

2024

Liiska dawooyinka la daboolay (Rasmiga ah)

- UCare MSHO
- UCare Connect + Medicare

Hordhaca

Dukumiintiga waxaa loo yaqaana *Liiska dawooyinka la daboolay* (sidoo kale loo yaqaan Liiska Dawooyinka). Waxay kuu sheegtaa kuwa ay yihiin dawooyinka la qoray iyo dawooyinka iyagoon la qorin la iibsada (OTC) ee ay daboolaan UCare MSHO iyo UCare Connect + Medicare.

Macluumaadkayaga xidhiidhka, oo ay la socoto taariikhda u dambaysay ee la cusboonaysiiyay Liiska Dawada, waxay ka muuqataa boggaga jaldiga xaga hore iyo xaga dambe. Shuruudaha muhiimka ah iyo qeexidooda waxay ka muuqdaan cutubka u dambeeya ee *Buug yaraha*.

Liiska rasmiga ah waxaa la cusboonaysiiyay 10/22/2024.

Farriin muhiim ah oo ku saabsan waxa aad ka bixiso tallaalada: Tallaalada qaar ayaa loo arkaa gunnooyinka caafimaad. Tallaalka kale waxaa loga fekeraa dawooyinka Qaybta D. Qorshahayagu waxa uu daboolaa badanka tallaalada Qaybta D oo aan kharash kugu joogin adiga.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macmiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo [ucare.org](https://www.ucare.org).

H2456_H5937_1549_082024_C
Lambarka aqoonsiga 24263, Nooca 18



Toll free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

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請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

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알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

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Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

Auxiliary Aids and Services: UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services: UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll-free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **612-676-3200/1-800-203-7225**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **612-676-3200/1-800-203-7225**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **612-676-3200/1-800-203-7225**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **612-676-3200/1-800-203-7225**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **612-676-3200/1-800-203-7225**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **612-676-3200/1-800-203-7225**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **612-676-3200/1-800-203-7225**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **612-676-3200/1-800-203-7225** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **612-676-3200/1-800-203-7225**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **612-676-3200/1-800-203-7225**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **612-676-3200/1-800-203-7225** र फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **612-676-3200/1-800-203-7225**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Disponimos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **612-676-3200/1-800-203-7225**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **612-676-3200/1-800-203-7225**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **612-676-3200/1-800-203-7225**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**612-676-3200/1-800-203-7225** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Jadwalka Tasmada

A. Faah reeb.....	10
B. Su'aalaha inta badan la isweydiyo (FAQ)	10
B1. Dawooyinkee la qoro ayaa ku jira Liiska Dawooyinka La daboolo? (Waxaanu ugu yeedhnaa Liiska Dawooyinka la Daboolo Dawooyinka "Liiska Dawada" marka la soo gaabiyo)	10
B2. Miyaa liiska Dawadu weligii isbeddelaa?	11
B3. Maxaa dhacaya marka ay jirto isbeddelka Liiska Dawada?	12
B4. Ma jiraan wax xayiraado ama xaddidaado ah oo ku saabsan caymiska dawada ama tallaabooyinka loo baahan yahay qaadashada daawooyinka qaarkood?	13
B5. Sideen ku ogaan doonaa in dawada aan rabo ay leedahay xad ama haddii ay jiraan wax tallaabo ah oo loo baahan yahay si aan u helo daawada?.	14
B6. Maxaa dhacaya haddii MSHO ee UCare iyo UCare Connect + Medicare ay beddelaan sharciyadooda ku saabsan sida ay u daboolaan qaar dawooyinka ah (tusaale ahaan, oggolaanshaha hore, xadadka tirada, iyo/ama xayiraadaha tallaabada daawaynta)?	14
B7. Sideen ku heli karaa dawada ku jirta Liiska Dawada?	14
B8. Bal ka waran haddii dawada aan doonayo inaan qaato aanay ku jirin Liiska Dawada?	14
B9. Kawaran haddii aan ahay xubin cusub oo MSHO ee UCare ama UCare Connect + xubin Medicare oo aanan ka heli karin daawadayda Liiska Dawooyinka ama aan dhibaato kala kulmo helitaanka daawadayda?	15
B10. Ma codsan karaa ka reebis si aan u daboolo daawadayda?	16
B11. Sideen u codsan karaa reebitaan?	16
B12. Intee ayay qaadnaysaa in la helo ka reebitaanka?	16
B13. Waa maxay dawooyinka kimikada?	17
B14. Waa maxay dawooyinka iyadoon la qorin la iibsado?	17
B15. Miyay MSHO ee UCare iyo UCare Connect + Medicare daboolaan dawo aheyn kuwa aan laga iibsan Karin banaanka?	17
B16. Miyay MSHO ee UCare iyo UCare Connect + Medicare daboolaan saadka xiliga dheer ee dawo qorida	17
B17. Dawo qorida guriyayga ma la iigu soo dirayaa iyadoo ka imanaysa farmasiiga deegaanka?	17
B18. Waa maxay kharashkayga la wadaago?.	18
C. Muuqaalka guud ee Liiska Dawooyinka La daboolo	18
C1. Liiska Dawooyinka iyadoo loo eegayo Nooca Dawooyinka	19

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeega Macaamiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo **ucare.org**.

Jadwalka Tasmada

D. Tasmada Dawooyinka la daboolo	246
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Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macaamiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo **ucare.org**.

A. Afeef

Kani waa liiska daawooyinka ay xubnuhu ka heli karaan MSHO ee UCare iyo UCare Connect + Medicare.

- MSHO ee UCare iyo UCare Connect + Medicare waa qorshayaal caafimaad oo qandaraas kula jira barnaamijka Medicare iyo Caawimaada Caafimaadka Minnesota (Medicaid) labadaba si ay u bixiyaan faa'idooyinka labada barnaamij isdiiwaangeliyaasha. Diiwaangelinta MSHO ee UCare Connect + Medicare waxa uu ku xidhanyahay dib-u cusboonaysiinta qandaraaska.
- *Liiska Daawooyinka la Daboolayo/ama farmashiyaha iyo shabakadaha bixiyayaasha* ayaa isbeddeli kara sanadka oo dhan.
- Faa'idooyinka iyo/ama lacag-bixinta ayaa isbeddeli kara Janaayo 1 ee sanad kasta.
- Waxaad mar walba ka eegi kartaa *Liiska u dambeeyay ee la cusbooneysiiday ee dawooyinka aanu Daboolno* onleen barta ucare.org ama ka soo wac Adeegyada Macmiilka lambarka ku qoran hoosta boggan.
- Waxaad ku heli kartaa dhokumentigan oo qaabab kale ah oo bilaash ah, sida, daabacaad wayn, qoraalka indhoolaha, ama maqal.
- Si aad u samayso ama aad u bedesho codsi joogto ah si aad u hesho dukumeentigan, hadda iyo mustaqbalka, luqad aan Ingiriisi ahayn ama qaab kale, wac Adeegga Macmiilka lambarka hoose ee boggan.

B. Su'aalaha inta badan la is waydiiyo(FAQ)

Ka hel jawaabaha halkan su'aalaha badanka la is waydiiyo ee aad qabto ee *ku saabsan Liiska Dawooyinka La daboolo*. Waxaad akhrin kartaa dhammaan Su'aalaha badanka la isweydiiyo si aad wax badan u ogaato ama raadi su'aal iyo jawaab.

B1. Dawooyinkee la qoro ayaa ku jira Liiska Dawooyinka La daboolo? (Waxaanu ugu yeedhnaa Liiska Dawooyinka la Daboolo "Liiska Dawada" marka la soo gaabiyo)

Daawooyinka ku jira *Liiska Dawooyinka La daboolo* ee ka billaabma Qaybta C waa daawooyinka ay daboolaan UCare MSHO keeda iyo UCare Connect + Medicare. Dawooyinka waxaa laga heli karaa farmasiyada ku jira shabakadayada. Farmashiye wuxuu ku jiraa shabakadayada haddii aanu kula heshiinay inay nala shaqeeyaan oo ay ku siiyaan adeegyo. Waxaan ugu yeedhnaa farmasiyadan sida "farmasiyada shabakada." Dawo qorida dawooyinka ku jira Liiskan Dawooyinka ay daboolaan UCare's MSHO iyo UCare Connect + Medicare.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macmiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo ucare.org.

- MSHO ee UCare iyo UCare Connect + Medicare ayaa dabooli doona dhammaan daawooyinka caafimaad ahaan lagama maarmaanka u ah ee ku jira Liiska Daawooyinka hadii:
 - dhakhtarkaaga ama daawo qore kale sheego inaad u baahan tahay si aad u fiicnaato ama aad caafimaad u hesho, iyo
 - MSHO ee UCare iyo UCare Connect + Medicare aqbalaan in dawada caafimaad ahaan ay adiga lama huraan kuu tahay, iyo
 - aad daawada lagu qoro ka qaadato farmashiyaha shabakada UCare ee MSHO iyo UCare Connect + Medicare.
- Xaaladaha qaarkood, waa inaad samayso shay ka hor inta aanad helin dawada. Ka eeg Qaybta B4 wixii macluumaad dheeraad ah.

Waxaad sidoo kale heli ka kartaa liiska u dambeeyay ee dawooyinka aanu ku daboolno mareegtayada **ucare.org** ama soo wac Adeegyada Macmiilka lambarka ku qoran hoosta boggan.

B2. Miyaa liiska Dawadu weligii isbeddelaa?

Haa, iyo UCare's MSHO iyo UCare Connect + Medicare waa inay raacaan sharciyada Medicare iyo Kaalmada Dawada marka ay isbeddelo samaynayaan. Waxa laga yaabaa in aan ku daro ama ka saarno dawooyinka ku jira Liiska Dawooyinka sanadka gudihiisa.

Waxaanu sidoo kale beddeli karnaa sharciyadayada ku saabsan dawooyinka. Tusaale ahaan, waxaanu karnaa:

- Go'aamisaa inaad u baahan tahay ama aadan u baahnayn ogolaansho ka hor daawada. (Oggolaanshaha hore waa oggolaansho ka socda UCare MSHO ama UCare Connect + Medicare ka hor inta aadan qaadan daawo.)
- Ku dar ama beddel qaddarka daawada aad heli karto (oo loo yaqaan xaddidnaanta tirada.)
- Ku dar ama beddel tallaabada xayiraadaha daawaynta ee dawada. (Daawaynta tallaabada macnaheedu waxa weeye waa inaad isku daydaa hal dawo ka hor inta aanaan daboolid dawo kale.)

Wixii macluumaad dheeraad ah oo ku saabsan shuruucda dawooyinka, tixraac su'aasha B4.

Haddii aad qaadanayso dawada lagu daboolay **bilowga** sanadka, guud ahaan waxaanu ka saari doonaa ama beddeli doonaa daboolida dawadaas **muddada ka hadhay sanadka** iyaddoo:

- dawo cusub, oo jaban ay timaada suuqa oo u shaqaysa siibada dawada ku qoran Liiska Dawada hadda, **ama**
- waxaanu ogaanay in dawadu badbaado aanay ahayn, **ama**

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macaamiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo **ucare.org**.

- dawada waxaa laga saaray suuqa.

Su'aalaha B3 iyo B6 ee hoose waxay hayaan macluumaad dheeraad ah oo ku saabsan waxa dhacaya marka Liiska Dawooyinka la beddelo.

- Waxaad had iyo jeer ka hubin kartaa UCare MSHO iyo UCare Connect + Liiska Dawooyinka ugu casrisan ee Medicare onleen barta [ucare.org](https://www.ucare.org).
- Waxaad sidoo kale soo wici kartaa Adeega Macmiilka lambarka ku qoran xaga hoose ee boggan si loo hubiyo Liiska Dawada hadda.

B3. Maxaa dhacaya marka ay jirto isbeddelka Liiska Dawada?

Isbeddela qaarkood Liiska Dawu waxa uu dhici doonaa **isla markaaba**. Tusaale ahaan:

- **Dawada magaca kimikaad ee cusub waxaa la heli karaa.** Wakhtiyada qaarkood dawada magaca kimikaad leh ee dawada timaada suuqa oo u shaqaysa siiba dawada magaca summada sida ku qoran Liiska Dawada hadda, Marka ay taasi dhacdo, waxa laga yaabaa in aan meesha ka saarno dawada magaca leh oo aan ku darno daawada bilaa magaca shirkada ah, laakiin kharashkaaga daawada cusub waxa uu ahaan doonaa sidii hore ama wuu yaraan doonaa. Marka aanu ku darno daawada bilaa magaca shirkada ah, waxaanu sido kale go'aamin doonaa si uu u lahaad summada magaca dawada ku jirta liiska laakiin beddelka sharciyada daboolideeda ama xadidnaanta.
- **Daawo suuqa waa laga saaraa.** Haddii Maamulka Cuntadda iyo Dawada (FDA) uu sheego dawooyinka aad qaadanayso inaanu badbaado ahayn ama warshadeeyaha dawadu uu dawada suuqa ka saaro, waxaanu ka saari doonaa Liiska Dawada. Haddii aad qaadanayso dawo, waxaanu ku ogaysiin doonaa. Xubnuhu waa inay sidoo kale la xidhiidhaan dhakhtarkooda ama farmashiyaha wixii macluumaad dheeraad ah.

Waxaanu samayn karnaa isbeddelo kale oo saammeeya dawooyinka aad qaadato. Waanu kuu sheegi doonaa wakhti hore waxa ku saabsan isbeddeladan kale ee Liiska Dawooyinka. Isbeddelladan waxay dhici karaan haddii:

- FDA ay bixiso hagitaanka cusub ama ay jiraan hagitaanada caafimaad ee cusub ee ku saabsan dawada.
- Waxaanu ku darnaa dawada leh magaca kimikaad ee aan ku cusbayn suuqa iyo
 - Beddel dawada caanka ah ee hadda ku jirta Liiska Dawooyinka **ama**
 - Beddel xeerarka caymiska ama xadka dawada magaca summada.

Markay isbadeladu dhacaan, waxaan

- U sheeg ugu yaraan 30 maalmood ka hor inta aanaan isbeddelka ku samayn Liiska Dawooyinka **ama**
- Ogaysiin doonaa 30-maalmood oo dawada ah kadib markaad codsato buuxin.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeega Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeega Macaamiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo [ucare.org](https://www.ucare.org).

Tani waxay ku siin doontaa wakhti aad kula hadasho dhakhtarkaaga ama dawo qore kale. Waxay kaa caawin karaan inaad go'aan gaadho:

- Haddii ay jiraan dawo la mid ah oo ku jirta Liiska Dawada aad qaadan karto beddelkeeda ama
- Haddii la waydiinayo ka reebida isbeddeladan. Si aad u ogaato wax badan oo ku saabsan ka reebida, tixraac su'aalaha B10-B12.

B4. Ma jiraan wax xaddidaad ama xaddidaad ah oo ku saabsan caymiska dawada ama ficillada loo baahan yahay qaadashada daawooyinka qaarkood?

Haa, daawooyinka qaarkood waxay leeyihiin xeerar caymis ama waxay leeyihiin xadidnaan qadarka aad heli karto. Xaaladaha qaarkood adiga ama dhakhtarkaaga ama dhakhtarka kale ee dawada qora waa inuu sameeyaa shay ka hor inta aanad helin dawada. Tusaale ahaan:

- **Oggolaanshaha Hore:** Daawooyinka qaar, adiga ama dhakhtarkaaga, ama dawo qore kale waa inuu helaa ogolaanshaha UCare's MSHO ama UCare Connect + Medicare ka hor intaanad dib u qaadan dawada lagu qoray.
- **Xadadka Tirada:** Wakhtiyada qaarkood UCare MSHO iyo UCare UCare Connect + Medicare waxay xadidaan qaddarka dawada aad heli karto.
- **Tallaabada Daawaynta:** Mararka qaarkood UCare's MSHO iyo UCare Connect + Medicare waxay kaaga baahan yihiin inaad sameyso tallaabada daawaynta. Tani waxay la macno tahay inaad iskugu daydo daawooyinka si gaar u ah xaaladdaada caafimaad. Waxaa laga yaabaa inaad isku daydo hal daawo ka hor inta aanan daboolin daawo kale. Haddii dhakhtarkaagu uu u malaynayo dawooyinka koowaad in aanay adiga kugu habboonayn, markaa waxaanu dabooli doonnaa tan labaad.
- **Tilmaanta ku salaysan daboolida:** Haddii UCare MSHO iyo UCare Connect + Medicare ay daboolaan dawada keliya xaalada caafimaadka qaarkood, si cad waxaanu u aqoonsanaa iyadu inay ku jirto Liiska Dawada oo ay la socdaan xaaladaha dawooyinka gaarka ah ee la daboolo.

Waxaad ku ogaan kartaa haddii daawadaadu leedahay wax shuruudo dheeraad ah ama xaddidaad adoo eegaya jadwalka Qaybta C1. Waxaad sidoo kale ka heli kartaa macluumaad dheeraad ah adigoo booqanaya websaytkayaga ucare.org. Waxaan soo gelinay dhokumentiyoy onlayn ah oo sharaxaya oggolaanshahayaga hore iyo xayiradaadaha tallaabada daawaynta. Waxaad sidoo kale waydiisan kartaa in lagu soo diro koobi.

Waxaad waydiisan kartaa ka reebida xadadkan. Tani waxay ku siin doontaa wakhti aad kula hadasho dhakhtarkaaga ama dawo qore kale. Waxay kaa caawin karaan inaad go'aansato haddii ay jirto daawo la mid ah oo ku jirta Liiska Dawooyinka oo aad qaadan karto beddelkeeda ama inaad weydiisato in lagaa dhaafo. Fadlan u tixraac su'aalaha B10-B12 wixii macluumaad dheeraad ah ee ku saabsan ka reebanaanta.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macaamiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo ucare.org.

B5. Sideed ku ogaan doontaa in dawada aad rabto ay leedahay xad ama haddii ay jiraan wax talaabo ah loo baahan yahay si loo helo daawada?

Jadwalka Liiska Daawooyinka ee Xaaladda Dawada gudaha qaybta C1 waxay leedahay khaanad lagu calaamadeeyay "Ficilada lagama maarmaanka ah, xayiraadaha, ama xadadka isticmaalka."

B6. Maxaa dhacaya haddii UCare's MSHO iyo UCare Connect + Medicare ay beddelaan sharciyadooda ku saabsan sida ay u daboolaan qaar dawooyinka ah (tusaale ahaan, oggolaanshaha hore, xadadka tirada, iyo/ama xayiraadaha tallaabada daawaynta)?

Xaaladaha qaarkood, waanu kuu sii sheegi doonaa haddii aan ku darno ama beddelno oggolaanshaha hore, xadka tirada, iyo/ama xadidaadaha daawaynta tillaabada ee daawada. Aad su'aasha B3 si aad u hesho macluumaad dheeraad ah oo ku saabsan ogeysiiskan hore iyo xaaladaha laga yaabo inaynaa hore kuugu sheegi karin marka sharciyadayada ku saabsan daawooyinka ku jira Liiska Dawooyinka ay isbeddelaan.

B7. Sideen ku heli karaa dawada ku jirta Liiska Dawada?

Waxaa jira laba siyaabood oo lagu helo daawo:

- Waxaad ku raadin kartaa alifbeeto ahaan magaca daawada, *ama*
- Waxaad ku raadin kartaa nooca daawada.

Si aad u raadiso alifbeeto ahaan, u gudub Tasmada qaybta Daawooyinka la Daboolay. Waxaad ka heli kartaa boga 246. Tasmada daawooyinka la daboolay waa liis alifbeeta ah ee dhamaan daawooyinka lagu daray Liiska Dawooyinka. Magaca summadaha leh iyo dawooyinka magaca kimikaad waxay ku taxan yihiin tasmada.

Si aad ugu raadiso nooca dawada, ka hel qaybta ku calaamadsan "Liiska Dawooyinka ee Nooca Dawada" gudaha Qaybta C1. Daawooyinka ku jira qaybtan waxa loo qaybiyaa qaybo iyadoo la fiirinayo noocooda. Tusaale ahaan, haddii aad daawo u qaadanayso dhanjafka, waa inaad eegtaa qaybta "Waxyaabaha ka hortaga dhanjafka". Halkaas ayaa ah meesha aad ka heli doonto dawooyinka daaweeya xanuunka dhanjafka.

B8. Bal ka waran haddii dawada aan doonayo inaan qaato aanay ku jirin Liiska Dawada?

Haddii aad ka heli waydo dawadaada Liiska Dawooyinka, ka wac Adeegga Macmiilka lambarka ku yaal dhanka hoose ee boggan oo weydii. Haddii aad ogaato in MSHO ee UCare iyo UCare Connect + Medicare aysan dabooli doonin daawada, waxaad samayn kartaa mid ka mid ah waxyaalahan:

- Weydii Adeegga Macmiilka liiska daawooyinka sida midka aad rabto inaad qaadato. Kadibna tus liiska dhakhtarkaaga ama daawo qore kale. Waxay kuu qori karaan daawo ku jirta Liiska Daawooyinka taas oo ah sida mida aad rabto inaad qaadato.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macmiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo ucare.org.

ama

- Waxaad waydiin karaa UCare's MSHO iyo UCare Connect + Medicare si ay u sameeyaan ka reebida si loo daboolo dawooyinkaaga. Fadlan u tixirtaac su'aalaha B10–B12 wixii macluumaad dheeraad ah ee ku saabsan ka reebanaanta.

B9. Kawaran haddii aan ahay xubin cusub oo MSHO ee UCare ama UCare Connect + xubin Medicare oo aanan ka heli karin daawadayda Liiska Dawooyinka ama aan dhibaato kala kulmo helitaanka daawadayda?

Waan ku caawin karnaa. Waxaa laga yaabaa inaan daboolno sahayda daawadaada 30-maalmood oo ku meel gaar ah inta lagu jiro 90-ka maalmood ee ugu horreeya ee aad xubin ka tahay MSHO ee UCare ama UCare Connect + Medicare. Tani waxay ku siin doontaa wakhti aad kula hadasho dhakhtarkaaga ama dawo qore kale. Waxay kaa caawin karaan inaad go'aansato haddii ay jirto daawo la mid ah oo ku jirta Liiska Dawooyinka oo aad qaadan karto beddelkeeda ama inaad weydiisato in lagaa dhaafo.

Haddii dawadaada la qoray dhowr maalmood, waxaanu oggolaan doonaa dib u buuxinta badan si loo buuxiyo inta ugu badan ee 30 maalmood ee dawada ah.

Waxaanu dabooli doonaa sahayda daawadaada 30-maalmood haddii:

- aad qaadanayso daawo aan ku jirin Liiska Dawooyinka, *ama*
- sharciyadayada qorshaha kuuma oggolaadaan helitaanka qadarka uu dalbaday dawo qorahu, *ama*
- daawadu waxay u baahan tahay ogolaansho hore ee MSHO ee UCare ama UCare Connect + Medicare, *ama*
- aad qaadanayso daawo qayb ka ah xakamaynta daawaynta tillaabada.

Hadii aad ku jirto guriga dadka lagu xanaaneeyo ama xarumaha kale ee daryeelka muddada-dheer oo aad u baahan tahay daawo aan ku jirin Liiska Dawooyinka ama haddii aadan si fudud u heli karin daawada aad u baahan tahay, waan ku caawin karnaa. Haddii aad qorshaha ku jirtay in ka badan 90 maalmood, ku noolow xarun daryeel waqti-dheer, oo aad isla markiiba u baahan tahay sahay:

- Waxaan dabooli doonaa hal 31-maalmood oo ah sahayda daawada aad u baahan tahay (haddii aanad haysan warqad daawo qoris oo maalmo yar ah), haddii aad tahay xubin cusub oo ah MSHO ee UCare ama UCare Connect + Medicare.
- Tani waxaa u dheer saadka ku meel gaadhka ah inta lagu jiro 90-ka maalmood ee ugu horreeya ee aad xubin ka tahay MSHO ee UCare ama UCare Connect + Medicare.

Haddii aad tahay xubin hadda u gudbaysa heer daryeel oo ka duwan, waxaa laga yaabaa in lagu qoro dawooyin aan ku jirin liiskayaga. Markaad la hadlayso dhakhtarkaaga si aad u go'aamiso habka tallaabadaada, waxaad xaq u leedahay inaad hesho sahayda kala-guurka ah ee 31-maalmood ah maadaama aad tahay

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macaamiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo ucare.org.

u wareegga heer daryeel oo ka duwan. Haddii aad tahay xubin hadda kamid ah, la dhigay cusbitaal ama lagaa fasaxay xarunta daryeelka xiliga dheer, waxaa lagu oggolaan doonaa inaad degdeg u buuxiso oo ka hor imaansho ah si loo xaqiijiyo inaad heli karto saadka ku habboon daawooyinkaaga.

B10. Ma codsan karaa ka reebis si aan u daboolo daawadayda?

Haa. Waxaad waydiisan kartaa UCare MSHO ama UCare Connect + Medicare si ay u sameeyaan ka reebidda si loo daboolo dawada aanan ku jirin Liiska Dawada.

Waxaad sidoo kale na weydiisan kartaa inaan bedelno sharciyada daawadaada.

- Tusaale ahaan, UCare MSHO ama UCare Connect + Medicare waxay xaddidi karaan qaddarka dawada aanu dabooli doonno. Haddii dawadaadu leedahay xad, waxaad na waydiin kartaa inaan bedelno xadka oo aan wax badan daboolno.
- Tusaalooyinka kale: Waxaad nawaydiin kartaa anaga inaan dhigno xayiraadaha tallaabada daawaynta ama shuruudaha oggolaanshaha hore

B11. Sideen u waydiisan karaa reebitaan?

SI loo waydiisto ka reebida, soo wac UCare's MSHO Adeega macmiilka 612-676-6868/ 1-866-280-7202 (wicitaankan waa bilaash), ama soo wac UCare Connect + Medicare Adeega Macmiilka lambarka 612-676-3310 ama 1-855-260-9707 (wicitaankan waa bilaash), TTY 612-676-6810 ama 1-800-688-2534 (tani Waa lacag la'aan), 8 am – 8 pm, todobo maalmood todobaadki. Wakiilka Adeegga Macmiilka ayaa kula shaqayn doona adiga iyo bixiyahaaga si uu kaaga caawiyo inaad codsato ka reebitaanka. Waxa kale oo aad akhrin kartaa cutubka 9 ee *Buug-gacmeedka Xubinta* si aad wax badan uga barato waxyaabaha ka reeban.

B12. Intee ayay qaadanaysaa in la helo ka dhaafitaan?

Ka dib marka aanu warbixin ka helno dhakhtarkaaga qora dawada ee taageeraysa codsigaaga ka reebida, waxa aanu kugu sin doonnaa go'aan 72 saacadood gudaheed.

Oggolaanshaha Hore iyo codsiyada liiska ka reeban waxaa la billaabi karaa iyadoo laga soo wacayo Navitus Health Solutions lambarka 1-833-837-4300 (wicitaankan waa bilaash) ama fakis ugu soo dirida foomka codsiga lambarka 1-855-668-8552. Adeeg bixiyayaashu sidoo kale waxay ku soo gudbiyaan codsiga dhexda ePA.

Haddii adiga ama dhakhtarkaagu u maleeyo in caafimaadkaaga dhaawac loo geysto haddii ay tahay inaad sugto 72 saacadood go'aanka, waxaad codsan kartaa ka reebitaan degdeg ah. Tani waa go'aan dhakhso ah. Haddii dhakhtarkaagu uu taageero codsigaaga, waxaanu ku siin doonaa go'aan 24 saacadood gudahooda markaad hesho bayaanka taageerada dhakhtarkaaga.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macmiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wicitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo [ucare.org](https://www.ucare.org).

B13. Waa maxay dawooyinka kimikaad?

Daawooyinka macmalka ah waxay ka kooban yihiin maaddooyin firfircoon oo la mid ah daawooyinka asalka ah. Badana qiimahoodu waa wax ka yar dawada asalka oo badanaa ma laha magacyo si fiican loo yaqaan. Badanaa qiimahoodu waa wax ka yar dawada asalka oo badanaa ma laha magacyo si fiican loo yaqaan.

UCare MSHO iyo UCare Connect + Medicare waxay daboolaan dawooyinka asalka ah iyo dawooyinka macmalka ah labadaba.

B14. Waa maxay dawooyinka iyaddoon la qorin la iibsado?

OTC waxay u taagan tahay "dawada aan la qorin." UCare's MSHO iyo UCare Connect + Medicare waxay daboolaan qaar dawooyinka OTC marka adeeg bixiyahaaga u qoro sidii dawo qorid ahaan.

Waxaad akhriyi kartaa Liiska Dawada ee UCare's MSHO iyo UCare Connect + Medicare si loo ogaado dawooyinka OTC ee la daboolo.

B15. Miyuu UCare MSHO iyo UCare Connect + Medicare daboolaa alaabaha aan dawada farmashiga laga gato ahayn?

UCare's MSHO iyo UCare Connect + Medicare waxay daboolaan qaar alaabta OTC ee aan dawada ahayn marka uu adeeg bixiyahaagu u qoro sidii dawo qorida. Waxaad akhriyi kartaa qaybta liiska dawada ee UCare MSHO iyo UCare Connect + Medicare Liiska Dawooyinka La daboolo si loo helo waxa aan ahayn dawada alaabta OTC ee la daboolo. Tusaalooyinka alaabta aan dawooyinka OTC ahayn waxaa ka mid ah gooska iyo baandheejyada.

B16. Miyay UCare's MSHO iyo UCare Connect + Medicare daboolaan saadka xiliga dheer ee dawo qorida?

- Waxaan bixinnaa barnaamij dalabka boostada kaas oo kuu oggolaanaya inaad hesho illaa 90 maalmood oo ah sahayda daawada lagu qoray oo si toos ah gurigaaga loogu soo diray. Saadka 90 maalmood waxa uu leeyahay kharash bixin isku mid ah sida saadka halka bil.
- **90-Maalmood Barnaamijyada Farmasiiga Tafaariiqda ah.** Qaar farmasiiyada tafaariiqda ah sidoo kale waxay bixiyaan illaa 90 maalmood saadka la daboolo ee dawo qorida. Saadka 90 maalmood waxa uu leeyahay kharash bixin isku mid ah sida saadka halka bil.

B17. Dawo qorida guriyayga ma la iigu soo dirayaa iyaddoo ka imanaysa farmasiiga deegaanka?

Farmasiigaaga maxaliga ah waxay awoodi doonaan inay dawo qoridaada kuugu soo diraan gurigaaga. Waxaad soo waci kartaa farmasiigaaga si aadu ogaato haddii ay bixiyaan u soo dirida guriga.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macaamiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo ucare.org.

B18. Waa maxay kharashka la wadaago?

UCare's MSHO iyo UCare Connect + Medicare xubnaha waxay leeyihiin kharashka la wada bixiyo ee dawooyinka la qoro ilaa inta xubinta ay ka raacayso sharciyada qorshaha. Tixraac su'aalaha B14 iyo B15 wixii ah macluumaadka dheeraadka ah ee ku saabsan dawooyinka OTC iyo alaabta aan dawooyinka ahayn.

Safafku waa kooxaha dawooyinka ku jira Liiska Dawada.

