 days) |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (180 per 30 days) |
| <i>methadone oral tablet 10 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (120 per 30 days) |
| <i>methadone oral tablet 5 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (180 per 30 days) |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | PA; NDS; NM; QL (180 per 30 days) |
| <i>morphine oral solution 10 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (700 per 30 days) |
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (300 per 30 days) |
| MORPHINE ORAL TABLET 15 MG | \$0, \$1.60, or \$4.90 (Tier 4) | NDS; NM; QL (180 per 30 days) |
| MORPHINE ORAL TABLET 30 MG | \$0, \$1.60, or \$4.90 (Tier 4) | NDS; NM; QL (120 per 30 days) |
| <i>morphine oral tablet extended release 100 mg, 60 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (60 per 30 days) |
| <i>morphine oral tablet extended release 15 mg, 30 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (90 per 30 days) |
| <i>morphine oral tablet extended release 200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | NDS; NM; QL (60 per 30 days) |
| <i>oxycodone oral capsule 5 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (180 per 30 days) |
| <i>oxycodone oral tablet 10 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (180 per 30 days) |
| <i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (120 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (180 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (240 per 30 days) |
| <i>tramadol oral tablet 50 mg</i> | \$0 (Tier 1) | NDS; NM; QL (240 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (300 per 30 days) |
| Nonsteroidal Anti-Inflammatory Agents | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | PA; QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 50 mg</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet, delayed release (drlec) 75 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>diclofenac sodium topical drops 1.5 %</i> | \$0 or \$1.60 (Tier 2) | QL (300 per 30 days) |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (224 per 28 days) |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>flurbiprofen oral tablet 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ibu oral tablet 400 mg</i> | \$0 (Tier 1) | QL (240 per 30 days) |
| <i>ibu oral tablet 600 mg, 800 mg</i> | \$0 (Tier 1) | |
| <i>ibuprofen oral tablet 400 mg</i> | \$0 (Tier 1) | QL (240 per 30 days) |
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> | \$0 (Tier 1) | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| <i>ketorolac oral tablet 10 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; QL (20 per 30 days); AGE (Max 64 Years) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | \$0 (Tier 1) | |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | \$0 (Tier 1) | |
| <i>naproxen oral tablet, delayed release (drlec) 375 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Anesthetics | | |
| Local Anesthetics | | |
| <i>dermacinrx lidocan 5% patch outer</i> | \$0 or \$1.60 (Tier 2) | PA; QL (90 per 30 days) |
| <i>glydo mucous membrane jelly in applicator 2 %</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>lidocaine topical adhesive patch, medicated 5 %</i> | \$0 or \$1.60 (Tier 2) | PA; QL (90 per 30 days) |
| <i>lidocaine topical ointment 5 %</i> | \$0 or \$1.60 (Tier 2) | PA; QL (240 per 30 days) |
| <i>lidocaine viscous mucous membrane solution 2 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | \$0 or \$1.60 (Tier 2) | PA; QL (30 per 30 days) |
| <i>lidocan iii topical adhesive patch, medicated 5 %</i> | \$0 or \$1.60 (Tier 2) | PA; QL (90 per 30 days) |
| <i>tridacaine ii topical adhesive patch, medicated 5 %</i> | \$0 or \$1.60 (Tier 2) | PA; QL (90 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 % | \$0 or \$4.90 (Tier 3) | PA; QL (90 per 30 days) |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (4 per 30 days) |
| <i>naloxone injection solution 0.4 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> | \$0 or \$1.60 (Tier 2) | QL (4 per 30 days) |
| <i>naltrexone oral tablet 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | QL (240 per 180 days) |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i> | \$0 or \$1.60 (Tier 2) | QL (336 per 365 days) |
| <i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> | \$0 or \$1.60 (Tier 2) | |
| Antianxiety Agents | | |
| Benzodiazepines | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> | \$0 (Tier 1) | NDS; NM; QL (120 per 30 days) |
| <i>alprazolam oral tablet 2 mg</i> | \$0 (Tier 1) | NDS; NM; QL (150 per 30 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (120 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> | \$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 or \$1.60 (Tier 2) | QL (90 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>clonazepam oral tablet, disintegrating 2 mg</i> | \$0 or \$1.60 (Tier 2) | QL (300 per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (180 per 30 days) |
| <i>diazepam injection solution 5 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (10 per 28 days) |
| <i>diazepam injection syringe 5 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (1200 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>lorazepam 2 mg/ml oral concent</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (150 per 30 days) |
| <i>lorazepam 4 mg/ml vial inner</i> | \$0 (Tier 1) | QL (2 per 30 days) |
| <i>lorazepam injection solution 2 mg/ml</i> | \$0 (Tier 1) | QL (2 per 30 days) |
| <i>lorazepam injection solution 4 mg/ml</i> | \$0, \$1.60, or \$4.90 (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> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (150 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | \$0 (Tier 1) | NDS; NM; QL (90 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> | \$0 (Tier 1) | NDS; NM; QL (150 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | \$0 (Tier 1) | NDS; NM; QL (30 per 30 days) |
| <i>temazepam oral capsule 22.5 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (30 per 30 days) |
| <i>temazepam oral capsule 7.5 mg</i> | \$0 or \$1.60 (Tier 2) | NDS; NM; QL (120 per 30 days) |
| Antibacterials | | |
| Aminoglycosides | | |
| <i>amikacin injection solution 500 mg/2 ml</i> | \$0 or \$1.60 (Tier 2) | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (235.2 per 28 days) |
| <i>gentamicin injection solution 40 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>neomycin oral tablet 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>streptomycin intramuscular recon soln 1 gram</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| Antibacterials, Miscellaneous | | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>daptomycin intravenous recon soln 350 mg, 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>fosfomycin tromethamine oral packet 3 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>linezolid oral tablet 600 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>methenamine hippurate oral tablet 1 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | |

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|---|---|--|
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>trimethoprim oral tablet 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>vancomycin oral capsule 125 mg</i> | \$0 or \$1.60 (Tier 2) | QL (56 per 14 days) |
| <i>vancomycin oral capsule 250 mg</i> | \$0 or \$1.60 (Tier 2) | QL (112 per 14 days) |
| XIFAXAN ORAL TABLET 200 MG | \$0 or \$4.90 (Tier 3) | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (90 per 30 days) |
| Cephalosporins | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefadroxil oral capsule 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefazolin intravenous recon soln 10 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefdinir oral capsule 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefixime oral capsule 400 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>cefixime oral tablet 400 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefepodoxime oral tablet 100 mg, 200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <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 or \$1.60 (Tier 2) | |
| <i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> | \$0 or \$1.60 (Tier 2) | |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| Macrolides | | |
| <i>azithromycin intravenous recon soln 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i> | \$0 (Tier 1) | |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>fidaxomicin oral tablet 200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (20 per 10 days) |
| Miscellaneous B-Lactam Antibiotics | | |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> | \$0 or \$1.60 (Tier 2) | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; LA; NDS |
| <i>ertapenem injection recon soln 1 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>meropenem intravenous recon soln 1 gram, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>meropenem intravenous recon soln 2 gram</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | \$0 (Tier 1) | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>ampicillin oral capsule 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT | \$0, \$1.60, or \$4.90 (Tier 4) | |
| LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>penicillin g potassium injection recon soln 20 million unit</i> | \$0 or \$1.60 (Tier 2) | |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | \$0 or \$1.60 (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 or \$1.60 (Tier 2) | |
| Quinolones | | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | \$0 (Tier 1) | |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | \$0 (Tier 1) | |
| <i>moxifloxacin 400 mg/250 ml bag suv, plf, inner</i> | \$0 or \$1.60 (Tier 2) | |
| <i>moxifloxacin oral tablet 400 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Sulfonamides | | |
| <i>sulfadiazine oral tablet 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | \$0 (Tier 1) | |
| Tetracyclines | | |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>doxy-100 intravenous recon soln 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>tigecycline intravenous recon soln 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Anticancer Agents | | |
| Anticancer Agents | | |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>abiraterone, submicronized oral tablet 125 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>abirtega oral tablet 250 mg</i> | \$0 or \$1.60 (Tier 2) | PA NSO; QL (120 per 30 days) |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| <i>anastrozole oral tablet 1 mg</i> | \$0 (Tier 1) | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 160 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (240 per 30 days) |
| AVMAPKI ORAL CAPSULE 0.8 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (24 per 28 days) |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (66 per 28 days) |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>azacitidine injection recon soln 100 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| BALVERSA ORAL TABLET 3 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (28 per 28 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| <i>bexarotene oral capsule 75 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| <i>bexarotene topical gel 1 %</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| <i>bicalutamide oral tablet 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (75 per 28 days) |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bortezomib injection recon soln 1 mg, 2.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| <i>bortezomib injection recon soln 3.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| BORUZU INJECTION SOLUTION 2.5 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| BOSULIF ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| BRUKINSA ORAL TABLET 160 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| CABOMETYX ORAL TABLET 20 MG, 60 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| CALQUENCE ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| CAPRELSA ORAL TABLET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (112 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| <i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml, 500 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD; ST |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | \$0 or \$4.90 (Tier 3) | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 28 days) |
| DANZITEN ORAL TABLET 71 MG, 95 MG | \$0, \$1.60, or \$4.90 (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> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |

