

Member FORMULARY

IEHP DualChoice (HMO D-SNP) Plan

December
2024



For more recent information or other questions, contact us at **1-877-273-IEHP (4347)**, TTY users should call **1-800-718-4347**, 8am-8pm (PST), 7 days a week, including holidays. Or visit **www.iehp.org**.

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
Important Message About What You Pay For Vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you. This formulary was updated on 11/19/2024 Formulary ID: 00024501 Version #17

IEHP DualChoice (HMO D-SNP) | 2024 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs – and over-the-counter (OTC) drugs and non-drug products – are covered by IEHP DualChoice, a Medicare Medi-Cal Plan. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by IEHP DualChoice.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ)	3
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.)	4
B2. Does the Drug List ever change?	4
B3. What happens when there is a change to the Drug List?	5
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	6
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	6
B6. What happens if IEHP DualChoice changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	6
B7. How can I find a drug on the Drug List?	7
B8. What if the drug I want to take is not on the Drug List?	7
B9. What if I am a new IEHP DualChoice member and can’t find my drug on the Drug List or have a problem getting my drug?	7
B10. Can I ask for an exception to cover my drug?	8
B11. How can I ask for an exception?	9
B12. How long does it take to get an exception?	9



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

B13. What are generic drugs?	9
B14. What are OTC drugs?	9
B15. Does IEHP DualChoice cover non-drug OTC products?	10
B16. Can I get prescriptions delivered to my home from my local pharmacy?	10
B17. What is my copay?.....	10
C.Overview of the <i>List of Covered Drugs</i>	10
D.List of Drugs by Medical Condition	12
E.Index of Covered Drugs.....	170



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

A. Disclaimers

This is a list of drugs that members can get in IEHP DualChoice.

- ❖ IEHP DualChoice (HMO D-SNP) is a HMO Plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.
- ❖ You can always check IEHP DualChoice's up-to-date *List of Covered Drugs* online at www.iehp.org or by calling 1-877-273-IEHP (4347).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free.
- ❖ ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free.
- ❖ ATENCIÓN: Si usted prefiere comunicarse en un idioma que no es inglés, sin cargo, a su disposición. Llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), de 8am a 8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Los usuarios TTY deben llamar al 1-800-718-4347. La llamada es gratuita.
- ❖ 注意：如果您使用其他語言，可以免費獲得語言援助服務。請撥打 1-877-273-IEHP (4347)，服務時間為早上 8 點至晚上 8 點（太平洋標準時間），每週 7 天，包括節假日。TTY 使用者應撥打 1-800-718-4347。此服務電話免付費。
- ❖ LƯU Ý: Nếu quý vị nói một ngôn ngữ khác, chương trình sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi 1-877-273-IEHP (4347), 8 giờ sáng - 8 giờ tối (Múi giờ Chuẩn Thái Bình Dương - PST), 7 ngày một tuần, kể cả các ngày lễ. Người dùng TTY vui lòng gọi số 1-800-718-4347. Miễn phí cước gọi.
- ❖ To make a standing request to receive materials in languages other than English or alternate format, or to make changes to a standing request, please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. IEHP DualChoice will keep your information as a standing request for future mailings and communications so you do not need to make a separate request each time.

B. Frequently Asked Questions (FAQ)

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



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

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

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by IEHP DualChoice (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.” The prescription drugs included on this List of Covered Drugs are covered by IEHP DualChoice. Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- IEHP DualChoice will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - IEHP DualChoice agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a IEHP DualChoice network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.iehp.org or call Member Services at the numbers listed at the bottom of this page.

B2. Does the Drug List ever change?

Yes, and IEHP DualChoice must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from IEHP DualChoice before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

- we learn that a drug is not safe, **or**
- a drug is removed from the market.

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

- You can always check IEHP DualChoice's up-to-date Drug List online at www.iehp.org.
- You can also call Member Services at the numbers listed at the bottom of this page to check the current Drug List.

B3. What happens when there is a change to the Drug List?

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Please contact the prescribing doctor after you receive a letter.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 31-day supply of the drug after you ask for a refill.

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

- If there is a similar drug on the Drug List you can take instead or



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 14. You can also get more information by visiting our website at www.iehp.org. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the List of Drugs by Medical Condition on page 14 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if IEHP DualChoice changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

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



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

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

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in the index that begins on page 183. Look in the index and find your drug. Next to your drug, you will see the page number where you can find the coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

If you don’t find your drug on the Drug List, call Member Services at the numbers listed at the bottom of this page and ask about it. If you learn that IEHP DualChoice will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask IEHP DualChoice to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new IEHP DualChoice member and can’t find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of IEHP DualChoice. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of medication.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by IEHP DualChoice, **or**



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

- you are taking a drug that is part of a step therapy restriction

If you are taking a drug that IEHP DualChoice does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new IEHP DualChoice member.
- This is in addition to the temporary supply during the first 90 days you are a member of IEHP DualChoice.
- As a new member in our plan or continuing member who was affected by a formulary change from one year to the next, you may be taking drugs that are not on our formulary. Or, you may be taking drugs that are on our formulary that are hard for you to get. For example, you may need our approval before you can get your drug. Either way, talk to your doctor. He or she can help you choose the right course of action. This could be changing to a drug we do cover or seeking a formulary exception so that we will cover the drug. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.
- For each of your drugs that is not on our formulary or is hard for you to get, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.
- If you are a resident of a long-term care facility, we will cover your prescription refill until we have provided you with a 31-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days of your membership. If you need a drug that is not on our formulary or it is hard for you to get, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you ask for a formulary exception.

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

Yes. You can ask IEHP DualChoice to make an exception to cover a drug that is not on the Drug List.

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

- For example, IEHP DualChoice may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call IEHP DualChoice Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Evidence of Coverage (What to do if you have a problem or complaint [coverage decisions, appeals, complaints])* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. For information or instructions about how and where IEHP DualChoice members **can send** their statement, please contact IEHP DualChoice Member Service.

CALL	1-877-273-IEHP (4347) 8am-8pm (PST), 7 days a week, including holidays.
TTY	1-800-718-4347. This call is free.
FAX	(909) 890-5877
WRITE	IEHP DualChoice P.O. Box 1800 Rancho Cucamonga, CA 91729-1800
EMAIL	MemberServices@iehp.org

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

IEHP DualChoice covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". IEHP DualChoice covers some OTC drugs when they are written as prescriptions by your provider.



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

You can read the IEHP DualChoice Drug List to find out what OTC drugs are covered.

B15. Does IEHP DualChoice cover non-drug OTC products?

IEHP DualChoice covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol pads.

You can read the IEHP DualChoice Drug List to find out what non-drug OTC products are covered.

B16. Can I get prescriptions delivered to my home from my local pharmacy?

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

B17. What is my copay?

IEHP DualChoice members have \$0 copay for prescription and OTC drugs and non-drug products if the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

Our Plan uses a single tier drug list which includes generic, brand and biosimilar drugs.

- Tier 1 drugs have \$0 copay*.

* Because you qualify for "Extra Help", you pay nothing for your prescription drug costs as long as you follow our rules. If you no longer qualify for Extra Help, your drug costs may change.

If you have questions, call Member Services at the numbers listed at the bottom of this page.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by IEHP DualChoice. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 180. The index alphabetically lists all drugs covered by IEHP DualChoice.

AGE: Age Limit. For certain drugs, IEHP DualChoice requires a Prior Authorization if over the specific age limit.