- Safka 1 Daawooyinka guud ayaa leh lacagta ugu yar ee la bixiyo. Kharashka la wada bixiyo laga bilaabo \$0 ilaa \$4.50, iyadoo ku xidhan dakhligaaga iyo heerka u qalmida Kaalmada Caafimaadka.
- Dawooyinka heerka 1 aad waxay leeyihiin lacag-bixin wadaag ah oo badan. Kharashka la wada bixiyo laga bilaabo \$0 ilaa \$11.20, iyadoo ku xidhan dakhligaaga iyo heerka u qalmida Kaalmada Caafimaadka.
- OTC-yadu waxay leeyihiin \$0 lacag la wada bixiyo ah.

Haddii aad hayso su'aalo, wac Adeegga Macmiilka lambarka xagga hoose ee boggan. Waxaanu kaa caawin karnaa inaad fahanto waxa kharashkaaga la wada bixiyaa uu noqon doono.

C. Muuqaalka guud ee Liiska Dawooyinka La daboolo

Liiska Dawooyinka La Daboolo waxa uu macluumaad ku saabsan dawooyinka la daboolo ee UCare MSHO iyo UCare Connect + Medicare. Haddii ay dhib kaa haysato helida liiskaaga dawada ku soo noqo Tasmada Dawooyinka La daboolo ee Qaybta D. Tusaha alifbeeto ahaan waxaa uu qoraa dhammaan dawooyinka ay daboolen UCare MSHO iyo UCare Connect + Medicare.

Tiirka kowaad ee shaxda waxaa ku qoran magaca dawada. Dawooyinka macmalka ah waxay ku qoran yihiin xarfo dadban (tusaale. *azathioprine*), dawooyinka magaca summadda waxay ku qoran yihiin xarfo waweyn (tusaale. EPIPEN). Daawooyinka aan la qorin (OTC) si gooni ah ayaa loo taxay kadib Tasmada Dawooyinka La Daboolay ee dhammaadka dukumeentiga. Macluumaadka ku tiirka “Tallaabooyinka lama huraanka ah, xayiraadaha, ama xadidka isticmaalka” waxay kuu sheegaan haddii UCare MSHO ama UCare Connect + Medicare ay leedahay wax sharciyo ah oo daboolaya dawadaada.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macaamiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo **ucare.org**.

Waa kuwan micnayaasha baaq sireedyada lagu isticmaalo tiirka "Tallaabooyinka lama huraanka ah, xayiraadaha, ama xaddidaadaha isticmaalka":

PA =	Oggolaanshaha Hore: Dawooyinka uga baahan oggolaanshe UCare ka hor inta aanan daboolin.
PA ² =	Oggolaanshaha Hore: Dawooyinka u baahan oggolaanshe haddii aanad hore u qaadani dawooyinka
PA ³ =	Oggolaanshaha Hore: Dawooyinka u baahan in dib loo eego si go'aan looga gaadho daboolida hoosta Qaybta B ama Qaybta D
ST=	Step Terapy (Daawaynta Tallaabooyinka): Daawooyinka u baahan inaad isku daydo daawo kale ka hor inta aanan daboolin
QL =	(Quantity limit) Xadka tirada: Waxaa jira xadadka tirada dawada aad hesho buuxin kasta
Part B Covered=	Saadka cudurka sonkorta lagu daboolay eek u jira Qaybta B (caafimaad ahaan) dheefta
VAC =	Qaybta D Tallaalka qofka Wayn ee lagu daboolo \$0 (kharash la'aan)
VAC AGE =	Qaybta D Tallaalka Qofka wayn ee lagu daboolo \$0 (kharash la'aan) ee da'aja 19 – 45.
MFG =	Daboolid dawada waxay ku xadidan tahay shirkada warshadeeya qaarkood
NDS =	Dawooyinka lagu xadiday 30 maalin saad mar qaadashadaba
LA =	Dawooyinka keliya laga heli karo farmasiyo gaar ah. Haddii aad qabto su'aalo, soo wac Adeega Macmiilka lambarka dhabarka ku qoran kaadhkaaga Aqoonsiga xubinta.
Tier 1* =	Dawooyinka la qoray ee lagu daboolo dheefaha Medicaid

C1. Liiska Dawooyinka iyadoo loo eegayo Nooca Dawooyinka










Daawooyinka ku jira qaybtan waxa loo qaybiyaa qaybo iyadoo la fiirinayo noocooda. Tusaale ahaan, haddii aad daawo u qaadaniyso dhanjafka, waa inaad eegtaa qaybta "Waxyaabaha ka hortaga dhanjafka". Halkaas ayaa ah meesha aad ka heli doonto dawooyinka daaweeya xanuunka dhanjafka.

Si aad u hesho macluumaad cusub ama su'aalo kale, nagala soo xidhiidh Adeegga Macmiilka ee MSHO ee UCare 612-676-6868 ama 1-866-280-7202 (taleefan bilaash ah), Adeegga Macaamiilka UCare Connect + Medicare 612-676-3310 ama 1-855-260-9707 (taleefan bilaash ah). TTY 612-676-6810 ama 1-800-688-2534 (wacitaankan waa bilaash), 8 subaxnimo - 8 habeenimo, toddoba maalmood usbuucii. Ama booqo [ucare.org](https://www.ucare.org).

Boggani si u kas ah ayaa looga dhigay mid maran.

Boggani si u kas ah ayaa looga dhigay mid maran.

UCare's Minnesota Senior Health Options (MSHO)
and UCare Connect + Medicare Formulary
(List of Covered Drugs)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
<i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 10 mg cap,</i> <i>lisdexamfetamine dimesylate 20 mg cap,</i> <i>lisdexamfetamine dimesylate 30 mg cap,</i> <i>lisdexamfetamine dimesylate 40 mg cap,</i> <i>lisdexamfetamine dimesylate 50 mg cap,</i> <i>lisdexamfetamine dimesylate 60 mg cap,</i> <i>lisdexamfetamine dimesylate 70 mg cap</i>)	1	
<i>methamphetamine hcl</i>	1	
ANOREXIANTS NON-AMPHETAMINE		
<i>phentermine hcl (phentermine hcl 30 mg cap, phentermine hcl 37.5 mg cap)</i>	1*	 30 EA / 30 DAYS
<i>phentermine hcl 15 mg cap</i>	1*	 30 EA / 30 DAYS
<i>phentermine hcl 37.5 mg tab</i>	1*	 30 EA / 30 DAYS
ANTI-OBESITY AGENTS		
SAXENDA	1*	 15 ML / 30 DAYS   Non-Extended Day Supply
WEGOVY (WEGOVY 0.25 MG/0.5ML SOLN A-INJ, WEGOVY 0.5 MG/0.5ML SOLN A-INJ, WEGOVY 1 MG/0.5ML SOLN A-INJ)	1	 4 ML / 365 OVER TIME   Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
WEGOVY (WEGOVY 1.7 MG/0.75ML SOLN A-INJ, WEGOVY 2.4 MG/0.75ML SOLN A-INJ)	1	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA NDS Non-Extended Day Supply
ZEPBOUND (ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 5 MG/0.5ML SOLN A-INJ, ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 10 MG/0.5ML SOLN A-INJ, ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ, ZEPBOUND 15 MG/0.5ML SOLN A-INJ)	1*	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
ZEPBOUND 2.5 MG/0.5ML SOLUTION	1*	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
ZEPBOUND 5 MG/0.5ML SOLUTION	1*	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	QL 60 EA / 30 DAYS
<i>clonidine hcl er</i>	1	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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STIMULANTS - MISC.

<i>armodafinil</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 30 EA / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg tab, methylphenidate hcl 10 mg/5ml solution, methylphenidate hcl 20 mg tab)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	
<i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i>	1	
<i>modafinil</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 EA / 30 DAYS </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #c48e4a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div>

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - C'S

<i>activated charcoal</i>	OTC	
<i>coenzyme q10</i>	OTC	
<i>cranberry supplement</i>	OTC	

ALTERNATIVE MEDICINE - F'S

<i>flaxseed oil</i>	OTC	
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ALTERNATIVE MEDICINE - G'S

<i>glucosamine sulfate</i>	OTC	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ALTERNATIVE MEDICINE - H'S		
<i>melatonin</i>	OTC	
ALTERNATIVE MEDICINE - M'S		
<i>melatonin / pyridoxine</i>	OTC	
<i>msm supplement</i>	OTC	
ALTERNATIVE MEDICINE - S'S		
<i>sam-e supplement</i>	OTC	
ALTERNATIVE MEDICINE COMBINATIONS		
<i>glucosamine / chondroitin</i>	OTC	
<i>omega-3 fatty acids (fish oil)</i>	OTC	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	1	
<i>gentamicin sulfate (gentamicin sulfate 10 mg/ml solution, gentamicin sulfate 40 mg/ml solution)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	1	
<i>tobramycin 300 mg/4ml nebu soln</i>	1	<div data-bbox="1133 495 1192 558">QL</div> 224 ML / 28 OVER TIME <div data-bbox="1133 569 1192 611">PA</div> <div data-bbox="1133 621 1192 684">NDS</div> Non-Extended Day Supply
<i>tobramycin 300 mg/5ml nebu soln</i>	1	<div data-bbox="1133 707 1192 770">QL</div> 300 ML / 30 DAYS <div data-bbox="1133 781 1192 823">PA</div> <div data-bbox="1133 833 1192 896">NDS</div> Non-Extended Day Supply
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 1.2 GM RECON SOLN, TOBRAMYCIN SULFATE 1.2 GM/30ML SOLUTION, TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION, TOBRAMYCIN SULFATE 80 MG/2ML SOLUTION)	1	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HADLIMA 40 MG/0.4ML SOLN PRSYR	1	<div data-bbox="1133 1440 1192 1503">QL</div> 2.4 ML / 28 DAYS <div data-bbox="1133 1514 1192 1556">PA</div> <div data-bbox="1133 1566 1192 1629">NDS</div> Non-Extended Day Supply
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HADLIMA 40 MG/0.8ML SOLN PRSYR	1	<ul style="list-style-type: none"> QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	1	<ul style="list-style-type: none"> QL 2.4 ML / 28 DAYS PA NDS Non-Extended Day Supply
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	1	<ul style="list-style-type: none"> QL 4.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA 10 MG/0.1ML PREF SY KT (ABBVIE)	1	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMIRA 20 MG/0.2ML PREF SY KT (ABBVIE)	1	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA 40 MG/0.4ML PREF SY KT (ABBVIE)	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN 80 MG/0.8ML PEN KIT (ABBVIE)	1	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT (ABBVIE)	1	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMIRA-PED<40KG CROHNS STARTER	1	<ul style="list-style-type: none"> QL 2 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA-PED>=40KG CROHNS START	1	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
HUMIRA-PED>=40KG UC STARTER	1	<ul style="list-style-type: none"> QL 4 EA / 180 OVER TIME PA MFG Drug coverage is limited to certain manufacturers NDS Non-Extended Day Supply
HUMIRA-PS/UV/ADOL HS STARTER	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply
HUMIRA-PSORIASIS/VEIT STARTER	1	<ul style="list-style-type: none"> QL 3 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
SIMLANDI (1 PEN)	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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SIMLANDI (2 PEN)	1	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	1	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA NDS Non-Extended Day Supply
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	1	<ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ (RINVOQ 15 MG TAB ER 24H, RINVOQ 30 MG TAB ER 24H)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
RINVOQ 45 MG TAB ER 24H	1	<ul style="list-style-type: none"> QL 84 EA / 180 OVER TIME PA NDS Non-Extended Day Supply
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
XELJANZ 1 MG/ML SOLUTION	1	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XELJANZ XR	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
GOLD COMPOUNDS		
RIDAURA	1	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
INTERLEUKIN-1 BLOCKERS		
ARCALYST	1	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	1	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
ACTEMRA ACTPEN	1	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
KEVZARA	1	<ul style="list-style-type: none"> QL 2.28 ML / 28 DAYS PA NDS Non-Extended Day Supply
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR)	1	<ul style="list-style-type: none"> QL 3.6 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibuprofen (motrin)</i>	OTC	
<i>ibuprofen (motrin) rx only</i>	1	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
<i>naproxen (aleve)</i>	OTC	
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 375 mg tab dr, naproxen 500 mg tab, naproxen 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin 600 mg tab</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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piroxicam

1

sulindac

1

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA 10 & 20 & 30 MG TAB
THPK

1

QL 55 EA / 180 OVER TIME
PA
NDS Non-Extended Day Supply
LA

OTEZLA 20 MG TAB

1

QL 60 EA / 30 DAYS
PA
NDS Non-Extended Day Supply

OTEZLA 30 MG TAB

1

QL 60 EA / 30 DAYS
PA
NDS Non-Extended Day Supply
LA

OTEZLA 4 X 10 & 51 X20 MG TAB
THPK

1

QL 55 EA / 28 DAYS
PA
NDS Non-Extended Day Supply

PYRIMIDINE SYNTHESIS INHIBITORS

leflunomide

1

SELECTIVE COSTIMULATION MODULATORS

ORENCIA 125 MG/ML SOLN
PRSYR

1

QL 4 ML / 28 DAYS
PA
NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ORENCIA 50 MG/0.4ML SOLN PRSYR	1	<ul style="list-style-type: none"> QL 1.6 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	1	<ul style="list-style-type: none"> QL 2.8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ORENCIA CLICKJECT	1	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	1	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL MINI	1	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
ENBREL SURECLICK	1	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>acetaminophen / caffeine / pyrilamine (midol)</i>	OTC	
<i>aspirin / acetaminophen / caffeine (excedrin)</i>	OTC	
ANALGESICS OTHER		
<i>acetaminophen (tylenol)</i>	OTC	
SALICYLATES		
<i>aspirin (bayer)</i>	OTC	
<i>aspirin / buffers (bufferin)</i>	OTC	
<i>aspirin / sodium bicarb / citric acid (alka-seltzer)</i>	OTC	
<i>diflunisal</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	1	<div data-bbox="1133 1325 1195 1367">QL</div> <div data-bbox="1203 1325 1450 1367">10 EA / 30 DAYS</div> <div data-bbox="1133 1377 1195 1419">PA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FENTANYL CITRATE (FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE)	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>fentanyl citrate 200 mcg loz handle</i>	1	QL 120 EA / 30 DAYS PA
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL 2400 ML / 30 OVER TIME
<i>hydromorphone hcl 2 mg tab</i>	1	QL 450 EA / 30 DAYS
<i>hydromorphone hcl 4 mg tab</i>	1	QL 240 EA / 30 DAYS
<i>hydromorphone hcl 8 mg tab</i>	1	QL 120 EA / 30 DAYS
<i>hydromorphone hcl pf (hydromorphone hcl pf 10 mg/ml solution, hydromorphone hcl pf 50 mg/5ml solution, hydromorphone hcl pf 500 mg/50ml solution)</i>	1	PA³
<i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 10 mg tab)</i>	1	QL 360 EA / 30 DAYS PA
METHADONE HCL 10 MG/5ML SOLUTION	1	QL 1800 ML / 30 DAYS PA
METHADONE HCL 5 MG/5ML SOLUTION	1	QL 3600 ML / 30 DAYS PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>morphine sulfate (concentrate)</i>	1	QL 180 ML / 30 DAYS
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL 180 ML / 30 DAYS
<i>morphine sulfate (morphine sulfate 15 mg tab, morphine sulfate 30 mg tab)</i>	1	QL 180 EA / 30 DAYS
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 1800 ML / 30 DAYS
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL 900 ML / 30 DAYS
<i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i>	1	QL 120 EA / 30 DAYS PA
<i>oxycodone hcl (oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	1	QL 180 EA / 30 DAYS
<i>oxycodone hcl 100 mg/5ml conc</i>	1	QL 270 ML / 30 DAYS
<i>oxycodone hcl 5 mg cap</i>	1	QL 360 EA / 30 OVER TIME
<i>oxycodone hcl 5 mg tab</i>	1	QL 360 EA / 30 DAYS
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL 5400 ML / 30 DAYS
<i>tramadol hcl 50 mg tab</i>	1	QL 240 EA / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE (ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION, ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION)	1	QL 4980 ML / 30 DAYS
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab, acetaminophen-codeine 300-60 mg tab)</i>	1	QL 390 EA / 30 DAYS
<i>endocet</i>	1	QL 360 EA / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	1	QL 5400 ML / 30 DAYS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	1	QL 360 EA / 30 DAYS
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab, oxycodone-acetaminophen 10-325 mg tab)</i>	1	QL 360 EA / 30 DAYS
<i>tramadol-acetaminophen</i>	1	QL 360 EA / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPIOID PARTIAL AGONISTS		
BELBUCA	1	<div data-bbox="1133 390 1192 449">QL</div> 60 EA / 30 OVER TIME <div data-bbox="1133 464 1192 506">PA</div>
<i>buprenorphine</i>	1	<div data-bbox="1133 527 1192 569">QL</div> 4 EA / 28 DAYS <div data-bbox="1133 579 1192 621">PA</div>
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	<div data-bbox="1133 653 1192 695">QL</div> 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film, buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab)</i>	1	<div data-bbox="1133 852 1192 894">QL</div> 90 EA / 30 DAYS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	<div data-bbox="1133 1041 1192 1083">QL</div> 60 EA / 30 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	<div data-bbox="1133 1125 1192 1167">QL</div> 10 ML / 30 DAYS
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	1	
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i>	1	<div data-bbox="1133 1398 1192 1440">QL</div> 150 GM / 30 DAYS <div data-bbox="1133 1451 1192 1493">PA</div>
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	1	<div data-bbox="1133 1535 1192 1577">QL</div> 300 GM / 30 DAYS <div data-bbox="1133 1587 1192 1629">PA</div>



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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TESTOSTERONE 10 MG/ACT (2%) GEL	1	<div data-bbox="1133 317 1192 352">QL</div> 120 GM / 30 DAYS <div data-bbox="1133 365 1192 401">PA</div>
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	<div data-bbox="1133 428 1192 464">QL</div> 75 GM / 30 DAYS <div data-bbox="1133 476 1192 512">PA</div>
<i>testosterone 30 mg/act solution</i>	1	<div data-bbox="1133 539 1192 575">QL</div> 180 ML / 30 DAYS <div data-bbox="1133 588 1192 623">PA</div>
<i>testosterone cypionate 100 mg/ml solution</i>	1	<div data-bbox="1133 651 1192 686">PA</div>
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	<div data-bbox="1133 732 1192 768">PA</div>
<i>testosterone cypionate 200 mg/ml solution</i>	1	<div data-bbox="1133 810 1192 846">PA</div>
TESTOSTERONE ENANTHATE	1	<div data-bbox="1133 871 1192 907">PA</div>
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	1	<div data-bbox="1133 1098 1192 1134">PA</div>
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
<i>hemorrhoidal cream</i>	OTC	
<i>hemorrhoidal ointment</i>	OTC	
<i>hemorrhoidal suppository</i>	OTC	
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RECTAL LOCAL ANESTHETICS		
<i>pramoxine (procto-foam)</i>	OTC	
RECTAL STEROIDS		
<i>hydrocortisone (perianal)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	1	
ANTACIDS		
ANTACID COMBINATIONS		
<i>calcium carbonate / magnesium hydroxide (mylanta supreme)</i>	OTC	
<i>magnesium carbonate / aluminum hydroxide (gaviscon)</i>	OTC	
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	OTC	
ANTACIDS - ALUMINUM SALTS		
<i>aluminum hydroxide (alternagel)</i>	OTC	
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (tums)</i>	OTC	
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide</i>	OTC	
<i>magnesium oxide (antacid)</i>	OTC	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole</i>	1	 Non-Extended Day Supply
BENZNIDAZOLE	1	
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>metronidazole (metronidazole 250 mg tab, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)</i>	1	
METRONIDAZOLE 500 MG/100ML SOLUTION	1	
<i>pentamidine isethionate for injection solution</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pentamidine isethionate for nebulization solution</i>	1	QL 1 EA / 28 DAYS PA ³
<i>tinidazole</i>	1	
TRIMETHOPRIM	1	
<i>trimethoprim</i>	1	
XIFAXAN 200 MG TAB	1	QL 9 EA / 30 OVER TIME
XIFAXAN 550 MG TAB	1	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply







ANTI-INFECTIVE MISC. - COMBINATIONS

<i>multivitamins / minerals</i>	OTC	
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab, sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	

ANTIPROTOZOAL AGENTS

<i>atovaquone</i>	1	NDS Non-Extended Day Supply
NITAZOXANIDE	1	QL 6 EA / 3 OVER TIME NDS Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CARBAPENEMS		
<i>ertapenem sodium</i>	1	
<i>imipenem-cilastatin (imipenem-cilastatin 250 mg recon soln, imipenem-cilastatin 500 mg recon soln)</i>	1	
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	1	
MEROPENEM-SODIUM CHLORIDE 1 GM/50ML RECON SOLN	1	 30 EA / 10 OVER TIME
MEROPENEM-SODIUM CHLORIDE 500 MG/50ML RECON SOLN	1	 10 EA / 10 DAYS
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	1	
CYCLIC LIPOPEPTIDES		
DAPTOMYCIN 350 MG RECON SOLN	1	 Non-Extended Day Supply
<i>daptomycin 350 mg recon soln</i>	1	 Non-Extended Day Supply
<i>daptomycin 500 mg recon soln</i>	1	 Non-Extended Day Supply
GLYCOPEPTIDES		
DALVANCE	1	 Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	1	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	1	QL 120 EA / 30 DAYS
VANCOMYCIN HCL 100 GM RECON SOLN	1	QL 2 EA / 10 OVER TIME
VANCOMYCIN HCL IN NAACL (VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION, VANCOMYCIN HCL IN NAACL 500-0.9 MG/100ML-% SOLUTION)	1	

LEPROSTATICS

<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	
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LINCOSAMIDES

<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clindamycin phosphate in d5w</i>	1	
CLINDAMYCIN PHOSPHATE IN NACL	1	
<i>lincomycin hcl</i>	1	
MONOBACTAMS		
<i>aztreonam</i>	1	
CAYSTON	1	<div data-bbox="1133 663 1195 701">QL</div> 84 ML / 28 DAYS <div data-bbox="1133 716 1195 753">PA</div> <div data-bbox="1133 768 1195 806">NDS</div> Non-Extended Day Supply <div data-bbox="1133 821 1195 858">LA</div>
OXAZOLIDINONES		
<i>linezolid (linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	1	
<i>linezolid 100 mg/5ml recon susp</i>	1	<div data-bbox="1133 1064 1195 1102">NDS</div> Non-Extended Day Supply
LINEZOLID IN SODIUM CHLORIDE	1	
SIVEXTRO 200 MG TAB	1	<div data-bbox="1133 1255 1195 1293">QL</div> 6 EA / 6 OVER TIME <div data-bbox="1133 1308 1195 1346">PA</div> <div data-bbox="1133 1360 1195 1398">NDS</div> Non-Extended Day Supply
ZYVOX 200 MG/100ML SOLUTION	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	
NITRATES		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.4 mg/spray solution, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	
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ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>bupirone hcl</i>	1	
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<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	1	
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<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	1	
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BENZODIAZEPINES

<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	1	QL 120 EA / 30 DAYS PA²
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<i>alprazolam 2 mg tab</i>	1	QL 150 EA / 30 DAYS PA²
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<i>clorazepate dipotassium</i>	1	QL 180 EA / 30 DAYS PA²
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<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	1	QL 120 EA / 30 DAYS PA²
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<i>diazepam 5 mg/5ml solution</i>	1	QL 1200 ML / 30 DAYS PA²
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>diazepam 5 mg/ml conc</i>	1	QL 240 ML / 30 DAYS PA²
<i>diazepam intensol</i>	1	QL 240 ML / 30 DAYS PA²
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab)</i>	1	QL 150 EA / 30 DAYS PA²
<i>lorazepam 2 mg/ml conc</i>	1	QL 150 ML / 30 DAYS PA²
<i>lorazepam intensol</i>	1	QL 150 ML / 30 DAYS PA²
<i>oxazepam</i>	1	QL 120 EA / 30 DAYS PA²

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate</i>	1	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE 200 MG TAB	1	
<i>quinidine sulfate 300 mg tab</i>	1	
QUINIDINE SULFATE 300 MG TAB	1	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	1	
<i>dofetilide</i>	1	
<i>pacerone</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	<div data-bbox="1133 1037 1187 1073">PA³</div> <div data-bbox="1133 1083 1187 1150">NDS</div> <div data-bbox="1203 1083 1479 1150">Non-Extended Day Supply</div>
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10 MG/0.5ML SOLN PRSYR	1	<div data-bbox="1133 1262 1187 1297">PA</div>
FASENRA 30 MG/ML SOLN PRSYR	1	<div data-bbox="1133 1346 1187 1381">PA</div> <div data-bbox="1133 1392 1187 1459">NDS</div> <div data-bbox="1203 1392 1479 1459">Non-Extended Day Supply</div> <div data-bbox="1133 1465 1187 1501">LA</div>
FASENRA PEN	1	<div data-bbox="1133 1535 1187 1570">PA</div> <div data-bbox="1133 1581 1187 1648">NDS</div> <div data-bbox="1203 1581 1479 1648">Non-Extended Day Supply</div> <div data-bbox="1133 1654 1187 1690">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	1	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG RECON SOLN	1	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 150 MG/ML SOLN A-INJ	1	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 150 MG/ML SOLN PRSYR	1	<ul style="list-style-type: none"> QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
XOLAIR 75 MG/0.5ML SOLN A-INJ	1	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
XOLAIR 75 MG/0.5ML SOLN PRSYR	1	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	1	QL 25.8 GM / 30 DAYS
INCRUSE ELLIPTA	1	QL 30 EA / 30 DAYS
<i>ipratropium bromide 0.02 % solution</i>	1	PA ³
SPIRIVA HANDIHALER	1	QL 90 EA / 90 DAYS
SPIRIVA RESPIMAT	1	QL 4 GM / 30 DAYS
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	1	
STEROID INHALANTS		
ASMANEX (120 METERED DOSES)	1	QL 2 EA / 30 DAYS
ASMANEX (30 METERED DOSES)	1	QL 1 EA / 30 DAYS
ASMANEX (60 METERED DOSES)	1	QL 1 EA / 30 DAYS
ASMANEX HFA	1	QL 13 GM / 30 DAYS
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	1	QL 120 ML / 30 DAYS PA ³

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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FLUTICASONE PROPIONATE HFA (FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL, FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL)	1	QL 24 GM / 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL 21.2 GM / 30 DAYS
QVAR REDIHALER 40 MCG/ACT AERO BA	1	QL 10.6 GM / 30 DAYS
QVAR REDIHALER 80 MCG/ACT AERO BA	1	QL 21.2 GM / 30 DAYS

SYMPATHOMIMETICS

ADVAIR HFA	1	QL 12 GM / 30 DAYS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	PA ³
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln)</i>	1	PA ³
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 4 mg tab)</i>	1	
<i>albuterol sulfate (albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	PA ³
<i>albuterol sulfate hfa (proair equivalent)</i>	1	QL 17 GM / 30 DAYS
<i>albuterol sulfate hfa (proventil equivalent)</i>	1	QL 13.4 GM / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ALBUTEROL SULFATE HFA (VENTOLIN EQUIVALENT)	1	QL 36 GM / 30 DAYS
ANORO ELLIPTA	1	QL 60 EA / 30 DAYS
<i>arformoterol tartrate</i>	1	QL 120 ML / 30 DAYS PA³
BREO ELLIPTA	1	QL 60 EA / 30 DAYS
<i>breynd</i>	1	QL 20.6 GM / 30 DAYS
BREZTRI AEROSPHERE	1	QL 10.7 GM / 30 DAYS
<i>budesonide-formoterol fumarate</i>	1	QL 20.4 GM / 30 DAYS
COMBIVENT RESPIMAT	1	QL 8 GM / 30 DAYS
DULERA <i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 60 EA / 30 DAYS
<i>formoterol fumarate</i>	1	QL 120 ML / 30 DAYS PA³
<i>ipratropium-albuterol</i>	1	PA³
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	1	PA³

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LEVALBUTEROL TARTRATE	1	QL 30 GM / 30 DAYS
STIOLTO RESPIMAT	1	QL 4 GM / 30 DAYS
STRIVERDI RESPIMAT	1	QL 4 GM / 30 DAYS
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	1	
TRELEGY ELLIPTA	1	QL 60 EA / 30 DAYS
VENTOLIN HFA	1	QL 36 GM / 30 DAYS
<i>wixela inhub</i>	1	QL 60 EA / 30 DAYS
XANTHINES		
<i>theophylline</i>	1	
<i>theophylline er (theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h, theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	1	
ELIQUIS DVT/PE STARTER PACK	1	

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


NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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XARELTO (XARELTO 1 MG/ML RECON SUSP, XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	1	
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XARELTO STARTER PACK	1	
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HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium (enoxaparin sodium 30 mg/0.3ml soln prsyr, enoxaparin sodium 40 mg/0.4ml soln prsyr, enoxaparin sodium 60 mg/0.6ml soln prsyr, enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr)</i>	1	
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<i>fondaparinux sodium (fondaparinux sodium 5 mg/0.4ml solution, fondaparinux sodium 7.5 mg/0.6ml solution, fondaparinux sodium 10 mg/0.8ml solution)</i>	1	 Non-Extended Day Supply
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<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	
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HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	1*	
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<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
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<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB)	1	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
FYCOMPA (FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	1	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
FYCOMPA 0.5 MG/ML SUSPENSION	1	QL 720 ML / 30 DAYS PA ² NDS Non-Extended Day Supply
FYCOMPA 2 MG TAB	1	QL 60 EA / 30 DAYS PA ²
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	1	QL 60 EA / 30 DAYS
<i>clobazam 2.5 mg/ml suspension</i>	1	QL 480 ML / 30 DAYS
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab, clonazepam 1 mg tab disp)</i>	1	QL 90 EA / 30 DAYS PA ²
<i>clonazepam (clonazepam 2 mg tab, clonazepam 2 mg tab disp)</i>	1	QL 300 EA / 30 DAYS PA ²

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	1	 10 EA / 30 OVER TIME
LIBERVANT	1	 10 EA / 30 DAYS 
NAYZILAM	1	 10 EA / 30 OVER TIME
SYMPAZAN (SYMPAZAN 10 MG FILM, SYMPAZAN 20 MG FILM)	1	 60 EA / 30 DAYS  Non-Extended Day Supply
SYMPAZAN 5 MG FILM	1	 60 EA / 30 DAYS
VALTOCO 10 MG DOSE	1	 10 EA / 30 OVER TIME  Non-Extended Day Supply
VALTOCO 15 MG DOSE	1	 10 EA / 30 OVER TIME  Non-Extended Day Supply
VALTOCO 20 MG DOSE	1	 10 EA / 30 OVER TIME  Non-Extended Day Supply
VALTOCO 5 MG DOSE	1	 10 EA / 30 OVER TIME  Non-Extended Day Supply
ANTICONVULSANTS - MISC.		
APTIOM (APTIOM 600 MG TAB, APTIOM 800 MG TAB)	1	 60 EA / 30 DAYS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
APTIOM 200 MG TAB	1	QL 180 EA / 30 DAYS
APTIOM 400 MG TAB	1	QL 90 EA / 30 DAYS
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	1	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply
BRIVIACT 10 MG/ML SOLUTION	1	QL 600 ML / 30 DAYS NDS Non-Extended Day Supply
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab, carbamazepine 200 mg/10ml suspension)</i>	1	
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)</i>	1	
DIACOMIT	1	PA² NDS Non-Extended Day Supply LA
EPIDIOLEX	1	PA² LA
<i>epitol</i>	1	
EPRONTIA	1	
FINTEPLA	1	QL 360 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
