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|--|--|---|
| <i>dasatinib oral tablet 20 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| DAURISMO ORAL TABLET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>decitabine intravenous recon soln 50 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ENSACOVE ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| ENSACOVE ORAL CAPSULE 25 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 25 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>erlotinib oral tablet 150 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>etoposide intravenous solution 20 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| EULEXIN ORAL CAPSULE 125 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (28 per 28 days) |
| <i>everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg</i> | \$0, \$1.60, or \$4.90 (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> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| FAKZYNJA ORAL TABLET 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (42 per 28 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | \$0 or \$4.90 (Tier 3) | PA BvD |
| <i>floxuridine injection recon soln 0.5 gram</i> | \$0 or \$1.60 (Tier 2) | PA BvD |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>flutamide oral capsule 125 mg</i> | \$0 or \$1.60 (Tier 2) | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (21 per 28 days) |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| GAVRETO ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (224 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (112 per 28 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (224 per 28 days) |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (5 per 21 days) |
| HERNEXEOS ORAL TABLET 60 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>hydroxyurea oral capsule 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| HYRNUO ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (21 per 28 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (21 per 28 days) |
| IBTROZI ORAL CAPSULE 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln 1 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>imatinib oral tablet 100 mg</i> | \$0 or \$1.60 (Tier 2) | PA NSO; QL (180 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> | \$0 or \$1.60 (Tier 2) | PA NSO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| IMKELDI ORAL SOLUTION 80 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (280 per 28 days) |
| INLEXZO INTRAVESICAL IMPLANT 225 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| INLURIYO ORAL TABLET 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| INLYTA ORAL TABLET 1 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| INLYTA ORAL TABLET 5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD; ST |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (2 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (21 per 28 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (63 per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (600 per 30 days) |
| KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (390 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>lapatinib oral tablet 250 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| LAZCLUZE ORAL TABLET 240 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | \$0, \$1.60, or \$4.90 (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> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| <i>letrozole oral tablet 2.5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| LEUKERAN ORAL TABLET 2 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | \$0 or \$1.60 (Tier 2) | PA NSO |
| <i>lomustine oral capsule 10 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>lomustine oral capsule 100 mg, 40 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| LONSURF ORAL TABLET 15-6.14 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20-8.19 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| LORBRENA ORAL TABLET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (15 per 8 days) |
| LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (40 per 28 days) |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| LYSODREN ORAL TABLET 500 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| MATULANE ORAL CAPSULE 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | \$0 or \$1.60 (Tier 2) | PA NSO-HRM; AGE (Max 64 Years) |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>mercaptopurine oral suspension 20 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>mercaptopurine oral tablet 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD; ST |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| MODEYSO ORAL CAPSULE 125 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (20 per 28 days) |
| NERLYNX ORAL TABLET 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |

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|---|--|---|
| <i>nilutamide oral tablet 150 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; LA; NDS |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (24 per 28 days) |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ORSERDU ORAL TABLET 345 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |

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|--|--|---|
| <i>pazopanib oral tablet 200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| <i>pazopanib oral tablet 400 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>pemetrexed disodium intravenous solution 25 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (56 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (21 per 28 days) |
| QINLOCK ORAL TABLET 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (240 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| RYBREVAANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| RYBREVAANT INTRAVENOUS SOLUTION 50 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| RYDAPT ORAL CAPSULE 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| SCEMBLIX ORAL TABLET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>sorafenib oral tablet 200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | \$0, \$1.60, or \$4.90 (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> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (28 per 28 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| TABLOID ORAL TABLET 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| TABRECTA ORAL TABLET 150 MG, 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (900 per 30 days) |
| TAGRISSEO ORAL TABLET 40 MG, 80 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; LA; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | \$0 or \$1.60 (Tier 2) | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (240 per 30 days) |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| TEPMETKO ORAL TABLET 225 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| TIBSOVO ORAL TABLET 250 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (5 per 21 days) |
| <i>toposar intravenous solution 20 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>toremifene oral tablet 60 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>torpenz oral tablet 10 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (64 per 28 days) |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| TUKYSA ORAL TABLET 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| VENCLEXTA ORAL TABLET 10 MG | \$0 or \$4.90 (Tier 3) | PA NSO; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; LA; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; LA; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (56 per 28 days) |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| VITRAKVI ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| VITRAKVI ORAL CAPSULE 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (300 per 30 days) |
| VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| WELIREG ORAL TABLET 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| XALKORI ORAL PELLETT 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| XALKORI ORAL PELLETT 20 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (240 per 30 days) |
| XALKORI ORAL PELLETT 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD; ST |
| XOSPATA ORAL TABLET 40 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (8 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4) | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (4 per 28 days) |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (24 per 28 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| YONSA ORAL TABLET 125 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (240 per 30 days) |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| ZOLINZA ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (20 per 28 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Anticonvulsants | | |
| Anticonvulsants | | |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (80 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (60 per 30 days) |
| <i>carbamazepine 100 mg/5 ml cup outer 100 mg/5 ml (5 ml)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carbamazepine oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (480 per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>diazepam rectal kit 2.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| DILANTIN ORAL CAPSULE 30 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (90 per 30 days) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (60 per 30 days) |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| <i>epitol oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>eslicarbazepine oral tablet 200 mg, 400 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (30 per 30 days) |
| <i>eslicarbazepine oral tablet 600 mg, 800 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (60 per 30 days) |
| <i>ethosuximide oral capsule 250 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ethosuximide oral solution 250 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>felbamate oral suspension 600 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | \$0 or \$1.60 (Tier 2) | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| <i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> | \$0 or \$1.60 (Tier 2) | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (720 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | QL (360 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>gabapentin oral capsule 400 mg</i> | \$0 or \$1.60 (Tier 2) | QL (270 per 30 days) |
| <i>gabapentin oral solution 250 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | QL (2160 per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> | \$0 or \$1.60 (Tier 2) | QL (180 per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> | \$0 or \$1.60 (Tier 2) | QL (200 per 5 days) |
| <i>lacosamide oral solution 10 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (1200 per 30 days) |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levetiracetam oral solution 100 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levetiracetam oral tablet for suspension 250 mg</i> | \$0 or \$1.60 (Tier 2) | ST |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | \$0, \$1.60, or \$4.90 (Tier 4) | QL (10 per 30 days) |
| <i>methsuximide oral capsule 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | \$0, \$1.60, or \$4.90 (Tier 4) | QL (10 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>perampanel oral suspension 0.5 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (720 per 30 days) |
| <i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (30 per 30 days) |
| <i>perampanel oral tablet 2 mg</i> | \$0 or \$1.60 (Tier 2) | ST; QL (30 per 30 days) |
| <i>perampanel oral tablet 4 mg, 6 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (60 per 30 days) |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | 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 or \$1.60 (Tier 2) | PA NSO-HRM; AGE (Max 64 Years) |
| <i>phenytek oral capsule 200 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>phenytoin oral tablet, chewable 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | \$0 or \$1.60 (Tier 2) | QL (90 per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>pregabalin oral solution 20 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (900 per 30 days) |
| <i>primidone oral tablet 125 mg, 250 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>rufinamide oral suspension 40 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS |
| <i>rufinamide oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | ST |
| <i>rufinamide oral tablet 400 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS |
| SEZABY INTRAVENOUS RECON SOLN 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG | \$0, \$1.60, or \$4.90 (Tier 4) | ST |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | \$0 (Tier 1) | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | \$0, \$1.60, or \$4.90 (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 or \$1.60 (Tier 2) | |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>topiramate oral solution 25 mg/ml</i> | \$0 or \$1.60 (Tier 2) | ST |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>valproic acid oral capsule 250 mg</i> | \$0 or \$1.60 (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, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (10 per 30 days) |
| <i>vigabatrin oral powder in packet 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>vigadrone oral powder in packet 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (180 per 30 days) |
| <i>vigpoder oral powder in packet 500 mg</i> | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14) | \$0, \$1.60, or \$4.90 (Tier 4) | |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (1080 per 30 days) |