NDS: Non-Extended Day Supply. This is a drug that is dispensed up to a 31-day supply.

PA: Prior Authorization. IEHP DualChoice requires you or your physician to get approval from us first before filling a certain drug. This extra step is called "prior authorization." If you don't get approval, IEHP DualChoice may not cover the drug.



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

PA NSO: Prior Authorization for New Starts Only. IEHP DualChoice requires you or your physician to get approval from us first before filling a certain drug if you have not taken this drug before. If you don't get approval, IEHP DualChoice may not cover the drug.

PA BvD: Part B vs D Prior Authorization. This is a drug that has a special "PA" requirement. It may be covered under one or two benefit programs: 1) Medicare Part B, and/or 2) Medicare Part D. This depends on many factors. Your physician may need to give us more details about the use and setting of the drug.

QL: Quantity Limit. For certain drugs, IEHP DualChoice limits the amount of the drug that it will cover. This may be in addition to a standard one month or three-month supply.

ST: Step Therapy. In some cases, IEHP DualChoice requires you to first try certain drugs to treat your medical condition. This is the process before we will cover another drug for that condition. For example, either Drug A or Drug B may treat your medical condition. IEHP DualChoice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, IEHP DualChoice will then cover Drug B.



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

D. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

Table of Contents

Analgesics	14
Anesthetics	16
Anti-Addiction/Substance Abuse Treatment Agents	16
Antianxiety Agents	17
Antibacterials	18
Anticancer Agents	25
Anticholinergic Agents	36
Anticonvulsants	36
Antidementia Agents	42
Antidepressants	43
Antidiabetic Agents	47
Antifungals	51
Antigout Agents	53
Antihistamines	53
Anti-Infectives (Skin And Mucous Membrane)	53
Antimigraine Agents	54
Antimycobacterials	54
Antinausea Agents	55
Antiparasite Agents	56
Antiparkinsonian Agents	57
Antipsychotic Agents	58
Antivirals (Systemic)	63
Blood Products/Modifiers/Volume Expanders	68
Caloric Agents	70
Cardiovascular Agents	71

Central Nervous System Agents.....	79
Contraceptives.....	82
Dental And Oral Agents.....	85
Dermatological Agents.....	85
Devices.....	90
Enzyme Replacement/Modifiers.....	134
Eye, Ear, Nose, Throat Agents.....	135
Gastrointestinal Agents.....	138
Genitourinary Agents.....	140
Heavy Metal Antagonists.....	141
Hormonal Agents, Stimulant/Replacement/Modifying.....	141
Immunological Agents.....	145
Inflammatory Bowel Disease Agents.....	154
Irrigating Solutions.....	155
Metabolic Bone Disease Agents.....	155
Miscellaneous Therapeutic Agents.....	156
Ophthalmic Agents.....	157
Replacement Preparations.....	158
Respiratory Tract Agents.....	160
Skeletal Muscle Relaxants.....	165
Sleep Disorder Agents.....	165
Vasodilating Agents.....	165
Vitamins And Minerals.....	166

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1)	NDS; QL (90 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (Tier 1)	NDS; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1)	NDS; QL (6 per 1 day)
<i>endocet oral tablet 10-325 mg</i>	\$0 (Tier 1)	NDS
<i>endocet oral tablet 5-325 mg</i>	\$0 (Tier 1)	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (Tier 1)	NDS
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	\$0 (Tier 1)	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	NDS; QL (8 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1)	NDS; QL (5 per 1 day)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	NDS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	NDS
MORPHINE ORAL TABLET 15 MG, 30 MG	\$0 (Tier 1)	NDS
<i>morphine oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	NDS
<i>morphine oral tablet extended release 15 mg</i>	\$0 (Tier 1)	NDS; QL (3 per 1 day)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	\$0 (Tier 1)	NDS
<i>oxycodone oral tablet 5 mg</i>	\$0 (Tier 1)	NDS; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	
<i>tramadol oral tablet 100 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1)	NDS; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)	NDS; QL (3 per 1 day)
<i>tramadol oral tablet extended release 24 hr 200 mg</i>	\$0 (Tier 1)	NDS; QL (1 per 1 day)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>diclofenac potassium oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	NDS
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)	NDS
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 75 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	\$0 (Tier 1)	NDS
<i>diclofenac sodium topical gel 1 %</i>	\$0 (Tier 1)	QL (3000 per 93 days)
<i>diclofenac sodium topical gel 3 %</i>	\$0 (Tier 1)	NDS
<i>ibu oral tablet 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	PA; NDS; QL (4 per 1 day); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>lidocaine topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1)	PA; NDS; QL (3 per 1 day)
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1)	NDS; QL (1.94 per 1 day)
<i>lidocaine viscous mucous membrane solution 2 %</i>	\$0 (Tier 1)	NDS
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1)	NDS
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	\$0 (Tier 1)	PA; NDS; QL (3 per 1 day)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	\$0 (Tier 1)	
<i>buprenorphine hcl sublingual tablet 2 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	\$0 (Tier 1)	NDS; QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)	NDS
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 1)	NDS
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	NDS
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0 (Tier 1)	NDS
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (Tier 1)	NDS
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (Tier 1)	NDS
<i>varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (Tier 1)	NDS
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0 (Tier 1)	NDS