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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>gabapentin (gabapentin 100 mg cap, gabapentin 250 mg/5ml solution, gabapentin 300 mg cap, gabapentin 300 mg/6ml solution, gabapentin 400 mg cap, gabapentin 600 mg tab, gabapentin 800 mg tab)</i>	1	
<i>lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg tab, lacosamide 50 mg/5ml solution, lacosamide 100 mg tab, lacosamide 100 mg/10ml solution, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab, lamotrigine 100 mg tab disp, lamotrigine 150 mg tab, lamotrigine 200 mg tab, lamotrigine 200 mg tab disp)</i>	1	
<i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i>	1	
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 500 mg/5ml solution, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	
<i>levetiracetam er (levetiracetam er 500 mg tab er 24h, levetiracetam er 750 mg tab er 24h)</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	
<i>pregabalin (pregabalin 20 mg/ml solution, pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap, pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	
PRIMIDONE (PRIMIDONE 50 MG TAB, PRIMIDONE 125 MG TAB, PRIMIDONE 250 MG TAB)	1	
<i>roweepra 500 mg tab</i>	1	
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 400 mg tab)</i>	1	<div data-bbox="1133 936 1192 974">PA²</div> <div data-bbox="1133 989 1192 1026">NDS</div> <div data-bbox="1203 989 1479 1054">Non-Extended Day Supply</div>
<i>rufinamide 200 mg tab</i>	1	<div data-bbox="1133 1073 1192 1110">PA²</div>
SPRITAM	1	
<i>topiramate</i>	1	
ZONISADE	1	
<i>zonisamide</i>	1	
ZTALMY	1	<div data-bbox="1133 1375 1192 1413">QL</div> <div data-bbox="1203 1375 1393 1440">1100 ML / 30 DAYS</div> <div data-bbox="1133 1451 1192 1488">PA²</div> <div data-bbox="1133 1503 1192 1541">NDS</div> <div data-bbox="1203 1503 1479 1568">Non-Extended Day Supply</div> <div data-bbox="1133 1575 1192 1612">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CARBAMATES		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab)</i>	1	
<i>felbamate 600 mg/5ml suspension</i>	1	 Non-Extended Day Supply
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	1	 56 EA / 28 DAYS   Non-Extended Day Supply
XCOPRI (350 MG DAILY DOSE)	1	 56 EA / 28 DAYS   Non-Extended Day Supply
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK)	1	 28 EA / 28 DAYS 
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	1	 60 EA / 30 DAYS   Non-Extended Day Supply
XCOPRI (XCOPRI 25 MG TAB, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	1	 30 EA / 30 DAYS   Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GABA MODULATORS		
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	1	
<i>vigabatrin</i>	1	<div data-bbox="1133 520 1192 562">PA²</div> <div data-bbox="1133 569 1192 611">NDS</div> <div data-bbox="1198 569 1479 638">Non-Extended Day Supply</div> <div data-bbox="1133 638 1192 680">LA</div>
<i>vigadrone</i>	1	<div data-bbox="1133 703 1192 745">PA²</div> <div data-bbox="1133 751 1192 793">NDS</div> <div data-bbox="1198 751 1479 821">Non-Extended Day Supply</div> <div data-bbox="1133 821 1192 863">LA</div>
VIGAFYDE	1	<div data-bbox="1133 886 1192 928">QL</div> <div data-bbox="1198 886 1471 928">720 ML / 30 DAYS</div> <div data-bbox="1133 934 1192 976">PA²</div> <div data-bbox="1133 982 1192 1024">NDS</div> <div data-bbox="1198 982 1479 1052">Non-Extended Day Supply</div>
<i>vigpoder</i>	1	<div data-bbox="1133 1068 1192 1110">PA²</div> <div data-bbox="1133 1117 1192 1159">NDS</div> <div data-bbox="1198 1117 1479 1186">Non-Extended Day Supply</div> <div data-bbox="1133 1186 1192 1228">LA</div>
HYDANTOINS		
DILANTIN 30 MG CAP	1	
<i>phenytek</i>	1	
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>phenytoin sodium extended</i>	1	
SUCCINIMIDES		
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	1	
VALPROIC ACID		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution, valproic acid 500 mg/10ml solution)</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	1	QL 60 EA / 30 DAYS
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
<i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	1	
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GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	1	<div data-bbox="1130 520 1192 583">QL</div> 28 EA / 14 OVER TIME <div data-bbox="1130 596 1192 638">PA²</div> <div data-bbox="1130 646 1477 709">NDS Non-Extended Day Supply</div>
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ZURZUVAE 30 MG CAP	1	<div data-bbox="1130 730 1192 793">QL</div> 14 EA / 14 OVER TIME <div data-bbox="1130 806 1192 848">PA²</div> <div data-bbox="1130 856 1477 924">NDS Non-Extended Day Supply</div>
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MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM	1	<div data-bbox="1130 1014 1192 1077">NDS</div> Non-Extended Day Supply
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MARPLAN	1	
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PHENELZINE SULFATE	1	
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<i>tranylcypromine sulfate</i>	1	
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SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	
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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap, fluoxetine hcl 90 mg cap dr)</i>	1	
<i>fluvoxamine maleate (fluvoxamine maleate 25 mg tab, fluvoxamine maleate 50 mg tab, fluvoxamine maleate 100 mg tab)</i>	1	
<i>fluvoxamine maleate er (fluvoxamine maleate er 100 mg cap er 24h, fluvoxamine maleate er 150 mg cap er 24h)</i>	1	
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 10 mg/5ml suspension, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	1	
<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab, trazodone hcl 300 mg tab)</i>	1	
TRINTELLIX	1	QL 30 EA / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>vilazodone hcl</i>	1	QL 30 EA / 30 DAYS
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SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
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<i>desvenlafaxine succinate er</i>	1	
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DRIZALMA SPRINKLE	1	QL 60 EA / 30 DAYS
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<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	
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FETZIMA	1	QL 30 EA / 30 DAYS
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FETZIMA TITRATION	1	QL 28 EA / 180 OVER TIME
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<i>venlafaxine hcl</i>	1	
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<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	
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TRICYCLIC AGENTS		
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<i>amitriptyline hcl</i>	1	
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<i>amoxapine</i>	1	
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<i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap, clomipramine hcl 75 mg cap)</i>	1	
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<i>desipramine hcl</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose</i>	1	
MIGLITOL	1	

ANTIDIABETIC COMBINATIONS

<i>glipizide-metformin hcl (glipizide-metformin hcl 2.5-250 mg tab, glipizide-metformin hcl 2.5-500 mg tab, glipizide-metformin hcl 5-500 mg tab)</i>	1	
GLYXAMBI	1	QL 30 EA / 30 DAYS
INVOKAMET	1	QL 60 EA / 30 DAYS
INVOKAMET XR	1	QL 60 EA / 30 DAYS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JANUMET	1	QL 60 EA / 30 DAYS
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	1	QL 60 EA / 30 DAYS
JANUMET XR 100-1000 MG TAB ER 24H	1	QL 30 EA / 30 DAYS
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-500 MG TAB)	1	QL 60 EA / 30 DAYS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1	QL 60 EA / 30 DAYS
JENTADUETO XR 5-1000 MG TAB ER 24H	1	QL 30 EA / 30 DAYS
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
SOLIQUA	1	QL 90 ML / 30 DAYS INS \$35 Insulin
SYNJARDY	1	QL 60 EA / 30 DAYS
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	1	QL 60 EA / 30 DAYS
SYNJARDY XR 25-1000 MG TAB ER 24H	1	QL 30 EA / 30 DAYS
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	1	QL 30 EA / 30 DAYS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	1	QL 60 EA / 30 DAYS
BIGUANIDES		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	
<i>metformin hcl er (metformin hcl er 500 mg tab er 24h, metformin hcl er 750 mg tab er 24h)</i>	1	
DIABETIC OTHER		
<i>diazoxide</i>	1	
GLUCAGON EMERGENCY 1 MG KIT	1	
<i>glucose (dextrose)</i>	OTC	
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	
GVOKE KIT	1	
GVOKE PFS	1	
KORLYM	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>mifepristone 300 mg tab</i>	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA


















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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	1	QL 30 EA / 30 DAYS
TRADJENTA	1	QL 30 EA / 30 DAYS
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET	1	QL 180 EA / 30 DAYS
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	1	QL 4 ML / 28 DAYS PA
MOUNJARO	1	QL 2 ML / 28 DAYS PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	QL 3 ML / 28 DAYS PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	1	QL 3 ML / 28 DAYS PA
OZEMPIC (2 MG/DOSE)	1	QL 3 ML / 28 DAYS PA
RYBELSUS	1	QL 30 EA / 30 DAYS PA
TRULICITY	1	QL 2 ML / 28 DAYS PA
VICTOZA	1	QL 9 ML / 30 DAYS PA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INSULIN		
HUMULIN R U-500 (CONCENTRATED)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
HUMULIN R U-500 KWIKPEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
INSULIN ASP PROT & ASP FLEXPEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
INSULIN ASPART	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
INSULIN ASPART FLEXPEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
INSULIN ASPART PENFILL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
INSULIN ASPART PROT & ASPART	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
LANTUS	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
LANTUS SOLOSTAR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
NOVOLIN 70/30	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
NOVOLIN 70/30 FLEXPEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
NOVOLIN 70/30 FLEXPEN RELION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
NOVOLIN 70/30 RELION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
NOVOLIN N	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
NOVOLIN N FLEXPEN	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
NOVOLIN N FLEXPEN RELION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>
NOVOLIN N RELION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">INS</div> \$35 Insulin </div>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NOVOLIN R	1	 \$35 Insulin
NOVOLIN R FLEXPEN	1	 \$35 Insulin
NOVOLIN R FLEXPEN RELION	1	 \$35 Insulin
NOVOLIN R RELION	1	 \$35 Insulin
NOVOLOG	1	  \$35 Insulin
NOVOLOG 70/30 FLEXPEN RELION	1	 \$35 Insulin
NOVOLOG FLEXPEN	1	 \$35 Insulin
NOVOLOG FLEXPEN RELION	1	 \$35 Insulin
NOVOLOG MIX 70/30	1	 \$35 Insulin
NOVOLOG MIX 70/30 FLEXPEN	1	 \$35 Insulin
NOVOLOG MIX 70/30 RELION	1	 \$35 Insulin
NOVOLOG PENFILL	1	 \$35 Insulin
NOVOLOG RELION	1	  \$35 Insulin
TOUJEO MAX SOLOSTAR	1	 \$35 Insulin
TOUJEO SOLOSTAR	1	 \$35 Insulin
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>repaglinide</i>	1	
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SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

INVOKANA	1	QL 30 EA / 30 DAYS
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JARDIANCE	1	QL 30 EA / 30 DAYS
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SULFONYLUREAS

<i>glimepiride (glimepiride 1 mg tab, glimepiride 2 mg tab, glimepiride 4 mg tab)</i>	1	
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<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	
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<i>glipizide er (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i>	1	
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<i>glipizide xl</i>	1	
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ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate (pepto-bismol)</i>	OTC	
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ANTIPERISTALTIC AGENTS

<i>diphenoxylate-atropine (diphenoxylate-atropine 2.5-0.025 mg tab, diphenoxylate-atropine 2.5-0.025 mg/5ml liquid)</i>	1	
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<i>loperamide (immodium)</i>	OTC	
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<i>loperamide (immodium) rx only</i>	1	
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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	1	
<i>deferasirox (deferasirox 180 mg tab, deferasirox 360 mg tab)</i>	1	<div data-bbox="1133 520 1195 558">PA</div> <div data-bbox="1133 575 1195 613">NDS</div> Non-Extended Day Supply
<i>deferasirox 90 mg tab</i>	1	<div data-bbox="1133 659 1195 697">PA</div>
<i>deferiprone</i>	1	<div data-bbox="1133 722 1195 760">PA</div> <div data-bbox="1133 777 1195 814">NDS</div> <div data-bbox="1133 840 1195 877">LA</div> Non-Extended Day Supply
OPIOID ANTAGONISTS		
KLOXXADO	1	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/10ML SOLUTION)	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	OTC	
<i>naltrexone hcl</i>	1	
NARCAN	OTC	
OPVEE	1	
RIVIVE	OTC	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIVITROL	1	 Non-Extended Day Supply
ZIMHI	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	1	 60 EA / 30 DAYS 
<i>ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp)</i>	1	
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 4 mg/5ml solution)</i>	1	
<i>ondansetron hcl 8 mg tab</i>	1	
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate (dramamine)</i>	OTC	
<i>meclizine</i>	OTC	
<i>meclizine rx only</i>	1	
<i>scopolamine</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine</i>	1	
<i>dronabinol</i>	1	 60 EA / 30 DAYS 
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant (aprepitant 40 mg cap, aprepitant 125 mg cap)</i>	1	 3 EA / 2 OVER TIME 

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>aprepitant (aprepitant 80 & 125 mg cap, aprepitant 80 & 125 mg misc, aprepitant 80 mg cap)</i>	1	<div data-bbox="1130 317 1192 380">QL</div> <div data-bbox="1198 317 1419 380">6 EA / 4 OVER TIME</div> <div data-bbox="1130 390 1192 428">PA³</div>
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VARUBI (180 MG DOSE)	1	<div data-bbox="1130 453 1192 516">QL</div> <div data-bbox="1198 453 1438 516">4 EA / 28 OVER TIME</div> <div data-bbox="1130 527 1192 564">PA³</div>
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ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

<i>casprofungin acetate 50 mg recon soln</i>	1	<div data-bbox="1130 737 1192 800">NDS</div> <div data-bbox="1198 737 1479 800">Non-Extended Day Supply</div>
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<i>casprofungin acetate 70 mg recon soln</i>	1	
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<i>micafungin sodium</i>	1	<div data-bbox="1130 884 1192 947">NDS</div> <div data-bbox="1198 884 1479 947">Non-Extended Day Supply</div>
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ANTIFUNGALS

ABELCET	1	<div data-bbox="1130 1052 1192 1089">PA³</div>
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AMPHOTERICIN B	1	<div data-bbox="1130 1108 1192 1146">PA³</div>
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<i>flucytosine</i>	1	<div data-bbox="1130 1165 1192 1228">NDS</div> <div data-bbox="1198 1165 1479 1228">Non-Extended Day Supply</div>
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<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	1	
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<i>griseofulvin ultramicrosize</i>	1	
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<i>nystatin 500000 unit tab</i>	1	
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<i>terbinafine hcl 250 mg tab</i>	1	
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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	1	 Non-Extended Day Supply
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	
<i>fluconazole in sodium chloride (fluconazole in sodium chloride 100-0.9 mg/50ml-% solution, fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	1	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	1	
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	1	  Non-Extended Day Supply
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	1	
<i>voriconazole 200 mg recon soln</i>	1	  Non-Extended Day Supply
<i>voriconazole 40 mg/ml recon susp</i>	1	  Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
<i>chlorpheniramine</i>	OTC	
<i>dexbrompheniramine</i>	OTC	
ANTIHISTAMINES - ETHANOLAMINES		
<i>clemastine fumarate</i>	OTC	
<i>diphenhydramine (benadryl)</i>	OTC	
<i>diphenhydramine</i>	OTC	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine (zyrtec)</i>	OTC	
<i>cetirizine (zyrtec) rx only</i>	1	
<i>desloratadine 5 mg tab</i>	1	
<i>fexofenadine (allegra)</i>	OTC	
<i>levocetirizine (xyzal)</i>	OTC	
<i>levocetirizine (xyzal) rx only</i>	1	
<i>loratadine (claritin)</i>	OTC	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl (promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg/ml solution)</i>	1*	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 12.5 mg suppos, promethazine hcl 12.5 mg tab, promethazine hcl 25 mg suppos, promethazine hcl 25 mg tab, promethazine hcl 50 mg tab)</i>	1	
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ANTIHYPERLIPIDEMICS

ANTIHYPERLIPIDEMICS - COMBINATIONS

<i>ezetimibe-simvastatin</i>	1	QL 30 EA / 30 DAYS
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ANTIHYPERLIPIDEMICS - MISC.

<i>icosapent ethyl</i>	1	
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<i>omega-3-acid ethyl esters</i>	1	
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BILE ACID SEQUESTRANTS

<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	1	
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<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	1	
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<i>colesevelam hcl</i>	1	
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<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	1	
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<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	1	
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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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FIBRIC ACID DERIVATIVES

<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	1	
<i>gemfibrozil</i>	1	

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium</i>	1	
<i>fluvastatin sodium</i>	1	
<i>lovastatin (lovastatin 20 mg tab, lovastatin 40 mg tab)</i>	1	QL 60 EA / 30 DAYS
<i>lovastatin 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe</i>	1	QL 30 EA / 30 DAYS
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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NICOTINIC ACID DERIVATIVES

<i>niacin er (antihyperlipidemic)</i>	1	
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PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS



PRALUENT	1	QL 2 ML / 28 DAYS PA
REPATHA	1	QL 6 ML / 28 DAYS PA
REPATHA PUSHTRONEX SYSTEM	1	QL 7 ML / 28 DAYS PA
REPATHA SURECLICK	1	QL 6 ML / 28 DAYS PA

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine (perindopril erbumine 4 mg tab, perindopril erbumine 8 mg tab)</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PERINDOPRIL ERBUMINE 2 MG TAB	1	
PERINDOPRIL ERBUMINE 8 MG TAB	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine</i>	1	 Non-Extended Day Supply
<i>phenoxybenzamine hcl</i>	1	 Non-Extended Day Supply
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine tablet</i>	1	
<i>clonidine weekly patch</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab, bisoprolol-hydrochlorothiazide 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
VASODILATORS		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	1	
<i>minoxidil</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	1	
ANTIMALARIALS		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	1	
<i>pyrimethamine</i>	1	<div data-bbox="1133 982 1193 1024">PA</div> <div data-bbox="1133 1035 1193 1077">NDS</div> <div data-bbox="1133 1108 1193 1150">LA</div> <div data-bbox="1201 1035 1477 1102">Non-Extended Day Supply</div>
<i>quinine sulfate</i>	1	<div data-bbox="1133 1171 1193 1213">PA</div>
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	1	<div data-bbox="1133 1375 1193 1417">PA</div> <div data-bbox="1133 1428 1193 1470">NDS</div> <div data-bbox="1201 1428 1477 1495">Non-Extended Day Supply</div>
<i>pyridostigmine bromide (pyridostigmine bromide 60 mg tab, pyridostigmine bromide 60 mg/5ml solution)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>pyridostigmine bromide er</i>	1	
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ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl</i>	1	
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ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION)	1	
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<i>isoniazid 300mg tab</i>	1	
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<i>isoniazid 50mg/5ml syrup</i>	1	
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PASER	1	
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PRIFTIN	1	
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<i>pyrazinamide</i>	1	
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<i>rifabutin</i>	1	
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<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap, rifampin 600 mg recon soln)</i>	1	
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SIRTURO	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> <div style="margin-right: 5px;">NDS</div> <div style="margin-right: 5px;">LA</div> <div>Non-Extended Day Supply</div> </div>
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TRECATOR	1	
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB)	1	PA ³
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cyclophosphamide 25 mg cap</i>	1	PA ³
<i>cyclophosphamide 50 mg cap</i>	1	PA ³
GLEOSTINE	1	NDS Non-Extended Day Supply
LEUKERAN	1	
<i>temozolomide</i>	Part B Covered	
ANTIMETABOLITES		
<i>capecitabine</i>	Part B Covered	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution)</i>	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
ONUREG	1	QL 14 EA / 28 DAYS PA ² NDS Non-Extended Day Supply
PURIXAN	1	NDS Non-Extended Day Supply LA
TABLOID	1	
XATMEP	1	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	1	QL 84 EA / 28 DAYS PA ² NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FRUZAQLA 5 MG CAP	1	<ul style="list-style-type: none"> QL 21 EA / 28 DAYS PA² NDS Non-Extended Day Supply
INLYTA 1 MG TAB	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
INLYTA 5 MG TAB	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (10 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (12 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (14 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LENVIMA (18 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (20 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (24 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (4 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LENVIMA (8 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTINEOPLASTIC - BCL-2 INHIBITORS

VENCLEXTA 10 MG TAB	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² LA
VENCLEXTA 100 MG TAB	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA 50 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VENCLEXTA STARTING PACK	1	<ul style="list-style-type: none"> QL 42 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>erlotinib hcl 25 mg tab</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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EXKIVITY	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>gefitinib</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
GILOTRIF	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TAGRISSO	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VIZIMPRO	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA




















ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

DAURISMO	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERIVEDGE	1	PA ² NDS Non-Extended Day Supply LA
ODOMZO	1	PA ² NDS Non-Extended Day Supply
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL 120 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>abiraterone acetate 500 mg tab</i>	1	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
AKEEGA	1	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
ELIGARD 22.5 MG KIT	1	QL 1 EA / 84 OVER TIME
ELIGARD 30 MG KIT	1	QL 1 EA / 112 OVER TIME
ELIGARD 45 MG KIT	1	QL 1 EA / 168 OVER TIME













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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELIGARD 7.5 MG KIT	1	 1 EA / 28 DAYS
EMCYT	1	 Non-Extended Day Supply
ERLEADA 240 MG TAB	1	 30 EA / 30 DAYS
		
		 Non-Extended Day Supply
		
ERLEADA 60 MG TAB	1	 120 EA / 30 DAYS
		
		 Non-Extended Day Supply
		
<i>exemestane</i>	1	
FIRMAGON	1	
FIRMAGON (240 MG DOSE)	1	
<i>letrozole</i>	1	
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	1	 1 EA / 28 DAYS
		 Non-Extended Day Supply
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	1	 1 EA / 84 OVER TIME
		 Non-Extended Day Supply
LYSODREN	1	 Non-Extended Day Supply
		
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	1	





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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	1	PA
<i>nilutamide</i>	1	PA ² NDS Non-Extended Day Supply
NUBEQA	1	QL 120 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
ORGOVYX	1	QL 30 EA / 28 DAYS PA ² NDS Non-Extended Day Supply LA
ORSERDU 345 MG TAB	1	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
ORSERDU 86 MG TAB	1	QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
SOLTAMOX	1	NDS Non-Extended Day Supply





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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	1	 Non-Extended Day Supply
TRELSTAR MIXJECT 11.25 MG RECON SUSP	1	 1 EA / 84 OVER TIME
TRELSTAR MIXJECT 22.5 MG RECON SUSP	1	 1 EA / 168 OVER TIME
TRELSTAR MIXJECT 3.75 MG RECON SUSP	1	 1 EA / 28 DAYS
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	1	 120 EA / 30 DAYS   Non-Extended Day Supply 
XTANDI 80 MG TAB	1	 60 EA / 30 DAYS   Non-Extended Day Supply 

ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS

WELIREG	1	 90 EA / 30 DAYS   Non-Extended Day Supply 
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ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST	1	 21 EA / 28 DAYS   Non-Extended Day Supply 
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS

AYVAKIT	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
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ANTINEOPLASTIC - XPO1 INHIBITORS

XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	1	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	1	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	1	<ul style="list-style-type: none"> QL 4 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XPOVIO (60 MG TWICE WEEKLY)	1	<ul style="list-style-type: none"> QL 24 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	1	<ul style="list-style-type: none"> QL 8 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
XPOVIO (80 MG TWICE WEEKLY)	1	<ul style="list-style-type: none"> QL 32 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	1	<ul style="list-style-type: none"> QL 5 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI FEMARA (200 MG DOSE)	1	<ul style="list-style-type: none"> QL 49 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI FEMARA (400 MG DOSE)	1	<ul style="list-style-type: none"> QL 70 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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KISQALI FEMARA (600 MG DOSE)	1	<p>QL 91 EA / 28 OVER TIME</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p>
LONSURF	1	<p>PA²</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA	1	<p>QL 240 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	1	<p>QL 30 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
ALUNBRIG 30 MG TAB	1	<p>QL 120 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p> <p>LA</p>
AUGTYRO	1	<p>QL 240 EA / 30 DAYS</p> <p>PA²</p> <p>NDS Non-Extended Day Supply</p>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BALVERSA (BALVERSA 3 MG TAB, BALVERSA 4 MG TAB)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BALVERSA 5 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF 100 MG CAP	1	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply
BOSULIF 100 MG TAB	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
BOSULIF 50 MG CAP	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
BRAFTOVI	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BRUKINSA	1	PA ² NDS Non-Extended Day Supply LA
CABOMETYX	1	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
CALQUENCE 100 MG CAP	1	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
CALQUENCE 100 MG TAB	1	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
CAPRELSA 100 MG TAB	1	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
CAPRELSA 300 MG TAB	1	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
COMETRIQ (100 MG DAILY DOSE)	1	PA ² NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COMETRIQ (140 MG DAILY DOSE)	1	PA ² NDS Non-Extended Day Supply LA
COMETRIQ (60 MG DAILY DOSE)	1	PA ² NDS Non-Extended Day Supply LA
COPIKTRA	1	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
COTELLIC	1	QL 63 EA / 28 DAYS PA ² NDS Non-Extended Day Supply LA
<i>dasatinib (dasatinib 50 mg tab, dasatinib 70 mg tab, dasatinib 80 mg tab, dasatinib 100 mg tab, dasatinib 140 mg tab)</i>	1	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>dasatinib 20 mg tab</i>	1	QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	1	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>everolimus 2 mg tab sol</i>	1	QL 150 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>everolimus 3 mg tab sol</i>	1	QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>everolimus 5 mg tab sol</i>	1	QL 60 EA / 30 DAYS PA ² NDS Non-Extended Day Supply
FOTIVDA	1	QL 21 EA / 28 DAYS PA ² NDS Non-Extended Day Supply LA
GAVRETO	1	QL 120 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
IBRANCE	1	QL 21 EA / 28 OVER TIME PA ² NDS Non-Extended Day Supply LA
ICLUSIG	1	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IDHIFA	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>imatinib mesylate 100 mg tab</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>imatinib mesylate 400 mg tab</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IMBRUVICA 140 MG CAP	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
IMBRUVICA 70 MG/ML SUSPENSION	1	<ul style="list-style-type: none"> QL 324 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
INREBIC	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JAKAFI	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 100 MG TAB	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
JAYPIRCA 50 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
KISQALI (200 MG DOSE)	1	<ul style="list-style-type: none"> QL 21 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI (400 MG DOSE)	1	<ul style="list-style-type: none"> QL 42 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply
KISQALI (600 MG DOSE)	1	<ul style="list-style-type: none"> QL 63 EA / 28 OVER TIME PA² NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KOSELUGO 10 MG CAP	1	QL 240 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KOSELUGO 25 MG CAP	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KRAZATI	1	QL 180 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
<i>lapatinib ditosylate</i>	1	PA ² NDS Non-Extended Day Supply
LORBRENA 100 MG TAB	1	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
LORBRENA 25 MG TAB	1	QL 90 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
LUMAKRAS 120 MG TAB	1	QL 240 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LUMAKRAS 320 MG TAB	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LYNPARZA	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
LYTGOBI (12 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply
LYTGOBI (16 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 112 EA / 28 DAYS PA² NDS Non-Extended Day Supply
LYTGOBI (20 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 140 EA / 28 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 0.05 MG/ML RECON SOLN	1	<ul style="list-style-type: none"> QL 1200 ML / 30 DAYS PA² NDS Non-Extended Day Supply
MEKINIST 0.5 MG TAB	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MEKINIST 2 MG TAB	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
MEKTOVI	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
NERLYNX	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
NINLARO	1	<ul style="list-style-type: none"> QL 3 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
OGSIVEO (OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB)	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
OGSIVEO 50 MG TAB	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply
OJEMDA 100 MG TAB	1	<ul style="list-style-type: none"> QL 24 EA / 28 DAYS PA² NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OJEMDA 25 MG/ML RECON SUSP	1	<ul style="list-style-type: none"> QL 96 ML / 28 DAYS PA² NDS Non-Extended Day Supply
OJJAARA	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>pazopanib hcl</i>	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
PEMAZYRE	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
PIQRAY (200 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (250 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
PIQRAY (300 MG DAILY DOSE)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
QINLOCK	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 40 MG CAP	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 40 MG TAB	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RETEVMO 80 MG CAP	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
REZLIDHIA	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 100 MG CAP	1	<ul style="list-style-type: none"> QL 150 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ROZLYTREK 200 MG CAP	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ROZLYTREK 50 MG PACKET	1	<ul style="list-style-type: none"> QL 336 EA / 28 DAYS PA² NDS Non-Extended Day Supply
RUBRACA	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
RYDAPT	1	<ul style="list-style-type: none"> QL 224 EA / 28 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 100 MG TAB	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 20 MG TAB	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply
SCEMBLIX 40 MG TAB	1	<ul style="list-style-type: none"> QL 300 EA / 30 DAYS PA² NDS Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sorafenib tosylate</i>	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
STIVARGA	1	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA² NDS Non-Extended Day Supply LA
<i>sunitinib malate</i>	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
TABRECTA	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TAFINLAR 10 MG TAB SOL	1	<ul style="list-style-type: none"> QL 840 EA / 28 DAYS PA² NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.1 MG CAP, TALZENNA 0.35 MG CAP)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TALZENNA (TALZENNA 0.5 MG CAP, TALZENNA 0.75 MG CAP, TALZENNA 1 MG CAP)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TALZENNA 0.25 MG CAP	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TASIGNA	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
TAZVERIK	1	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TEPMETKO	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
TIBSOVO	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
<i>torpenz</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
TRUQAP	1	<ul style="list-style-type: none"> QL 64 EA / 28 DAYS PA² NDS Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TURALIO 125 MG CAP	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VANFLYTA 17.7 MG TAB	1	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA² NDS Non-Extended Day Supply
VANFLYTA 26.5 MG TAB	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA² NDS Non-Extended Day Supply
VERZENIO	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 100 MG CAP	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 20 MG/ML SOLUTION	1	<ul style="list-style-type: none"> QL 300 ML / 30 DAYS PA² NDS Non-Extended Day Supply LA
VITRAKVI 25 MG CAP	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VONJO	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK)	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XALKORI 150 MG CAP SPRINK	1	<ul style="list-style-type: none"> QL 180 EA / 30 DAYS PA² NDS Non-Extended Day Supply
XALKORI 200 MG CAP	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XALKORI 250 MG CAP	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
XOSPATA	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZEJULA 100 MG CAP	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZELBORAF	1	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZOLINZA	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
ZYDELIG	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ZYKADIA	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
ANTINEOPLASTICS MISC.		
ACTIMMUNE	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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BESREMI	1	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA² NDS Non-Extended Day Supply LA
<i>bexarotene 75 mg cap</i>	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply
<i>hydroxyurea</i>	1	
MATULANE	1	<ul style="list-style-type: none"> NDS Non-Extended Day Supply LA
SYNRIBO	1	<ul style="list-style-type: none"> PA² NDS Non-Extended Day Supply LA
<i>tretinoin 10 mg cap</i>	1	<ul style="list-style-type: none"> NDS Non-Extended Day Supply

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

IWILFIN	1	<ul style="list-style-type: none"> QL 240 EA / 30 DAYS PA² NDS Non-Extended Day Supply
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
MESNEX 400 MG TAB	1	<ul style="list-style-type: none"> NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa</i>	1	
NOURIANZ	1	<div data-bbox="1133 520 1188 554">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 571 1188 604">PA</div> <div data-bbox="1133 621 1188 655">NDS</div> Non-Extended Day Supply <div data-bbox="1133 688 1188 722">LA</div>

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	

ANTIPARKINSON COMT INHIBITORS

<i>entacapone</i>	1	
<i>tolcapone</i>	1	<div data-bbox="1133 1285 1188 1318">PA</div> <div data-bbox="1133 1335 1188 1369">NDS</div> Non-Extended Day Supply

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>bromocriptine mesylate</i>	1	
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	1	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	1	
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RYTARY	1	
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ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate</i>	1	
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<i>selegiline hcl</i>	1	
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ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium</i>	1	
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LITHIUM CARBONATE (LITHIUM CARBONATE 150 MG CAP, LITHIUM CARBONATE 300 MG CAP)	1	
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<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab)</i>	1	
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LITHIUM CARBONATE 600 MG CAP	1	
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<i>lithium carbonate er</i>	1	
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ANTIPSYCHOTICS - MISC.