Antidementia Agents

Antidementia Agents

| | | |
|---|------------------------|---------------------|
| <i>donepezil oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>donepezil oral tablet 23 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>donepezil oral tablet,disintegrating 10 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>donepezil oral tablet,disintegrating 5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>ergoloid oral tablet 1 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>galantamine oral solution 4 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (200 per 30 days) |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> | \$0 or \$1.60 (Tier 2) | ST; QL (30 per 30 days) |
| <i>memantine oral solution 2 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (300 per 30 days) |
| <i>memantine oral tablet 10 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| Antidepressants | | |
| Antidepressants | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>citalopram oral solution 10 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>citalopram oral tablet 10 mg</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>citalopram oral tablet 20 mg, 40 mg</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>doxepin oral concentrate 10 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (30 per 30 days) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | \$0 or \$1.60 (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, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 4) | ST |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> | \$0 (Tier 1) | |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| MARPLAN ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> | \$0, \$1.60, or \$4.90 (Tier 4) | PA NSO-HRM; AGE (Max 64 Years) |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | \$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> | \$0, \$1.60, or \$4.90 (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 or \$1.60 (Tier 2) | |
| <i>phenelzine oral tablet 15 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| RALDESY ORAL SOLUTION 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (1200 per 30 days) |
| <i>sertraline oral concentrate 20 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| <i>tranylcypromine oral tablet 10 mg</i> | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 4) | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> | \$0 or \$1.60 (Tier 2) | QL (90 per 30 days) |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (14 per 14 days) |
| Antidiabetic Agents | | |
| Antidiabetic Agents, Miscellaneous | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>metformin oral solution 500 mg/5 ml</i> | \$0, \$1.60, or \$4.90 (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) |
| <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> | \$0, \$1.60, or \$4.90 (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 or \$4.90 (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 or \$4.90 (Tier 3) | PA; QL (3 per 28 days) |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> | \$0 (Tier 6) | QL (30 per 30 days) |
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> | \$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 or \$4.90 (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 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|--|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | PA; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| Insulins | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) | \$0 or \$4.90 (Tier 3) | max \$35 copay per month supply |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (40 per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | \$0 or \$4.90 (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> | \$0 or \$4.90 (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> | \$0 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (40 per 28 days) |
| <i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> | \$0 or \$4.90 (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> | \$0 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> | \$0 or \$4.90 (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> | \$0 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (30 per 28 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|--|
| <i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> | \$0 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (40 per 28 days) |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i> | \$0 or \$4.90 (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) | \$0 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (30 per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | \$0 or \$4.90 (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 or \$4.90 (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 or \$4.90 (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 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML | \$0 or \$4.90 (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) | \$0 or \$4.90 (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) | \$0 or \$4.90 (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) | \$0 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | \$0 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|--|
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | \$0 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (18 per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | max \$35 copay per month supply; QL (15 per 28 days) |
| Sulfonylureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | \$0 (Tier 6) | QL (30 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | \$0 (Tier 6) | QL (60 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | \$0 (Tier 6) | QL (120 per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i> | \$0 (Tier 6) | QL (90 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | \$0 (Tier 6) | QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> | \$0 (Tier 6) | QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> | \$0 (Tier 6) | QL (30 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | \$0 (Tier 6) | QL (240 per 30 days) |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | \$0 (Tier 6) | QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | \$0 (Tier 6) | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 6) | PA-HRM; AGE (Max 64 Years) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | \$0 (Tier 6) | PA-HRM; AGE (Max 64 Years) |
| Antifungals | | |
| Antifungals | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD |
| <i>amphotericin b injection recon soln 50 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| <i>ciclopirox topical cream 0.77 %</i> | \$0 or \$1.60 (Tier 2) | QL (180 per 30 days) |
| <i>ciclopirox topical solution 8 %</i> | \$0 or \$1.60 (Tier 2) | QL (19.8 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>ciclopirox topical suspension 0.77 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (180 per 30 days) |
| <i>clotrimazole mucous membrane troche 10 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clotrimazole topical cream 1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clotrimazole topical solution 1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | \$0 or \$1.60 (Tier 2) | QL (90 per 30 days) |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>econazole nitrate topical cream 1 %</i> | \$0 or \$1.60 (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 or \$1.60 (Tier 2) | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>itraconazole oral capsule 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ketoconazole oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ketoconazole topical cream 2 %</i> | \$0 or \$1.60 (Tier 2) | QL (180 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>ketoconazole topical shampoo 2 %</i> | \$0 or \$1.60 (Tier 2) | QL (360 per 30 days) |
| <i>miconazole-3 vaginal suppository 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nyamyc topical powder 100,000 unit/gram</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>nystatin oral suspension 100,000 unit/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nystatin oral tablet 500,000 unit</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nystatin topical cream 100,000 unit/gram</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>nystatin topical ointment 100,000 unit/gram</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>nystatin topical powder 100,000 unit/gram</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nystop topical powder 100,000 unit/gram</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>terbinafine hcl oral tablet 250 mg</i> | \$0 (Tier 1) | |
| <i>voriconazole intravenous recon soln 200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| Antigout Agents | | |
| Antigout Agents, Other | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | \$0 (Tier 1) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>colchicine oral capsule 0.6 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>colchicine oral tablet 0.6 mg</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (30 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Antihistamines | | |
| Antihistamines | | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levocetirizine oral tablet 5 mg</i> | \$0 (Tier 1) | |
| Anti-Infectives (Skin And Mucous Membrane) | | |
| Anti-Infectives (Skin And Mucous Membrane) | | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>terconazole vaginal suppository 80 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| Antimigraine Agents | | |
| Antimigraine Agents | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | \$0 or \$4.90 (Tier 3) | PA; QL (1 per 30 days) |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (8 per 28 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | \$0 or \$4.90 (Tier 3) | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | \$0 or \$4.90 (Tier 3) | PA; QL (2 per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | \$0 or \$4.90 (Tier 3) | PA; QL (3 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (9 per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | \$0 or \$4.90 (Tier 3) | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | \$0 or \$4.90 (Tier 3) | PA; QL (30 per 30 days) |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (18 per 30 days) |
| <i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (18 per 30 days) |
| <i>sumatriptan 4 mg/0.5 ml inject outer, sub</i> | \$0 or \$1.60 (Tier 2) | QL (4 per 28 days) |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> | \$0 or \$1.60 (Tier 2) | QL (12 per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> | \$0 or \$1.60 (Tier 2) | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> | \$0 or \$1.60 (Tier 2) | QL (5 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | \$0 or \$4.90 (Tier 3) | PA; QL (16 per 30 days) |
| Antimycobacterials | | |
| Antimycobacterials | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | \$0 (Tier 1) | |
| PRIFTIN ORAL TABLET 150 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>pyrazinamide oral tablet 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>rifabutin oral capsule 150 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>rifampin intravenous recon soln 600 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| TRECTOR ORAL TABLET 250 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| Antinausea Agents | | |
| Antinausea Agents | | |
| <i>aprepitant oral capsule 125 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD; QL (4 per 28 days) |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>compro rectal suppository 25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | PA; QL (60 per 30 days) |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | \$0 (Tier 1) | |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>prochlorperazine rectal suppository 25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>promethazine injection solution 25 mg/ml</i> | \$0 or \$1.60 (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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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>promethazine rectal suppository 25 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| <i>promethegan rectal suppository 12.5 mg, 25 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> | \$0, \$1.60, or \$4.90 (Tier 4) | PA-HRM; QL (10 per 30 days); AGE (Max 64 Years) |
| Antiparasite Agents | | |
| Antiparasite Agents | | |
| <i>albendazole oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>atovaquone oral suspension 750 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| COARTEM ORAL TABLET 20-120 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>hydroxychloroquine oral tablet 100 mg</i> | \$0 or \$1.60 (Tier 2) | QL (180 per 30 days) |
| <i>hydroxychloroquine oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | QL (90 per 30 days) |
| <i>hydroxychloroquine oral tablet 300 mg, 400 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg, 6 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>mefloquine oral tablet 250 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nitazoxanide oral tablet 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (60 per 30 days) |
| <i>pentamidine inhalation recon soln 300 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>pentamidine injection recon soln 300 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>praziquantel oral tablet 600 mg</i> | \$0 or \$1.60 (Tier 2) | |
| PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE) | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>pyrimethamine oral tablet 25 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>quinine sulfate oral capsule 324 mg</i> | \$0 or \$1.60 (Tier 2) | PA |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Antiparkinsonian Agents | | |
| Antiparkinsonian Agents | | |
| <i>amantadine hcl oral capsule 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>amantadine hcl oral tablet 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bromocriptine oral tablet 2.5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cabergoline oral tablet 0.5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>entacapone oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (150 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML | \$0, \$1.60, or \$4.90 (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 or \$1.60 (Tier 2) | |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>selegiline hcl oral capsule 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>selegiline hcl oral tablet 5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (560 per 28 days) |
| Antipsychotic Agents | | |
| Antipsychotic Agents | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (2 per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (2 per 28 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>aripiprazole oral tablet, disintegrating 10 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (90 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (3.2 per 14 days) |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (30 per 30 days) |
| <i>chlorpromazine injection solution 25 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (90 per 30 days) |
| <i>clozapine oral tablet, disintegrating 150 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (180 per 30 days) |
| <i>clozapine oral tablet, disintegrating 200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (120 per 30 days) |