Antianxiety Agents

Benzodiazepines

<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	NDS; QL (5 per 1 day)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	NDS; QL (4 per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (10 per 1 day)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (10 per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	NDS; QL (6 per 1 day)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	PA NSO; NDS; QL (40 per 1 day)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	NDS; QL (4 per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	NDS; QL (5 per 1 day)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	PA; NDS; AGE (Max 64 Years)
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	\$0 (Tier 1)	NDS
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	\$0 (Tier 1)	NDS
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	\$0 (Tier 1)	NDS
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (Tier 1)	NDS
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)	NDS
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0 (Tier 1)	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	\$0 (Tier 1)	PA; QL (8 per 1 day)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (Tier 1)	PA; QL (10 per 1 day)
<i>tobramycin sulfate injection solution 10 mg/ml</i>	\$0 (Tier 1)	NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	\$0 (Tier 1)	
Antibacterials, Miscellaneous		
CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE	\$0 (Tier 1)	NDS
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	NDS
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)	NDS
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML	\$0 (Tier 1)	NDS
<i>clindamycin phosphate injection solution 150 mg/ml</i>	\$0 (Tier 1)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (Tier 1)	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	\$0 (Tier 1)	
FIRVANQ ORAL RECON SOLN 25 MG/ML	\$0 (Tier 1)	QL (80 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	\$0 (Tier 1)	NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (Tier 1)	NDS; QL (60 per 1 day)
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1)	NDS; QL (2 per 1 day)
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (Tier 1)	NDS
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (Tier 1)	NDS
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	NDS
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>vancomycin oral capsule 125 mg</i>	\$0 (Tier 1)	PA; NDS; QL (16 per 1 day)
<i>vancomycin oral capsule 250 mg</i>	\$0 (Tier 1)	PA; NDS; QL (8 per 1 day)
<i>vancomycin oral recon soln 25 mg/ml</i>	\$0 (Tier 1)	QL (80 per 1 day)
<i>vancomycin oral recon soln 50 mg/ml</i>	\$0 (Tier 1)	QL (40 per 1 day)
XIFAXAN ORAL TABLET 200 MG	\$0 (Tier 1)	PA; NDS
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 1)	PA
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefadroxil oral tablet 1 gram</i>	\$0 (Tier 1)	NDS
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	NDS
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	NDS
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)	
<i>ceffoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	NDS
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	NDS
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (Tier 1)	NDS
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)	NDS
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	\$0 (Tier 1)	NDS
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cephalexin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (Tier 1)	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (Tier 1)	NDS
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)	NDS
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	NDS
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	\$0 (Tier 1)	QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	\$0 (Tier 1)	QL (20 per 10 days)
<i>erythrocin (as stearate) oral tablet 250 mg</i>	\$0 (Tier 1)	NDS
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 1)	NDS
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	\$0 (Tier 1)	NDS
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>erythromycin oral tablet, delayed release (dr/ec) 333 mg, 500 mg</i>	\$0 (Tier 1)	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>ertapenem injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	\$0 (Tier 1)	NDS
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)	NDS
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 1)	NDS
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	\$0 (Tier 1)	NDS
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (Tier 1)	NDS
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	\$0 (Tier 1)	NDS
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (Tier 1)	NDS
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	\$0 (Tier 1)	NDS
<i>nafcillin injection recon soln 2 gram</i>	\$0 (Tier 1)	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	\$0 (Tier 1)	NDS
<i>oxacillin injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>oxacillin injection recon soln 10 gram, 2 gram</i>	\$0 (Tier 1)	NDS
<i>oxacillin intravenous recon soln 1 gram</i>	\$0 (Tier 1)	
<i>oxacillin intravenous recon soln 2 gram</i>	\$0 (Tier 1)	NDS
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	\$0 (Tier 1)	NDS
<i>penicillin g potassium injection recon soln 20 million unit</i>	\$0 (Tier 1)	NDS
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (Tier 1)	NDS
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	\$0 (Tier 1)	NDS
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	NDS
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	\$0 (Tier 1)	NDS
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	NDS
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)	NDS
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	NDS
<i>moxifloxacin 400 mg/250 ml bag</i>	\$0 (Tier 1)	NDS
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	\$0 (Tier 1)	NDS
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	\$0 (Tier 1)	NDS
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)	NDS
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i>	\$0 (Tier 1)	NDS
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>doxycycline hyclate oral tablet 100 mg</i>	\$0 (Tier 1)	NDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	NDS
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	NDS
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	NDS
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	\$0 (Tier 1)	QL (1 per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (Tier 1)	PA; NDS
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i>	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
<i>abiraterone oral tablet 500 mg</i>	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	\$0 (Tier 1)	PA NSO
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (Tier 1)	PA NSO
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 1)	PA NSO
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0 (Tier 1)	PA NSO
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (Tier 1)	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
AYVAKIT ORAL TABLET 50 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
BALVERSA ORAL TABLET 3 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 1)	PA NSO
<i>bexarotene topical gel 1 %</i>	\$0 (Tier 1)	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)	
BOSULIF ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 1)	PA NSO



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (Tier 1)	PA NSO
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	PA NSO
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 1)	PA NSO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	\$0 (Tier 1)	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 1)	PA NSO
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>dasatinib oral tablet 100 mg, 140 mg</i>	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
<i>dasatinib oral tablet 50 mg, 70 mg, 80 mg</i>	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
DAURISMO ORAL TABLET 100 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (Tier 1)	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (Tier 1)	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (Tier 1)	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (Tier 1)	PA NSO

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
EMCYT ORAL CAPSULE 140 MG	\$0 (Tier 1)	NDS
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	\$0 (Tier 1)	
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)	
EXKIVITY ORAL CAPSULE 40 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	\$0 (Tier 1)	PA NSO; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (Tier 1)	PA NSO
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (Tier 1)	PA NSO; QL (5 per 1 day)
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
<i>gefitinib oral tablet 250 mg</i>	\$0 (Tier 1)	PA NSO; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$0 (Tier 1)	PA NSO
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 1)	PA NSO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 1)	PA NSO
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
ICLUSIG ORAL TABLET 15 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
IMBRUVICA ORAL TABLET 140 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
IMBRUVICA ORAL TABLET 280 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
INLYTA ORAL TABLET 1 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
INLYTA ORAL TABLET 5 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 1)	PA NSO; QL (0.18 per 1 day)
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
IRESSA ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO; NDS
IWILFIN ORAL TABLET 192 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0 (Tier 1)	PA NSO

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (Tier 1)	PA NSO
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (Tier 1)	PA NSO; QL (0.75 per 1 day)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 (Tier 1)	PA NSO; QL (1.5 per 1 day)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 (Tier 1)	PA NSO; QL (2.25 per 1 day)
KOSELUGO ORAL CAPSULE 10 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
<i>lapatinib oral tablet 250 mg</i>	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
LAZCLUZE ORAL TABLET 240 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
LAZCLUZE ORAL TABLET 80 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
LENVIMA ORAL CAPSULE 4 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	\$0 (Tier 1)	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (Tier 1)	PA NSO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 1)	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	\$0 (Tier 1)	PA NSO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	\$0 (Tier 1)	PA NSO
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	\$0 (Tier 1)	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 1)	PA NSO
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 1)	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	\$0 (Tier 1)	PA NSO
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 1)	PA NSO; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	PA NSO; NDS; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	\$0 (Tier 1)	PA NSO; QL (42 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	NDS
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	NDS
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
NEXAVAR ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO; NDS; QL (4 per 1 day)
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 1)	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 1)	PA NSO
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 1)	PA NSO
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
OGSIVEO ORAL TABLET 50 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0 (Tier 1)	PA NSO; QL (3.5 per 1 day)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	\$0 (Tier 1)	PA NSO; QL (0.86 per 1 day)
OJJAARA ORAL TABLET 100 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
OJJAARA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
<i>pazopanib oral tablet 200 mg</i>	\$0 (Tier 1)	PA NSO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 1)	PA NSO
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (Tier 1)	PA NSO; NDS
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
RETEVMO ORAL CAPSULE 40 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
RETEVMO ORAL TABLET 80 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 1)	PA NSO
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (Tier 1)	PA NSO; QL (12 per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 1)	PA NSO
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 1)	PA NSO
SCEMBLIX ORAL TABLET 100 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
SCEMBLIX ORAL TABLET 20 MG	\$0 (Tier 1)	PA NSO; QL (20 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO; QL (10 per 1 day)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (Tier 1)	
<i>sorafenib oral tablet 200 mg</i>	\$0 (Tier 1)	PA NSO; NDS; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
SPRYCEL ORAL TABLET 50 MG, 70 MG, 80 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO; NDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 (Tier 1)	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	\$0 (Tier 1)	PA NSO
TABLOID ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO; NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 1)	PA NSO
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	\$0 (Tier 1)	PA NSO
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 1)	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
TALZENNA ORAL CAPSULE 0.5 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
TARGRETIN TOPICAL GEL 1 %	\$0 (Tier 1)	PA NSO; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
<i>toremifene oral tablet 60 mg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	\$0 (Tier 1)	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (Tier 1)	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (Tier 1)	PA NSO; QL (2.3 per 1 day)
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
TUKYSA ORAL TABLET 150 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
TUKYSA ORAL TABLET 50 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
TURALIO ORAL CAPSULE 125 MG	\$0 (Tier 1)	PA NSO
TURALIO ORAL CAPSULE 200 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (Tier 1)	PA NSO
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	\$0 (Tier 1)	PA NSO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (Tier 1)	PA NSO; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 1)	PA NSO; QL (10 per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
VONJO ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO; NDS
VORANIGO ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
VORANIGO ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
VOTRIENT ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO
WELIREG ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 1)	PA NSO
XALKORI ORAL PELLET 150 MG	\$0 (Tier 1)	PA NSO; QL (6 per 1 day)
XALKORI ORAL PELLET 20 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
XALKORI ORAL PELLET 50 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 1)	PA NSO
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	\$0 (Tier 1)	PA NSO; QL (0.29 per 1 day)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0 (Tier 1)	PA NSO; QL (0.15 per 1 day)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 (Tier 1)	PA NSO; QL (0.86 per 1 day)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 (Tier 1)	PA NSO; QL (1.15 per 1 day)
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 1)	PA NSO
XTANDI ORAL TABLET 40 MG, 80 MG	\$0 (Tier 1)	PA NSO
YONSA ORAL TABLET 125 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
ZEJULA ORAL TABLET 100 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 1)	PA NSO; NDS; QL (4 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 1)	PA NSO
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	\$0 (Tier 1)	QL (8 per 1 day)
Anticonvulsants		
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
APTOM ORAL TABLET 600 MG, 800 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 1)	QL (20 per 1 day)
BRIVIACT ORAL TABLET 10 MG	\$0 (Tier 1)	QL (8 per 1 day)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 1)	QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)	
CELONTIN ORAL CAPSULE 300 MG	\$0 (Tier 1)	
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (16 per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	\$0 (Tier 1)	PA NSO
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	\$0 (Tier 1)	PA NSO