CAPLYTA	1	<div data-bbox="1130 1518 1195 1556">QL</div> <div data-bbox="1198 1518 1450 1556">30 EA / 30 DAYS</div> <div data-bbox="1130 1566 1195 1604">PA²</div>
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lurasidone hcl</i>	1	
NUPLAZID	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply LA
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	1	QL 30 EA / 30 DAYS
VRAYLAR 1.5 & 3 MG CAP THPK	1	QL 7 EA / 180 OVER TIME
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	QL 60 EA / 30 DAYS
BENZISOXAZOLES		
FANAPT	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA²
FANAPT TITRATION PACK	1	<ul style="list-style-type: none"> QL 8 EA / 180 OVER TIME PA²
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1	<ul style="list-style-type: none"> QL 3.5 ML / 180 OVER TIME NDS Non-Extended Day Supply
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1	<ul style="list-style-type: none"> QL 5 ML / 180 OVER TIME NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1	<p>QL 0.75 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1	<p>QL 1 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1	<p>QL 1.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1	<p>QL 0.25 ML / 28 DAYS</p>
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1	<p>QL 0.5 ML / 28 DAYS</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1	<p>QL 0.88 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1	<p>QL 1.32 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1	<p>QL 1.75 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1	<p>QL 2.63 ML / 90 OVER TIME</p> <p>NDS Non-Extended Day Supply</p>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	1	 30 EA / 30 DAYS
<i>paliperidone er 6 mg tab er 24h</i>	1	 60 EA / 30 DAYS
PERSERIS	1	 1 EA / 30 DAYS  Non-Extended Day Supply
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab, risperidone 4 mg tab disp)</i>	1	
<i>risperidone microspheres er (risperidone microspheres er 12.5 mg srer, risperidone microspheres er 25 mg srer)</i>	1	 2 EA / 28 DAYS
<i>risperidone microspheres er (risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)</i>	1	 2 EA / 28 DAYS  Non-Extended Day Supply
UZEDY 100 MG/0.28ML SUSP PRSYR	1	 0.28 ML / 30 DAYS  Non-Extended Day Supply
UZEDY 125 MG/0.35ML SUSP PRSYR	1	 0.35 ML / 30 DAYS  Non-Extended Day Supply
UZEDY 150 MG/0.42ML SUSP PRSYR	1	 0.42 ML / 60 OVER TIME  Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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UZEDY 200 MG/0.56ML SUSP PRSYR	1	<div data-bbox="1133 317 1192 380">QL</div> 0.56 ML / 60 OVER TIME <div data-bbox="1133 394 1192 457">NDS</div> Non-Extended Day Supply
UZEDY 250 MG/0.7ML SUSP PRSYR	1	<div data-bbox="1133 478 1192 541">QL</div> 0.7 ML / 60 OVER TIME <div data-bbox="1133 556 1192 619">NDS</div> Non-Extended Day Supply
UZEDY 50 MG/0.14ML SUSP PRSYR	1	<div data-bbox="1133 640 1192 703">QL</div> 0.14 ML / 30 DAYS <div data-bbox="1133 697 1192 760">NDS</div> Non-Extended Day Supply
UZEDY 75 MG/0.21ML SUSP PRSYR	1	<div data-bbox="1133 779 1192 842">QL</div> 0.21 ML / 30 DAYS <div data-bbox="1133 835 1192 898">NDS</div> Non-Extended Day Supply

BUTYROPHENONES

<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	

DIBENZAPINES

<i>asenapine maleate</i>	1	<div data-bbox="1133 1245 1192 1276">QL</div> 60 EA / 30 DAYS
<i>clozapine (clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	1	
CLOZAPINE 12.5 MG TAB DISP	1	
<i>loxapine succinate</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>olanzapine</i>	1	
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	1	
SECUADO	1	QL 30 EA / 30 DAYS PA² NDS Non-Extended Day Supply
VERSACLOZ	1	NDS Non-Extended Day Supply
ZYPREXA RELPREVV 210 MG RECON SUSP	1	QL 2 EA / 28 DAYS
DIHYDROINDOLONES		
MOLINDONE HCL	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 5 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 10 mg tab)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	

QUINOLINONE DERIVATIVES

ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1	<div data-bbox="1133 936 1192 999">QL</div> 2.4 ML / 56 OVER TIME <div data-bbox="1133 1010 1192 1073">NDS</div> Non-Extended Day Supply
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1	<div data-bbox="1133 1098 1192 1161">QL</div> 3.2 ML / 56 OVER TIME <div data-bbox="1133 1171 1192 1234">NDS</div> Non-Extended Day Supply
ABILIFY MAINTENA	1	<div data-bbox="1133 1262 1192 1325">QL</div> 1 EA / 28 DAYS <div data-bbox="1133 1335 1192 1398">NDS</div> Non-Extended Day Supply
<i>aripiprazole (aripiprazole 1 mg/ml solution, aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	1	
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	1	<div data-bbox="1133 1612 1192 1675">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 1686 1192 1749">NDS</div> Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARISTADA 1064 MG/3.9ML PRSYR	1	<div data-bbox="1130 317 1192 380">QL</div> 3.9 ML / 56 OVER TIME <div data-bbox="1130 390 1192 453">NDS</div> Non-Extended Day Supply
ARISTADA 441 MG/1.6ML PRSYR	1	<div data-bbox="1130 485 1192 548">QL</div> 1.6 ML / 28 DAYS <div data-bbox="1130 558 1192 621">NDS</div> Non-Extended Day Supply
ARISTADA 662 MG/2.4ML PRSYR	1	<div data-bbox="1130 621 1192 684">QL</div> 2.4 ML / 28 DAYS <div data-bbox="1130 695 1192 758">NDS</div> Non-Extended Day Supply
ARISTADA 882 MG/3.2ML PRSYR	1	<div data-bbox="1130 758 1192 821">QL</div> 3.2 ML / 28 DAYS <div data-bbox="1130 831 1192 894">NDS</div> Non-Extended Day Supply
ARISTADA INITIO	1	<div data-bbox="1130 894 1192 957">QL</div> 4.8 ML / 365 OVER TIME <div data-bbox="1130 968 1192 1031">NDS</div> Non-Extended Day Supply
REXULTI	1	<div data-bbox="1130 1062 1192 1125">QL</div> 30 EA / 30 DAYS <div data-bbox="1130 1136 1192 1199">NDS</div> Non-Extended Day Supply

THIOXANTHENES

<i>thiothixene</i>	1
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ANTISEPTICS & DISINFECTANTS











ANTISEPTICS & DISINFECTANTS

<i>hydrogen peroxide</i>	OTC
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CHLORINE ANTISEPTICS

<i>chlorhexidine gluconate</i>	OTC
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IODINE ANTISEPTICS		
<i>povidone-iodine (betadine)</i>	OTC	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate (abacavir sulfate 20 mg/ml solution, abacavir sulfate 300 mg tab)</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	 Non-Extended Day Supply
APRETUDE	1	 Non-Extended Day Supply
APTIVUS 250 MG CAP	1	 Non-Extended Day Supply
<i>atazanavir sulfate</i>	1	
BIKTARVY	1	 Non-Extended Day Supply
CABENUVA	1	 Non-Extended Day Supply
CIMDUO	1	 Non-Extended Day Supply
COMPLERA	1	
<i>darunavir</i>	1	 Non-Extended Day Supply
DELSTRIGO	1	 Non-Extended Day Supply
DESCOVY	1	 30 EA / 30 DAYS  Non-Extended Day Supply









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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DOVATO	1	 Non-Extended Day Supply
EDURANT	1	 Non-Extended Day Supply
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP, EFAVIRENZ 600 MG TAB)	1	
<i>efavirenz-emtricitab-tenofo df</i>	1	 Non-Extended Day Supply
<i>efavirenz-lamivudine-tenofovir</i>	1	 Non-Extended Day Supply
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i>	1	 30 EA / 30 DAYS  Non-Extended Day Supply
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	 30 EA / 30 DAYS
EMTRIVA 10 MG/ML SOLUTION	1	
<i>etravirine</i>	1	 Non-Extended Day Supply
EVOTAZ	1	 Non-Extended Day Supply
<i>fosamprenavir calcium</i>	1	 Non-Extended Day Supply
FUZEON	1	 Non-Extended Day Supply
GENVOYA	1	 Non-Extended Day Supply
INTELENCE 25 MG TAB	1	













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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVIRASE	1	 Non-Extended Day Supply
ISENTRESS (ISENTRESS 100 MG CHEW TAB, ISENTRESS 100 MG PACKET, ISENTRESS 400 MG TAB)	1	 Non-Extended Day Supply
ISENTRESS 25 MG CHEW TAB	1	
ISENTRESS HD	1	 Non-Extended Day Supply
JULUCA	1	 Non-Extended Day Supply
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA 50 MG/ML SUSPENSION	1	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab, lopinavir-ritonavir 400-100 mg/5ml solution)</i>	1	
<i>maraviroc</i>	1	 Non-Extended Day Supply
<i>nevirapine (nevirapine 50 mg/5ml suspension, nevirapine 200 mg tab)</i>	1	
<i>nevirapine er (nevirapine er 100 mg tab er 24h, nevirapine er 400 mg tab er 24h)</i>	1	
NORVIR 100 MG PACKET	1	
ODEFSEY	1	 Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PIFELTRO	1	 Non-Extended Day Supply
PREZCOBIX	1	 Non-Extended Day Supply
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 150 MG TAB)	1	
PREZISTA 100 MG/ML SUSPENSION	1	 Non-Extended Day Supply
REYATAZ 50 MG PACKET	1	 Non-Extended Day Supply
<i>ritonavir</i>	1	
RUKOBIA	1	 Non-Extended Day Supply
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 75 MG TAB)	1	 Non-Extended Day Supply
SELZENTRY 25 MG TAB	1	
STRIBILD	1	 Non-Extended Day Supply
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK)	1	 Non-Extended Day Supply
SYMTUZA	1	
TEMIXYS	1	 Non-Extended Day Supply
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY (TIVICAY 25 MG TAB, TIVICAY 50 MG TAB)	1	 Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TIVICAY 10 MG TAB	1	
TIVICAY PD	1	 Non-Extended Day Supply
TRIUMEQ	1	 Non-Extended Day Supply
TRIUMEQ PD	1	 Non-Extended Day Supply
TRIZIVIR	1	 Non-Extended Day Supply
TROGARZO	1	 Non-Extended Day Supply  LA
VIRACEPT	1	 Non-Extended Day Supply
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	1	 Non-Extended Day Supply
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	1	 20 EA / 5 OVER TIME  \$0 Copay
PAXLOVID (300/100)	1	 30 EA / 5 OVER TIME  \$0 Copay

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CMV AGENTS		
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	1	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply
<i>valganciclovir hcl 450 mg tab</i>	1	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	1	NDS Non-Extended Day Supply
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	1	
BARACLUDE 0.05 MG/ML SOLUTION	1	NDS Non-Extended Day Supply
<i>entecavir</i>	1	QL 30 EA / 30 DAYS
<i>lamivudine 100 mg tab</i>	1	
LEDIPASVIR-SOFOSBUVIR	1	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 100-40 MG TAB	1	QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply
MAVYRET 50-20 MG PACKET	1	QL 168 EA / 28 DAYS PA NDS Non-Extended Day Supply
PEGASYS	1	PA NDS Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RIBAVIRIN 200 MG CAP	1	
RIBAVIRIN 200 MG TAB	1	
SOFOSBUVIR-VELPATASVIR	1	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
VEMLIDY	1	NDS Non-Extended Day Supply
VOSEVI	1	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
HERPES AGENTS		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 200 mg/5ml suspension, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	
<i>acyclovir sodium</i>	1	PA³
<i>famciclovir</i>	1	
<i>valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	QL 42 EA / 180 OVER TIME
<i>oseltamivir phosphate 30 mg cap</i>	1	QL 84 EA / 180 OVER TIME
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL 540 ML / 180 OVER TIME

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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RIMANTADINE HCL	1	
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XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	1	
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XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	1	
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MISC. ANTIVIRALS

LAGEVRIO	1	 40 EA / 5 OVER TIME
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BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol</i>	1	
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<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	
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BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl</i>	1	
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<i>atenolol</i>	1	
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<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	
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<i>bisoprolol fumarate</i>	1	
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<i>metoprolol succinate er</i>	1	
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<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	
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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>nebivolol hcl</i>	1	
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BETA BLOCKERS NON-SELECTIVE

<i>nadolol</i>	1	
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<i>pindolol</i>	1	
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<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 40 mg/5ml solution, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	
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<i>propranolol hcl er</i>	1	
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<i>sorine</i>	1	
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<i>sotalol hcl (af)</i>	1	
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<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	
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<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	1	
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CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i>	1	
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<i>cartia xt</i>	1	
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<i>dilt-xr</i>	1	
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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 240 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>taztia xt</i>	1	
<i>tiadyt er</i>	1	
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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verapamil hcl er (verapamil hcl er 100 mg cap er 24h, verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 300 mg cap er 24h, verapamil hcl er 360 mg cap er 24h)

1

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)

1

DIGOXIN 0.05 MG/ML SOLUTION

1

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)

1

ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)

1

QL 60 EA / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>bosentan</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
OPSUMIT	1	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply LA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>alyq</i>	1	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply
<i>sildenafil citrate 20 mg tab</i>	1	<ul style="list-style-type: none"> PA
<i>tadalafil (pah)</i>	1	<ul style="list-style-type: none"> PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)

1

PA

NDS

Non-Extended Day Supply

LA

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS

1

PA

NDS

Non-Extended Day Supply

LA

SINUS NODE INHIBITORS

CORLANOR 5 MG TAB

1

QL

60 EA / 30 DAYS

CORLANOR 5 MG/5ML SOLUTION

1

QL

450 ML / 30 DAYS

CORLANOR 7.5 MG TAB

1

QL

60 EA / 30 DAYS

ivabradine hcl

1

QL

60 EA / 30 DAYS

TRANSTHYRETIN STABILIZERS

VYNDAMAX

1

QL

30 EA / 30 DAYS

PA

LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)

VERQUVO	1	QL 30 EA / 30 DAYS
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CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil (cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	1	
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<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 2 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 100 gm recon soln, cefazolin sodium 300 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	1	
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CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN)	1	
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<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap)</i>	1	
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CEPHALOSPORINS - 2ND GENERATION

CEFACLOR (CEFACLOR 250 MG CAP, CEFACLOR 500 MG CAP)	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefotetan disodium</i>	1	
CEFOTETAN DISODIUM-DEXTROSE	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	1	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	1	
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	1	
<i>ceftazidime</i>	1	
CEFTAZIDIME AND DEXTROSE	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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CEFTRIAZONE SODIUM
(CEFTRIAZONE SODIUM 1 GM RECON SOLN, CEFTRIAZONE SODIUM 2 GM RECON SOLN, CEFTRIAZONE SODIUM 10 GM RECON SOLN, CEFTRIAZONE SODIUM 100 GM RECON SOLN, CEFTRIAZONE SODIUM 250 MG RECON SOLN, CEFTRIAZONE SODIUM 500 MG RECON SOLN)

1

CEFTRIAZONE SODIUM IN DEXTROSE

1

CEFTRIAZONE SODIUM-DEXTROSE

1

tazicef 1 gm recon soln

1

tazicef 2 gm recon soln

1

TAZICEF 6 GM RECON SOLN

1

CEPHALOSPORINS - 4TH GENERATION

cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)

1

CEFEPIME-DEXTROSE

1

CEPHALOSPORINS - 5TH GENERATION

TEFLARO

1



Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>cryselle-28</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>desogestrel-ethinyl estradiol (desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab, desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab)</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>enpresse-28</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>hailey 24 fe</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>levonorgest-eth est & eth est</i>	1	
<i>levonorgest-eth estrad 91-day</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg- mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	1	
<i>levora 0.15/30 (28)</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>melodetta 24 fe</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	


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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>nikki</i>	1	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trivora (28)</i>	1	
<i>turqoz</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
VELIVET	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wymzya fe</i>	1	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	1	 1 EA / 365 OVER TIME
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>haloette</i>	1	
EMERGENCY CONTRACEPTIVES		
<i>levonorgestrel (plan b)</i>	OTC	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104	1	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	1	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>emzahh</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
OPILL	OTC	
<i>sharobel</i>	1	
SLYND	1	
<i>tulana</i>	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 EA / 30 DAYS</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div>Non-Extended Day Supply</div> </div>
<i>decadron (decadron 0.5 mg tab, decadron 0.75 mg tab)</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
DEXAMETHASONE INTENSOL	1	
DEXAMETHASONE SOD PHOS +RFID	1	
<i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution)</i>	1	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf)</i>	1	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	1	PA ³
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	PA ³
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	1	PA ³

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	PA ³
PREDNISONE (PREDNISONE 1 MG TAB, PREDNISONE 2.5 MG TAB, PREDNISONE 5 MG TAB, PREDNISONE 5 MG/5ML SOLUTION, PREDNISONE 10 MG TAB, PREDNISONE 20 MG TAB, PREDNISONE 50 MG TAB)	1	PA ³
<i>prednisone (prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	1	
PREDNISONE INTENSOL	1	PA ³
SOLU-CORTEF	1	
SOLU-MEDROL (PF)	1	
SOLU-MEDROL 1000 MG RECON SOLN	1	
SOLU-MEDROL 2 GM RECON SOLN	1	
SOLU-MEDROL 500 MG RECON SOLN	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1*	
<i>dextromethorphan (robitussin)</i>	OTC	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>cetirizine / pseudoephedrine (zyrtec – d)</i>	OTC	
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	OTC	
<i>chlorpheniramine / phenylephrine / aspirin</i>	OTC	
<i>dextromethorphan / acetaminophen / chlorpheniramine</i>	OTC	
<i>dextromethorphan / phenylephrine / acetaminophen</i>	OTC	
<i>diphenhydramine / phenylephrine / acetaminophen</i>	OTC	
<i>doxylamine / dextromethorphan</i>	OTC	
<i>ephedrine / guaifenesin</i>	OTC	
<i>g tussin ac</i>	OTC	
<i>guaiaatussin ac</i>	OTC	
<i>guaifenesin / dextromethorphan (mucinex dm)</i>	OTC	
<i>guaifenesin / dextromethorphan / phenylephrine</i>	OTC	
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	OTC	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>guaifenesin ac</i>	OTC	
<i>guaifenesin-codeine (guaifenesin-codeine 100-10 mg/5ml solution, guaifenesin-codeine 200-20 mg/10ml solution)</i>	OTC	
<i>loratadine / pseudoephedrine (claritin – d)</i>	OTC	
<i>maxi-tuss ac</i>	OTC	
<i>phenylephrine / acetaminophen</i>	OTC	
<i>phenylephrine / bropheniramine / dextromethorphan</i>	OTC	
<i>phenylephrine / chlorpheniramine / dextromethorphan</i>	OTC	
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	OTC	
<i>phenylephrine / dextromethorphan</i>	OTC	
<i>phenylephrine / dextromethorphan / guaifenesin / acetaminophen</i>	OTC	
<i>phenylephrine / doxylamine / dextromethorphan / acetaminophen</i>	OTC	
<i>phenylephrine / guaifenesin</i>	OTC	
<i>pseudoephedrine / acetaminophen</i>	OTC	
<i>pseudoephedrine / guaifenesin</i>	OTC	
<i>pseudoephedrine / ibuprofen</i>	OTC	
<i>virtussin a/c</i>	OTC	
<i>virtussin ac w/alc</i>	OTC	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EXPECTORANTS		
<i>guaifenesin (mucinex)</i>	OTC	
MISC. RESPIRATORY INHALANTS		
<i>camphor</i>	OTC	
<i>camphor / eucalyptus / menthol</i>	OTC	
<i>sodium chloride nasal spray</i>	OTC	
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	PA ³
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>accutane</i>	1	
<i>amnesteam</i>	1	
<i>avita 0.025 % cream</i>	1	QL 45 GM / 30 DAYS PA
<i>benzoyl peroxide</i>	OTC	
<i>claravis</i>	1	
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution)</i>	1	QL 60 ML / 30 DAYS
<i>clindamycin phosphate 1 % gel</i>	1	QL 75 GM / 30 DAYS
ERY	1	QL 60 EA / 30 DAYS
<i>erythromycin 2 % solution</i>	1	QL 60 ML / 30 DAYS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>isotretinoin</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	QL 118 ML / 30 DAYS
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % cream, tretinoin 0.025 % gel, tretinoin 0.05 % cream, tretinoin 0.05 % gel, tretinoin 0.1 % cream)</i>	1	QL 45 GM / 30 DAYS PA
<i>zenatane</i>	1	

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>aleve arthritis pain</i>	OTC	
<i>arthritis pain reliever 1 % gel</i>	OTC	
<i>aspercreme arthritis pain</i>	OTC	
<i>cvs diclofenac sodium</i>	OTC	
<i>diclofenac 1% gel</i>	OTC	
<i>diclofenac 1% gel rx only</i>	1	QL 1000 GM / 30 DAYS
<i>diclofenac sodium 1 % gel</i>	OTC	
<i>eq arthritis pain 1 % gel</i>	OTC	
<i>eq arthritis pain reliever</i>	OTC	
<i>ft arthritis pain</i>	OTC	
<i>gnp arthritis pain</i>	OTC	
<i>gnp diclofenac sodium</i>	OTC	
<i>goodsense arthritis pain 1 % gel</i>	OTC	
<i>kls arthritis pain relief</i>	OTC	
<i>kls diclofenac sodium</i>	OTC	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mm arthritis pain reliever</i>	OTC	
<i>motrin arthritis pain</i>	OTC	
<i>pharmacist choice diclofenac</i>	OTC	
<i>qc diclofenac sodium</i>	OTC	
<i>sm arthiritis pain</i>	OTC	
ANTIBIOTICS - TOPICAL		
<i>bacitracin</i>	OTC	
<i>bacitracin / polymyxin b (polysporin)</i>	OTC	
<i>bacitracin zinc</i>	OTC	
<i>gentamicin sulfate 0.1 % cream</i>	1	QL 30 GM / 30 DAYS
<i>gentamicin sulfate 0.1 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>mupirocin 2% ointment</i>	1	QL 220 GM / 30 DAYS
<i>neomycin / bacitracin / polymixin (neosporin)</i>	OTC	
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	OTC	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77 % gel</i>	1	QL 100 GM / 30 DAYS
<i>ciclopirox 1 % shampoo</i>	1	QL 120 ML / 30 DAYS
<i>ciclopirox 8 % solution</i>	1	QL 13.2 ML / 30 DAYS
<i>ciclopirox olamine 0.77 % cream</i>	1	QL 90 GM / 30 DAYS
<i>ciclopirox olamine 0.77 % suspension</i>	1	QL 60 ML / 30 DAYS

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clotrimazole (lotrimin)</i>	OTC	
<i>clotrimazole cream (lotrimin) rx only</i>	1	QL 45 GM / 30 DAYS
<i>clotrimazole solution (lotrimin) rx only</i>	1	QL 30 ML / 28 OVER TIME
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	QL 90 GM / 30 DAYS
<i>econazole nitrate</i>	1	QL 85 GM / 30 DAYS
<i>ketokonazole 2 % cream</i>	1	QL 120 GM / 30 DAYS
<i>ketokonazole 2 % shampoo</i>	1	QL 240 ML / 30 DAYS
<i>klayesta</i>	1	QL 60 GM / 30 DAYS
<i>miconazole (micatin)</i>	OTC	
<i>nyamyc</i>	1	QL 60 GM / 30 DAYS
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment)</i>	1	QL 30 GM / 30 DAYS
<i>nystatin 100000 unit/gm powder</i>	1	QL 60 GM / 30 DAYS
<i>nystatin-triamcinolone</i>	1	QL 60 GM / 30 DAYS
<i>nystop</i>	1	QL 60 GM / 30 DAYS
<i>terbinafine (lamisil)</i>	OTC	
<i>tolnaftate (tinactin)</i>	OTC	
ANTIHISTAMINES-TOPICAL		
<i>diphenhydramine</i>	OTC	
<i>diphenhydramine / zinc</i>	OTC	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene 1 % gel</i>	1	QL 60 GM / 30 DAYS PA ² NDS Non-Extended Day Supply
<i>diclofenac sodium 3 % gel</i>	1	QL 100 GM / 30 DAYS PA
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	1	QL 10 ML / 30 DAYS
<i>fluorouracil 5 % cream</i>	1	QL 40 GM / 30 DAYS
PANRETIN	1	PA ² NDS Non-Extended Day Supply
VALCHLOR	1	QL 240 GM / 30 DAYS PA ² NDS Non-Extended Day Supply LA

ANTIPRURITICS - TOPICAL

<i>anti-itch 0.5-0.5 % lotion</i>	OTC	
<i>cvs anti-itch 0.5-0.5 % lotion</i>	OTC	
<i>gnp anti-itch 0.5-0.5 % lotion</i>	OTC	

ANTIPSORIATICS

<i>acitretin</i>	1	
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








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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	1	QL 120 GM / 30 DAYS
CALCIPOTRIENE 0.005 % SOLUTION	1	QL 120 ML / 30 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	1	
METHOXSALLEN RAPID	1	NDS Non-Extended Day Supply
SKYRIZI 150 MG/ML SOLN PRSYR	1	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
SKYRIZI PEN	1	QL 2 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	1	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
STELARA 90 MG/ML SOLN PRSYR	1	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	1	QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TALTZ 20 MG/0.25ML SOLN PRSYR	1	QL 0.25 ML / 28 DAYS PA NDS Non-Extended Day Supply
TALTZ 40 MG/0.5ML SOLN PRSYR	1	QL 0.5 ML / 28 DAYS PA NDS Non-Extended Day Supply
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	1	QL 60 GM / 30 DAYS PA
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % ointment</i>	1	QL 30 GM / 30 DAYS
<i>penciclovir</i>	1	QL 5 GM / 7 OVER TIME
BATH PRODUCTS		
<i>bath oil</i>	OTC	
<i>body wash</i>	OTC	
<i>emollient</i>	OTC	
MOISTURIZING CREAM (VANICREAM)	OTC	
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ssd	1	
SULFAMYLON 85 MG/GM CREAM	1	 453.6 GM / 30 DAYS
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % ointment)</i>	1	 90 GM / 30 DAYS
<i>betamethasone dipropionate 0.05 % lotion</i>	1	 120 ML / 30 DAYS
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	1	 100 GM / 30 DAYS
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	 120 ML / 30 DAYS
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % ointment)</i>	1	 180 GM / 30 DAYS
<i>betamethasone valerate 0.1 % lotion</i>	1	 120 ML / 30 DAYS
<i>clobetasol prop emollient base</i>	1	 120 GM / 30 DAYS
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment)</i>	1	 120 GM / 30 DAYS
<i>clobetasol propionate 0.05 % foam</i>	1	 100 GM / 30 DAYS
<i>clobetasol propionate 0.05 % lotion</i>	1	 118 ML / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clobetasol propionate 0.05 % shampoo</i>	1	QL 236 ML / 30 DAYS
<i>clobetasol propionate 0.05 % solution</i>	1	QL 100 ML / 30 DAYS
<i>clobetasol propionate e</i>	1	QL 120 GM / 30 DAYS
<i>clodan 0.05 % shampoo</i>	1	QL 236 ML / 30 DAYS
<i>cortizone-10 feminine itch</i>	OTC	
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	1	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide 0.01 % solution</i>	1	QL 90 ML / 30 DAYS
<i>fluocinolone acetonide 0.025 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>fluocinolone acetonide body</i>	1	QL 120 ML / 30 DAYS
<i>fluocinolone acetonide scalp</i>	1	QL 120 ML / 30 DAYS
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % ointment)</i>	1	QL 60 GM / 30 DAYS
FLUOCINONIDE 0.05 % GEL	1	QL 60 GM / 30 DAYS
<i>fluocinonide 0.05 % solution</i>	1	QL 60 ML / 30 DAYS
<i>gynecort 10</i>	OTC	
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	1	QL 50 GM / 30 DAYS
<i>hydrocortisone</i>	OTC	
HYDROCORTISONE 2.5 % LOTION	1	QL 118 ML / 30 DAYS
<i>hydrocortisone cream</i>	1	QL 240 GM / 30 DAYS
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment)</i>	1	QL 180 GM / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mometasone furoate 0.1 % solution</i>	1	QL 180 ML / 30 DAYS
MONISTAT CARE INSTANT ITCH RLF	OTC	
<i>preparation h 1 % cream</i>	OTC	
<i>preparation h soothing relief 1 % cream</i>	OTC	
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream)</i>	1	QL 454 GM / 30 DAYS
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.1 % lotion)</i>	1	QL 120 ML / 30 DAYS
<i>triamcinolone acetonide 0.5 % ointment</i>	1	QL 120 GM / 30 DAYS
<i>triderm</i>	1	QL 454 GM / 30 DAYS
<i>vagisil 1 % cream</i>	OTC	
DIAPER RASH PRODUCTS		
<i>diaper rash products</i>	OTC	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	1	QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	1	QL 4.56 ML / 28 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	1	QL 8 ML / 28 DAYS PA NDS Non-Extended Day Supply
DUPIXENT 100 MG/0.67ML SOLN PRSYR	1	QL 1.34 ML / 28 DAYS PA NDS Non-Extended Day Supply
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea 10% and 20% (carmol)</i>	OTC	
EMOLLIENTS		
<i>ammonium lactate (amlactin)</i>	OTC	
<i>ammonium lactate (amlactin) rx only</i>	1	
<i>glycerin</i>	OTC	
<i>mineral oil / petrolatum</i>	OTC	
<i>vitamin a</i>	OTC	
<i>vitamin a / vitamin d</i>	OTC	
ENZYMES - TOPICAL		
SANTYL	1	QL 180 GM / 30 OVER TIME
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	QL 24 EA / 30 DAYS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	1	QL 100 GM / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	1	QL 100 GM / 30 DAYS
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX 0.5 % SOLUTION	1	QL 7 ML / 30 DAYS
<i>salicylic acid</i>	OTC	
LINIMENTS		
<i>camphor / menthol / methyl salicylate (salonpas)</i>	OTC	
<i>methyl salicylate / menthol</i>	OTC	
<i>trolamine salicylate (myoflex)</i>	OTC	
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin (zostrix)</i>	OTC	
<i>capsaicin / menthol (salonpas)</i>	OTC	
<i>lidocaine hcl 4 % solution</i>	1	QL 50 ML / 30 DAYS
LIDOCAINE HCL URETHRAL/MUCOSAL (LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL, LIDOCAINE HCL URETHRAL/MUCOSAL 2 % PRSYR)	1	QL 60 ML / 7 OVER TIME
<i>lidocaine ointment rx only</i>	1	QL 107 GM / 30 DAYS
<i>lidocaine patches</i>	OTC	
<i>lidocaine patches rx only</i>	1	QL 90 EA / 30 DAYS PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	QL 30 GM / 30 DAYS
<i>pramoxine / calamine</i>	OTC	
MISC. TOPICAL		
<i>calamine</i>	OTC	
<i>calamine / zinc oxide</i>	OTC	
<i>dimethicone</i>	OTC	
DIMETHICONE CREAM	OTC	
DRYSOL	1*	
<i>eyelid cleansers</i>	OTC	
<i>lanolin / petrolatum</i>	OTC	
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	OTC	
<i>menthol / zinc oxide</i>	OTC	
SKIN OIL (JOHNSONS BABY OIL)	OTC	
<i>skin oils</i>	OTC	
<i>sodium chloride</i>	OTC	
<i>witch hazel</i>	OTC	
<i>zinc oxide (desitin)</i>	OTC	
ROSACEA AGENTS		
<i>azelaic acid</i>	1	QL 50 GM / 30 DAYS
<i>ivermectin 1 % cream</i>	1	QL 60 GM / 30 OVER TIME
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)</i>	1	QL 45 GM / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metronidazole 0.75 % lotion</i>	1	QL 59 ML / 30 DAYS
<i>metronidazole 1 % gel</i>	1	QL 60 GM / 30 DAYS
SCABICIDES PEDICULICIDES		
LINDANE	1	
<i>malathion</i>	1	
<i>permethrin (nix)</i>	OTC	
<i>permethrin (nix) rx only</i>	1	
<i>piperonyl / pyrethrins (rid)</i>	OTC	
TAR PRODUCTS		
<i>coal tar</i>	OTC	
WOUND CARE PRODUCTS		
REGANEX	1	NDS Non-Extended Day Supply
<i>wound care supplies</i>	OTC	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC	1*	
GLUCAGON HCL (DIAGNOSTIC)	1*	
DIAGNOSTIC TESTS		
KETONE TEST STRIPS	OTC	
ONETOUCH ULTRA	Part B Covered	
ONETOUCH ULTRA BLUE TEST	Part B Covered	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ONETOUCH ULTRA TEST	Part B Covered	
ONETOUCH VERIO STRIP	Part B Covered	
URINE DIAGNOSTIC STRIPS	OTC	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
l-methylfolate	OTC	
l-methylfolate combinations	OTC	
NUTRITIONAL SUPPLEMENTS		
<i>nutritional supplements</i>	OTC	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	1	
<i>lactase (lactaid)</i>	OTC	
SUCRAID	1	<div data-bbox="1133 1150 1195 1188">PA</div> <div data-bbox="1133 1199 1195 1236">NDS</div> <div data-bbox="1133 1268 1195 1306">LA</div> Non-Extended Day Supply
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>methazolamide</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (bumetanide 0.25 mg/ml solution, bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide (furosemide 8 mg/ml solution, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	
<i>torseamide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab, alendronate sodium 70 mg/75ml solution)</i>	1	
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL 1 EA / 30 DAYS
<i>risedronate sodium</i>	1	
<i>teriparatide</i>	1	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	1	QL 2.48 ML / 28 DAYS PA NDS Non-Extended Day Supply
XGEVA	1	QL 1.7 ML / 28 DAYS PA NDS Non-Extended Day Supply