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| Drug Name | 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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.75 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (1 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (1.5 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (2.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.25 per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 4) | ST |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | \$0, \$1.60, or \$4.90 (Tier 4) | ST |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) | \$0, \$1.60, or \$4.90 (Tier 4) | ST |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (3.5 per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | \$0 or \$4.90 (Tier 3) | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.5 per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | \$0, \$1.60, or \$4.90 (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 or \$1.60 (Tier 2) | |
| <i>lurasidone oral tablet 120 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (30 per 30 days) |

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|--|--|---|
| <i>lurasidone oral tablet 20 mg, 40 mg, 60 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>lurasidone oral tablet 80 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (30 per 30 days) |
| <i>molindone oral tablet 10 mg</i> | \$0 or \$1.60 (Tier 2) | QL (240 per 30 days) |
| <i>molindone oral tablet 25 mg</i> | \$0 or \$1.60 (Tier 2) | QL (270 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular recon soln 10 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (60 per 30 days) |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | \$0 or \$1.60 (Tier 2) | |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (1 per 30 days) |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>prochlorperazine 10 mg/2 ml vial inner 10 mg/2 ml (5 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>quetiapine oral tablet 150 mg</i> | \$0 or \$1.60 (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> | \$0 or \$1.60 (Tier 2) | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (30 per 30 days) |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> | \$0 or \$1.60 (Tier 2) | QL (2 per 28 days) |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (2 per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (30 per 30 days) |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.35 per 28 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | \$0, \$1.60, or \$4.90 (Tier 4) | ST |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> | \$0 or \$1.60 (Tier 2) | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | \$0, \$1.60, or \$4.90 (Tier 4) | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (1 per 28 days) |
| Antivirals (Systemic) | | |
| Antiretrovirals | | |
| <i>abacavir oral solution 20 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>abacavir oral tablet 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| APTIVUS ORAL CAPSULE 250 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml), 600 mg/3 ml (200 mg/ml)</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (24 per 365 days) |
| CIMDUO ORAL TABLET 300-300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>darunavir oral tablet 600 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>darunavir oral tablet 800 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | \$0 or \$1.60 (Tier 2) | |
| DOVATO ORAL TABLET 50-300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| EDURANT ORAL TABLET 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>efavirenz oral tablet 600 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>emtricitabine oral capsule 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| EMTRIVA ORAL SOLUTION 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| EVOTAZ ORAL TABLET 300-150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>fosamprenavir oral tablet 700 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| INTELENCE ORAL TABLET 25 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| ISENTRESS HD ORAL TABLET 600 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| ISENTRESS ORAL TABLET 400 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | \$0 or \$4.90 (Tier 3) | |
| JULUCA ORAL TABLET 50-25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML | \$0, \$1.60, or \$4.90 (Tier 4) | QL (480 per 30 days) |
| <i>lamivudine oral solution 10 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| LEXIVA ORAL SUSPENSION 50 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | QL (480 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> | \$0 or \$1.60 (Tier 2) | QL (300 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | QL (1200 per 30 days) |
| <i>nevirapine oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i> | \$0 or \$1.60 (Tier 2) | QL (90 per 30 days) |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| NORVIR ORAL SOLUTION 80 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | |
| ODEFSEY ORAL TABLET 200-25-25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| PIFELTRO ORAL TABLET 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| PREZISTA ORAL TABLET 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| PREZISTA ORAL TABLET 75 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | |
| REYATAZ ORAL POWDER IN PACKET 50 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>ritonavir oral tablet 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| SELZENTRY ORAL TABLET 25 MG | \$0 or \$4.90 (Tier 3) | |
| SELZENTRY ORAL TABLET 75 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | \$0 or \$1.60 (Tier 2) | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK) | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TEMIXYS ORAL TABLET 300-300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| TIVICAY ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| TRIZIVIR ORAL TABLET 300-150-300 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| VEMLIDY ORAL TABLET 25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| VOCABRIA ORAL TABLET 30 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>zidovudine oral capsule 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>zidovudine oral syrup 10 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>zidovudine oral tablet 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Antivirals, Miscellaneous | | |
| LIVTENCITY ORAL TABLET 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>oseltamivir oral capsule 30 mg</i> | \$0 or \$1.60 (Tier 2) | QL (84 per 180 days) |
| <i>oseltamivir oral capsule 45 mg</i> | \$0 or \$1.60 (Tier 2) | QL (48 per 180 days) |
| <i>oseltamivir oral capsule 75 mg</i> | \$0 or \$1.60 (Tier 2) | QL (42 per 180 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (540 per 180 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) | \$0 or \$1.60 (Tier 2) | QL (20 per 5 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5) | \$0 or \$1.60 (Tier 2) | QL (11 per 28 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | \$0 or \$1.60 (Tier 2) | QL (30 per 5 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | \$0, \$1.60, or \$4.90 (Tier 4) | QL (60 per 180 days) |
| Hcv Antivirals | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (28 per 28 days) |
| Interferons | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Nucleosides And Nucleotides | | |
| <i>acyclovir oral capsule 200 mg</i> | \$0 (Tier 1) | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>adefovir oral tablet 10 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ribavirin oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>valganciclovir oral recon soln 50 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>valganciclovir oral tablet 450 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Blood Products/Modifiers/Volume Expanders | | |
| Anticoagulants | | |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | \$0 or \$4.90 (Tier 3) | |
| ELIQUIS ORAL TABLET 2.5 MG | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | QL (960 per 30 days) |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG | \$0 or \$4.90 (Tier 3) | QL (120 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> | \$0 or \$1.60 (Tier 2) | QL (48 per 30 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> | \$0 or \$1.60 (Tier 2) | QL (18 per 30 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> | \$0 or \$1.60 (Tier 2) | QL (24 per 30 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> | \$0 or \$1.60 (Tier 2) | QL (36 per 30 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> | \$0 or \$1.60 (Tier 2) | QL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (18 per 30 days) |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | \$0 (Tier 1) | |
| <i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> | \$0 or \$1.60 (Tier 2) | QL (600 per 30 days) |
| <i>rivaroxaban oral tablet 2.5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | \$0 (Tier 1) | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | \$0 or \$4.90 (Tier 3) | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | \$0 or \$4.90 (Tier 3) | QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| XARELTO ORAL TABLET 2.5 MG | \$0 or \$4.90 (Tier 3) | ST; QL (60 per 30 days) |
| Blood Formation Modifiers | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (60 per 30 days) |
| <i>eltrombopag olamine oral powder in packet 12.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (90 per 30 days) |
| <i>eltrombopag olamine oral powder in packet 25 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (180 per 30 days) |
| <i>eltrombopag olamine oral tablet 12.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (90 per 30 days) |
| <i>eltrombopag olamine oral tablet 25 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| <i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (20 per 30 days) |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | \$0, \$1.60, or \$4.90 (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 or \$4.90 (Tier 3) | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | \$0 or \$4.90 (Tier 3) | PA; QL (4 per 28 days) |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| Hematologic Agents, Miscellaneous | | |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>tranexamic acid oral tablet 650 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Platelet-Aggregation Inhibitors | | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| BRILINTA ORAL TABLET 90 MG | \$0 or \$4.90 (Tier 3) | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clopidogrel oral tablet 75 mg</i> | \$0 (Tier 1) | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Caloric Agents | | |
| Caloric Agents | | |
| CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD |
| CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD |
| CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD |
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Cardiovascular Agents | | |
| Alpha-Adrenergic Agents | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | \$0 (Tier 1) | |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i> | \$0 or \$1.60 (Tier 2) | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | |
| <i>droxidopa oral capsule 100 mg</i> | \$0 or \$1.60 (Tier 2) | PA; QL (180 per 30 days) |
| <i>droxidopa oral capsule 200 mg, 300 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (180 per 30 days) |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | \$0 (Tier 6) | |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | \$0 (Tier 6) | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG | \$0 or \$4.90 (Tier 3) | QL (240 per 30 days) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | \$0 (Tier 6) | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | \$0 (Tier 6) | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 6) | |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | \$0 (Tier 6) | |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> | \$0 (Tier 6) | |
| <i>olmesartan-amlodipin-hcthiaazid 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> | \$0 (Tier 6) | |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> | \$0 (Tier 6) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> | \$0 (Tier 6) | |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> | \$0 (Tier 6) | |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | \$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> | \$0 (Tier 6) | |