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	\$0 (Tier 1)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 1)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	PA NSO
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 1)	QL (16 per 1 day)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	\$0 (Tier 1)	
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (Tier 1)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)	
FELBATOL ORAL SUSPENSION 600 MG/5 ML	\$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 1)	PA NSO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 1)	PA NSO; QL (24 per 1 day)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	\$0 (Tier 1)	QL (9 per 1 day)
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	QL (72 per 1 day)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	QL (6 per 1 day)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (Tier 1)	QL (40 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	\$0 (Tier 1)	NDS
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	\$0 (Tier 1)	NDS
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	\$0 (Tier 1)	NDS
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	\$0 (Tier 1)	NDS
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	\$0 (Tier 1)	NDS
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	QL (5 per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 1)	PA NSO; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>methsuximide oral capsule 300 mg</i>	\$0 (Tier 1)	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	PA NSO
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg</i>	\$0 (Tier 1)	PA NSO; QL (16 per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 300 mg</i>	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	\$0 (Tier 1)	PA NSO; QL (16 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	\$0 (Tier 1)	PA NSO; QL (4 per 1 day)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	
<i>phenytoin oral tablet, chewable 50 mg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (30 per 1 day)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (Tier 1)	PA NSO; QL (80 per 1 day)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	PA NSO; QL (8 per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (Tier 1)	PA NSO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	\$0 (Tier 1)	NDS
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	\$0 (Tier 1)	NDS
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	\$0 (Tier 1)	NDS
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)	
<i>topiramate oral capsule,extended release 24hr 100 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg</i>	\$0 (Tier 1)	QL (16 per 1 day)
<i>topiramate oral capsule,extended release 24hr 50 mg</i>	\$0 (Tier 1)	QL (8 per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 25 mg</i>	\$0 (Tier 1)	QL (16 per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 50 mg</i>	\$0 (Tier 1)	QL (8 per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>topiramate oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 5 MG/SPRAY (0.1 ML)	\$0 (Tier 1)	
VALTOCO NASAL SPRAY, NON-AEROSOL 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2)	\$0 (Tier 1)	NDS
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (Tier 1)	
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 1)	QL (6 per 1 day)
<i>vigadrone oral powder in packet 500 mg</i>	\$0 (Tier 1)	
<i>vigadrone oral tablet 500 mg</i>	\$0 (Tier 1)	QL (6 per 1 day)
VIGAFYDE ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	
<i>vigpoder oral powder in packet 500 mg</i>	\$0 (Tier 1)	
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (Tier 1)	QL (40 per 1 day)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (Tier 1)	QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG	\$0 (Tier 1)	QL (4 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 1)	QL (2 per 1 day)
XCOPRI ORAL TABLET 25 MG	\$0 (Tier 1)	QL (16 per 1 day)
XCOPRI ORAL TABLET 50 MG	\$0 (Tier 1)	QL (8 per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (Tier 1)	QL (1 per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0 (Tier 1)	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 1)	

Antidementia Agents

Antidementia Agents

<i>donepezil oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>ergoloid oral tablet 1 mg</i>	\$0 (Tier 1)	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 1)	QL (6.46 per 1 day)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>memantine oral solution 2 mg/ml</i>	\$0 (Tier 1)	QL (10 per 1 day)
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>memantine oral tablets,dose pack 5-10 mg</i>	\$0 (Tier 1)	NDS
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	\$0 (Tier 1)	NDS; QL (1 per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	\$0 (Tier 1)	QL (1 per 1 day)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg</i>	\$0 (Tier 1)	PA NSO; QL (12 per 1 day); AGE (Max 64 Years)
<i>amitriptyline-chlordiazepoxide oral tablet 25-10 mg</i>	\$0 (Tier 1)	PA NSO; QL (6 per 1 day); AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg, 450 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>citalopram oral capsule 30 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>desvenlafaxine oral tablet extended release 24 hr 50 mg</i>	\$0 (Tier 1)	QL (8 per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (Tier 1)	PA NSO; NDS; QL (1 per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>fluoxetine oral capsule 20 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	\$0 (Tier 1)	QL (0.15 per 1 day)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	QL (20 per 1 day)
<i>fluoxetine oral tablet 10 mg</i>	\$0 (Tier 1)	QL (12 per 1 day)
<i>fluoxetine oral tablet 20 mg</i>	\$0 (Tier 1)	QL (6 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>fluoxetine oral tablet 60 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>fluvoxamine oral tablet 50 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 1)	QL (6 per 1 day)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>olanzapine-fluoxetine oral capsule 3-25 mg, 6-25 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	\$0 (Tier 1)	QL (30 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	\$0 (Tier 1)	QL (6 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
<i>phenelzine oral tablet 15 mg</i>	\$0 (Tier 1)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
PROZAC ORAL CAPSULE 20 MG	\$0 (Tier 1)	
<i>sertraline oral capsule 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>tranylcypromine oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>venlafaxine oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>venlafaxine oral tablet 25 mg, 37.5 mg, 50 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	\$0 (Tier 1)	QL (10 per 1 day)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	\$0 (Tier 1)	QL (5 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	\$0 (Tier 1)	PA NSO; NDS
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 1)	QL (2 per 1 day)
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (Tier 1)	QL (1 per 1 day)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 1)	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	\$0 (Tier 1)	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	\$0 (Tier 1)	
INVOKANA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 1)	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (Tier 1)	QL (2 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (Tier 1)	QL (1 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (Tier 1)	QL (2 per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 1)	QL (1 per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
KORLYM ORAL TABLET 300 MG	\$0 (Tier 1)	PA; QL (4 per 1 day)
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>metformin oral tablet 625 mg</i>	\$0 (Tier 1)	
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	\$0 (Tier 1)	PA; QL (4 per 1 day)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 (Tier 1)	PA NSO
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (8 per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	\$0 (Tier 1)	
STEGLATRO ORAL TABLET 15 MG, 5 MG	\$0 (Tier 1)	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	\$0 (Tier 1)	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	\$0 (Tier 1)	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	\$0 (Tier 1)	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 (Tier 1)	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0 (Tier 1)	PA NSO
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	\$0 (Tier 1)	PA NSO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 (Tier 1)	
Insulins		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	QL (1.46 per 1 day)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	\$0 (Tier 1)	QL (1.3 per 1 day)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	\$0 (Tier 1)	QL (1.3 per 1 day)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (Tier 1)	QL (1.3 per 1 day)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 1)	QL (1.3 per 1 day)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 1)	QL (1.3 per 1 day)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 1)	QL (1.3 per 1 day)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	\$0 (Tier 1)	QL (1.46 per 1 day)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	\$0 (Tier 1)	QL (1.46 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	\$0 (Tier 1)	QL (1.46 per 1 day)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	\$0 (Tier 1)	QL (1.3 per 1 day)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	QL (1.46 per 1 day)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	QL (1.3 per 1 day)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (Tier 1)	QL (1.3 per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 1)	QL (1.3 per 1 day)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 1)	QL (1.3 per 1 day)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	\$0 (Tier 1)	QL (1.46 per 1 day)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	\$0 (Tier 1)	QL (1.46 per 1 day)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>glipizide oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (4 per 1 day); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	\$0 (Tier 1)	PA; QL (3 per 1 day); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	PA; QL (4 per 1 day); AGE (Max 64 Years)