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	1	<div data-bbox="1133 390 1192 422">PA</div> <div data-bbox="1133 443 1192 495">NDS</div> <div data-bbox="1203 443 1479 506">Non-Extended Day Supply</div> <div data-bbox="1133 512 1192 543">LA</div>
GROWTH HORMONES		
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	1	<div data-bbox="1133 684 1192 716">PA</div> <div data-bbox="1133 737 1192 789">NDS</div> <div data-bbox="1203 737 1479 800">Non-Extended Day Supply</div>
SKYTROFA	1	<div data-bbox="1133 863 1192 894">PA</div> <div data-bbox="1133 915 1192 968">NDS</div> <div data-bbox="1203 915 1479 978">Non-Extended Day Supply</div> <div data-bbox="1133 984 1192 1016">LA</div>
HORMONE RECEPTOR MODULATORS		
OSPHENA	1	
<i>raloxifene hcl</i>	1	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX	1	<div data-bbox="1133 1308 1192 1339">PA</div> <div data-bbox="1133 1360 1192 1413">NDS</div> <div data-bbox="1203 1360 1479 1423">Non-Extended Day Supply</div> <div data-bbox="1133 1430 1192 1461">LA</div>
METABOLIC MODIFIERS		
<i>betaine</i>	1	<div data-bbox="1133 1566 1192 1619">NDS</div> <div data-bbox="1203 1566 1479 1629">Non-Extended Day Supply</div> <div data-bbox="1133 1635 1192 1667">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap, calcitriol 1 mcg/ml solution)</i>	1	
<i>carglumic acid</i>	1	<div data-bbox="1133 415 1195 453">PA</div> <div data-bbox="1133 464 1195 522">NDS</div> <div data-bbox="1133 533 1195 571">LA</div> Non-Extended Day Supply
<i>cinacalcet hcl</i>	1	<div data-bbox="1133 600 1195 638">PA</div>
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	1	
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
NEXVIAZYME	1	<div data-bbox="1133 957 1195 995">PA</div> <div data-bbox="1133 1005 1195 1064">NDS</div> <div data-bbox="1133 1075 1195 1113">LA</div> Non-Extended Day Supply
<i>nitisinone</i>	1	<div data-bbox="1133 1142 1195 1180">PA</div> <div data-bbox="1133 1190 1195 1249">NDS</div> Non-Extended Day Supply
OPFOLDA	1	<div data-bbox="1133 1272 1195 1310">QL</div> 8 EA / 28 DAYS
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	1	
<i>sapropterin dihydrochloride (sapropterin dihydrochloride 100 mg packet, sapropterin dihydrochloride 500 mg packet)</i>	1	<div data-bbox="1133 1482 1195 1520">PA</div> <div data-bbox="1133 1530 1195 1589">NDS</div> <div data-bbox="1133 1600 1195 1638">LA</div> Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium phenylbutyrate 500 mg tab</i>	1	<div data-bbox="1133 317 1192 352">PA</div> <div data-bbox="1133 365 1192 428">NDS</div> Non-Extended Day Supply
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA	1	<div data-bbox="1133 527 1192 562">QL</div> 30 EA / 30 DAYS <div data-bbox="1133 575 1192 611">PA</div>
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	1	<div data-bbox="1133 1262 1192 1297">PA</div>
SIGNIFOR	1	<div data-bbox="1133 1415 1192 1451">QL</div> 60 ML / 30 DAYS <div data-bbox="1133 1463 1192 1499">PA</div> <div data-bbox="1133 1512 1192 1575">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1587 1192 1623">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>norethindrone-eth estradiol</i>	1	
ESTROGENS		
<i>dotti</i>	1	
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk, estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	
<i>estradiol valerate</i>	1	
<i>lyllana</i>	1	
MENEST	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	
<i>levofloxacin in d5w</i>	1	
MOXIFLOXACIN HCL (MOXIFLOXACIN HCL 400 MG TAB, MOXIFLOXACIN HCL 400 MG/250ML SOLUTION)	1	
MOXIFLOXACIN HCL IN NAACL	1	
OFLOXACIN (OFLOXACIN 300 MG TAB, OFLOXACIN 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
<i>simethicone (mylicon)</i>	OTC	
GALLSTONE SOLUBILIZING AGENTS		
RELTONE	1	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	1	
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GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium 100 mg/5ml conc</i>	1	
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GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone</i>	1	
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GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution)</i>	1	
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INFLAMMATORY BOWEL AGENTS




<i>balsalazide disodium</i>	1	
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DIPENTUM	1	 Non-Extended Day Supply
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<i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 4 gm enema, mesalamine 400 mg cap dr, mesalamine 800 mg tab dr, mesalamine 1000 mg suppos)</i>	1	
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<i>mesalamine er</i>	1	
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<i>mesalamine-cleanser</i>	1	
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SKYRIZI 180 MG/1.2ML SOLN CART	1	 1.2 ML / 56 OVER TIME  PA  Non-Extended Day Supply
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SKYRIZI 360 MG/2.4ML SOLN CART	1	<div data-bbox="1133 317 1190 380">QL</div> 2.4 ML / 56 OVER TIME <div data-bbox="1133 390 1190 432">PA</div> <div data-bbox="1133 443 1190 506">NDS</div> Non-Extended Day Supply
<i>sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	1	<div data-bbox="1133 951 1190 1014">NDS</div> Non-Extended Day Supply
LINZESS	1	<div data-bbox="1133 1035 1190 1077">QL</div> 30 EA / 30 DAYS
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	1	<div data-bbox="1133 1171 1190 1213">QL</div> 30 EA / 30 DAYS
RELISTOR 12 MG/0.6ML SOLUTION	1	<div data-bbox="1133 1234 1190 1276">QL</div> 18 ML / 30 DAYS <div data-bbox="1133 1287 1190 1329">PA</div> <div data-bbox="1133 1339 1190 1402">NDS</div> Non-Extended Day Supply
RELISTOR 8 MG/0.4ML SOLUTION	1	<div data-bbox="1133 1423 1190 1465">QL</div> 12 ML / 30 DAYS <div data-bbox="1133 1476 1190 1518">PA</div> <div data-bbox="1133 1528 1190 1591">NDS</div> Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>lanthanum carbonate</i>	1	 Non-Extended Day Supply
<i>sevelamer carbonate</i>	1	
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	1	 90 EA / 30 DAYS   Non-Extended Day Supply 
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS NO 2	1	
ALKALINIZERS		
<i>potassium citrate</i>	OTC	
<i>potassium citrate / sodium citrate (cytra-3)</i>	OTC	
<i>potassium citrate er</i>	1	
<i>sodium citrate</i>	OTC	
CYSTINOSIS AGENTS		
CYSTAGON	1	 

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
RENACIDIN	1	
<i>sodium chloride 0.9 % solution</i>	1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine (azo)</i>	OTC	
URINARY STONE AGENTS		
LITHOSTAT	1	
<i>tiopronin 100 mg tab</i>	1	<div data-bbox="1133 1388 1195 1423">PA</div> <div data-bbox="1133 1436 1195 1472">NDS</div> <div data-bbox="1133 1505 1195 1541">LA</div> <div data-bbox="1203 1436 1479 1505">Non-Extended Day Supply</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	
GOUT AGENTS		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	
URICOSURICS		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	1	<div data-bbox="1133 1079 1192 1115">PA</div> <div data-bbox="1133 1129 1192 1192">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1203 1192 1239">LA</div>
<i>sajazir</i>	1	<div data-bbox="1133 1268 1192 1304">PA</div> <div data-bbox="1133 1318 1192 1381">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1392 1192 1428">LA</div>
COMPLEMENT INHIBITORS		
CINRYZE	1	<div data-bbox="1133 1530 1192 1566">PA</div> <div data-bbox="1133 1581 1192 1644">NDS Non-Extended Day Supply</div> <div data-bbox="1133 1654 1192 1690">LA</div>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HAEGARDA	1	<div data-bbox="1133 317 1195 359">PA</div> <div data-bbox="1133 369 1195 432">NDS</div> <div data-bbox="1203 369 1479 432">Non-Extended Day Supply</div> <div data-bbox="1133 443 1195 485">LA</div>
RUCONEST	1	<div data-bbox="1133 506 1195 548">PA</div> <div data-bbox="1133 558 1195 621">NDS</div> <div data-bbox="1203 558 1479 621">Non-Extended Day Supply</div> <div data-bbox="1133 632 1195 674">LA</div>
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	1	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	1	
<i>prasugrel hcl</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	1	<div data-bbox="1133 1524 1195 1566">QL</div> <div data-bbox="1203 1524 1451 1566">60 EA / 30 DAYS</div> <div data-bbox="1133 1577 1195 1619">PA</div> <div data-bbox="1133 1629 1195 1692">NDS</div> <div data-bbox="1203 1629 1479 1692">Non-Extended Day Supply</div> <div data-bbox="1133 1703 1195 1745">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>miglustat</i>	1	PA NDS Non-Extended Day Supply LA
<i>yargesa</i>	1	PA NDS Non-Extended Day Supply LA
AGENTS FOR SICKLE CELL DISEASE		
DROXIA	1	
l-glutamine 5 gm packet	1	QL 180 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
COBALAMINS		
<i>cyanocobalmin (vitamin b12)</i>	OTC	
FOLIC ACID/FOLATES		
<i>folic acid</i>	OTC	
HEMATOPOIETIC GROWTH FACTORS		
PROMACTA (PROMACTA 12.5 MG PACKET, PROMACTA 25 MG PACKET)	1	PA NDS Non-Extended Day Supply
PROMACTA (PROMACTA 12.5 MG TAB, PROMACTA 25 MG TAB)	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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PROMACTA (PROMACTA 50 MG TAB, PROMACTA 75 MG TAB)	1	<div data-bbox="1133 317 1192 352">QL</div> 60 EA / 30 DAYS <div data-bbox="1133 365 1192 401">PA</div> <div data-bbox="1133 413 1474 478">NDS Non-Extended Day Supply</div>
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	1	PA
RETACRIT 40000 UNIT/ML SOLUTION	1	<div data-bbox="1133 789 1192 825">PA</div> <div data-bbox="1133 840 1474 905">NDS Non-Extended Day Supply</div>
UDENYCA	1	<div data-bbox="1133 930 1192 966">NDS</div> Non-Extended Day Supply
ZARXIO	1	<div data-bbox="1133 1020 1192 1056">NDS</div> Non-Extended Day Supply
ZIEXTENZO	1	<div data-bbox="1133 1110 1192 1146">NDS</div> Non-Extended Day Supply

HEMATOPOIETIC MIXTURES

<i>chewable iron</i>	OTC
<i>cyanocobalmin (vitamin b12) / folic acid</i>	OTC
<i>ferraplus 90</i>	OTC
FERREX	OTC
<i>ferrex 150 forte plus</i>	OTC
<i>ferrex 150 plus</i>	OTC

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ferrex 28</i>	OTC	
<i>ferrous fumarate / folic acid</i>	OTC	
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	OTC	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	OTC	
<i>ferrous fumarate polysaccharide complex</i>	OTC	
FERROUS SULFATE	OTC	
<i>ferrous sulfate combination</i>	OTC	
<i>folic acid / vitamin b6 / vitamin b12</i>	OTC	
<i>folic acid / vitamin b6 / vitamin b12 / omega-3</i>	OTC	
<i>folic acid / vitamin d</i>	OTC	
<i>hemetab</i>	OTC	
<i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i>	OTC	
<i>iron / vitamin c / vitamin b12 / folic acid</i>	OTC	
<i>iron combinations</i>	OTC	
<i>iron polysaccharide complex</i>	OTC	
<i>multigen</i>	OTC	
<i>multigen folic</i>	OTC	
<i>multigen plus</i>	OTC	
MULTIGEN TABLET	OTC	
<i>taron forte</i>	OTC	
<i>vitamin c / iron (vitron-c)</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IRON		
<i>carbonyl iron</i>	OTC	
<i>ferrous fumarate</i>	OTC	
<i>ferrous gluconate</i>	OTC	
<i>ferrous sulfate</i>	OTC	
<i>polysaccharide iron complex</i>	OTC	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	1	QL 30 EA / 30 DAYS
NON-BARBITURATE HYPNOTICS		
<i>eszopiclone</i>	1	QL 30 EA / 30 DAYS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	1	QL 30 EA / 30 DAYS PA²
<i>zaleplon 10 mg cap</i>	1	QL 60 EA / 30 DAYS
<i>zaleplon 5 mg cap</i>	1	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	QL 60 EA / 30 DAYS
<i>zolpidem tartrate er</i>	1	QL 30 EA / 30 DAYS
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	1	QL 30 EA / 30 DAYS
DAYVIGO	1	QL 30 EA / 30 DAYS
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>ramelteon</i>	1	QL 30 EA / 30 DAYS
<i>tasimelteon</i>	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LAXATIVES		
BULK LAXATIVES		
<i>benefiber on the go powder</i>	OTC	
<i>calcium polycarbophil (fiber laxative)</i>	OTC	
<i>cellulose (unifiber)</i>	OTC	
<i>clear soluble fiber</i>	OTC	
<i>eq fiber powder</i>	OTC	
<i>eq1 fiber supplement</i>	OTC	
<i>eq1 fiber supplement (wheat)</i>	OTC	
<i>gnp best fiber</i>	OTC	
<i>goodsense best fiber</i>	OTC	
<i>methylcellulose (citrucel)</i>	OTC	
<i>psyllium (metamucil)</i>	OTC	
LAXATIVE COMBINATIONS		
GAVILYTE-C	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
GOLYTELY	1	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
<i>senna / docusate sodium (peri-colace)</i>	OTC	
SUFLAVE	1	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
<i>glycerin suppository</i>	OTC	
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	
<i>polyethylene glycol 3350 (miralax)</i>	OTC	
<i>sorbitol solution</i>	OTC	
LUBRICANT LAXATIVES		
<i>mineral oil</i>	OTC	
SALINE LAXATIVES		
<i>enema</i>	OTC	
<i>magnesium citrate solution (citroma)</i>	OTC	
<i>magnesium hydroxide (phillips' milk of magnesia)</i>	OTC	
STIMULANT LAXATIVES		
<i>bisacodyl (dulcolax)</i>	OTC	
<i>sennosides</i>	OTC	
SURFACTANT LAXATIVES		
<i>docusate calcium (surfak)</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>docusate sodium (colace)</i>	OTC	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg recon soln, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG TAB, CLARITHROMYCIN 250 MG/5ML RECON SUSP, CLARITHROMYCIN 500 MG TAB)	1	
<i>clarithromycin er</i>	1	
ERYTHROMYCINS		
<i>ery-tab</i>	1	
ERYTHROCIN STEARATE	1	
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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erythromycin base (erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab, erythromycin base 500 mg tab dr)

1

erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg tab, erythromycin ethylsuccinate 400 mg/5ml recon susp)

1

FIDAXOMICIN

DIFICID 200 MG TAB

1



20 EA / 10 OVER TIME

DIFICID 40 MG/ML RECON SUSP

1



136 ML / 10 OVER TIME

MEDICAL DEVICES AND SUPPLIES

AUDITORY SUPPLIES

hearing aid batteries

OTC

BANDAGES-DRESSINGS-TAPE

GAUZE PADS

1

gauze pads and dressings

OTC

CONTRACEPTIVES

female condoms

OTC

male condoms

OTC

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIABETIC SUPPLIES		
<i>blood glucose monitoring supplies</i>	Part B Covered	
DEXCOM G5 MOB/G4 PLAT SENSOR	Part B Covered	PA
DEXCOM G5 MOBILE RECEIVER	Part B Covered	PA
DEXCOM G5 MOBILE TRANSMITTER	Part B Covered	PA
DEXCOM G5 RECEIVER KIT	Part B Covered	PA
DEXCOM G6 RECEIVER	Part B Covered	QL 1 EA / 274 OVER TIME PA
DEXCOM G6 SENSOR	Part B Covered	QL 3 EA / 30 DAYS PA
DEXCOM G6 TRANSMITTER	Part B Covered	QL 1 EA / 68 OVER TIME PA
DEXCOM G7 RECEIVER	Part B Covered	QL 1 EA / 275 OVER TIME PA
DEXCOM G7 SENSOR	Part B Covered	QL 3 EA / 30 DAYS PA
FREESTYLE LIBRE 14 DAY READER	Part B Covered	QL 1 EA / 274 OVER TIME PA
FREESTYLE LIBRE 14 DAY SENSOR	Part B Covered	QL 2 EA / 28 DAYS PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FREESTYLE LIBRE 2 PLUS SENSOR	Part B Covered	QL 2 EA / 30 DAYS PA
FREESTYLE LIBRE 2 READER	Part B Covered	QL 1 EA / 274 OVER TIME PA
FREESTYLE LIBRE 2 SENSOR	Part B Covered	QL 2 EA / 28 DAYS PA
FREESTYLE LIBRE 3 PLUS SENSOR	Part B Covered	QL 2 EA / 30 DAYS PA
FREESTYLE LIBRE 3 READER	Part B Covered	QL 1 EA / 274 OVER TIME PA
FREESTYLE LIBRE 3 SENSOR	Part B Covered	QL 2 EA / 28 DAYS PA
FREESTYLE LIBRE READER	Part B Covered	QL 1 EA / 274 OVER TIME PA
FREESTYLE LIBRE SENSOR SYSTEM	Part B Covered	QL 2 EA / 20 DAYS PA
<i>lancet device</i>	Part B Covered	
<i>lancets</i>	Part B Covered	
OMNIPOD 5 G6 INTRO (GEN 5)	1	QL 1 EA / 275 OVER TIME
OMNIPOD 5 G6 PODS (GEN 5)	1	QL 15 EA / 30 DAYS
OMNIPOD 5 G7 INTRO (GEN 5)	1	QL 1 EA / 275 OVER TIME

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OMNIPOD 5 G7 PODS (GEN 5)	1	QL 15 EA / 30 DAYS
OMNIPOD 5 LIBRE2 PLUS G6	1	QL 1 EA / 275 OVER TIME
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	QL 15 EA / 30 DAYS
OMNIPOD 5 PACK	1	QL 15 EA / 30 DAYS
OMNIPOD CLASSIC PDM (GEN 3)	1	QL 1 EA / 275 OVER TIME
OMNIPOD DASH INTRO (GEN 4)	1	QL 1 EA / 275 OVER TIME
OMNIPOD DASH PDM (GEN 4)	1	QL 1 EA / 275 OVER TIME
OMNIPOD DASH PODS (GEN 4)	1	QL 15 EA / 30 DAYS
GI-GU OSTOMY & IRRIGATION SUPPLIES		
<i>catheter</i>	OTC	
<i>incontinence supplies</i>	OTC	
<i>ostomy supplies</i>	OTC	
INFANT CARE PRODUCTS		
<i>diapers</i>	OTC	
MISC. DEVICES		
<i>alcohol swabs</i>	1	
ALCOHOL SWABS 1X1	1	
OPTICAL AND OPHTHALMIC SUPPLIES		
<i>optical supplies</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE (DISP) U-100 0.3 ML	1	
INSULIN SYRINGE (DISP) U-100 1 ML	1	
INSULIN SYRINGE (DISP) U-100 1/2 ML	1	
MONOJECT SYRINGES	1*	
NEEDLES AND SYRINGES	1	
<i>needles and syringes rx only</i>	OTC	
SYRINGE (SYRINGE 20G X 1-1/2" 12 ML MISC, SYRINGE 21G X 1" 12 ML MISC, SYRINGE 21G X 1- 1/2" 12 ML MISC)	OTC	
SYRINGE/HYPODERMIC SAFETY	OTC	
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER PLUS FLO-VU INTERM	OTC	
AIRZONE PEAK FLOW METER	OTC	
ASSESS FULL RANGE PEAK METER	OTC	
ASSESS LOW RANGE PEAK METER	OTC	
ASSESS PEAK FLOW METER	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ASTHMA CHECK METER-ZONE SYSTEM	OTC	
ASTHMAMENTOR	OTC	
BREATHE COMFORT CHAMBER/ADULT	OTC	
BREATHE COMFORT CHAMBER/CHILD	OTC	
BREATHE EASE PEAK FLOW METER	OTC	
CLEVER CHOICE HOLDING CHAMBER	OTC	
CLEVER CHOICE PEAK FLOW METER	OTC	
LUNG PERFORM PEAK FLOW METER	OTC	
MICROLIFE DIGITAL PEAK FLOW	OTC	
MINI WRIGHT PEAK FLOW METER	OTC	
OPTICHAMBER FACE MASK-LARGE	OTC	
OPTICHAMBER FACE MASK-MEDIUM	OTC	
OPTICHAMBER FACE MASK-SMALL	OTC	
PEAK A-I-R FLOW METER	OTC	
PEAK AIR PEAK FLOW METER	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PEAK FLOW METER UNIVERSAL RANG	OTC	
PERSONAL BEST FULL RANGE	OTC	
PERSONAL BEST LOW RANGE	OTC	
PIKO 1	OTC	
POCKET PEAK FLOW METER	OTC	
POCKETPEAK PEAK FLOW METER	OTC	
PRO COMFORT SPACER ADULT	OTC	
PRO COMFORT SPACER CHILD	OTC	
PRO COMFORT SPACER INFANT	OTC	
PROCARE SPACER/ADULT MASK	OTC	
PROCARE SPACER/CHILD MASK	OTC	
PURE COMFORT FLOW METER ADULT	OTC	
PURE COMFORT FLOW METER CHILD	OTC	
PURE COMFORT SPACER CHAMBER	OTC	
<i>respiratory therapy supplies</i>	OTC	
STRIVE DUAL ZONE PEAK FLOW MTR	1*	
TRUZONE PEAK FLOW METER	1*	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	1	QL 1 ML / 30 DAYS PA
AJOVY	1	QL 1.5 ML / 30 DAYS PA
EMGALITY	1	QL 2 ML / 30 DAYS PA
EMGALITY (300 MG DOSE)	1	QL 3 ML / 30 DAYS PA
NURTEC	1	QL 16 EA / 30 DAYS PA
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	1	
MIGERGOT	1	
<i>sumatriptan-naproxen sodium</i>	1	QL 18 EA / 30 OVER TIME
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	1	QL 16 ML / 30 DAYS PA
SEROTONIN AGONISTS		
<i>eletriptan hydrobromide</i>	1	QL 18 EA / 30 OVER TIME

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>naratriptan hcl</i>	1	QL 18 EA / 30 OVER TIME
<i>rizatriptan benzoate</i>	1	QL 36 EA / 28 OVER TIME
<i>sumatriptan</i>	1	QL 12 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 18 EA / 30 OVER TIME
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	QL 8 ML / 28 DAYS
<i>sumatriptan succinate refill</i>	1	QL 8 ML / 28 DAYS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i>	1	QL 18 EA / 30 OVER TIME
<i>zomig (zomig 2.5 mg tab, zomig 5 mg tab)</i>	1	QL 18 EA / 30 OVER TIME

MINERALS ELECTROLYTES

CALCIUM

<i>calcium / magnesium / vitamin d</i>	OTC
<i>calcium / magnesium / zinc</i>	OTC
<i>calcium / phosphorus / vitamin d</i>	OTC
<i>calcium / vitamin c / vitamin d</i>	OTC

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>calcium / vitamin d / vitamin k</i>	OTC	
<i>calcium carbonate</i>	OTC	
<i>calcium carbonate / folic acid / vitamin d</i>	OTC	
<i>calcium carbonate / vitamin d</i>	OTC	
<i>calcium carbonate / vitamin d / minerals</i>	OTC	
<i>calcium citrate</i>	OTC	
<i>calcium citrate / vitamin d</i>	OTC	
<i>calcium gluconate 10 % solution</i>	1	

ELECTROLYTE MIXTURES

DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION)	1	PA ³
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	1	
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION	1	
<i>electrolyte solution</i>	OTC	
KCL (0.149%) IN NAACL	1	
KCL (0.298%) IN NAACL	1	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KCL-LACTATED RINGERS-D5W	1	
LACTATED RINGERS	1	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 20-0.45 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 20-0.9 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 40-0.9 meq/l-% solution</i>	1	
<i>ringers</i>	1*	
FLUORIDE		
<i>sodium fluoride</i>	1	
<i>sodium fluoride chewable tablet</i>	1	
MAGNESIUM		
<i>magnesium</i>	OTC	
<i>magnesium chloride</i>	OTC	
<i>magnesium gluconate</i>	OTC	
<i>magnesium sulfate 50 % solution</i>	1	
PHOSPHATE		
K-PHOS	1	
<i>phosphorus supplement</i>	OTC	
<i>potassium / sodium phosphate</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
POTASSIUM		
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
POTASSIUM CHLORIDE (POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 10 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/100ML SOLUTION, POTASSIUM CHLORIDE 20 MEQ/50ML SOLUTION, POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION)	1	
<i>potassium chloride 2 meq/ml solution</i>	1	
<i>potassium chloride 20 meq packet</i>	1	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	1	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	1	
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	1	
<i>potassium gluconate</i>	OTC	
SODIUM		
<i>sodium chloride rx only</i>	1	
TRACE MINERALS		
<i>chromium</i>	OTC	
<i>selenium</i>	OTC	
ZINC		
<i>zinc</i>	OTC	
<i>zinc gluconate</i>	OTC	
<i>zinc sulfate</i>	OTC	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine 250 mg tab</i>	1	<div data-bbox="1133 1297 1192 1339">PA</div> <div data-bbox="1133 1350 1192 1413">NDS Non-Extended Day Supply</div>
<i>trientine hcl 250 mg cap</i>	1	<div data-bbox="1133 1440 1192 1482">PA</div> <div data-bbox="1133 1493 1192 1556">NDS Non-Extended Day Supply</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMMUNOMODULATORS		
<i>lenalidomide</i>	1	QL 28 EA / 28 DAYS PA ² NDS Non-Extended Day Supply LA
REVLIMID	1	QL 30 EA / 30 DAYS PA ² NDS Non-Extended Day Supply LA
REZUROCK	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
THALOMID (THALOMID 150 MG CAP, THALOMID 200 MG CAP)	1	QL 60 EA / 30 DAYS NDS Non-Extended Day Supply LA
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP)	1	QL 30 EA / 30 DAYS NDS Non-Extended Day Supply LA
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tab</i>	1	PA ³
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	1	PA ³

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	1	PA ³
ENVARUSUS XR (ENVARUSUS XR 0.75 MG TAB ER 24H, ENVARUSUS XR 1 MG TAB ER 24H)	1	PA ³
ENVARUSUS XR 4 MG TAB ER 24H	1	PA ³ NDS Non-Extended Day Supply
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	1	PA ³ NDS Non-Extended Day Supply
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	1	PA ³
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	PA ³
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	PA ³ NDS Non-Extended Day Supply
<i>mycophenolate sodium</i>	1	PA ³
<i>mycophenolic acid</i>	1	PA ³
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 1 MG PACKET)	1	PA ³
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	1	PA ³

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sirolimus 1 mg/ml solution</i>	1	<div data-bbox="1133 317 1192 352">PA³</div> <div data-bbox="1133 365 1477 436">NDS Non-Extended Day Supply</div>
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	<div data-bbox="1133 470 1192 506">PA³</div>
IRRIGATION SOLUTIONS		
<i>ringers irrigation</i>	1*	
<i>tis-u-sol</i>	1*	
MISC NATURAL PRODUCTS		
<i>miscellaneous natural products</i>	OTC	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	1	<div data-bbox="1133 947 1451 982">QL 30 EA / 30 DAYS</div> <div data-bbox="1133 995 1192 1031">PA</div> <div data-bbox="1133 1043 1477 1115">NDS Non-Extended Day Supply</div>
VIJOICE 200 & 50 MG TAB THPK	1	<div data-bbox="1133 1125 1451 1161">QL 60 EA / 30 DAYS</div> <div data-bbox="1133 1173 1192 1209">PA</div> <div data-bbox="1133 1222 1477 1293">NDS Non-Extended Day Supply</div>
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	1	
LOKELMA	1	
<i>sodium polystyrene sulfonate (sodium polystyrene sulfonate powder, sodium polystyrene sulfonate 15 gm/60ml suspension)</i>	1	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>sps (sodium polystyrene sulf) (sps (sodium polystyrene sulf) 15 gm/60ml suspension, sps (sodium polystyrene sulf) 30 gm/120ml suspension)</i>	1	
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VELTASSA (VELTASSA 8.4 GM PACKET, VELTASSA 16.8 GM PACKET, VELTASSA 25.2 GM PACKET)	1	
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SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	1	<ul style="list-style-type: none"> QL 4 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
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MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