| Angiotensin-Converting Enzyme Inhibitors | | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | \$0 (Tier 6) | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 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> | \$0 (Tier 6) | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 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> | \$0 (Tier 6) | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | \$0 (Tier 6) | |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | \$0 (Tier 6) | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | \$0 (Tier 6) | |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | \$0 (Tier 6) | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | \$0 (Tier 6) | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 6) | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | \$0 (Tier 6) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antiarrhythmic Agents | | |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| MULTAQ ORAL TABLET 400 MG | \$0 or \$4.90 (Tier 3) | |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | \$0 (Tier 1) | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| Calcium-Channel Blocking Agents | | |
| <i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 360 mg, 420 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | \$0 (Tier 1) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Cardiovascular Agents, Miscellaneous | | |
| ATTRUBY ORAL TABLET 356 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (112 per 28 days) |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | \$0, \$1.60, or \$4.90 (Tier 4) | QL (600 per 30 days) |
| <i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> | \$0 or \$4.90 (Tier 3) | QL (4 per 30 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | \$0 or \$1.60 (Tier 2) | 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> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (18 per 30 days) |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i> | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| <i>metyrosine oral capsule 250 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA; QL (30 per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| Dihydropyridines | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | \$0 (Tier 6) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> | \$0 (Tier 6) | |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | \$0 (Tier 6) | |
| <i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>amlodipine-valsartan-hcthiiazid oral tablet 5-160-12.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Diuretics | | |
| <i>amiloride oral tablet 5 mg</i> | \$0 (Tier 1) | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | \$0 or \$1.60 (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 or \$1.60 (Tier 2) | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | \$0 (Tier 1) | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | \$0 (Tier 1) | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | \$0 (Tier 1) | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (120 per 30 days) |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | \$0 or \$1.60 (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> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (56 per 28 days) |
| <i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | \$0 (Tier 1) | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | \$0 (Tier 1) | |
| Dyslipidemics | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i> | \$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> | \$0 (Tier 6) | QL (30 per 30 days) |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | \$0 (Tier 6) | |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cholestyramine light oral powder in packet 4 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>colesevelam oral powder in packet 3.75 gram</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>colesevelam oral tablet 625 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>colestipol oral packet 5 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>colestipol oral tablet 1 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ezetimibe oral tablet 10 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | \$0 (Tier 6) | QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | \$0 or \$1.60 (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> | \$0 (Tier 6) | |
| <i>gemfibrozil oral tablet 600 mg</i> | \$0 (Tier 1) | |
| <i>icosapent ethyl oral capsule 0.5 gram</i> | \$0 or \$1.60 (Tier 2) | QL (240 per 30 days) |
| <i>icosapent ethyl oral capsule 1 gram</i> | \$0 or \$1.60 (Tier 2) | 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 or \$4.90 (Tier 3) | ST; QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | \$0 or \$4.90 (Tier 3) | ST; QL (30 per 30 days) |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>niacin oral tablet extended release 24 hr 750 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> | \$0 or \$1.60 (Tier 2) | ST; QL (120 per 30 days) |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | \$0 (Tier 6) | |
| <i>prevalite oral powder in packet 4 gram</i> | \$0 or \$1.60 (Tier 2) | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | \$0 or \$4.90 (Tier 3) | ST; QL (7 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | \$0 or \$4.90 (Tier 3) | ST; QL (6 per 28 days) |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | \$0 or \$4.90 (Tier 3) | ST; QL (6 per 28 days) |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | \$0 (Tier 6) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i> | \$0 (Tier 6) | |
| Renin-Angiotensin-Aldosterone System Inhibitors | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | \$0 or \$4.90 (Tier 3) | PA; QL (30 per 30 days) |
| Vasodilators | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | \$0 or \$1.60 (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 or \$1.60 (Tier 2) | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | \$0 or \$1.60 (Tier 2) | |
| Central Nervous System Agents | | |
| Central Nervous System Agents | | |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (60 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (15 per 30 days) |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> | \$0 or \$1.60 (Tier 2) | PA; QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i> | \$0 or \$1.60 (Tier 2) | PA; QL (14 per 7 days) |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> | \$0 or \$1.60 (Tier 2) | PA |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (60 per 30 days) |
| <i> fingolimod oral capsule 0.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>glatopa subcutaneous syringe 40 mg/ml</i> | \$0, \$1.60, or \$4.90 (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> | \$0 or \$1.60 (Tier 2) | |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | \$0, \$1.60, or \$4.90 (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, 450 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| MAYZENT ORAL TABLET 0.25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | \$0 or \$4.90 (Tier 3) | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (90 per 30 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>riluzole oral tablet 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tetrabenazine oral tablet 12.5 mg</i> | \$0 or \$1.60 (Tier 2) | PA; QL (112 per 28 days) |
| <i>tetrabenazine oral tablet 25 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (120 per 30 days) |
| Contraceptives | | |
| Contraceptives | | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | 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> | \$0 or \$1.60 (Tier 2) | |
| <i>abra eq oral tablet 0.1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ayuna oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | \$0 or \$1.60 (Tier 2) | |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>camila oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cyred eq oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>deblitane oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | \$0 or \$1.60 (Tier 2) | |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dolishale oral tablet 90-20 mcg (28)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>elimest oral tablet 0.3-30 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> | \$0 or \$1.60 (Tier 2) | QL (1 per 28 days) |
| <i>emzahh oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (1 per 28 days) |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>enskyce oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>errin oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>estarylla oral tablet 0.25-0.035 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | \$0 or \$1.60 (Tier 2) | QL (1 per 28 days) |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>femynor oral tablet 0.25-35 mg-mcg</i> | \$0 (Tier 1) | |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> | \$0 or \$1.60 (Tier 2) | QL (1 per 28 days) |
| <i>heather oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | \$0 or \$1.60 (Tier 2) | QL (91 per 84 days) |
| <i>incassia oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | \$0 or \$1.60 (Tier 2) | QL (91 per 84 days) |
| <i>isibloom oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>jencycla oral tablet 0.35 mg</i> | \$0 (Tier 1) | |
| <i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (91 per 84 days) |
| <i>juleber oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | \$0 or \$1.60 (Tier 2) | |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> | \$0 or \$1.60 (Tier 2) | QL (91 per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | \$0 or \$4.90 (Tier 3) | |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lutera (28) oral tablet 0.1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>lyleq oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lyza oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>meleya oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>mili oral tablet 0.25-0.035 mg</i> | \$0 or \$1.60 (Tier 2) | |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>mono-linyah oral tablet 0.25-0.035 mg</i> | \$0 (Tier 1) | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | \$0 or \$4.90 (Tier 3) | |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | \$0 or \$1.60 (Tier 2) | QL (3 per 28 days) |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>orquidea oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | \$0 or \$1.60 (Tier 2) | |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | \$0 or \$1.60 (Tier 2) | QL (91 per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | \$0 or \$1.60 (Tier 2) | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>sprintec (28) oral tablet 0.25-0.035 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | \$0 or \$1.60 (Tier 2) | |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>vylibra oral tablet 0.25-0.035 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>xarah fe oral tablet 1-20(5)/1-30(7) 11mg-35mcg (9)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | \$0 or \$1.60 (Tier 2) | QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> | \$0 or \$1.60 (Tier 2) | QL (3 per 28 days) |
| <i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> | \$0 or \$1.60 (Tier 2) | |
| Dental And Oral Agents | | |
| Dental And Oral Agents | | |
| <i>cevimeline oral capsule 30 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | \$0 (Tier 1) | |
| <i>denta 5000 plus dental cream 1.1 %</i> | \$0 (Tier 1) | |
| <i>dentagel dental gel 1.1 %</i> | \$0 (Tier 1) | |
| <i>fluoride (sodium) dental gel 1.1 %</i> | \$0 (Tier 1) | |
| <i>fluoride (sodium) dental solution 0.2 %</i> | \$0 (Tier 1) | |
| <i>periogard mucous membrane mouthwash 0.12 %</i> | \$0 (Tier 1) | |
| <i>pilocarpine hcl oral tablet 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>pilocarpine hcl oral tablet 7.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>sf 5000 plus dental cream 1.1 %</i> | \$0 (Tier 1) | |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| Dermatological Agents | | |
| Dermatological Agents, Other | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>acyclovir topical ointment 5 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>ammonium lactate topical cream 12 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ammonium lactate topical lotion 12 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>calcipotriene scalp solution 0.005 %</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>calcipotriene topical cream 0.005 %</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>calcipotriene topical ointment 0.005 %</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>fluorouracil topical cream 5 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluorouracil topical solution 2 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluorouracil topical solution 5 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>imiquimod topical cream in packet 5 %</i> | \$0 or \$1.60 (Tier 2) | QL (24 per 30 days) |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % | \$0, \$1.60, or \$4.90 (Tier 5) | ST; NM; NDS; QL (5 per 5 days) |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| PANRETIN TOPICAL GEL 0.1 % | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (60 per 28 days) |
| <i>podofilox topical solution 0.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | \$0, \$1.60, or \$4.90 (Tier 4) | QL (180 per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Dermatological Antibacterials | | |
| <i>clindamycin phosphate topical solution 1 %</i> | \$0 or \$1.60 (Tier 2) | QL (180 per 30 days) |
| <i>clindamycin phosphate topical swab 1 %</i> | \$0 or \$1.60 (Tier 2) | |