Antifungals

Antifungals

ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 1)	PA; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (Tier 1)	PA; NDS
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1)	PA; NDS
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	\$0 (Tier 1)	PA; NDS
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (Tier 1)	PA; NDS
<i>ciclopirox topical cream 0.77 %</i>	\$0 (Tier 1)	NDS
<i>ciclopirox topical solution 8 %</i>	\$0 (Tier 1)	NDS
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)	NDS
<i>clotrimazole topical cream 1 %</i>	\$0 (Tier 1)	NDS; QL (60 per 30 days)
<i>clotrimazole topical solution 1 %</i>	\$0 (Tier 1)	NDS; QL (60 per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1)	NDS
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	\$0 (Tier 1)	NDS
<i>econazole topical cream 1 %</i>	\$0 (Tier 1)	NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)	NDS
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	NDS; QL (4 per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	\$0 (Tier 1)	PA
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	NDS
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1)	NDS
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 1)	NDS
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>miconazole-3 vaginal suppository 200 mg</i>	\$0 (Tier 1)	NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	\$0 (Tier 1)	PA
<i>nyamyc topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)	NDS
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)	NDS
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1)	NDS
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1)	NDS
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	NDS
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	\$0 (Tier 1)	NDS
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	\$0 (Tier 1)	NDS
<i>nystop topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	\$0 (Tier 1)	PA
<i>posaconazole oral tablet,delayed release (dr/ec) 100 mg</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	NDS
<i>voriconazole intravenous recon soln 200 mg</i>	\$0 (Tier 1)	PA; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (Tier 1)	NDS; QL (20 per 1 day)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0 (Tier 1)	NDS; QL (2 per 1 day)
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
<i>colchicine oral capsule 0.6 mg</i>	\$0 (Tier 1)	
<i>colchicine oral tablet 0.6 mg</i>	\$0 (Tier 1)	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (Tier 1)	ST
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)	
Antihistamines		
Antihistamines		
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levocetirizine oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)	NDS
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	NDS
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	NDS
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 1)	PA; QL (0.04 per 1 day)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1)	NDS; QL (40 per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	\$0 (Tier 1)	NDS; QL (24 per 31 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	NDS; QL (12 per 31 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)	NDS; QL (12 per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	NDS; QL (9 per 31 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	\$0 (Tier 1)	NDS; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	\$0 (Tier 1)	NDS; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	\$0 (Tier 1)	NDS; QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	\$0 (Tier 1)	PA; QL (16 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)	NDS
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	\$0 (Tier 1)	NDS
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 1)	NDS
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)	NDS
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)	NDS
<i>rifampin intravenous recon soln 600 mg</i>	\$0 (Tier 1)	NDS
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	NDS
SIRTURO ORAL TABLET 100 MG	\$0 (Tier 1)	PA
TRECTOR ORAL TABLET 250 MG	\$0 (Tier 1)	NDS

Antinausea Agents

Antinausea Agents

<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	PA; NDS
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	\$0 (Tier 1)	PA; NDS
<i>compro rectal suppository 25 mg</i>	\$0 (Tier 1)	NDS
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA; NDS
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	NDS
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>ondansetron oral tablet, disintegrating 16 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	NDS
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA; NDS; AGE (Max 64 Years)
<i>promethegan rectal suppository 25 mg, 50 mg</i>	\$0 (Tier 1)	PA; NDS; AGE (Max 64 Years)
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	\$0 (Tier 1)	NDS
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	\$0 (Tier 1)	QL (10 per 30 days)

Antiparasite Agents

Antiparasite Agents

<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>atovaquone oral suspension 750 mg/5 ml</i>	\$0 (Tier 1)	PA; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)	NDS
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 1)	NDS
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier 1)	
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	NDS
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 1)	NDS
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>paromomycin oral capsule 250 mg</i>	\$0 (Tier 1)	NDS
<i>pentamidine inhalation recon soln 300 mg</i>	\$0 (Tier 1)	PA BvD
<i>pentamidine injection recon soln 300 mg</i>	\$0 (Tier 1)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (Tier 1)	NDS
<i>pyrimethamine oral tablet 25 mg</i>	\$0 (Tier 1)	PA
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1)	PA; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	\$0 (Tier 1)	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	\$0 (Tier 1)	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 (Tier 1)	QL (1 per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>tolcapone oral tablet 100 mg</i>	\$0 (Tier 1)	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	\$0 (Tier 1)	