LIDOCAINE HCL 4 % SOLUTION	1	QL 50 ML / 30 DAYS
<i>lidocaine viscous hcl</i>	1	

ANTI-INFECTIVES - THROAT

<i>clotrimazole 10 mg troche</i>	1	
<i>hydrogen peroxide / benzyl alcohol</i>	OTC	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin 100000 unit/ml suspension</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
DENTAL PRODUCTS		
<i>cavarest</i>	1	
<i>clinpro 5000</i>	1	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoridex</i>	1	
<i>fluoridex enhanced whitening</i>	1	
<i>fluorimax 5000</i>	1	
<i>fraiche 5000 dental</i>	1	
<i>just right 5000</i>	1	
PREVIDENT 5000 ENAMEL PROTECT	1	
PREVIDENT 5000 SENSITIVE	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
SOD FLUORIDE-POTASSIUM NITRATE	1	
<i>sodium fluoride (sodium fluoride 1.1 % cream, sodium fluoride 1.1 % gel)</i>	1	
SODIUM FLUORIDE 5000 ENAMEL	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % cream, sodium fluoride 5000 ppm 1.1 % gel, sodium fluoride 5000 ppm 1.1 % paste)</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE	1	
LOZENGES		
<i>menthol</i>	OTC	
<i>throat lozenge</i>	OTC	
<i>throat lozenges</i>	OTC	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>vitamin b complex combinations</i>	OTC	
B-COMPLEX W/ FOLIC ACID		
VITAMIN B COMPLEX COMBINATIONS	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BIOFLAVONOID PRODUCTS		
<i>bioflavonoids</i>	OTC	
MULTIPLE VITAMINS W/ CALCIUM		
<i>multivitamins / calcium</i>	OTC	
MULTIPLE VITAMINS W/ IRON		
<i>multivitamins / iron</i>	OTC	
MULTIVITAMINS		
<i>multivitamins</i>	OTC	
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multivitamin combinations</i>	OTC	
PED MULTIPLE VITAMINS W/ MINERALS		
PEDIATRIC MULTIVITAMIN COMBINATIONS	OTC	
PRENATAL VITAMINS		
ONE-A-DAY WOMENS PRENATAL 28-0.8 & 440 MG MISC	OTC	
<i>prenatal vitamin</i>	OTC	
<i>prenatal vitamin rx only</i>	1	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SM ONE DAILY PRENATAL	OTC	
VITAMIN MIXTURES		
<i>niacin</i>	OTC	
<i>vitamin a / vitamin c / vitamin d</i>	OTC	
<i>vitamin d / vitamin k</i>	OTC	
VITAMINS W/ LIPOTROPICS		
<i>vitamins / lipotropics</i>	OTC	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (baclofen 5 mg tab, baclofen 10 mg tab, baclofen 20 mg tab)</i>	1	
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	1	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	1	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	
<i>cromolyn (nasalcrom)</i>	OTC	
<i>olopatadine hcl 0.6 % solution</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i>	1	
NASAL STEROIDS		
<i>flunisolide</i>	1	QL 50 ML / 30 DAYS
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 32 GM / 30 DAYS
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL 34 GM / 30 DAYS
<i>triamcinolone acetonide (nasacort)</i>	OTC	
SYMPATHOMIMETIC DECONGESTANTS		
<i>oxymetazoline (afrin)</i>	OTC	
<i>phenylephrine (neo-synephrine)</i>	OTC	
<i>phenylephrine (sudafed pe)</i>	OTC	
<i>pseudoephedrine (sudafed)</i>	OTC	





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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS	1	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
RADICAVA ORS STARTER KIT	1	QL 70 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
<i>riluzole</i>	1	PA
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose 10 % solution</i>	1	PA ³
<i>dextrose 5 % solution</i>	1	
MISC. NUTRITIONAL SUBSTANCES		
<i>pyridoxine (vitamin b6)</i>	OTC	
PROTEINS		
CLINIMIX/DEXTROSE (4.25/10)	1	PA ³
CLINIMIX/DEXTROSE (4.25/5)	1	PA ³
CLINIMIX/DEXTROSE (5/15)	1	PA ³

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CLINIMIX/DEXTROSE (5/20)	1	PA ³
<i>plenamine</i>	1	PA ³
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>artificial tear drops</i>	OTC	
<i>dextran 70/he-cell drops (genteal tears)</i>	OTC	
<i>lubricant eye drops</i>	OTC	
<i>lubricant eye ointment</i>	OTC	
<i>polyethylene glycol drops</i>	OTC	
<i>polyvinyl alcohol / povidone drops (refresh)</i>	OTC	
<i>polyvinyl alcohol drops (hypotears)</i>	OTC	
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate-timolol</i>	1	
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate 1 % solution</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE	1	 Non-Extended Day Supply
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.15 % solution, brimonidine tartrate 0.2 % solution)</i>	1	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	 7 GM / 7 OVER TIME
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	 7 GM / 7 OVER TIME
<i>ciprofloxacin hcl 0.3 % solution</i>	1	 60 ML / 30 OVER TIME

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>erythromycin 5 mg/gm ointment</i>	1	QL 7 GM / 7 OVER TIME
<i>gatifloxacin</i>	1	QL 5 ML / 7 OVER TIME
<i>gentamicin sulfate 0.3 % solution</i>	1	QL 10 ML / 7 OVER TIME
LEVOFLOXACIN 0.5 % SOLUTION	1	QL 60 ML / 30 OVER TIME
LEVOFLOXACIN 1.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	QL 6 ML / 7 OVER TIME
NATACYN	1	QL 15 ML / 7 OVER TIME
<i>neomycin-bacitracin zn-polymyx</i>	1	QL 7 GM / 7 OVER TIME
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	QL 10 ML / 7 OVER TIME
<i>ofloxacin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME
<i>polymyxin b-trimethoprim</i>	1	QL 10 ML / 7 OVER TIME
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
<i>sulfacetamide sodium 10 % solution</i>	1	QL 15 ML / 7 OVER TIME
<i>tobramycin 0.3 % solution</i>	1	QL 60 ML / 30 OVER TIME

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRIFLURIDINE	1	QL 15 ML / 7 OVER TIME
XDEMVIY	1	QL 10 ML / 42 DAYS PA NDS Non-Extended Day Supply
ZIRGAN	1	
OPHTHALMIC DECONGESTANTS		
<i>naphazoline /pheniramine drops (naphcon-a)</i>	OTC	
<i>tetrahydrazoline drops (visine)</i>	OTC	
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	QL 60 EA / 30 DAYS
RESTASIS	1	QL 60 EA / 30 DAYS
RESTASIS MULTIDOSE	1	QL 5.5 ML / 30 DAYS
VERKAZIA	1	QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	1	QL 60 EA / 30 DAYS
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	1	
ROCKLATAN	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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OPHTHALMIC LOCAL ANESTHETICS

<i>altacaine</i>	1*	
<i>tetracaine hcl 0.5 % solution</i>	1*	

OPHTHALMIC NERVE GROWTH FACTORS

OXERVATE	1	<div data-bbox="1133 579 1192 638">QL</div> 112 ML / 365 OVER TIME <div data-bbox="1133 653 1192 688">PA</div> <div data-bbox="1133 703 1192 762">NDS</div> Non-Extended Day Supply <div data-bbox="1133 777 1192 812">LA</div>
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OPHTHALMIC STEROIDS

<i>bacitra-neomycin-polymyxin-hc</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate (loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i>	1	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SULFACETAMIDE-PREDNISOLONE	1	
<i>tobramycin-dexamethasone</i>	1	
OPHTHALMICS - MISC.		
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt</i>	1*	
CROMOLYN SODIUM 4 % SOLUTION	1	
CYSTARAN	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 ML / 28 DAYS</div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-left: 5px;"></div> </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> <div style="background-color: #c85134; color: white; padding: 2px 5px; border-radius: 3px;">NDS</div> <div style="margin-left: 5px;">Non-Extended Day Supply</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #0070c0; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="margin-left: 5px;"></div> </div> </div>
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	1	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	1	
<i>ketotifen drops (zaditor)</i>	OTC	
<i>olopatadine</i>	OTC	
<i>olopatadine rx only</i>	1	
<i>sodium chloride eye products (muro 128)</i>	OTC	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	1	QL 5 ML / 30 DAYS
<i>latanoprost</i>	1	QL 5 ML / 30 DAYS
LUMIGAN	1	
<i>travoprost (bak free)</i>	1	QL 5 ML / 30 DAYS
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
<i>carbamide peroxide (debrox)</i>	OTC	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
OTIC STEROIDS		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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hydrocortisone-acetic acid

1

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

GAMMAKED 1 GM/10ML SOLUTION

1

PA
NDS Non-Extended Day Supply

GAMUNEX-C 1 GM/10ML SOLUTION

1

PA
NDS Non-Extended Day Supply

PRIVIGEN 20 GM/200ML SOLUTION

1

PA
NDS Non-Extended Day Supply

VARIZIG

1

VAC \$0 Part D Adult Vaccine

MONOCLONAL ANTIBODIES

BEYFORTUS

1

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

HYQVIA

1

PA
NDS Non-Extended Day Supply
LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	1	
AMOXICILLIN 400 MG/5ML RECON SUSP	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 10 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	1	
<i>ampicillin sodium 1 gm recon soln</i>	1	
NATURAL PENICILLINS		
BICILLIN L-A	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	1	
PENICILLIN G SODIUM	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG TAB, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 500 MG TAB)	1	
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PFIZERPEN	1	
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PENICILLIN COMBINATIONS

AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 200-28.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 250-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 250-62.5 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 500-125 MG TAB, AMOXICILLIN-POT CLAVULANATE 600-42.9 MG/5ML RECON SUSP, AMOXICILLIN-POT CLAVULANATE 875-125 MG TAB)	1	
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AMOXICILLIN-POT CLAVULANATE ER	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln</i>	1	
<i>ampicillin-sulbactam sodium 15 (10-5) gm recon soln</i>	1	
<i>ampicillin-sulbactam sodium 3 (2-1) gm recon soln</i>	1	
<i>piperacillin sod-tazobactam so</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium (nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	1	
<i>nafcillin sodium 10 gm recon soln</i>	1	 Non-Extended Day Supply
NAFCILLIN SODIUM IN DEXTROSE	1	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC)	1*	
<i>flavor syrup</i>	OTC	
<i>saline bacteriostatic</i>	1*	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium chloride bacteriostatic</i>	1*	
<i>sterile water for injection</i>	1*	
SEMI SOLID VEHICLES		
<i>petrolatum (vaseline)</i>	OTC	
PROGESTINS		
PROGESTINS		
<i>gallifrey</i>	1	
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	PA
<i>norethindrone acetate</i>	1	
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 mg tab</i>	1	
DISULFIRAM 500 MG TAB	1	
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE	1	QL 540 ML / 30 DAYS PA NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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XYWAV	1	<div data-bbox="1130 317 1192 354">QL</div> 540 ML / 30 DAYS <div data-bbox="1130 365 1192 403">PA</div> <div data-bbox="1130 413 1192 451">NDS</div> Non-Extended Day Supply <div data-bbox="1130 462 1192 499">LA</div>
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ANTIDEMENTIA AGENTS

<i>donepezil hcl (donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab disp, donepezil hcl 23 mg tab)</i>	1	<div data-bbox="1130 657 1192 695">QL</div> 30 EA / 30 DAYS
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	1	
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 5 mg tab, memantine hcl 10 mg tab, memantine hcl 10 mg/5ml solution)</i>	1	
<i>memantine hcl er</i>	1	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	1	<div data-bbox="1130 1545 1192 1583">QL</div> 120 EA / 30 DAYS <div data-bbox="1130 1593 1192 1631">PA</div> <div data-bbox="1130 1642 1192 1680">NDS</div> Non-Extended Day Supply
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AUSTEDO 6 MG TAB	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	1	QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR (AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H)	1	QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR 6 MG TAB ER 24H	1	QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1	QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	1	QL 42 EA / 28 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP, INGREZZA 80 MG CAP SPRINK)	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
INGREZZA 40 & 80 MG CAP THPK	1	<ul style="list-style-type: none"> QL 28 EA / 28 DAYS PA NDS Non-Extended Day Supply
<i>tetrabenazine</i>	1	<ul style="list-style-type: none"> NDS Non-Extended Day Supply
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	1	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
AVONEX PREFILLED	1	<ul style="list-style-type: none"> QL 1 EA / 28 DAYS PA NDS Non-Extended Day Supply
<i>dalfampridine er</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA
<i>dimethyl fumarate 120 mg cap dr</i>	1	<ul style="list-style-type: none"> QL 14 EA / 30 DAYS PA NDS Non-Extended Day Supply
<i>dimethyl fumarate 240 mg cap dr</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dimethyl fumarate starter pack</i>	1	<p>QL 120 EA / 180 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>fingolimod hcl</i>	1	<p>QL 30 EA / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	<p>QL 30 ML / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	<p>QL 12 ML / 28 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>glatopa 20 mg/ml soln prsy</i>	1	<p>QL 30 ML / 30 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
<i>glatopa 40 mg/ml soln prsy</i>	1	<p>QL 12 ML / 28 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>
KESIMPTA	1	<p>QL 1.6 ML / 28 DAYS</p> <p>PA</p> <p>NDS Non-Extended Day Supply</p>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PLEGRIDY	1	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA NDS Non-Extended Day Supply LA
REBIF	1	<ul style="list-style-type: none"> QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE	1	<ul style="list-style-type: none"> QL 6 ML / 28 DAYS PA NDS Non-Extended Day Supply
REBIF REBIDOSE TITRATION PACK	1	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
REBIF TITRATION PACK	1	<ul style="list-style-type: none"> QL 4.2 ML / 180 OVER TIME PA NDS Non-Extended Day Supply
<i>teriflunomide</i>	1	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA NDS Non-Extended Day Supply
VUMERITY	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA	1	<div data-bbox="1133 390 1195 426">PA</div> <div data-bbox="1133 443 1195 478">NDS</div> Non-Extended Day Supply
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	1	
PIMOZIDE	1	
SMOKING DETERRENTS		
<i>nicotine gum / lozenge</i>	OTC	
<i>nicotine patch (nicoderm)</i>	OTC	
NICOTROL	1	
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	1	
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	1	<div data-bbox="1133 1293 1195 1329">QL</div> 560 EA / 28 DAYS <div data-bbox="1133 1346 1195 1381">PA</div> <div data-bbox="1133 1398 1195 1434">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1451 1195 1486">LA</div>
BRONCHITOL TOLERANCE TEST	1	<div data-bbox="1133 1524 1195 1560">QL</div> 560 EA / 28 DAYS <div data-bbox="1133 1577 1195 1612">PA</div> <div data-bbox="1133 1629 1195 1665">NDS</div> Non-Extended Day Supply <div data-bbox="1133 1682 1195 1717">LA</div>

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KALYDECO (KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 13.4 MG PACKET	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
KALYDECO 5.8 MG PACKET	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply
ORKAMBI (ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	1	<ul style="list-style-type: none"> QL 120 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
ORKAMBI 75-94 MG PACKET	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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PULMOZYME	1	<ul style="list-style-type: none"> QL 150 ML / 30 DAYS PA³ NDS Non-Extended Day Supply
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	1	<ul style="list-style-type: none"> QL 56 EA / 28 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 100-50-75 & 150 MG TAB THPK	1	<ul style="list-style-type: none"> QL 90 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	1	<ul style="list-style-type: none"> QL 84 EA / 28 DAYS PA NDS Non-Extended Day Supply LA

PULMONARY FIBROSIS AGENTS

OFEV	1	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA NDS Non-Extended Day Supply LA
<i>pirfenidone (pirfenidone 267 mg cap, pirfenidone 267 mg tab)</i>	1	<ul style="list-style-type: none"> QL 270 EA / 30 DAYS PA NDS Non-Extended Day Supply

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>pirfenidone 801 mg tab</i>	1	<div data-bbox="1133 310 1193 352">QL</div> 90 EA / 30 DAYS <div data-bbox="1133 363 1193 405">PA</div> <div data-bbox="1133 415 1193 478">NDS</div> Non-Extended Day Supply
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SULFONAMIDES

SULFONAMIDES

<i>sulfadiazine</i>	1	
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TETRACYCLINES

GLYCYLCYCLINES

TIGECYCLINE	1	<div data-bbox="1133 846 1193 909">NDS</div> Non-Extended Day Supply
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<i>tigecycline 50 mg recon soln</i>	1	<div data-bbox="1133 930 1193 993">NDS</div> Non-Extended Day Supply
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TETRACYCLINES

<i>demeclocycline hcl</i>	1	
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<i>doxy 100</i>	1	
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<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg recon soln, doxycycline hyclate 100 mg tab)</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>doxycycline monohydrate (doxycycline monohydrate 25 mg/5ml recon susp, doxycycline monohydrate 50 mg cap, doxycycline monohydrate 50 mg tab, doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg cap, doxycycline monohydrate 100 mg tab)</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole (methimazole 5 mg tab, methimazole 10 mg tab)</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
<i>euthyrox</i>	1	




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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	
<i>levoxl</i>	1	
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	1	
SYNTHROID	1	
<i>unithroid</i>	1	

TOXOIDS

TOXOID COMBINATIONS

ADACEL	1	 \$0 Part D Adult Vaccine
BOOSTRIX	1	 \$0 Part D Adult Vaccine
DAPTACEL	1	
DIPHtheria-TETANUS TOXOIDS DT	1	
INFANRIX	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KINRIX	1	
PEDIARIX	1	
PENTACEL	1	
QUADRACEL	1	
TDVAX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TENIVAC	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
TETANUS-DIPHTHERIA TOXOIDS TD	1	<div style="display: flex; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 10 mg/5ml solution, dicyclomine hcl 20 mg tab) 1

glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab) 1

H-2 ANTAGONISTS

cimetidine 1

famotidine (pepcid) OTC

famotidine (pepcid) rx only 1

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MISC. ANTI-ULCER		
<i>sucralfate (sucralfate 1 gm tab, sucralfate 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (esomeprazole magnesium 20 mg cap dr, esomeprazole magnesium 40 mg cap dr)</i>	1	
<i>lansoprazole (prevacid)</i>	OTC	
<i>lansoprazole (prevacid) rx only</i>	1	
<i>omeprazole (prilosec)</i>	OTC	
<i>omeprazole (prilosec) rx only</i>	1	
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	1	
ULCER THERAPY COMBINATIONS		
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA	1	
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	1	
MYRBETRIQ 8 MG/ML SRER	1	

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS


<i>bethanechol chloride</i>	1	
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl</i>	1	
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VACCINES















BACTERIAL VACCINES

ACTHIB	1	
BCG VACCINE	1	 \$0 Part D Adult Vaccine

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BEXSERO	1	VAC \$0 Part D Adult Vaccine
CAPVAXIVE	Part B Covered	
HIBERIX	1	
MENACTRA	1	VAC \$0 Part D Adult Vaccine
MENQUADFI	1	VAC \$0 Part D Adult Vaccine
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	1	VAC \$0 Part D Adult Vaccine
PEDVAX HIB	1	
PENBRAYA	1	VAC \$0 Part D Adult Vaccine
PNEUMOVAX 23	Part B Covered	
PREVNAR 20	Part B Covered	
TRUMENBA	1	VAC \$0 Part D Adult Vaccine
TYPHIM VI	1	VAC \$0 Part D Adult Vaccine
VAXCHORA	1	VAC \$0 Part D Adult Vaccine
VAXNEUVANCE	Part B Covered	
VIRAL VACCINES		
ABRYSVO	1	VAC \$0 Part D Adult Vaccine
AREXVY	1	VAC \$0 Part D Adult Vaccine






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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COVID-19 VACCINES	Part B Covered	
ENGERIX-B	1	  \$0 Part D Adult Vaccine
ERVEBO	1	
GARDASIL 9	1	 \$0 Part D Adult Vaccine (ages 19 – 45)
HAVRIX 1440 EL U/ML SUSPENSION	1	 \$0 Part D Adult Vaccine
HAVRIX 720 EL U/0.5ML SUSPENSION	1	
HEPLISAV-B	1	  \$0 Part D Adult Vaccine
IMOVAX RABIES	1	  \$0 Part D Adult Vaccine
IPOL	1	 \$0 Part D Adult Vaccine
IXCHIQ	1	 \$0 Part D Adult Vaccine
IXIARO	1	 \$0 Part D Adult Vaccine
JYNNEOS	1	 \$0 Part D Adult Vaccine
M-M-R II	1	 \$0 Part D Adult Vaccine
MRESVIA	1	 \$0 Part D Adult Vaccine

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PREHEVBRIO	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PRIORIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
PROQUAD	1	
QUADRIVALENT INFLUENZA VACCINES	Part B Covered	
RABAVERT	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB (RECOMBIVAX HB 10 MCG/ML SUSP PRSYR, RECOMBIVAX HB 10 MCG/ML SUSPENSION, RECOMBIVAX HB 40 MCG/ML SUSPENSION)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
RECOMBIVAX HB 5 MCG/0.5ML SUSPENSION	1	<div style="display: flex; align-items: center;"> <div style="background-color: #c85130; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA³</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="margin-right: 5px;">2 EA / 365 OVER TIME</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px; margin-left: 10px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>
STAMARIL	1	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">VAC</div> <div>\$0 Part D Adult Vaccine</div> </div>

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	1	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	1	 \$0 Part D Adult Vaccine
TWINRIX	1	 \$0 Part D Adult Vaccine
VAQTA 25 UNIT/0.5ML SUSPENSION	1	
VAQTA 50 UNIT/ML SUSPENSION	1	 \$0 Part D Adult Vaccine
VARIVAX	1	 \$0 Part D Adult Vaccine
YF-VAX	1	 \$0 Part D Adult Vaccine

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

contraceptive sponge / gel OTC

VAGINAL ANTI-INFECTIVES

clindamycin phosphate 2 % cream 1

clotrimazole (gyne-lotrimin) OTC

metronidazole vaginal gel 0.75 % 1

miconazole (monistat) OTC

povidone-iodine (summers eve) OTC

terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos) 1

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tioconazole (vagistat)</i>	OTC	
VANDAZOLE	1	
VAGINAL ESTROGENS		
<i>estradiol (estradiol 0.1 mg/gm cream, estradiol 10 mcg tab)</i>	1	
ESTRING	1	
PREMARIN 0.625 MG/GM CREAM	1	
<i>yuvaferm</i>	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine 0.15/3ml, 0.30/3ml auto-injector (teva and mylan only)</i>	1	<div data-bbox="1133 926 1192 989">QL</div> <div data-bbox="1203 926 1438 989">2 EA / 30 OVER TIME</div> <div data-bbox="1133 999 1192 1094">MFG</div> <div data-bbox="1203 999 1446 1094">Drug coverage is limited to certain manufacturers</div>
SYMJEPI	1	<div data-bbox="1133 1117 1192 1180">QL</div> <div data-bbox="1203 1117 1438 1180">2 EA / 30 OVER TIME</div>
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa</i>	1	<div data-bbox="1133 1278 1192 1320">PA</div> <div data-bbox="1133 1331 1192 1394">NDS</div> <div data-bbox="1203 1331 1474 1394">Non-Extended Day Supply</div>
<i>midodrine hcl</i>	1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>beta-carotene</i>	OTC	
<i>phytonadione (phytonadione 1 mg/0.5ml solution, phytonadione 5 mg tab, phytonadione 10 mg/ml solution)</i>	1*	
<i>vitamin d</i>	OTC	
<i>vitamin e</i>	OTC	
<i>vitamin k1</i>	1*	
WATER SOLUBLE VITAMINS		
<i>biotin</i>	OTC	
<i>calcium ascorbate</i>	OTC	
<i>calcium panthothenate</i>	OTC	
<i>niacinamide</i>	OTC	
<i>riboflavin (vitamin b2)</i>	OTC	
<i>thiamine (vitamin b1)</i>	OTC	
<i>vitamin c</i>	OTC	

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

Index

A	AIRZONE PEAK FLOW METER.....	195	amlodipine besylate.....	136
abacavir sulfate.....	AJOVY.....	128	amlodipine besylate-valsartan.....	84
abacavir sulfate-lamivudine.....	ak-poly-bac.....	128	amlodipine-atorvastatin.....	138
abacavir-lamivudine- zidovudine.....	AKEEGA.....	128	amlodipine-olmesartan.....	84
ABELCET.....	albendazole.....	77	amlodipine-valsartan-hctz.....	84
ABILIFY ASIMTUFII.....	ALBUTEROL SULFATE.....	126	ammonium lactate (amlactin).....	165
ABILIFY MAINTENA.....	albuterol sulfate.....	126	ammonium lactate (amlactin) rx only.....	165
abiraterone acetate.....	albuterol sulfate hfa (proair equivalent).....	93	amnesteam.....	155
ABRYSSVO.....	albuterol sulfate hfa (proventil equivalent).....	240	amoxapine.....	67
acamprosate calcium.....	albuterol sulfate hfa (Ventolin Equivalent).....	225	amoxicillin.....	222
acarbose.....	alcohol swabs.....	68	AMOXICILLIN.....	222
accutane.....	ALCOHOL SWABS 1x1.....	155	AMOXICILLIN-POT CLAVULANATE.....	223
acebutolol hcl.....	ALECENSA.....	135	AMOXICILLIN-POT CLAVULANATE ER.....	223
acetaminophen (tylenol).....	alendronate sodium.....	35	amphetamine-dextroamphet er 22	22
acetaminophen / caffeine / pyrilamine (midol).....	aleve arthritis pain.....	35	amphetamine- dextroamphetamine.....	22
ACETAMINOPHEN- CODEINE.....	alfuzosin hcl er.....	38	AMPHOTERICIN B.....	77
acetaminophen-codeine.....	aliskiren fumarate.....	38	ampicillin.....	222
acetazolamide.....	allopurinol.....	169	AMPICILLIN SODIUM.....	222
acetazolamide er.....	alose tron hcl.....	169	ampicillin sodium 1 gm recon soln.....	222
acetic acid.....	alprazolam.....	180,220	ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln.....	224
acetylcysteine.....	altacaine.....	155	ampicillin-sulbactam sodium 15 (10-5) gm recon soln.....	224
acitretin.....	altavera.....	159	ampicillin-sulbactam sodium 3 (2- 1) gm recon soln.....	224
ACTEMRA.....	aluminum hydroxide (alternagel).....	31	anagrelide hcl.....	182
ACTEMRA ACTPEN.....	ALUNBRIG.....	31	anastrozole.....	93
ACTHIB.....	alyacen 1/35.....	239	ANNOVERA.....	149
ACTIMMUNE.....	alyq.....	116	ANORO ELLIPTA.....	54
activated charcoal.....	amantadine hcl.....	24	anti-itch.....	159
acyclovir.....	ambrisentan.....	134,161	APRACLONIDINE HCL 0.5 % SOLUTION.....	215
acyclovir sodium.....	amikacin sulfate.....	134	aprepitant.....	76,77
ADACEL.....	amiloride hcl.....	236	APRETUDE.....	128
ADBRY.....	AMILORIDE- HYDROCHLOROTHIAZIDE.....	164	apri.....	144
adefovir dipivoxil.....	amiodarone hcl.....	133	APTIOM.....	58,59
ADEMPAS.....	amitriptyline hcl.....	140		
ADVAIR HFA.....	amlodipine besy-benazepril hcl.....	53		
AEROCHAMBER PLUS FLO- VU INTERM.....		195		
AIMOVIG.....		198		