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|---|---|--|
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>erythromycin with ethanol topical solution 2 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>gentamicin topical cream 0.1 %</i> | \$0 or \$1.60 (Tier 2) | QL (90 per 30 days) |
| <i>gentamicin topical ointment 0.1 %</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>metronidazole topical cream 0.75 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>metronidazole topical gel 0.75 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>metronidazole topical gel 1 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>mupirocin topical ointment 2 %</i> | \$0 (Tier 1) | QL (220 per 30 days) |
| <i>rosadan topical cream 0.75 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>selenium sulfide topical lotion 2.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>silver sulfadiazine topical cream 1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ssd topical cream 1 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| Dermatological Anti-Inflammatory Agents | | |
| <i>ala-cort topical cream 1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betamethasone valerate topical cream 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>betamethasone valerate topical ointment 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clobetasol scalp solution 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clobetasol topical cream 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clobetasol topical gel 0.05 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>clobetasol topical lotion 0.05 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>clobetasol topical ointment 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clobetasol topical shampoo 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>clobetasol-emollient topical foam 0.05 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| EUCRISA TOPICAL OINTMENT 2 % | \$0 or \$4.90 (Tier 3) | |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluocinolone topical ointment 0.025 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluocinonide topical cream 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluocinonide topical gel 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>fluocinonide topical ointment 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluocinonide topical solution 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluticasone propionate topical cream 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>halobetasol propionate topical cream 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>halobetasol propionate topical ointment 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>hydrocortisone 2.5% cream</i> | \$0 or \$1.60 (Tier 2) | |
| <i>hydrocortisone topical cream 1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>hydrocortisone topical lotion 2.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i> | \$0 (Tier 1) | |
| <i>hydrocortisone valerate topical cream 0.2 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>mometasone topical cream 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>mometasone topical ointment 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>mometasone topical solution 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>pimecrolimus topical cream 1 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (100 per 30 days) |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | \$0 or \$1.60 (Tier 2) | QL (100 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| Dermatological Retinoids | | |
| <i>adapalene topical cream 0.1 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| ALTRENO TOPICAL LOTION 0.05 % | \$0, \$1.60, or \$4.90 (Tier 4) | PA |
| <i>tazarotene topical cream 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | \$0 or \$1.60 (Tier 2) | PA |
| Scabicides And Pediculicides | | |
| <i>malathion topical lotion 0.5 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>permethrin topical cream 5 %</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| Devices | | |
| Devices | | |
| 1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| 1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | \$0 (Tier 1) | PA; ST |
| ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED | \$0 (Tier 1) | PA; ST |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED | \$0 (Tier 1) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD SINGLE USE SWAB | \$0 (Tier 1) | PA; ST |
| BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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|--|--|---|
| BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| BORDERED GAUZE 2"X2" 2 X 2 " | \$0 (Tier 1) | PA; ST |
| CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH ALCOHOL 70% PREP PAD | \$0 (Tier 1) | PA; ST |
| CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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|--|--|---|
| CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (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" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| CURAD GAUZE PADS 2" X 2" 2 X 2 " | \$0 (Tier 1) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| CURITY ALCOHOL PREPS 2 PLY,MEDIUM | \$0 (Tier 1) | PA; ST |
| CURITY GAUZE PADS 2 X 2 " | \$0 (Tier 1) | PA; ST |
| CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 " | \$0 (Tier 1) | PA; ST |
| DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 " | \$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 or \$1.60 (Tier 2) | PA; ST |
| DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE ALCOHOL 70% PREP PADS | \$0 (Tier 1) | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | 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 or \$1.60 (Tier 2) | PA; ST |
| EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16" | \$0 or \$1.60 (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 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |

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|--|--|---|
| EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 " | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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|--|--|---|
| EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED | \$0 (Tier 1) | PA; ST |
| EASY TOUCH FLIPILOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (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" | \$0 or \$1.60 (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" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH LUER LOK INSUL 1 ML | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EASY TOUCH UNI-SLIP SYR 1 ML | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29 | \$0 or \$1.60 (Tier 2) | PA; ST |
| EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| GAUZE PAD TOPICAL BANDAGE 2 X 2 " | \$0 (Tier 1) | PA; ST |
| GAUZE PADS 2"X2" STRL 2 X 2 " | \$0 (Tier 1) | PA; ST |
| GNP ALCOHOL SWAB STERILE, TWO PLY | \$0 (Tier 1) | PA; ST |
| GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| GNP PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| GNP PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| GNP PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (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 or \$1.60 (Tier 2) | PA; ST |
| GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29 | \$0 or \$1.60 (Tier 2) | PA; ST |
| GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 | \$0 or \$1.60 (Tier 2) | PA; ST |
| GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| HEB INCONTROL ALCOHOL 70% PADS | \$0 (Tier 1) | PA; ST |
| INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | \$0 or \$4.90 (Tier 3) | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | \$0 or \$4.90 (Tier 3) | |
| INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| INSULIN SYRINGE 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 0.5 ML 1/2 ML 29 | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 1 ML 29 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| IV ANTISEPTIC WIPES | \$0 (Tier 1) | PA; ST |
| KENDALL ALCOHOL 70% PREP PAD | \$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" | \$0 or \$1.60 (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 | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| MS INSULIN SYRINGE 0.3 ML 0.3 ML 30 | \$0 or \$1.60 (Tier 2) | PA; ST |
| NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| NOVOFINE 30 NEEDLE | \$0 or \$1.60 (Tier 2) | PA; ST |
| NOVOFINE 32G NEEDLES 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6" | \$0 or \$1.60 (Tier 2) | PA; ST |
| NOVOTWIST NEEDLE 32 GAUGE X 1/5" | \$0 or \$1.60 (Tier 2) | PA; ST |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE | \$0 or \$4.90 (Tier 3) | QL (10 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | \$0 or \$4.90 (Tier 3) | QL (1 per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | \$0 or \$4.90 (Tier 3) | QL (10 per 30 days) |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE | \$0 or \$4.90 (Tier 3) | QL (1 per 365 days) |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | \$0 or \$4.90 (Tier 3) | QL (1 per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | \$0 or \$4.90 (Tier 3) | QL (10 per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | \$0 or \$4.90 (Tier 3) | QL (1 per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | \$0 or \$4.90 (Tier 3) | QL (1 per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | \$0 or \$4.90 (Tier 3) | QL (10 per 30 days) |
| PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PEN NEEDLES 4MM 32G 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PREFPLS INS SYR 1 ML 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PRO COMFORT ALCOHOL 70% PADS | \$0 (Tier 1) | PA; ST |
| PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PURE COMFORT ALCOHOL 70% PADS | \$0 (Tier 1) | PA; ST |
| PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| STERILE PADS 2" X 2" 2 X 2 " | \$0 (Tier 1) | PA; ST |
| SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| NEEDLES, INSULIN DISP., SAFETY | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (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 | \$0 or \$1.60 (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" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT ALCOHOL PREP PADS | \$0 (Tier 1) | PA; ST |
| SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (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" | \$0 or \$1.60 (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" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (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" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| SURE-PREP ALCOHOL PREP PADS | \$0 (Tier 1) | PA; ST |
| TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |

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|---|--|---|
| TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (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" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16" | \$0 or \$1.60 (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 | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT ALCOHOL 70% PADS | \$0 (Tier 1) | PA; ST |
| TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFORT PRO ALCOHOL PADS | \$0 (Tier 1) | PA; ST |
| TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE SAFETY 0.5 ML 29GX1/2 (RX) 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFE 0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFE 0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ULTIGUARD SAFE PK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTIGUARD SAFE PK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTILET ALCOHOL STERL SWAB | \$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" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (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 | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTILET PEN NEEDLE 29 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | 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" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS NEEDLES 29G 29 GAUGE | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | 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 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16" | \$0 or \$1.60 (Tier 2) | PA; ST |

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| Drug Name | 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" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16 | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (Tier 2) | PA; ST |
| VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16" | \$0 or \$1.60 (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 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| V-GO 30 DEVICE | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| V-GO 40 DEVICE | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| WEBCOL ALCOHOL PREPS 20'S,LARGE | \$0 (Tier 1) | PA; ST |
| Enzyme Cofactors/Chaperones | | |
| Enzyme Cofactors/Chaperones | | |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (90 per 30 days) |
| Enzyme Replacement/Modifiers | | |
| Enzyme Replacement/Modifiers | | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | \$0 or \$4.90 (Tier 3) | |
| <i>javygtor oral tablet,soluble 100 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| ORFADIN ORAL SUSPENSION 4 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| REVCОВI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>sapropterin oral tablet, soluble 100 mg</i> | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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 or \$4.90 (Tier 3) | |

Eye, Ear, Nose, Throat Agents

Eye, Ear, Nose, Throat Agents, Miscellaneous

| | | |
|---|---------------------------------|---------------------|
| <i>atropine ophthalmic (eye) drops 1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 25 days) |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 28 days) |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i> | \$0 or \$1.60 (Tier 2) | QL (15 per 10 days) |