Antipsychotic Agents

Antipsychotic Agents

ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (Tier 1)	PA NSO; QL (0.06 per 1 day)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (Tier 1)	PA NSO; QL (0.08 per 1 day)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	\$0 (Tier 1)	PA NSO; QL (0.08 per 1 day)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	\$0 (Tier 1)	PA NSO; QL (0.04 per 1 day)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 1)	PA NSO; QL (0.04 per 1 day)
ABILIFY MYCITE 15 MG START KIT	\$0 (Tier 1)	QL (1 per 1 day)
ABILIFY MYCITE 20 MG START KIT	\$0 (Tier 1)	QL (1 per 1 day)
ABILIFY MYCITE 30 MG START KIT	\$0 (Tier 1)	QL (1 per 1 day)
ABILIFY MYCITE 5 MG START KIT	\$0 (Tier 1)	QL (1 per 1 day)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	\$0 (Tier 1)	QL (1 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	\$0 (Tier 1)	QL (1 per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (30 per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 1)	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet,disintegrating 100 mg</i>	\$0 (Tier 1)	QL (9 per 1 day)
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>clozapine oral tablet,disintegrating 150 mg</i>	\$0 (Tier 1)	QL (6 per 1 day)
<i>clozapine oral tablet,disintegrating 200 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>clozapine oral tablet,disintegrating 25 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
COBENFY ORAL CAPSULE 50-20 MG	\$0 (Tier 1)	PA NSO; NDS; QL (2 per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	\$0 (Tier 1)	PA NSO; NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0 (Tier 1)	PA NSO; NDS; QL (2 per 1 day)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	NDS
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	NDS
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)	NDS
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	\$0 (Tier 1)	PA NSO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	\$0 (Tier 1)	PA NSO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	\$0 (Tier 1)	PA NSO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>lurasidone oral tablet 80 mg</i>	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	\$0 (Tier 1)	QL (1 per 1 day)
<i>molindone oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (4 per 1 day); AGE (Max 64 Years)
<i>molindone oral tablet 25 mg</i>	\$0 (Tier 1)	PA NSO; QL (9 per 1 day); AGE (Max 64 Years)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	\$0 (Tier 1)	PA NSO
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	\$0 (Tier 1)	PA NSO
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (16 per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>risperidone oral tablet 4 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>risperidone oral tablet,disintegrating 4 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	\$0 (Tier 1)	PA NSO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 1)	QL (18 per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (Tier 1)	PA NSO; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 (Tier 1)	PA NSO; NDS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	\$0 (Tier 1)	PA NSO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 1)	PA NSO
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (30 per 1 day)
<i>abacavir oral tablet 300 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 1)	QL (4 per 1 day)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>atazanavir oral capsule 200 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (Tier 1)	QL (1 per 1 day)
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 1)	QL (1 per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 1)	QL (1 per 1 day)
<i>darunavir oral tablet 600 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>darunavir oral tablet 800 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 1)	QL (1 per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 1)	QL (1 per 1 day)
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 1)	QL (1 per 1 day)
EDURANT ORAL TABLET 25 MG	\$0 (Tier 1)	QL (2 per 1 day)
<i>efavirenz oral capsule 200 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>efavirenz oral capsule 50 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 1)	QL (24 per 1 day)
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 1)	QL (1 per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (Tier 1)	QL (2 per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 1)	
INTELENCE ORAL TABLET 25 MG	\$0 (Tier 1)	QL (4 per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 1)	QL (2 per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (Tier 1)	QL (2 per 1 day)
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 1)	QL (2 per 1 day)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	\$0 (Tier 1)	QL (6 per 1 day)
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 1)	QL (1 per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	QL (30 per 1 day)
<i>lamivudine oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>lamivudine oral tablet 150 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>lamivudine oral tablet 300 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 1)	QL (56 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (Tier 1)	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	\$0 (Tier 1)	QL (8 per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>maraviroc oral tablet 150 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>maraviroc oral tablet 300 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (Tier 1)	QL (40 per 1 day)
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)	QL (3 per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
NORVIR ORAL CAPSULE 100 MG	\$0 (Tier 1)	QL (12 per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (Tier 1)	QL (12 per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 1)	QL (1 per 1 day)
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 1)	QL (1 per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (Tier 1)	QL (1 per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 1)	QL (16 per 1 day)
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 1)	QL (8 per 1 day)
PREZISTA ORAL TABLET 600 MG	\$0 (Tier 1)	QL (2 per 1 day)
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 1)	QL (10 per 1 day)
PREZISTA ORAL TABLET 800 MG	\$0 (Tier 1)	QL (1 per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (Tier 1)	QL (8 per 1 day)
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)	QL (12 per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (Tier 1)	QL (2 per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 1)	QL (60 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
SELZENTRY ORAL TABLET 25 MG, 75 MG	\$0 (Tier 1)	QL (4 per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 1)	QL (1 per 1 day)
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	\$0 (Tier 1)	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	\$0 (Tier 1)	
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 1)	QL (1 per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	\$0 (Tier 1)	QL (2 per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (Tier 1)	QL (20 per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 1)	QL (1 per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	\$0 (Tier 1)	QL (10 per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (Tier 1)	QL (2 per 1 day)
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 1)	PA; QL (1 per 1 day)
VIRACEPT ORAL TABLET 250 MG	\$0 (Tier 1)	QL (9 per 1 day)
VIRACEPT ORAL TABLET 625 MG	\$0 (Tier 1)	QL (4 per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 1)	QL (7.75 per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 1)	QL (1 per 1 day)
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (Tier 1)	QL (60 per 1 day)
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
Antivirals, Miscellaneous		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	\$0 (Tier 1)	NDS
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	\$0 (Tier 1)	NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 1)	PA; QL (1 per 1 day)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (Tier 1)	NDS
<i>rimantadine oral tablet 100 mg</i>	\$0 (Tier 1)	NDS
Hcv Antivirals		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	\$0 (Tier 1)	PA; QL (1 per 1 day)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	\$0 (Tier 1)	PA; QL (1 per 1 day)
ZEPATIER ORAL TABLET 50-100 MG	\$0 (Tier 1)	PA; NDS; QL (1 per 1 day)
Interferons		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 1)	NDS; QL (0.15 per 1 day)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (Tier 1)	NDS; QL (0.08 per 1 day)
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0 (Tier 1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>adefovir oral tablet 10 mg</i>	\$0 (Tier 1)	PA; NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 1)	QL (21 per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>lagevrio (eua) oral capsule 200 mg</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	NDS
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	NDS
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (Tier 1)	
<i>valganciclovir oral recon soln 50 mg/ml</i>	\$0 (Tier 1)	
<i>valganciclovir oral tablet 450 mg</i>	\$0 (Tier 1)	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 75 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>dabigatran etexilate oral capsule 150 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (Tier 1)	NDS; QL (2.47 per 1 day)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 1)	QL (2 per 1 day)
ELIQUIS ORAL TABLET 5 MG	\$0 (Tier 1)	QL (2.46 per 1 day)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	\$0 (Tier 1)	NDS; QL (34 per 31 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	\$0 (Tier 1)	NDS; QL (27.2 per 31 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	\$0 (Tier 1)	NDS; QL (10.2 per 31 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	\$0 (Tier 1)	NDS; QL (13.6 per 31 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	\$0 (Tier 1)	NDS; QL (20.4 per 31 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	\$0 (Tier 1)	NDS
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	\$0 (Tier 1)	NDS
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)	NDS
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	\$0 (Tier 1)	PA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 (Tier 1)	NDS
XARELTO ORAL TABLET 10 MG	\$0 (Tier 1)	NDS; QL (1 per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (Tier 1)	QL (2 per 1 day)
XARELTO ORAL TABLET 20 MG	\$0 (Tier 1)	QL (1 per 1 day)
Blood Formation Modifiers		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (Tier 1)	PA
LEUKINE INJECTION RECON SOLN 250 MCG	\$0 (Tier 1)	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 (Tier 1)	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	\$0 (Tier 1)	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	\$0 (Tier 1)	PA



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 1)	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	\$0 (Tier 1)	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	\$0 (Tier 1)	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	\$0 (Tier 1)	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (Tier 1)	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (Tier 1)	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (Tier 1)	PA
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 1)	QL (2 per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
Caloric Agents		
Caloric Agents		