APTIVUS.....	128	atovaquone.....	43	BARACLUDGE.....	133
aranelle.....	144	atovaquone-proguanil hcl.....	86	bath oil.....	161
ARCALYST.....	31	ATROPINE SULFATE.....	215	BCG VACCINE.....	239
AREXVY.....	240	atropine sulfate.....	215	BELBUCA.....	39
arformoterol tartrate.....	54	ATROVENT HFA.....	52	BELSOMRA.....	187
aripiprazole.....	126	aubra.....	144	benazepril hcl.....	82
ARISTADA.....	127	aubra eq.....	144	benazepril-hydrochlorothiazide.....	84
ARISTADA INITIO.....	127	AUGTYRO.....	99	benefiber on the go.....	188
armodafinil.....	24	AUSTEDO.....	226,227	BENLYSTA.....	207
arthritis pain reliever.....	156	AUSTEDO XR.....	227	BENZNIDAZOLE.....	42
artificial tear drops.....	214	AUSTEDO XR PATIENT		benzonatate.....	153
asenapine maleate.....	124	TITRATION.....	227	benzoyl peroxide.....	155
ASMANEX (120 METERED		AUVELITY.....	64	benztropine mesylate.....	118
DOSES).....	52	aviane.....	144	BESREMI.....	117
ASMANEX (30 METERED		avita.....	155	beta-carotene.....	245
DOSES).....	52	AVONEX PEN.....	228	betaine.....	172
ASMANEX (60 METERED		AVONEX PREFILLED.....	228	betamethasone dipropionate.....	162
DOSES).....	52	AYVAKIT.....	97	betamethasone dipropionate	
ASMANEX HFA.....	52	azathioprine.....	204	aug.....	162
aspercreme arthritis pain.....	156	azelaic acid.....	167	betamethasone valerate.....	162
aspirin (bayer).....	35	azelastine hcl.....	212,219	betaxolol hcl.....	135
aspirin / acetaminophen /		azithromycin.....	190	BETAXOLOL HCL.....	214
caffeine (excedrin).....	35	aztreonam.....	46	bethanechol chloride.....	239
aspirin / buffers (bufferin).....	35	azurette.....	144	bexarotene.....	117,159
aspirin / sodium bicarb / citric		B		BEXSERO.....	240
acid (alka-seltzer).....	35	baciim.....	42	BEYFORTUS.....	221
aspirin-dipyridamole er.....	182	bacitra-neomycin-polymyxin-		bicalutamide.....	93
ASSESS FULL RANGE PEAK		hc.....	218	BICILLIN L-A.....	222
METER.....	195	BACITRACIN.....	42,215	BIKTARVY.....	128
ASSESS LOW RANGE PEAK		bacitracin.....	157	bimatoprost.....	220
METER.....	195	bacitracin / polymyxin b		bioflavonoids.....	210
ASSESS PEAK FLOW		(polysporin).....	157	biotin.....	245
METER.....	195	bacitracin zinc.....	157	bis subcit-metronid-tetracyc.....	238
ASTHMA CHECK METER-		bacitracin-polymyxin b.....	215	bisacodyl (dulcolax).....	189
ZONE SYSTEM.....	196	baclofen.....	211	bismuth subsalicylate (pepto-	
ASTHMAMENTOR.....	196	BACTERIOSTATIC		bismol).....	74
atazanavir sulfate.....	128	WATER(BENZ ALC).....	224	bismuth/metronidaz/tetracyclin.....	23
atenolol.....	135	8			
atenolol-chlorthalidone.....	84	balanced salt.....	219	bisoprolol fumarate.....	135
atomoxetine hcl.....	23	balsalazide disodium.....	177	bisoprolol-hydrochlorothiazide.....	84
atorvastatin calcium.....	81	BALVERSA.....	100	blisovi 24 fe.....	144

blisovi fe 1.5/30	144	butorphanol tartrate	39	calcium polycarbophil (fiber laxative)	188
blood glucose monitoring supplies	192	BYDUREON BCISE	71	CALQUENCE	101
body wash	161	C		camila	149
BOOSTRIX	236	CABENUVA	128	camphor	155
bosentan	139	cabergoline	174	camphor / eucalyptus / menthol	155
BOSULIF	100	CABOMETYX	101	camphor / menthol / methyl salicylate (salonpas)	166
BRAFTOVI	100	calamine	167	camrese	144
BREATHE COMFORT CHAMBER/ADULT	196	calamine / zinc oxide	167	camrese lo	144
BREATHE COMFORT CHAMBER/CHILD	196	calcipotriene	160	candesartan cilexetil	83
BREATHE EASE PEAK FLOW METER	196	CALCIPOTRIENE	160	candesartan cilexetil-hctz	84
BREO ELLIPTA	54	calcitonin (salmon)	171	capecitabine	88
breyna	54	CALCITRIOL	160	CAPLYTA	120
BREZTRI AEROSPHERE	54	calcitriol	173	CAPRELSA	101
BRILINTA	182	calcium / magnesium / vitamin d	199	capsaicin (zostrix)	166
brimonidine tartrate	215	calcium / magnesium / zinc	199	capsaicin / menthol (salonpas)	166
brimonidine tartrate-timolol	214	calcium / phosphorus / vitamin d	199	captopril	82
BRIVIACT	59	calcium / vitamin c / vitamin d	199	CAPVAXIVE	240
bromocriptine mesylate	119	calcium / vitamin d / vitamin k	200	carbamazepine	59
BRONCHITOL	231	calcium acetate	179	carbamazepine er	59
BRONCHITOL TOLERANCE TEST	231	calcium acetate (phos binder)	179	carbamide peroxide (debrox)	220
BRUKINSA	101	calcium ascorbate	245	carbidopa	118
budesonide	40,52,150	calcium carbonate	200	CARBIDOPA-LEVODOPA	119
budesonide er	150	calcium carbonate (tums)	42	carbidopa-levodopa er	119
budesonide-formoterol fumarate	54	calcium carbonate / folic acid / vitamin d	200	carbidopa-levodopa-entacapone 12.5-50-200 mg tab	119
bumetanide	170	calcium carbonate / magnesium hydroxide (mylanta supreme)	41	carbidopa-levodopa-entacapone 18.75-75-200 mg tab	119
buprenorphine	39	calcium carbonate / vitamin d	200	carbidopa-levodopa-entacapone 25-100-200 mg tab	119
buprenorphine hcl	39	calcium carbonate / vitamin d / minerals	200	carbidopa-levodopa-entacapone 31.25-125-200 mg tab	119
buprenorphine hcl-naloxone hcl	39	calcium citrate	200	carbidopa-levodopa-entacapone 37.5-150-200 mg tab	119
bupropion hcl	64	calcium citrate / vitamin d	200	carbidopa-levodopa-entacapone 50-200-200 mg tab	119
bupropion hcl er (smoking det)	64	calcium gluconate	200	carbonyl iron	186
bupropion hcl er (sr)	64	calcium panthothenate	245	carglumic acid	173
bupropion hcl er (xl)	65				
buspironone hcl	48				

CARTEOLOL HCL.....	214	cetirizine (zyrtec).....	79	CLEVER CHOICE HOLDING	
cartia xt.....	136	cetirizine (zyrtec) rx only.....	79	CHAMBER.....	196
carvedilol.....	135	cetirizine / pseudoephedrine		CLEVER CHOICE PEAK FLOW	
casprofungin acetate 50 mg		(zyrtec – d).....	153	METER.....	196
recon soln.....	77	cevimeline hcl.....	209	clindamycin hcl.....	45
casprofungin acetate 70 mg		CHEMET.....	75	clindamycin palmitate hcl.....	45
recon soln.....	77	chewable iron.....	184	clindamycin	
catheter.....	194	CHLORAMPHENICOL SOD		phosphate.....	45,155,243
cavarest.....	208	SUCCINATE.....	44	clindamycin phosphate in d5w.	46
CAYSTON.....	46	chlorhexidine gluconate.	127,208	CLINDAMYCIN PHOSPHATE IN	
CEFACLOR.....	141	chloroquine phosphate.....	86	NACL.....	46
cefadroxil.....	141	chlorpheniramine.....	79	CLINIMIX/DEXTROSE	
cefazolin sodium.....	141	chlorpheniramine /		(4.25/10).....	213
CEFAZOLIN SODIUM-		phenylephrine /		CLINIMIX/DEXTROSE	
DEXTROSE.....	141	acetaminophen.....	153	(4.25/5).....	213
cefdinir.....	142	chlorpheniramine /		CLINIMIX/DEXTROSE (5/15).	213
cefepime hcl.....	143	phenylephrine / aspirin.....	153	CLINIMIX/DEXTROSE (5/20).	214
CEFEPIME-DEXTROSE.....	143	chlorpromazine hcl.....	125	clinpro 5000.....	208
cefixime.....	142	chlorthalidone.....	170	clobazam.....	57
cefotetan disodium.....	142	chlorzoxazone.....	211	clobetasol prop emollient	
CEFOTETAN DISODIUM-		cholestyramine.....	80	base.....	162
DEXTROSE.....	142	cholestyramine light.....	80	clobetasol propionate....	162,163
cefoxitin sodium.....	142	chromium.....	203	clobetasol propionate e.....	163
CEFOXITIN SODIUM-		ciclopirox.....	157	clodan.....	163
DEXTROSE.....	142	ciclopirox olamine.....	157	clomipramine hcl.....	67
cefpodoxime proxetil.....	142	cilostazol.....	182	clonazepam.....	57
cefprozil.....	142	CIMDUO.....	128	clonidine hcl er.....	23
ceftazidime.....	142	cimetidine.....	237	clonidine tablet.....	83
CEFTAZIDIME AND		cinacalcet hcl.....	173	clonidine weekly patch.....	83
DEXTROSE.....	142	CINRYZE.....	181	clopidogrel bisulfate.....	182
CEFTRIAXONE SODIUM.....	143	ciprofloxacin hcl.....	176,215	clorazepate dipotassium.....	48
CEFTRIAXONE SODIUM IN		CIPROFLOXACIN HCL.....	220	clotrimazole.....	207
DEXTROSE.....	143	ciprofloxacin in d5w.....	176	clotrimazole (gyne-lotrimin).....	243
CEFTRIAXONE SODIUM-		ciprofloxacin-		clotrimazole (lotrimin).....	158
DEXTROSE.....	143	dexamethasone.....	220	clotrimazole cream (lotrimin) rx	
cefuroxime axetil.....	142	citalopram hydrobromide.....	65	only.....	158
cefuroxime sodium.....	142	claravis.....	155	clotrimazole solution (lotrimin) rx	
celecoxib.....	32	CLARITHROMYCIN.....	190	only.....	158
cellulose (unifiber).....	188	clarithromycin er.....	190	clotrimazole-betamethasone.....	158
cephalexin.....	141	clear soluble fiber.....	188	clozapine.....	124
CERDELGA.....	182	clemastine fumarate.....	79		

CLOZAPINE 12.5 MG TAB	cyclophosphamide 25 mg cap.88	desmopressin ace spray
DISP.....124	cyclophosphamide 50 mg cap.88	refrig.....174
coal tar.....168	CYCLOSET.....71	desmopressin acetate.....174
COARTEM.....86	cyclosporine.....204,217	desmopressin acetate spray..174
coenzyme q10.....24	cyclosporine modified.....205	desogestrel-ethinyl estradiol..144
colchicine.....181	cyred.....144	desonide.....163
colchicine-probenecid.....181	cyred eq.....144	desvenlafaxine succinate er...67
colesevelam hcl.....80	CYSTAGON.....179	dexamethasone.....151
colestipol hcl.....80	CYSTARAN.....219	DEXAMETHASONE
colistimethate sodium (cba)..47	D	INTENSOL.....151
COMBIVENT RESPIMAT....54	dalfampridine er.....228	DEXAMETHASONE SOD PHOS
COMETRIQ (100 MG DAILY DOSE).....101	DALVANCE.....44	+RFID.....151
COMETRIQ (140 MG DAILY DOSE).....102	danazol.....39	dexamethasone sodium
COMETRIQ (60 MG DAILY DOSE).....102	dantrolene sodium.....211	phosphate.....151
COMPLERA.....128	dapsone.....45	DEXAMETHASONE SODIUM
compro.....125	DAPTACEL.....236	PHOSPHATE.....218
constulose.....189	DAPTOMYCIN.....44	dexbropheniramine.....79
contraceptive sponge / gel..243	daptomycin 350 mg recon	DEXCOM G5 MOB/G4 PLAT
COPIKTRA.....102	soln.....44	SENSOR.....192
CORLANOR.....140	daptomycin 500 mg recon	DEXCOM G5 MOBILE
cortizone-10 feminine itch..163	soln.....44	RECEIVER.....192
COTELLIC.....102	darifenacin hydrobromide er.238	DEXCOM G5 MOBILE
COVID-19 Vaccines.....241	darunavir.....128	TRANSMITTER.....192
cranberry supplement.....24	dasatinib.....102	DEXCOM G5 RECEIVER KIT 192
CREON.....169	DAURISMO.....92	DEXCOM G6 RECEIVER.....192
CRESEMBA.....78	DAYVIGO.....187	DEXCOM G6 SENSOR.....192
cromolyn (nasalcrom).....212	deblitane.....149	DEXCOM G6
cromolyn sodium.....50,177	decadron.....150	TRANSMITTER.....192
CROMOLYN SODIUM.....219	deferasirox.....75	DEXCOM G7 RECEIVER.....192
cryselle-28.....144	deferiprone.....75	DEXCOM G7 SENSOR.....192
cvs anti-itch.....159	DELSTRIGO.....128	dextran 70/he-cell drops (gentel
cvs diclofenac sodium.....156	demeclocycline hcl.....234	tears).....214
cyanocobalmin (vitamin b12).....183	denta 5000 plus.....208	dextromethorphan
cyanocobalmin (vitamin b12) / folic acid.....184	dentagel.....208	(robitussin).....153
cyclobenzaprine hcl.....211	DEPO-SUBQ PROVERA	dextromethorphan /
CYCLOPHOSPHAMIDE.....87	104.....149	acetaminophen /
	DESCOVY.....128	chlorpheniramine.....153
	desipramine hcl.....67	dextromethorphan /
	desloratadine.....79	phenylephrine /
		acetaminophen.....153
		dextrose.....213

DEXTROSE-SODIUM CHLORIDE.....	200	DIPENTUM.....	177	droxidopa.....	244
dextrose-sodium chloride...	200	diphenhydramine.....	158	DRYSOL.....	167
DEXTROSE-SODIUM CHLORIDE 2.5-0.45 % SOLUTION.....	200	diphenhydramine (benadryl)...	79	DULERA.....	54
DIACOMIT.....	59	diphenhydramine / phenylephrine / acetaminophen.....	153	duloxetine hcl.....	67
diaper rash products.....	164	diphenhydramine / zinc.....	158	DUPIXENT.....	164,165
diapers.....	194	diphenoxylate-atropine.....	74	dutasteride.....	180
diazepam.....	48,49	diphenhydramine.....	79	dutasteride-tamsulosin hcl....	180
DIAZEPAM.....	58	DIPHThERIA-TETANUS TOXOIDS DT.....	236	E	
diazepam intensol.....	49	dipyridamole.....	182	ec-naproxen.....	32
diazoxide.....	70	disopyramide phosphate.....	49	econazole nitrate.....	158
diclofenac 1% gel.....	156	disulfiram 250 mg tab.....	225	EDURANT.....	129
diclofenac 1% gel rx only...	156	DISULFIRAM 500 MG TAB.....	225	EFAVIRENZ.....	129
diclofenac potassium.....	32	divalproex sodium.....	64	efavirenz-emtricitab-tenofo df.	129
diclofenac sodium.....	32,156,159,219	divalproex sodium er.....	64	tenofovir.....	129
diclofenac sodium er.....	32	docusate calcium (surfak)...	189	electrolyte solution.....	200
dicloxacillin sodium.....	224	docusate sodium (colace)...	190	eletriptan hydrobromide.....	198
dicyclomine hcl.....	237	dofetilide.....	50	ELIGARD.....	93,94
DIFICID.....	191	donepezil hcl.....	226	ELIQUIS.....	55
diflunisal.....	35	dorzolamide hcl.....	219	ELIQUIS DVT/PE STARTER PACK.....	55
digoxin.....	138	dorzolamide hcl-timolol mal.	214	ELMIRON.....	180
DIGOXIN 0.05 MG/ML SOLUTION.....	138	dorzolamide hcl-timolol mal pf.....	214	eluryng.....	149
dihydroergotamine mesylate.....	198	dotti.....	175	EMCYT.....	94
DILANTIN.....	63	DOVATO.....	129	EMGALITY.....	198
dilt-xr.....	136	doxazosin mesylate.....	84	EMGALITY (300 MG DOSE).....	198
diltiazem hcl.....	137	doxepin hcl.....	68,186	emollient.....	161
diltiazem hcl er.....	137	doxercalciferol.....	173	EMSAM.....	65
diltiazem hcl er beads.....	137	doxy 100.....	234	emtricitabine.....	129
diltiazem hcl er coated beads.....	137	doxycycline hyclate.....	234	emtricitabine-tenofovir df.....	129
dimenhydrinate (dramamine).....	76	doxycycline monohydrate...	235	EMTRIVA.....	129
dimethicone.....	167	doxylamine / dextromethorphan.....	153	enzahh.....	149
DIMETHICONE CREAM.....	167	doxylamine-pyridoxine.....	76	enalapril maleate.....	82
dimethyl fumarate.....	228	DRIZALMA SPRINKLE.....	67	enalapril-hydrochlorothiazide..	85
dimethyl fumarate starter pack.....	229	dronabinol.....	76	ENBREL.....	34
		drospirenone-ethinyl estradiol.....	144	ENBREL MINI.....	34
		DROXIA.....	183	ENBREL SURECLICK.....	34
				endocet.....	38
				enema.....	189
				ENGERIX-B.....	241

enillorig	149	estradiol	175,244	ferraplus 90	184
enoxaparin sodium	56	estradiol valerate	175	FERREX	184
enpresse-28	144	estradiol-norethindrone acet	175	ferrex 150 forte plus	184
enskyce	145	ESTRING	244	ferrex 150 plus	184
entacapone	118	eszopiclone	186	ferrex 28	185
entecavir	133	ethacrynic acid	170	ferrous fumarate	186
ENTRESTO	138	ethambutol hcl	87	ferrous fumarate / folic acid	185
enulose	178	ethosuximide	64	ferrous fumarate / vitamin b12 /	
ENVARUSUS XR	205	ethynodiol diac-eth estradiol	145	vitamin c	185
ephedrine / guaifenesin	153	etodolac	32	ferrous fumarate / vitamin c /	
EPIDIOLEX	59	etonogestrel-ethinyl estradiol	149	vitamin b12 / folic acid	185
epinastine hcl	219	etravirine	129	ferrous fumarate polysaccharide	
epinephrine 0.15/3ml, 0.30/3ml		euthyrox	235	complex	185
auto-injector (teva and mylan		everolimus	102,103,205	ferrous gluconate	186
only)	244	EVOTAZ	129	FERROUS SULFATE	185
epitol	59	exemestane	94	ferrous sulfate	186
eplerenone	85	EXKIVITY	92	ferrous sulfate combination	185
EPRONTIA	59	eyelid cleansers	167	FETZIMA	67
eq arthritis pain	156	ezetimibe	81	FETZIMA TITRATION	67
eq arthritis pain reliever	156	ezetimibe-simvastatin	80	fexofenadine (allegria)	79
eq fiber powder	188			finasteride	180
eq fiber supplement	188	F		finingolimod hcl	229
eq fiber supplement		falmina	145	FINTEPLA	59
(wheat)	188	famciclovir	134	FIRDAPSE	86
ERGOLOID MESYLATES	231	famotidine (pepcid)	237	FIRMAGON	94
ERGOTAMINE-CAFFEINE	198	famotidine (pepcid) rx only	237	FIRMAGON (240 MG DOSE)	94
ERIVEDGE	93	FANAPT	121	flac	220
ERLEADA	94	FANAPT TITRATION PACK	121	flavor syrup	224
erlotinib hcl	91	FASENRA	50	flavoxate hcl	239
errin	150	FASENRA PEN	50	flaxseed oil	24
ertapenem sodium	44	febuxostat	181	flecainide acetate	50
ERVEBO	241	felbamate	62	fluconazole	78
ERY	155	felodipine er	137	fluconazole in sodium chloride	78
ery-tab	190	female condoms	191	flucytosine	77
ERYTHROCIN STEARATE	190	femynor	145	fludrocortisone acetate	152
erythromycin	155,190,216	fenofibrate	81	flunisolide	212
erythromycin base	191	fenofibrate micronized	81	fluocinolone acetonide	163,220
erythromycin ethylsuccinate	191	fenofibric acid	81	fluocinolone acetonide body	163
escitalopram oxalate	66	fentanyl	35	fluocinolone acetonide scalp	163
esomeprazole magnesium	238	FENTANYL CITRATE	36	fluocinonide	163
estarylla	145	fentanyl citrate	36	FLUOCINONIDE 0.05 % GEL	163

fluoridex.....	208	FREESTYLE LIBRE 2	GENTAMICIN IN SALINE.....	25
fluoridex enhanced		SENSOR.....	gentamicin sulfate....	25,157,216
whitening.....	208	FREESTYLE LIBRE 3 PLUS	GENVOYA.....	129
fluorimax 5000.....	208	SENSOR.....	GILOTRIF.....	92
fluorometholone.....	218	FREESTYLE LIBRE 3	glatiramer acetate.....	229
FLUOROURACIL.....	159	READER.....	glatopa.....	229
fluorouracil.....	159	FREESTYLE LIBRE 3	GLEOSTINE.....	88
fluoxetine hcl.....	66	SENSOR.....	glimepiride.....	74
fluphenazine decanoate....	125	FREESTYLE LIBRE	glipizide.....	74
fluphenazine hcl.....	126	READER.....	glipizide er.....	74
flurbiprofen.....	32	FREESTYLE LIBRE SENSOR	glipizide xl.....	74
FLURBIPROFEN SODIUM.....	219	SYSTEM.....	glipizide-metformin hcl.....	68
fluticasone propionate.....	212	FRUZAQLA.....	GLUCAGEN DIAGNOSTIC...	168
FLUTICASONE PROPIONATE		ft arthritis pain.....	GLUCAGON EMERGENCY...	70
HFA.....	53	furosemide.....	GLUCAGON HCL	
fluticasone-salmeterol.....	54	FUZEON.....	(DIAGNOSTIC).....	168
fluvastatin sodium.....	81	fyavolv.....	glucosamine / chondroitin.....	25
fluvoxamine maleate.....	66	FYCOMPA.....	glucosamine sulfate.....	24
fluvoxamine maleate er....	66		glucose (dextrose).....	70
folic acid.....	183	G	glycerin.....	165
folic acid / vitamin b6 / vitamin		g tussin ac.....	glycerin suppository.....	189
b12.....	185	gabapentin.....	glycopyrrolate.....	237
folic acid / vitamin b6 / vitamin		galantamine hydrobromide ..	GLYXAMBI.....	68
b12 / omega-3.....	185	galantamine hydrobromide	gnp anti-itch.....	159
folic acid / vitamin d.....	185	er.....	gnp arthritis pain.....	156
fondaparinux sodium.....	56	gallifrey.....	gnp best fiber.....	188
formoterol fumarate.....	54	GAMMAKED.....	gnp diclofenac sodium.....	156
fosamprenavir calcium.....	129	GAMUNEX-C.....	GOLYTELY.....	188
fosfomycin tromethamine....	47	GARDASIL 9.....	goodsense arthritis pain.....	156
fosinopril sodium.....	82	gatifloxacin.....	goodsense best fiber.....	188
fosinopril sodium-hctz.....	85	GAUZE PADS.....	granisetron hcl.....	76
FOTIVDA.....	103	gauze pads and dressings...	griseofulvin microsize.....	77
fraiche 5000 dental.....	208	GAVILYTE-C.....	griseofulvin ultramicrosize.....	77
FREESTYLE LIBRE 14 DAY		gavilyte-g.....	guaiaatussin ac.....	153
READER.....	192	gavilyte-n with flavor pack...	guaifenesin (mucinex).....	155
FREESTYLE LIBRE 14 DAY		GAVRETO.....	guaifenesin / dextromethorphan	
SENSOR.....	192	gefitinib.....	(mucinex dm).....	153
FREESTYLE LIBRE 2 PLUS		gemfibrozil.....	guaifenesin / dextromethorphan /	
SENSOR.....	193	GEMTESA.....	phenylephrine.....	153
FREESTYLE LIBRE 2		generlac.....	guaifenesin / dextromethorphan /	
READER.....	193	gengraf.....	pseudoephedrine.....	153

INSULIN SYRINGE (DISP) U-100 1/2 ML	195	IXCHIQ	241	KESIMPTA	229
INTELENCE	129	IXIARO	241	ketoconazole	78,158
introvale	145	J		Ketone Test Strips	168
INVEGA HAFYERA	121	JAKAFI	105	ketorolac tromethamine	32,219
INVEGA SUSTENNA	122	jantoven	55	ketotifen drops (zaditor)	219
INVEGA TRINZA	122	JANUMET	69	KEVZARA	31
INVIRASE	130	JANUMET XR	69	KINRIX	237
INVOKAMET	68	JANUVIA	71	kionex	206
INVOKAMET XR	68	JARDIANCE	74	KISQALI (200 MG DOSE)	105
INVOKANA	74	jasmiel	145	KISQALI (400 MG DOSE)	105
IPOL	241	JAYPIRCA	105	KISQALI (600 MG DOSE)	105
ipratropium bromide	52,212	jencycla	150	KISQALI FEMARA (200 MG DOSE)	98
ipratropium-albuterol	54	JENTADUETO	69	KISQALI FEMARA (400 MG DOSE)	98
irbesartan	83	JENTADUETO XR	69	KISQALI FEMARA (600 MG DOSE)	99
irbesartan-hydrochlorothiazide	85	jinteli	175	klayesta	158
iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc	185	joyeaux	145	klor-con	202
iron / vitamin c / vitamin b12 / folic acid	185	juleber	145	klor-con 10	202
iron combinations	185	JULUCA	130	klor-con m10	202
iron polysaccharide complex	185	junel 1.5/30	145	klor-con m15	202
ISENTRESS	130	junel 1/20	145	klor-con m20	202
ISENTRESS HD	130	junel fe 1.5/30	145	KLOXXADO	75
isibloom	145	junel fe 1/20	145	kl arthritis pain relief	156
ISONIAZID	87	junel fe 24	145	kl diclofenac sodium	156
isoniazid 300mg tab	87	just right 5000	208	KORLYM	70
isoniazid 50mg/5ml syrup	87	JYNNEOS	241	KOSELUGO	106
isosorbide dinitrate	47	K		kourzeq	209
isosorbide mononitrate	47	K-PHOS	201	KRAZATI	106
isosorbide mononitrate er	47	K-PHOS NO 2	179	kurvelo	145
isotretinoin	156	kaitlib fe	145	L	
isradipine	137	KALYDECO	232	l-glutamine	183
itraconazole	78	kariva	145	l-methylfolate	169
ivabradine hcl	140	KCL (0.149%) IN NACL	200	l-methylfolate combinations	169
ivermectin	42	KCL (0.298%) IN NACL	200	labetalol hcl	135
ivermectin 1 % cream	167	kcl in dextrose-nacl	200	lacosamide	60
IWILFIN	117	KCL-LACTATED RINGERS-D5W	201	lactase (lactaid)	169
		kelnor 1/35	145	LACTATED RINGERS	201
		kelnor 1/50	145	lactulose	189
		KERENDIA	174		

lactulose encephalopathy	178	LENVIMA (4 MG DAILY DOSE)	90	lidocaine patches	166
LAGEVRIO	135	LENVIMA (8 MG DAILY DOSE)	90	lidocaine patches rx only	166
lamivudine	130,133	lessina	146	lidocaine viscous hcl	207
lamivudine-zidovudine	130	letrozole	94	lidocaine-prilocaine	167
lamotrigine	60	leucovorin calcium	117	lincomycin hcl	46
lamotrigine er	60	LEUKERAN	88	LINDANE	168
lancet device	193	levabuterol hcl	54	linezolid	46
lancets	193	LEVALBUTEROL TARTRATE	55	LINEZOLID IN SODIUM CHLORIDE	46
lanolin / petrolatum	167	levetiracetam	60	LINZESS	178
lanolin/mineral oil/white petrolatum (eucerin)	167	levetiracetam er	60	liothyronine sodium	236
lansoprazole (prevacid)	238	LEVOBUNOLOL HCL	214	lisdexamphetamine dimesylate	22
lansoprazole (prevacid) rx only	238	levocarnitine	173	lisinopril	82
lanthanum carbonate	179	levocarnitine sf	173	lisinopril-hydrochlorothiazide	85
LANTUS	72	levocetirizine (xyzal)	79	lithium	120
LANTUS SOLOSTAR	72	levocetirizine (xyzal) rx only	79	LITHIUM CARBONATE	120
lapatinib ditosylate	106	levofloxacin	176	lithium carbonate	120
larin 1.5/30	145	LEVOFLOXACIN	216	LITHIUM CARBONATE 600 MG CAP	120
larin 1/20	145	LEVOFLOXACIN 0.5 % SOLUTION	216	lithium carbonate er	120
larin fe 1.5/30	146	levofloxacin in d5w	176	LITHOSTAT	180
larin fe 1/20	146	levonest	146	LOKELMA	206
larissia	146	levonorg-eth estrad triphasic	146	LONSURF	99
latanoprost	220	levonorgest-eth est & eth est	146	loperamide (immodium)	74
LEDIPASVIR-SOFOSBUVIR	133	levonorgest-eth estrad 91-day	146	loperamide (immodium) rx only	74
leflunomide	33	levonorgest-eth estradiol-iron	146	lopinavir-ritonavir	130
lenalidomide	204	levonorgestrel (plan b)	149	loratadine (claritin)	79
LENVIMA (10 MG DAILY DOSE)	89	levonorgestrel-ethinyl estrad	146	loratadine / pseudoephedrine (claritin – d)	154
LENVIMA (12 MG DAILY DOSE)	89	levora 0.15/30 (28)	146	lorazepam	49
LENVIMA (14 MG DAILY DOSE)	89	levothyroxine sodium	236	lorazepam intensol	49
LENVIMA (18 MG DAILY DOSE)	90	levoxyl	236	LORBRENA	106
LENVIMA (20 MG DAILY DOSE)	90	LEXIVA	130	loryna	146
LENVIMA (24 MG DAILY DOSE)	90	LIBERVANT	58	losartan potassium	83
		lidocaine hcl	166	losartan potassium-hctz	85
		LIDOCAINE HCL	207	loteprednol etabonate	218
		LIDOCAINE HCL		lovastatin	81
		URETHRAL/MUCOSAL	166	low-ogestrel	146
		lidocaine ointment rx only	166	loxapine succinate	124
				lubiprostone	177
				lubricant eye drops	214

lubricant eye ointment.....	214	malathion.....	168	METHADONE HCL.....	36
LUMAKRAS.....	106,107	male condoms.....	191	methamphetamine hcl.....	22
LUMIGAN.....	220	maraviroc.....	130	methazolamide.....	169
LUNG PERFORM PEAK FLOW		marlissa.....	146	methenamine hippurate.....	47
METER.....	196	MARPLAN.....	65	methenamine mandelate.....	47
LUPRON DEPOT (1-		MATULANE.....	117	methimazole.....	235
MONTH).....	94	matzim la.....	137	methocarbamol.....	211
LUPRON DEPOT (3-		MAVYRET.....	133	methotrexate sodium.....	88
MONTH).....	94	maxi-tuss ac.....	154	methotrexate sodium (pf).....	88
lurasidone hcl.....	121	meclizine.....	76	METHOXSALEN RAPID.....	160
lutera.....	146	meclizine rx only.....	76	methsuximide.....	64
lyleq.....	150	medroxyprogesterone		methyl salicylate / menthol....	166
lyllana.....	175	acetate.....	149,225	methylcellulose (citrucel).....	188
LYNPARZA.....	107	mefloquine hcl.....	86	methylphenidate hcl.....	24
LYSODREN.....	94	megestrol acetate.....	94,95	methylphenidate hcl er.....	24
LYTGOBI (12 MG DAILY		MEGESTROL ACETATE....	225	methylphenidate hcl er (la)....	24
DOSE).....	107	MEKINIST.....	107,108	methylprednisolone.....	151
LYTGOBI (16 MG DAILY		MEKTOVI.....	108	metoclopramide hcl.....	177
DOSE).....	107	melatonin.....	25	metolazone.....	171
LYTGOBI (20 MG DAILY		melatonin / pyridoxine....	25	metoprolol succinate er.....	135
DOSE).....	107	melodetta 24 fe.....	146	metoprolol tartrate.....	135
lyza.....	150	meloxicam.....	32	metoprolol-hydrochlorothiazide	85
		memantine hcl.....	226	metronidazole.....	42,167,168
		memantine hcl er.....	226	METRONIDAZOLE.....	42
M		MENACTRA.....	240	metronidazole vaginal gel 0.75	
M-M-R II.....	241	MENEST.....	175	%.....	243
magnesium.....	201	MENQUADFI.....	240	metyrosine.....	83
magnesium carbonate /		menthol.....	209	mexiletine hcl.....	49
aluminum hydroxide		menthol / zinc oxide.....	167	mibelas 24 fe.....	146
(gaviscon).....	41	MENVEO.....	240	micafungin sodium.....	77
magnesium chloride.....	201	mercaptopurine.....	88	miconazole (micatin).....	158
magnesium citrate solution		meropenem.....	44	miconazole (monistat).....	243
(citroma).....	189	MEROPENEM-SODIUM		microgestin 1.5/30.....	146
magnesium gluconate.....	201	CHLORIDE.....	44	microgestin 1/20.....	146
magnesium hydroxide (phillips'		mesalamine.....	177	microgestin fe 1.5/30.....	146
milk of magnesia).....	189	mesalamine er.....	177	microgestin fe 1/20.....	147
magnesium hydroxide /		mesalamine-cleanser.....	177	MICROLIFE DIGITAL PEAK	
aluminum hydroxide /		MESNEX.....	117	FLOW.....	196
simethicone (mylanta).....	41	metformin hcl.....	70	midodrine hcl.....	244
magnesium oxide.....	42	metformin hcl er.....	70	mifepristone.....	70
magnesium oxide (antacid)..	42	methadone hcl.....	36	MIGERGOT.....	198
magnesium sulfate.....	201				