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|--|--|---|
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | \$0 or \$4.90 (Tier 3) | QL (12 per 28 days) |
| <i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i> | \$0 or \$1.60 (Tier 2) | |
| Eye, Ear, Nose, Throat Anti-Infectives Agents | | |
| <i>acetic acid otic (ear) solution 2 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> | \$0 or \$1.60 (Tier 2) | QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | \$0 or \$1.60 (Tier 2) | QL (3.5 per 4 days) |
| <i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | \$0 or \$1.60 (Tier 2) | |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | \$0 or \$1.60 (Tier 2) | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | \$0 or \$1.60 (Tier 2) | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | \$0 or \$1.60 (Tier 2) | |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | \$0 or \$1.60 (Tier 2) | |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> | \$0 or \$1.60 (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 or \$1.60 (Tier 2) | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | \$0 (Tier 1) | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (10 per 42 days) |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | \$0, \$1.60, or \$4.90 (Tier 4) | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | \$0 or \$4.90 (Tier 3) | |
| Eye, Ear, Nose, Throat Anti-Inflammatory Agents | | |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | \$0 or \$4.90 (Tier 3) | QL (8.3 per 14 days) |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (50 per 25 days) |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/lactuation</i> | \$0 (Tier 1) | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | \$0 or \$4.90 (Tier 3) | |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | \$0 or \$4.90 (Tier 3) | QL (5.6 per 14 days) |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> | \$0 or \$1.60 (Tier 2) | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | \$0 or \$4.90 (Tier 3) | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | \$0 or \$4.90 (Tier 3) | QL (5 per 16 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (10 per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> | \$0 or \$1.60 (Tier 2) | ST |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (15 per 19 days) |

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|--|--|---|
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (34 per 30 days) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 % | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| Gastrointestinal Agents | | |
| Antiulcer Agents And Acid Suppressants | | |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | ST; QL (60 per 30 days) |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | \$0 (Tier 1) | |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | \$0 or \$1.60 (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> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>sucralfate oral tablet 1 gram</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA |
| Gastrointestinal Agents, Other | | |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>constulose oral solution 10 gram/15 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dicyclomine oral capsule 10 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dicyclomine oral tablet 20 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| <i>enulose oral solution 10 gram/15 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>generlac oral solution 10 gram/15 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lactulose oral solution 10 gram/15 ml</i> | \$0 or \$1.60 (Tier 2) | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | \$0 or \$4.90 (Tier 3) | |
| <i>loperamide oral capsule 2 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>lubiprostone oral capsule 24 mcg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>lubiprostone oral capsule 8 mcg</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> | \$0 or \$1.60 (Tier 2) | |
| TRULANCE ORAL TABLET 3 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| <i>ursodiol oral capsule 200 mg, 400 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>ursodiol oral capsule 300 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | \$0 or \$4.90 (Tier 3) | |
| XERMELO ORAL TABLET 250 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (84 per 28 days) |
| Laxatives | | |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>gavilyte-n oral recon soln 420 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i> | \$0 or \$1.60 (Tier 2) | |
| Phosphate Binders | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sevelamer carbonate oral tablet 800 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>fesoterodine oral tablet extended release 24 hr 8 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>flavoxate oral tablet 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | \$0 or \$1.60 (Tier 2) | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tropium oral tablet 20 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Genitourinary Agents, Miscellaneous | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>dutasteride oral capsule 0.5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>finasteride oral tablet 5 mg</i> | \$0 (Tier 1) | |
| <i>tamsulosin oral capsule 0.4 mg</i> | \$0 (Tier 1) | |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | |
| Heavy Metal Antagonists | | |
| Heavy Metal Antagonists | | |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | \$0 or \$1.60 (Tier 2) | PA |
| <i>penicillamine oral tablet 250 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>trientine oral capsule 250 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (240 per 30 days) |
| Hormonal Agents, Stimulant/Replacement/Modifying | | |
| Androgens | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | \$0 or \$1.60 (Tier 2) | PA |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> | \$0 or \$1.60 (Tier 2) | PA |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | \$0 or \$1.60 (Tier 2) | PA; QL (5 per 28 days) |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> | \$0, \$1.60, or \$4.90 (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> | \$0, \$1.60, or \$4.90 (Tier 4) | PA; QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> | \$0, \$1.60, or \$4.90 (Tier 4) | PA; QL (300 per 30 days) |
| Estrogens And Antiestrogens | | |
| <i>abigale lo oral tablet 0.5-0.1 mg</i> | \$0 (Tier 1) | |
| <i>abigale oral tablet 1-0.5 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; AGE (Max 64 Years) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i> | \$0 or \$1.60 (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> | \$0 or \$1.60 (Tier 2) | 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> | \$0 or \$1.60 (Tier 2) | QL (4 per 28 days) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>estradiol vaginal tablet 10 mcg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (18 per 28 days) |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| <i>mimvey oral tablet 1-0.5 mg</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | \$0 or \$4.90 (Tier 3) | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | PA-HRM; AGE (Max 64 Years) |
| <i>raloxifene oral tablet 60 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>yuvafem vaginal tablet 10 mcg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (18 per 28 days) |
| Glucocorticoids/Mineralocorticoids | | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | \$0 or \$1.60 (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 or \$1.60 (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 or \$1.60 (Tier 2) | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>methylprednisolone acetate injection suspension 40 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> | \$0 (Tier 1) | |
| <i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>prednisolone oral solution 15 mg/5 ml</i> | \$0 or \$1.60 (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 or \$1.60 (Tier 2) | PA BvD |
| <i>prednisone oral solution 5 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | \$0 (Tier 1) | PA BvD |
| <i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| Pituitary | | |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | \$0, \$1.60, or \$4.90 (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 or \$1.60 (Tier 2) | |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | \$0 or \$1.60 (Tier 2) | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>octreotide acetate injection solution 1,000 mcg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| ORGOVYX ORAL TABLET 120 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| ORLISSA ORAL TABLET 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (28 per 28 days) |
| ORLISSA ORAL TABLET 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| Progestins | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | \$0 or \$4.90 (Tier 3) | QL (0.65 per 84 days) |
| <i>gallifrey oral tablet 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | \$0 or \$1.60 (Tier 2) | PA-HRM; AGE (Max 64 Years) |
| <i>norethindrone acetate oral tablet 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Thyroid And Antithyroid Agents | | |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | \$0 (Tier 1) | |
| <i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | |
| <i>propylthiouracil oral tablet 50 mg</i> | \$0 or \$1.60 (Tier 2) | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| Immunological Agents | | |
| Immunological Agents | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| <i>azathioprine oral tablet 50 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>azathioprine sodium injection recon soln 100 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (8 per 28 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (2 per 28 days) |
| CIMZIA 200 MG/ML SYRINGE KIT | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| 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 | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>gengraf oral solution 100 mg/ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; Only NDCs starting with 00074 |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; Only NDCs starting with 00074 |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; Only NDCs starting with 00074 |
| <i>infliximab intravenous recon soln 100 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD |
| NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | \$0, \$1.60, or \$4.90 (Tier 4) | PA BvD |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 4) | ST |
| REZUROCK ORAL TABLET 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | \$0 or \$4.90 (Tier 3) | PA |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | \$0 or \$4.90 (Tier 3) | PA |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>sirolimus oral solution 1 mg/ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| TAVNEOS ORAL CAPSULE 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (180 per 30 days) |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>ustekinumab-aauz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i> | \$0 or \$4.90 (Tier 3) | PA |
| XELJANZ ORAL SOLUTION 1 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |

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|---|--|---|
| XELJANZ ORAL TABLET 10 MG, 5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | \$0 or \$4.90 (Tier 3) | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | \$0 or \$4.90 (Tier 3) | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| Vaccines | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | \$0 or \$4.90 (Tier 3) | \$0 copay |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |

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|--|--|---|
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | \$0 or \$4.90 (Tier 3) | |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | \$0 or \$4.90 (Tier 3) | QL (3 per 365 days) |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | \$0 or \$4.90 (Tier 3) | PA BvD; \$0 copay |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | \$0 or \$4.90 (Tier 3) | PA BvD; \$0 copay |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | PA BvD; \$0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | \$0 or \$4.90 (Tier 3) | |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | PA BvD; \$0 copay |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | \$0 or \$4.90 (Tier 3) | PA BvD; \$0 copay |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | \$0 or \$4.90 (Tier 3) | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | \$0 or \$4.90 (Tier 3) | \$0 copay |

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|---|--|---|
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | \$0 or \$4.90 (Tier 3) | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | \$0 or \$4.90 (Tier 3) | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG | \$0 or \$4.90 (Tier 3) | \$0 copay |
| PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | \$0 or \$4.90 (Tier 3) | |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML | \$0 or \$4.90 (Tier 3) | \$0 copay |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | \$0 or \$4.90 (Tier 3) | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | \$0 or \$4.90 (Tier 3) | |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | \$0 or \$4.90 (Tier 3) | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | \$0 or \$4.90 (Tier 3) | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | PA BvD; \$0 copay |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | PA BvD; \$0 copay |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | \$0 or \$4.90 (Tier 3) | |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | \$0 or \$4.90 (Tier 3) | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | \$0 or \$4.90 (Tier 3) | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay; QL (2 per 365 days) |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | \$0 or \$4.90 (Tier 3) | |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |