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 1)	PA BvD; NDS
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 1)	PA BvD; NDS
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 1)	PA BvD; NDS
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 1)	PA BvD; NDS
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (Tier 1)	PA BvD; NDS
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)	PA BvD; NDS
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	\$0 (Tier 1)	
<i>dextrose 5%-water iv soln single use</i>	\$0 (Tier 1)	
INTRALIPID INTRAVENOUS EMULSION 30 %	\$0 (Tier 1)	PA BvD; NDS
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 1)	PA BvD; NDS
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	PA BvD; NDS
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD; NDS
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	\$0 (Tier 1)	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	PA
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	NDS
<i>phenoxybenzamine oral capsule 10 mg</i>	\$0 (Tier 1)	NDS
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 1)	QL (2 per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	\$0 (Tier 1)	QL (8 per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
Antiarrhythmic Agents		
<i>amiodarone oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 1)	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 1)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>quinidine gluconate oral tablet extended release 324 mg</i>	\$0 (Tier 1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	\$0 (Tier 1)	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (Tier 1)	PA; QL (15 per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (Tier 1)	PA; QL (2 per 1 day)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>digox oral tablet 125 mcg (0.125 mg)</i>	\$0 (Tier 1)	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	\$0 (Tier 1)	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	\$0 (Tier 1)	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	\$0 (Tier 1)	NDS
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	\$0 (Tier 1)	PA
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (2 per 1 day)
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 1)	PA NSO
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	\$0 (Tier 1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 1)	PA
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
Diuretics		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>ethacrynic acid oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	NDS
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (Tier 1)	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)	
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	\$0 (Tier 1)	
<i>cholestyramine light oral powder in packet 4 gram</i>	\$0 (Tier 1)	
<i>colesevelam oral tablet 625 mg</i>	\$0 (Tier 1)	
<i>colestipol oral tablet 1 gram</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>fenofibrate oral tablet 160 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>icosapent ethyl oral capsule 0.5 gram</i>	\$0 (Tier 1)	PA; QL (8 per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i>	\$0 (Tier 1)	PA; QL (4 per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>niacor oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>prevalite oral powder in packet 4 gram</i>	\$0 (Tier 1)	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	\$0 (Tier 1)	PA; QL (0.13 per 1 day)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	\$0 (Tier 1)	PA; QL (0.11 per 1 day)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	\$0 (Tier 1)	PA; QL (0.11 per 1 day)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
VASCEPA ORAL CAPSULE 0.5 GRAM	\$0 (Tier 1)	QL (8 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 1)	PA; QL (1 per 1 day)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	\$0 (Tier 1)	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg</i>	\$0 (Tier 1)	QL (4 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>atomoxetine oral capsule 40 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 (Tier 1)	PA
AUSTEDO ORAL TABLET 12 MG	\$0 (Tier 1)	PA; QL (4 per 1 day)
AUSTEDO ORAL TABLET 6 MG, 9 MG	\$0 (Tier 1)	PA; QL (2 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	\$0 (Tier 1)	PA
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	\$0 (Tier 1)	PA
<i>fingolimod oral capsule 0.5 mg</i>	\$0 (Tier 1)	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	\$0 (Tier 1)	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	PA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	PA
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	PA; QL (1 per 1 day); AGE (Max 64 Years)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	\$0 (Tier 1)	PA; QL (1 per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (Tier 1)	PA; QL (1 per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	\$0 (Tier 1)	PA; QL (1 per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (Tier 1)	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (Tier 1)	PA
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	PA
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 1)	PA
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	\$0 (Tier 1)	
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 1)	PA; NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	\$0 (Tier 1)	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	\$0 (Tier 1)	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	\$0 (Tier 1)	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	\$0 (Tier 1)	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	\$0 (Tier 1)	PA; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	\$0 (Tier 1)	PA; NDS
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (Tier 1)	ST; QL (2 per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (Tier 1)	ST; NDS; QL (1.97 per 1 day)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	\$0 (Tier 1)	PA



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
Contraceptives		
Contraceptives		
<i>apri oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)	
<i>emzahh oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
<i>errin oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	

Dental And Oral Agents

Dental And Oral Agents

<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	NDS
KOURZEQ DENTAL PASTE 0.1 %	\$0 (Tier 1)	NDS
<i>periogard mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (Tier 1)	NDS