MIGLITOL.....	68	MOXIFLOXACIN HCL (2X	NEEDLES AND SYRINGES..	195
miglustat.....	183	DAY).....	needles and syringes rx only..	195
mili.....	147	MOXIFLOXACIN HCL IN	NEFAZODONE HCL.....	66
mineral oil.....	189	NACL.....	neomycin / bacitracin / polymixin	
mineral oil / petrolatum.....	165	MRESVIA.....	(neosporin).....	157
MINI WRIGHT PEAK FLOW		msm supplement.....	neomycin / bacitracin / polymixin /	
METER.....	196	multigen.....	pramoxine (neosporin plus)...	157
minocycline hcl.....	235	multigen folic.....	neomycin sulfate.....	26
minoxidil.....	85	multigen plus.....	neomycin-bacitracin zn-	
mirtazapine.....	64	MULTIGEN TABLET.....	polymyx.....	216
miscellaneous natural		multivitamins.....	neomycin-polymyxin-	
products.....	206	multivitamins / calcium.....	dexameth.....	218
misoprostol.....	238	multivitamins / iron.....	NEOMYCIN-POLYMYXIN-	
mm arthritis pain reliever.....	157	multivitamins / minerals.....	GRAMICIDIN.....	216
modafinil.....	24	mupirocin 2% ointment.....	NEOMYCIN-POLYMYXIN-HC218	
moexipril hcl.....	82	mycophenolate mofetil.....	neomycin-polymyxin-hc.....	220
MOISTURIZING CREAM		mycophenolate sodium.....	neomycin-polymyxin-hc 3.5-	
(VANICREAM).....	161	mycophenolic acid.....	10000-1 suspension.....	220
MOLINDONE HCL.....	125	MYRBETRIQ.....	NERLYNX.....	108
mometasone			nevirapine.....	130
furoate.....	163,164,212	N	nevirapine er.....	130
MONISTAT CARE INSTANT		na sulfate-k sulfate-mg sulf..	NEXVIAZYME.....	173
ITCH RLF.....	164	nabumetone.....	niacin.....	211
Monoject Syringes.....	195	nadolol.....	niacin er (antihyperlipidemic)...	82
montelukast sodium.....	52	nafcillin sodium.....	niacinamide.....	245
morphine sulfate.....	37	NAFCILLIN SODIUM IN	nicardipine hcl.....	137
morphine sulfate		DEXTROSE.....	nicotine gum / lozenge.....	231
(concentrate).....	37	NALOXONE HCL.....	nicotine patch (nicoderm)....	231
MORPHINE SULFATE		naloxone hcl.....	NICOTROL.....	231
(CONCENTRATE).....	37	naltrexone hcl.....	nifedipine er.....	137
MORPHINE SULFATE 10		naphazoline /pheniramine drops	nifedipine er osmotic release..	137
MG/5ML SOLUTION.....	37	(naphcon-a).....	nikki.....	147
MORPHINE SULFATE 20		naproxen.....	nilutamide.....	95
MG/5ML SOLUTION.....	37	naproxen (aleve).....	nimodipine.....	137
morphine sulfate er.....	37	naproxen dr.....	NINLARO.....	108
motrin arthritis pain.....	157	naratriptan hcl.....	NITAZOXANIDE.....	43
MOUNJARO.....	71	NARCAN.....	nitisinone.....	173
MOVANTIK.....	178	NATACYN.....	NITRO-BID.....	47
MOXIFLOXACIN HCL.....	176	nateglinide.....	nitrofurantoin macrocrystal....	47
moxifloxacin hcl.....	216	NAYZILAM.....	nitrofurantoin monohyd macro..	47
		nebivolol hcl.....	nitroglycerin.....	41,48

nora-be	150	NOVOLOG MIX 70/30	73	OMNIPOD 5 G6 INTRO (GEN	
norelgestromin-eth estradiol	149	NOVOLOG MIX 70/30		5)	193
norethin ace-eth estrad-fe	147	FLEXPEN	73	OMNIPOD 5 G6 PODS (GEN	
norethindrone	150	NOVOLOG MIX 70/30		5)	193
norethindrone acet-ethinyl		RELION	73	OMNIPOD 5 G7 INTRO (GEN	
est	147	NOVOLOG PENFILL	73	5)	193
norethindrone acetate	225	NOVOLOG RELION	73	OMNIPOD 5 G7 PODS (GEN	
norethindrone-eth estradiol	175	NUBEQA	95	5)	194
norgestim-eth estrad		NUDEXTA	231	OMNIPOD 5 LIBRE2 PLUS	
triphasic	147	NUPLAZID	121	G6	194
norgestimate-eth estradiol	147	NURTEC	198	OMNIPOD 5 LIBRE2 PLUS G6	
norlyda	150	nutritional supplements	169	PODS	194
norlyroc	150	nyamyc	158	OMNIPOD 5 PACK	194
nortrel 0.5/35 (28)	147	nylia 1/35	147	OMNIPOD CLASSIC PDM (GEN	
nortrel 1/35 (21)	147	nystatin	77,158,207	3)	194
nortrel 1/35 (28)	147	NYSTATIN	207	OMNIPOD DASH INTRO (GEN	
nortrel 7/7/7	147	nystatin-triamcinolone	158	4)	194
nortriptyline hcl	68	nystop	158	OMNIPOD DASH PDM (GEN	
NORVIR	130			4)	194
NOURIANZ	118	O		OMNIPOD DASH PODS (GEN	
NOVOLIN 70/30	72	octreotide acetate	174	4)	194
NOVOLIN 70/30 FLEXPEN	72	ODEFSEY	130	OMNITROPE	172
NOVOLIN 70/30 FLEXPEN		ODOMZO	93	ondansetron	76
RELION	72	OFEV	233	ondansetron hcl	76
NOVOLIN 70/30 RELION	72	OFLOXACIN	176	ONE-A-DAY WOMENS	
NOVOLIN N	72	ofloxacin	216	PRENATAL	210
NOVOLIN N FLEXPEN	72	OGSIVEO	108	ONETOUCH ULTRA	168
NOVOLIN N FLEXPEN		OJEMDA	108,109	ONETOUCH ULTRA BLUE	
RELION	72	OJJAARA	109	TEST	168
NOVOLIN N RELION	72	olanzapine	125	ONETOUCH ULTRA TEST	169
NOVOLIN R	73	olmesartan medoxomil	83	ONETOUCH VERIO	169
NOVOLIN R FLEXPEN	73	olmesartan medoxomil-hctz	85	ONUREG	88
NOVOLIN R FLEXPEN		olmesartan-amlodipine-hctz	85	OPFOLDA	173
RELION	73	olopatadine	219	OPILL	150
NOVOLIN R RELION	73	olopatadine hcl	212	OPSUMIT	139
NOVOLOG	73	olopatadine rx only	219	optical supplies	194
NOVOLOG 70/30 FLEXPEN		omega-3 fatty acids (fish oil)	25	OPTICHAMBER FACE MASK-	
RELION	73	omega-3-acid ethyl esters	80	LARGE	196
NOVOLOG FLEXPEN	73	omeprazole (prilosec)	238	OPTICHAMBER FACE MASK-	
NOVOLOG FLEXPEN		omeprazole (prilosec) rx only	238	MEDIUM	196
RELION	73				

OPTICHAMBER FACE MASK- SMALL.....	196	pazopanib hcl.....	109	PERSERIS.....	123
OPVEE.....	75	PEAK A-I-R FLOW METER.....	196	PERSONAL BEST FULL RANGE.....	197
ORENCIA.....	33,34	PEAK AIR PEAK FLOW METER.....	196	PERSONAL BEST LOW RANGE.....	197
ORENCIA CLICKJECT.....	34	PEAK FLOW METER UNIVERSAL RANG.....	197	petrolatum (vaseline).....	225
ORGOVYX.....	95	PEDIARIX.....	237	PFIZERPEN.....	223
ORKAMBI.....	232	pediatric multivitamin combinations.....	210	pharmacist choice diclofenac.....	157
ORSERDU.....	95	PEDIATRIC MULTIVITAMIN COMBINATIONS.....	210	phenazopyridine (azo).....	180
oseltamivir phosphate.....	134	PEDVAX HIB.....	240	PHENELZINE SULFATE.....	65
OSPHENA.....	172	peg 3350-kcl-na bicarb-nacl.....	188	phenobarbital.....	186
ostomy supplies.....	194	peg-3350/electrolytes.....	188	phenoxybenzamine hcl.....	83
OTEZLA.....	33	peg-3350/electrolytes/ascorbat... ..	188	phentermine hcl.....	22
oxacillin sodium.....	224	peg-3350/electrolytes/ascorbat... ..	188	phenylephrine (neo-synephrine).....	212
OXACILLIN SODIUM IN DEXTROSE.....	224	peg-kcl-nacl-nasulf-na asc-c.....	189	phenylephrine (sudafed pe)... ..	212
oxaprozin.....	32	PEGASYS.....	133	phenylephrine / acetaminophen.....	154
oxazepam.....	49	PEMAZYRE.....	109	phenylephrine / bropheniramine / dextromethorphan.....	154
oxcarbazepine.....	61	PENBRAYA.....	240	phenylephrine / chlorpheniramine / dextromethorphan.....	154
OXERVATE.....	218	peniclovir.....	161	phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen.....	154
oxybutynin chloride.....	239	penicillamine.....	203	phenylephrine / dextromethorphan / acetaminophen.....	154
oxybutynin chloride er.....	239	penicillin g potassium.....	222	phenylephrine / dextromethorphan / acetaminophen.....	154
oxycodone hcl.....	37	PENICILLIN G PROCAINE.....	222	phenylephrine / dextromethorphan / acetaminophen.....	154
oxycodone-acetaminophen... ..	38	PENICILLIN G SODIUM.....	222	phenylephrine / dextromethorphan / acetaminophen.....	154
oxymetazoline (afrin).....	212	PENICILLIN V POTASSIUM.....	223	phenylephrine / dextromethorphan / acetaminophen.....	154
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	71	PENTACEL.....	237	phenylephrine / dextromethorphan / acetaminophen.....	154
OZEMPIC (1 MG/DOSE).....	71	pentamidine isethionate for injection solution.....	42	phenylephrine / doxylamine / dextromethorphan / acetaminophen.....	154
OZEMPIC (2 MG/DOSE).....	71	pentamidine isethionate for nebulization solution.....	43	phenylephrine / doxylamine / dextromethorphan / acetaminophen.....	154
P		pentoxifylline er.....	182	phenylephrine / guafenesin / acetaminophen.....	154
pacerone.....	50	perindopril erbumine.....	82	phenylephrine / guafenesin... ..	154
paliperidone er.....	123	PERINDOPRIL ERBUMINE 2 MG TAB.....	83	phenylephrine / shark liver / petrolatum (preparation h).....	40
PANRETIN.....	159	PERINDOPRIL ERBUMINE 8 MG TAB.....	83	phenytek.....	63
pantoprazole sodium.....	238	periogard.....	208	phenytoin.....	63
paricalcitol.....	173	permethrin (nix).....	168	phenytoin infatabs.....	63
paromomycin sulfate.....	26	permethrin (nix) rx only.....	168	phenytoin sodium extended... ..	64
paroxetine hcl.....	66	perphenazine.....	126	PHOSPHOLINE IODIDE.....	215
paroxetine hcl er.....	66				
PASER.....	87				
PAXLOVID (150/100).....	132				
PAXLOVID (300/100).....	132				

phosphorus supplement	201	polyvinyl alcohol / povidone	pravastatin sodium	81
phytonadione	245	drops (refresh)	praziquantel	42
PIFELTRO	131	polyvinyl alcohol drops	prazosin hcl	84
PIKO 1	197	(hypotears)	prednisolone	151
pilocarpine hcl	209,215	POMALYST	prednisolone acetate	218
pimecrolimus	165	portia-28	prednisolone sodium	
PIMOZIDE	231	posaconazole	phosphate	151,152
pimtreea	147	potassium / sodium	PREDNISOLONE SODIUM	
pindolol	136	phosphate	PHOSPHATE	218
pioglitazone hcl	73	POTASSIUM CHLORIDE	PREDNISONE	152
pioglitazone hcl-glimepiride	69	potassium chloride 2 meq/ml	prednisone	152
pioglitazone hcl-metformin		solution	PREDNISONE INTENSOL	152
hcl	69	potassium chloride 20 meq	pregabalin	61
piperacillin sod-tazobactam		packet	PREHEVBRIO	242
so	224	potassium chloride 20 meq/15ml	PREMARIN	244
piperonyl / pyrethrins (rid)	168	(10%) solution	prenatal vitamin	210
PIQRAY (200 MG DAILY		potassium chloride 40 meq/15ml	prenatal vitamin rx only	210
DOSE)	109	(20%) solution	PRENATAL VITAMIN WITH	
PIQRAY (250 MG DAILY		potassium chloride crys er	MINERALS AND FOLIC ACID	
DOSE)	109	potassium chloride er	GREATER THAN 0.8 MG ORAL	
PIQRAY (300 MG DAILY		potassium chloride in	TABLET	210
DOSE)	109	dextrose	preparation h	164
pirfenidone	233,234	potassium chloride in nacl 20-	preparation h soothing relief	164
pirmella 1/35	147	0.45 meq/l-% solution	prevalite	80
piroxicam	33	potassium chloride in nacl 20-	PREVIDENT 5000 ENAMEL	
PLEGRIDY	230	0.9 meq/l-% solution	PROTECT	208
plenamine	214	potassium chloride in nacl 40-	PREVIDENT 5000	
PNEUMOVAX 23	240	0.9 meq/l-% solution	SENSITIVE	208
POCKET PEAK FLOW		potassium citrate	PREVNAR 20	240
METER	197	potassium citrate / sodium	PREVYMIS	133
POCKETPEAK PEAK FLOW		citrate (cytra-3)	PREZCOBIX	131
METER	197	potassium citrate er	PREZISTA	131
PODOFILOX 0.5 %		potassium gluconate	PRIFTIN	87
SOLUTION	166	povidone-iodine (betadine)	primaquine phosphate	86
polyethylene glycol 3350		povidone-iodine (summers	PRIMAQUINE PHOSPHATE	26.3
(miralax)	189	eve)	(15 BASE) MG TAB	86
polyethylene glycol drops	214	PRALUENT	PRIMIDONE	61
polymyxin b sulfate	47	pramipexole dihydrochloride	PRIORIX	242
polymyxin b-trimethoprim	216	pramoxine (procto-foam)	PRIVIGEN	221
polysaccharide iron		pramoxine / calamine	PRO COMFORT SPACER	
complex	186	prasugrel hcl	ADULT	197

PRO COMFORT SPACER CHILD	197	pyrazinamide	87	RECOMBIVAX HB	242	
PRO COMFORT SPACER INFANT	197	pyridostigmine bromide	86	REGRANEX	168	
probenecid	181	pyridostigmine bromide er	87	RELISTOR	178	
PROCARE SPACER/ADULT MASK	197	pyridoxine (vitamin b6)	213	RELTONE	176	
PROCARE SPACER/CHILD MASK	197	pyrimethamine	86	RENACIDIN	180	
prochlorperazine	126	Q			repaglinide	74
prochlorperazine maleate	126	qc diclofenac sodium	157	REPATHA	82	
procto-med hc	41	QINLOCK	109	REPATHA PUSHTRONEX SYSTEM	82	
proctosol hc	41	QUADRACEL	237	REPATHA SURECLICK	82	
proctozone-hc	41	Quadrivalent Influenza Vaccines	242	respirtatory therapy supplies	197	
progesterone	225	quetiapine fumarate	125	RESTASIS	217	
PROGRAF	205	quetiapine fumarate er	125	RESTASIS MULTIDOSE	217	
PROMACTA	183,184	quinapril hcl	83	RETACRIT	184	
promethazine hcl	79,80	quinidine gluconate er	49	RETEVMO	110	
propafenone hcl	50	quinidine sulfate	49	REVLIMID	204	
propafenone hcl er	50	QUINIDINE SULFATE 200 MG TAB	49	REXULTI	127	
propranolol hcl	136	QUINIDINE SULFATE 300 MG TAB	49	REYATAZ	131	
propranolol hcl er	136	quinine sulfate	86	REZLIDHIA	110	
propylthiouracil	235	QVAR REDIHALER	53	REZUROCK	204	
PROQUAD	242	R			RHOPRESSA	217
protriptyline hcl	68	RABAVERT	242	RIBAVIRIN 200 MG CAP	134	
pseudoephedrine (sudafed)	212	rabeprazole sodium	238	RIBAVIRIN 200 MG TAB	134	
pseudoephedrine / acetaminophen	154	RADICAVA ORS	213	riboflavin (vitamin b2)	245	
pseudoephedrine / guaifenesin	154	RADICAVA ORS STARTER KIT	213	RIDAURA	31	
pseudoephedrine / ibuprofen	154	raloxifene hcl	172	rifabutin	87	
psyllium (metamucil)	188	ramelteon	187	rifampin	87	
PULMOZYME	233	ramipril	83	riluzole	213	
PURE COMFORT FLOW METER ADULT	197	ranolazine er	47	RIMANTADINE HCL	135	
PURE COMFORT FLOW METER CHILD	197	rasagiline mesylate	120	ringers	201	
PURE COMFORT SPACER CHAMBER	197	REBIF	230	ringers irrigation	206	
PURIXAN	88	REBIF REBIDOSE	230	RINVOQ	30	
		REBIF REBIDOSE TITRATION PACK	230	risedronate sodium	171	
		REBIF TITRATION PACK	230	risperidone	123	
		reclipsen	147	risperidone microspheres er	123	
				ritonavir	131	
				rivastigmine	226	
				rivastigmine tartrate	226	
				RIVIVE	75	
				rizatriptan benzoate	199	
				ROCKLATAN	217	

roflumilast	52	SIGNIFOR	174	SODIUM OXYBATE	225
ropinirole hcl	119	sildenafil citrate	139	sodium phenylbutyrate	174
ropinirole hcl er	120	silodosin	180	sodium polystyrene sulfonate	206
rosuvastatin calcium	81	silver sulfadiazine	161	SOFOSBUVIR-	
ROTARIX	242	simethicone (mylicon)	176	VELPATASVIR	134
ROTATEQ	242	SIMLANDI (1 PEN)	29	solifenacin succinate	239
roweepra	61	SIMLANDI (2 PEN)	30	SOLQUA	69
ROZLYTREK	110,111	SIMPONI	30	SOLTAMOX	95
RUBRACA	111	simvastatin	81	SOLU-CORTEF	152
RUCONEST	182	sirolimus	205,206	SOLU-MEDROL	152
rufinamide	61	SIRTURO	87	SOLU-MEDROL (PF)	152
RUKOBIA	131	SIVEXTRO	46	SOMAVERT	172
RYBELSUS	71	SKIN OIL (JOHNSONS BABY OIL)	167	sorafenib tosylate	112
RYDAPT	111	skin oils	167	sorbitol solution	189
RYTARY	120	SKYRIZI	160,177,178	sorine	136
		SKYRIZI PEN	160	sotalol hcl	136
S		SKYTROFA	172	sotalol hcl (af)	136
sajazir	181	SLYND	150	SPIRIVA HANDIHALER	52
salicylic acid	166	sm arthritis pain	157	SPIRIVA RESPIMAT	52
saline bacteriostatic	224	SM ONE DAILY PRENATAL	211	spironolactone	170
sam-e supplement	25	SOD FLUORIDE-POTASSIUM		spironolactone-hctz	170
SANTYL	165	NITRATE	208	sprintec 28	147
sapropterin dihydrochloride	173	sodium bicarbonate	41	SPRITAM	61
SAXENDA	22	sodium chloride	167,180	sps (sodium polystyrene sulf)	207
SCEMBLIX	111	sodium chloride bacteriostatic	225	sronyx	147
scopolamine	76	sodium chloride eye products		ssd	162
SECUADO	125	(muro 128)	219	STAMARIL	242
selegiline hcl	120	sodium chloride nasal spray	155	STELARA	160
selenium	203	sodium chloride rx only	203	sterile water for injection	225
selenium sulfide	161	sodium citrate	179	STIOLTO RESPIMAT	55
SELZENTRY	131	sodium fluoride	201,208	STIVARGA	112
senna / docusate sodium (peri-colace)	189	SODIUM FLUORIDE 5000		STREPTOMYCIN SULFATE	26
sennosides	189	ENAMEL	208	STRIBILD	131
sertraline hcl	66	sodium fluoride 5000 plus	209	STRIVE DUAL ZONE PEAK	
setlakin	147	sodium fluoride 5000 ppm	209	FLOW MTR	197
sevelamer carbonate	179	SODIUM FLUORIDE 5000		STRIVERDI RESPIMAT	55
sf	208	SENSITIVE	209	SUCRAID	169
sf 5000 plus	208	sodium fluoride chewable tablet	201	sucrafate	238
sharobel	150			SUFLAVE	189
SHINGRIX	242			SULFACETAMIDE SODIUM	216
				sulfacetamide sodium	216

sulfacetamide sodium (acne).....	156	tamsulosin hcl.....	180	testosterone cypionate 200 mg/ml solution.....	40
SULFACETAMIDE-PREDNISOLONE.....	219	tarina 24 fe.....	147	TESTOSTERONE ENANTHATE.....	40
sulfadiazine.....	234	tarina fe 1/20.....	148	TETANUS-DIPHThERIA	
sulfamethoxazole-trimethoprim.....	43	tarina fe 1/20 eq.....	148	TOXOIDS TD.....	237
SULFAMYLON.....	162	taron forte.....	185	tetrabenazine.....	228
sulfasalazine.....	178	TASIGNA.....	113	tetracaine hcl.....	218
sulfatrim pediatric.....	43	tasimelteon.....	187	tetracycline hcl.....	235
sulindac.....	33	tazarotene.....	161	tetrahydrazoline drops (visine).....	217
sumatriptan.....	199	TAZICEF.....	143	THALOMID.....	204
sumatriptan succinate.....	199	tazicef 1 gm recon soln.....	143	theophylline.....	55
sumatriptan succinate refill.....	199	tazicef 2 gm recon soln.....	143	theophylline er.....	55
sumatriptan-naproxen sodium.....	198	taztia xt.....	137	thiamine (vitamin b1).....	245
sunitinib malate.....	112	TAZVERIK.....	113	thioridazine hcl.....	126
SUNLENCA.....	131	TDVAX.....	237	thiothixene.....	127
SUNOSI.....	23	TEFLARO.....	143	throat lozenge.....	209
syeda.....	147	telmisartan.....	83	throat lozenges.....	209
SYMJEPI.....	244	TELMISARTAN-AMLODIPINE.....	85	tiadylt er.....	137
SYMPAZAN.....	58	telmisartan-hctz.....	85	tiagabine hcl.....	63
SYMTUZA.....	131	temazepam.....	187	TIBSOVO.....	113
SYNJARDY.....	69	TEMIXYS.....	131	TICOVAC.....	243
SYNJARDY XR.....	69	temozolomide.....	88	TIGECYCLINE.....	234
SYNRIBO.....	117	TENIVAC.....	237	tigecycline 50 mg recon soln.....	234
SYNTHROID.....	236	tenofovir disoproxil fumarate.....	131	tilia fe.....	148
SYRINGE.....	195	TEPMETKO.....	113	timolol maleate.....	136,214
SYRINGE/HYPODERMIC SAFETY.....	195	terazosin hcl.....	84	tinidazole.....	43
T		terbinafine (lamisil).....	158	tioconazole (vagistat).....	244
TABLOID.....	88	terbinafine hcl.....	77	tiopronin.....	180
TABRECTA.....	112	terbutaline sulfate.....	55	tis-u-sol.....	206
tacrolimus.....	166,206	terconazole.....	243	TIVICAY.....	131,132
tadalafil (pah).....	139	teriflunomide.....	230	TIVICAY PD.....	132
TAFINLAR.....	112	teriparatide.....	171	tizanidine hcl.....	211
TAGRISSE.....	92	TERIPARATIDE (RECOMBINANT).....	171	tobramycin.....	26,216
TALTZ.....	160,161	testosterone.....	39,40	TOBRAMYCIN SULFATE.....	26
TALZENNA.....	112,113	TESTOSTERONE.....	40	tobramycin-dexamethasone.....	219
tamoxifen citrate.....	96	TESTOSTERONE CYPIONATE.....	40	tolcapone.....	118
		testosterone cypionate 100 mg/ml solution.....	40	tolnaftate (tinactin).....	158
				tolterodine tartrate.....	239
				tolterodine tartrate er.....	239

topiramate	61	trimethoprim	43	valsartan	83
toremifene citrate	96	trimipramine maleate	68	valsartan-hydrochlorothiazide	85
torpenz	113	TRINTELLIX	66	VALTOCO 10 MG DOSE	58
toremide	170	TRIUMEQ	132	VALTOCO 15 MG DOSE	58
TOUJEO MAX SOLOSTAR	73	TRIUMEQ PD	132	VALTOCO 20 MG DOSE	58
TOUJEO SOLOSTAR	73	trivora (28)	148	VALTOCO 5 MG DOSE	58
TRADJENTA	71	TRIZIVIR	132	vancomycin hcl	45
tramadol hcl	37	TROGARZO	132	VANCOMYCIN HCL	45
tramadol-acetaminophen	38	trolamine salicylate (myoflex)	166	VANCOMYCIN HCL IN NAACL	45
trandolapril	83	tropium chloride	239	VANFLYTA	114
tranexamic acid	186	tropium chloride er	239	VAQTA	243
tranylcypromine sulfate	65	TRULICITY	71	varenicline tartrate	231
travoprost (bak free)	220	TRUMENBA	240	varenicline tartrate (starter)	231
trazodone hcl	66	TRUQAP	113	varenicline tartrate(continue)	231
TRECTOR	87	TRUZONE PEAK FLOW		VARIVAX	243
TRELEGY ELLIPTA	55	METER	197	VARIZIG	221
TRELSTAR MIXJECT	96	TUKYSA	90	VARUBI (180 MG DOSE)	77
tretinoin	117,156	tulana	150	VAXCHORA	240
tri femynor	148	TURALIO	114	VAXNEUVANCE	240
tri-estarylla	148	turqoz	148	VELIVET	148
tri-legest fe	148	TWINRIX	243	VELTASSA	207
tri-lo-estarylla	148	TYBLUME	148	VEMLIDY	134
tri-lo-sprintec	148	tydemy	148	VENCLEXTA	91
tri-mili	148	TYENNE	31	VENCLEXTA STARTING	
tri-sprintec	148	TYPHIM VI	240	PACK	91
tri-vylibra	148			venlafaxine hcl	67
triamcinolone		U		venlafaxine hcl er	67
acetonide	164,209	UDENYCA	184	VENTOLIN HFA	55
triamcinolone acetonide		unithroid	236	verapamil hcl	137
(nasacort)	212	UPTRAVI	140	verapamil hcl er	138
triamterene-hctz	170	urea 10% and 20% (carmol)	165	VERKAZIA	217
triderm	164	Urine Diagnostic Strips	169	VERQUVO	141
trientine hcl	203	ursodiol	177	VERSACLOZ	125
trifluoperazine hcl	126	UZEDY	123,124	VERZENIO	114
TRIFLURIDINE	217	V		vestura	148
trihexyphenidyl hcl	118	vagisil	164	VICTOZA	71
TRIHXYPHENIDYL HCL 0.4		valacyclovir hcl	134	vienna	148
MG/ML SOLUTION	118	VALCHLOR	159	vigabatrin	63
TRIJARDY XR	69,70	valganciclovir hcl	133	vigadrone	63
TRIKAFTA	233	valproic acid	64	VIGAFYDE	63
TRIMETHOPRIM	43				

vigpoder.....	63	WELIREG.....	96	XTANDI.....	96
VIJOICE.....	206	witch hazel.....	167	xulane.....	149
vilazodone hcl.....	67	wixela inhub.....	55	XYWAV.....	226
VIRACEPT.....	132	wound care supplies.....	168		
VIREAD.....	132	wymzya fe.....	148	Y	
virtussin a/c.....	154			yargesa.....	183
virtussin ac w/alc.....	154	X		YF-VAX.....	243
vitamin a.....	165	XALKORI.....	115	yuvafem.....	244
vitamin a / vitamin c / vitamin d.....	211	XARELTO.....	56		
vitamin a / vitamin d.....	165	XARELTO STARTER PACK.....	56	Z	
vitamin b complex combinations.....	209	XATMEP.....	88	zafemy.....	149
VITAMIN B COMPLEX COMBINATIONS.....	209	XCOPRI.....	62	zafirlukast.....	52
vitamin c.....	245	XCOPRI (250 MG DAILY DOSE).....	62	zaleplon.....	187
vitamin c / iron (vitron-c).....	185	XCOPRI (350 MG DAILY DOSE).....	62	ZARXIO.....	184
vitamin d.....	245	XDEMVY.....	217	ZEJULA.....	115,116
vitamin d / vitamin k.....	211	XELJANZ.....	30	ZELBORAF.....	116
vitamin e.....	245	XELJANZ XR.....	31	zenatane.....	156
vitamin k1.....	245	XERMELO.....	179	ZEPBOUND.....	23
vitamins / lipotropics.....	211	XGEVA.....	171	zidovudine.....	132
VITRAKVI.....	114	XIFAXAN.....	43	ZIEXTENZO.....	184
VIVITROL.....	76	XIIDRA.....	217	ZIMHI.....	76
VIZIMPRO.....	92	XOFLUZA (40 MG DOSE).....	135	zinc.....	203
VONJO.....	115	XOFLUZA (80 MG DOSE).....	135	zinc gluconate.....	203
voriconazole.....	78	XOLAIR.....	51	zinc oxide (desitin).....	167
voriconazole 200 mg recon soln.....	78	XOSPATA.....	115	zinc sulfate.....	203
voriconazole 40 mg/ml recon susp.....	78	XPOVIO (100 MG ONCE WEEKLY).....	97	ziprasidone hcl.....	121
VOSEVI.....	134	XPOVIO (40 MG ONCE WEEKLY).....	97	ziprasidone mesylate.....	121
VRAYLAR.....	121	XPOVIO (40 MG TWICE WEEKLY).....	97	ZIRGAN.....	217
VUMERITY.....	230	XPOVIO (60 MG ONCE WEEKLY).....	97	ZOLINZA.....	116
vyfemla.....	148	XPOVIO (60 MG TWICE WEEKLY).....	98	zolmitriptan.....	199
vylibra.....	148	XPOVIO (80 MG ONCE WEEKLY).....	98	zolpidem tartrate.....	187
VYNDAMAX.....	140	XPOVIO (80 MG TWICE WEEKLY).....	98	zolpidem tartrate er.....	187
				zomig.....	199
W				ZONISADE.....	61
warfarin sodium.....	55			zonisamide.....	61
WEGOVY.....	22,23			zovia 1/35 (28).....	148
				zovia 1/35e (28).....	148
				ZTALMY.....	61
				ZURZUVAE.....	65
				ZYDELIG.....	116
				ZYKADIA.....	116

ZYPREXA RELPREVV..... 125
ZYVOX.....46

Liiska rasmiga ah waxaa la cusboonaysiiyay 10/22/2024.

Fariin muhiim ah oo Ku saabsan Waxa aad Ku bixiso lacagta Tallaalka – Tallaalka qaarkooda waxaa looga fekeraa dheefaha caafimaadka. Tallaalka kale waxaa looga fekeraa dawooyinka Qaybta D. Qorshahayagu waxa uu daboolaa badanka tallaalkada Qaybta D oo aan kharash kugu joogin adiga.

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