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| Drug Name | 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 or \$4.90 (Tier 3) | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | \$0 or \$4.90 (Tier 3) | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | \$0 or \$4.90 (Tier 3) | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | \$0 or \$4.90 (Tier 3) | \$0 copay |
| VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML | \$0 or \$4.90 (Tier 3) | \$0 copay |
| VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT | \$0 or \$4.90 (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 or \$4.90 (Tier 3) | \$0 copay |
| Inflammatory Bowel Disease Agents | | |
| Inflammatory Bowel Disease Agents | | |
| <i>alosetron oral tablet 0.5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>alosetron oral tablet 1 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>balsalazide oral capsule 750 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>budesonide rectal foam 2 mg/actuation</i> | \$0 or \$1.60 (Tier 2) | |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>mesalamine oral capsule, extended release 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (120 per 30 days) |
| <i>sulfasalazine oral tablet 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate oral solution 70 mg/75 ml</i> | \$0, \$1.60, or \$4.90 (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, 70 mg</i> | \$0 (Tier 1) | QL (4 per 28 days) |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | \$0 or \$1.60 (Tier 2) | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| <i>cinacalcet oral tablet 90 mg</i> | \$0 or \$1.60 (Tier 2) | QL (120 per 30 days) |
| <i>ibandronate oral tablet 150 mg</i> | \$0 or \$1.60 (Tier 2) | QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (2 per 28 days) |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (60 per 30 days) |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML | \$0 or \$4.90 (Tier 3) | QL (1 per 180 days) |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (2.24 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| Miscellaneous Therapeutic Agents | | |
| Miscellaneous Therapeutic Agents | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION | \$0 or \$4.90 (Tier 3) | |
| <i>betaine oral powder 1 gram/scoop</i> | \$0, \$1.60, or \$4.90 (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> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>glucagon emergency kit (human) injection recon soln 1 mg</i> | \$0 or \$4.90 (Tier 3) | |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (180 per 30 days) |
| GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | \$0 or \$4.90 (Tier 3) | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | \$0 or \$4.90 (Tier 3) | |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | \$0 or \$4.90 (Tier 3) | |
| <i>hydroxyzine pamoate oral capsule 100 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> | \$0 (Tier 1) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>mesna oral tablet 400 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | \$0 or \$1.60 (Tier 2) | |
| THALOMID ORAL CAPSULE 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (120 per 30 days) |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (56 per 28 days) |
| THALOMID ORAL CAPSULE 50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA NSO; NM; NDS; QL (224 per 28 days) |
| TYBOST ORAL TABLET 150 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| VEOZAH ORAL TABLET 45 MG | \$0, \$1.60, or \$4.90 (Tier 4) | PA; QL (30 per 30 days) |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (12 per 30 days) |
| Ophthalmic Agents | | |
| Antiglaucoma Agents | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>brimonidine ophthalmic (eye) drops 0.1 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> | \$0 (Tier 1) | QL (2.5 per 25 days) |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | \$0 or \$1.60 (Tier 2) | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | \$0 or \$4.90 (Tier 3) | QL (2.5 per 25 days) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | \$0 or \$1.60 (Tier 2) | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | \$0 or \$4.90 (Tier 3) | QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | \$0 or \$4.90 (Tier 3) | QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | \$0 or \$4.90 (Tier 3) | |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | \$0 (Tier 1) | |
| <i>timolol ophthalmic (eye) drops 0.5 %</i> | \$0 (Tier 1) | |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (2.5 per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | \$0, \$1.60, or \$4.90 (Tier 4) | QL (5 per 30 days) |
| Replacement Preparations | | |
| Replacement Preparations | | |
| <i>d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution</i> | \$0 or \$1.60 (Tier 2) | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | \$0 or \$1.60 (Tier 2) | |

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|---|---|--|
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | \$0 or \$1.60 (Tier 2) | |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> | \$0 or \$1.60 (Tier 2) | |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> | \$0 or \$1.60 (Tier 2) | |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> | \$0 or \$1.60 (Tier 2) | |
| <i>magnesium sulfate injection solution 500 mg/ml (50 %)</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>potassium chloride intravenous solution 2 meq/ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | \$0 or \$1.60 (Tier 2) | |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>potassium chloride oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i> | \$0 or \$1.60 (Tier 2) | |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i> | \$0 or \$1.60 (Tier 2) | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | \$0 or \$1.60 (Tier 2) | |
| <i>sodium chloride 0.9% solution mini-bag, single use</i> | \$0 or \$1.60 (Tier 2) | |
| Respiratory Tract Agents | | |
| Anti-Inflammatories, Inhaled Corticosteroids | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (12 per 30 days) |
| AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (32.1 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| <i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (30.9 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> | \$0 or \$1.60 (Tier 2) | 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> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (30.6 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (12 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i> | \$0, \$1.60, or \$4.90 (Tier 4) | QL (24 per 30 days) |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i> | \$0, \$1.60, or \$4.90 (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> | \$0 or \$1.60 (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> | \$0 or \$1.60 (Tier 2) | QL (60 per 30 days) |
| Antileukotrienes | | |
| <i>montelukast oral tablet 10 mg</i> | \$0 (Tier 1) | |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| Bronchodilators | | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (32.1 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | \$0 or \$1.60 (Tier 2) | QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i> | \$0 or \$1.60 (Tier 2) | QL (13.4 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 22.

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i> | \$0 or \$1.60 (Tier 2) | QL (36 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | \$0, \$1.60, or \$4.90 (Tier 4) | QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (8 per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (4 per 30 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | \$0 or \$4.90 (Tier 3) | QL (4 per 28 days) |
| <i>theophylline oral solution 80 mg/15 ml</i> | \$0 or \$1.60 (Tier 2) | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | \$0 or \$4.90 (Tier 3) | QL (60 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| ALYFTREK ORAL TABLET 10-50-125 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (60 per 30 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (90 per 30 days) |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | \$0, \$1.60, or \$4.90 (Tier 5) | NM; NDS; QL (560 per 28 days) |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | \$0 or \$1.60 (Tier 2) | PA BvD |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | \$0, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; LA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; LA; NDS; QL (0.4 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (60 per 30 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (112 per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 534 mg, 801 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (90 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA BvD; NM; NDS |
| <i>roflumilast oral tablet 250 mcg</i> | \$0 or \$1.60 (Tier 2) | QL (28 per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> | \$0 or \$1.60 (Tier 2) | 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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | \$0 or \$1.60 (Tier 2) | |
| <i>tizanidine oral tablet 2 mg, 4 mg</i> | \$0 or \$1.60 (Tier 2) | |
| Sleep Disorder Agents | | |
| Sleep Disorder Agents | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | \$0 or \$1.60 (Tier 2) | PA; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | \$0 or \$4.90 (Tier 3) | QL (30 per 30 days) |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>doxepin oral tablet 3 mg, 6 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>modafinil oral tablet 100 mg</i> | \$0 or \$1.60 (Tier 2) | PA; QL (30 per 30 days) |
| <i>modafinil oral tablet 200 mg</i> | \$0 or \$1.60 (Tier 2) | PA; QL (60 per 30 days) |
| <i>sodium oxybate oral solution 500 mg/ml</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; LA; NDS; QL (540 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | QL (30 per 30 days) |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| Vasodilating Agents | | |
| Vasodilating Agents | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (90 per 30 days) |
| <i>alyq oral tablet 20 mg</i> | \$0 or \$1.60 (Tier 2) | PA; QL (60 per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; LA; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (30 per 30 days) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> | \$0 or \$1.60 (Tier 2) | PA; QL (360 per 30 days) |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> | \$0, \$1.60, or \$4.90 (Tier 4) | EX; CB (6 EA per 30 days) |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | \$0 or \$1.60 (Tier 2) | 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, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS; QL (240 per 30 days) |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | \$0, \$1.60, or \$4.90 (Tier 5) | PA; NM; NDS |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| 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> | \$0 (Tier 1) | |
| <i>mynatal advance oral tablet 90-1-50 mg</i> | \$0 (Tier 1) | |
| <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> | \$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) | |

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| Drug Name | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <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) | |
| <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) | |
| <i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i> | \$0 (Tier 1) | |
| <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) | |
| <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) | |
| <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) | |

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D. Index of Covered Drugs

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



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For more recent information or other questions, contact us at 1-866-661-3767 (TTY: 711), 8:00 am to 8:00 pm (PST), 7 days a week from October 1 – March 31, and Monday through Friday from April 1 – September 30, or visit www.kernfamilyhealthcare.com.

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