Dermatological Agents

Dermatological Agents, Other

<i>acitretin oral capsule 10 mg, 17.5 mg, 22.5 mg, 25 mg</i>	\$0 (Tier 1)	PA; NDS
<i>acyclovir topical ointment 5 %</i>	\$0 (Tier 1)	NDS
ALCOH-GLOVE TOWELETTE 70 %	\$0 (Tier 1)	
ALCOHOL PADS TOPICAL PADS, MEDICATED	\$0 (Tier 1)	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ALCOHOL SWABS TOPICAL PADS, MEDICATED	\$0 (Tier 1)	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	\$0 (Tier 1)	
ALCOH-WIPE TOWELETTE 70 %	\$0 (Tier 1)	
<i>ammonium lactate topical lotion 12 %</i>	\$0 (Tier 1)	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
BD SINGLE USE SWAB	\$0 (Tier 1)	
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1)	NDS
<i>calcipotriene topical cream 0.005 %</i>	\$0 (Tier 1)	NDS
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (Tier 1)	NDS
CARETOUCH ALCOHOL 70% PREP PAD	\$0 (Tier 1)	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	NDS
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	\$0 (Tier 1)	
DROPSAFE ALCOHOL 70% PREP PADS	\$0 (Tier 1)	
EASY COMFORT ALCOHOL 70% PAD	\$0 (Tier 1)	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	\$0 (Tier 1)	
<i>fluorouracil topical cream 0.5 %</i>	\$0 (Tier 1)	
<i>fluorouracil topical cream 5 %</i>	\$0 (Tier 1)	NDS
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (Tier 1)	NDS
HEB INCONTROL ALCOHOL 70% PADS	\$0 (Tier 1)	
HYFTOR TOPICAL GEL 0.2 %	\$0 (Tier 1)	
<i>imiquimod topical cream in packet 5 %</i>	\$0 (Tier 1)	NDS; QL (12 per 28 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	\$0 (Tier 1)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	NDS
IV ANTISEPTIC WIPES	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
KENDALL ALCOHOL 70% PREP PAD	\$0 (Tier 1)	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	\$0 (Tier 1)	PA; NDS
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 1)	PA NSO
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1)	NDS
PRO COMFORT ALCOHOL 70% PADS	\$0 (Tier 1)	
PURE COMFORT ALCOHOL 70% PADS	\$0 (Tier 1)	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (Tier 1)	NDS
SURE COMFORT ALCOHOL PREP PADS	\$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS	\$0 (Tier 1)	
TRUE COMFORT ALCOHOL 70% PADS	\$0 (Tier 1)	
TRUE COMFORT PRO ALCOHOL PADS	\$0 (Tier 1)	
ULTILET ALCOHOL STERL SWAB	\$0 (Tier 1)	
VALCHLOR TOPICAL GEL 0.016 %	\$0 (Tier 1)	PA NSO
WEBCOL ALCOHOL PREPS 20'S,LARGE	\$0 (Tier 1)	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
Dermatological Antibacterials		
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (Tier 1)	NDS
<i>clindamycin phosphate topical gel, once daily 1 %</i>	\$0 (Tier 1)	NDS
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (Tier 1)	NDS
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (Tier 1)	NDS
<i>clindamycin phosphate topical swab 1 %</i>	\$0 (Tier 1)	NDS
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	\$0 (Tier 1)	NDS
<i>ery pads topical swab 2 %</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>erythromycin with ethanol topical gel 2 %</i>	\$0 (Tier 1)	NDS
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1)	NDS
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (Tier 1)	NDS
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1)	NDS
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1)	NDS
<i>metronidazole topical cream 0.75 %</i>	\$0 (Tier 1)	NDS
<i>metronidazole topical gel 0.75 %, 1 %</i>	\$0 (Tier 1)	NDS
<i>metronidazole topical lotion 0.75 %</i>	\$0 (Tier 1)	NDS
<i>mupirocin topical ointment 2 %</i>	\$0 (Tier 1)	NDS
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)	NDS
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (Tier 1)	NDS
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (Tier 1)	NDS
Dermatological Anti-Inflammatory Agents		
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone, augmented topical ointment 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol scalp solution 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>clobetasol topical gel 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol topical lotion 0.05 %</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>clobetasol topical ointment 0.05 %</i>	\$0 (Tier 1)	NDS
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (Tier 1)	NDS
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (Tier 1)	NDS
<i>fluocinolone topical solution 0.01 %</i>	\$0 (Tier 1)	NDS
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 1)	NDS
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 1)	NDS
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1)	NDS
<i>hydrocortisone 2.5% cream</i>	\$0 (Tier 1)	
<i>hydrocortisone topical cream 1 %</i>	\$0 (Tier 1)	NDS
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0 (Tier 1)	NDS
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	\$0 (Tier 1)	NDS
<i>mometasone topical cream 0.1 %</i>	\$0 (Tier 1)	NDS
<i>mometasone topical ointment 0.1 %</i>	\$0 (Tier 1)	NDS
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)	NDS
<i>pimecrolimus topical cream 1 %</i>	\$0 (Tier 1)	PA
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	NDS
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	NDS
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1)	PA; NDS
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)	NDS
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	NDS
<i>triamcinolone acetonide topical ointment 0.05 %</i>	\$0 (Tier 1)	
TRITOCIN TOPICAL OINTMENT 0.05 %	\$0 (Tier 1)	NDS
Dermatological Retinoids		
<i>tazarotene topical cream 0.05 %</i>	\$0 (Tier 1)	PA
<i>tazarotene topical cream 0.1 %</i>	\$0 (Tier 1)	PA; NDS
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	\$0 (Tier 1)	PA
TAZORAC TOPICAL CREAM 0.05 %	\$0 (Tier 1)	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	\$0 (Tier 1)	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	NDS
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	\$0 (Tier 1)	NDS
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i>	\$0 (Tier 1)	NDS
<i>permethrin topical cream 5 %</i>	\$0 (Tier 1)	NDS
Devices		
Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	\$0 (Tier 1)	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	\$0 (Tier 1)	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	\$0 (Tier 1)	
1ST TIER UNIFINE PNTIP 29GX1/2" 29 GAUGE X 1/2"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
1ST TIER UNIFINE PNTD 31GX3/16 31 GAUGE X 3/16"	\$0 (Tier 1)	
1ST TIER UNIFINE PNTD 32GX5/32 32 GAUGE X 5/32"	\$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	\$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	\$0 (Tier 1)	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	\$0 (Tier 1)	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	\$0 (Tier 1)	
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"	\$0 (Tier 1)	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"	\$0 (Tier 1)	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	\$0 (Tier 1)	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	\$0 (Tier 1)	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	\$0 (Tier 1)	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ASSURE ID SYR 1 ML 29GX1/2" (RX) 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	\$0 (Tier 1)	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "	\$0 (Tier 1)	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	\$0 (Tier 1)	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	\$0 (Tier 1)	
BD INSULIN SYRINGE 1 ML W/O NEEDLE	\$0 (Tier 1)	
BD LUER-LOK SYRINGE 1 ML	\$0 (Tier 1)	
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	\$0 (Tier 1)	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	\$0 (Tier 1)	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	\$0 (Tier 1)	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	\$0 (Tier 1)	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BORDERED GAUZE 2"X2" 2 X 2 "	\$0 (Tier 1)	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	\$0 (Tier 1)	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	\$0 (Tier 1)	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	\$0 (Tier 1)	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	\$0 (Tier 1)	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	\$0 (Tier 1)	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	\$0 (Tier 1)	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	\$0 (Tier 1)	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"	\$0 (Tier 1)	
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	\$0 (Tier 1)	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	\$0 (Tier 1)	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI, HRI 32 GAUGE X 3/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	\$0 (Tier 1)	
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"	\$0 (Tier 1)	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	\$0 (Tier 1)	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	\$0 (Tier 1)	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	\$0 (Tier 1)	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "	\$0 (Tier 1)	
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	\$0 (Tier 1)	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	\$0 (Tier 1)	
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "	\$0 (Tier 1)	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "	\$0 (Tier 1)	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	\$0 (Tier 1)	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	\$0 (Tier 1)	
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	\$0 (Tier 1)	
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	\$0 (Tier 1)	
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	\$0 (Tier 1)	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	\$0 (Tier 1)	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	\$0 (Tier 1)	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	\$0 (Tier 1)	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	\$0 (Tier 1)	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	\$0 (Tier 1)	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	\$0 (Tier 1)	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH LUER LOK INSUL 1 ML	\$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	\$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	\$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	\$0 (Tier 1)	
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	\$0 (Tier 1)	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	\$0 (Tier 1)	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	\$0 (Tier 1)	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	\$0 (Tier 1)	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
EASY TOUCH UNI-SLIP SYR 1 ML	\$0 (Tier 1)	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	\$0 (Tier 1)	
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	\$0 (Tier 1)	
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	\$0 (Tier 1)	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	\$0 (Tier 1)	
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	\$0 (Tier 1)	
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE (OTC) 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	\$0 (Tier 1)	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	\$0 (Tier 1)	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (Tier 1)	
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	\$0 (Tier 1)	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	\$0 (Tier 1)	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	\$0 (Tier 1)	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	\$0 (Tier 1)	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	\$0 (Tier 1)	
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	\$0 (Tier 1)	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	\$0 (Tier 1)	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
INSULIN SYRING 0.5 ML 27G 1/2" INNER (OTC) 1/2 ML 27 GAUGE X 1/2"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	\$0 (Tier 1)	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 28G 1/2" INNER (RX) 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (Tier 1)	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	\$0 (Tier 1)	
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	\$0 (Tier 1)	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	\$0 (Tier 1)	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	\$0 (Tier 1)	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	\$0 (Tier 1)	
LISCO SPONGES 100/BAG 2 X 2 "	\$0 (Tier 1)	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	\$0 (Tier 1)	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	\$0 (Tier 1)	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	\$0 (Tier 1)	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	\$0 (Tier 1)	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	\$0 (Tier 1)	
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	\$0 (Tier 1)	
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	\$0 (Tier 1)	
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	\$0 (Tier 1)	
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	\$0 (Tier 1)	
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	\$0 (Tier 1)	
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	\$0 (Tier 1)	
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	\$0 (Tier 1)	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	\$0 (Tier 1)	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	\$0 (Tier 1)	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	\$0 (Tier 1)	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	\$0 (Tier 1)	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	\$0 (Tier 1)	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
NOVOFINE 30 NEEDLE	\$0 (Tier 1)	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	\$0 (Tier 1)	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	\$0 (Tier 1)	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	\$0 (Tier 1)	
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	\$0 (Tier 1)	
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	\$0 (Tier 1)	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	\$0 (Tier 1)	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (Tier 1)	
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	\$0 (Tier 1)	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	\$0 (Tier 1)	
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	\$0 (Tier 1)	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	\$0 (Tier 1)	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	\$0 (Tier 1)	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	\$0 (Tier 1)	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	\$0 (Tier 1)	
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"	\$0 (Tier 1)	
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	\$0 (Tier 1)	
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"	\$0 (Tier 1)	
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"	\$0 (Tier 1)	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	\$0 (Tier 1)	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"	\$0 (Tier 1)	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	\$0 (Tier 1)	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	\$0 (Tier 1)	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	\$0 (Tier 1)	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	\$0 (Tier 1)	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	\$0 (Tier 1)	
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	\$0 (Tier 1)	
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

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



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	\$0 (Tier 1)	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	\$0 (Tier 1)	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	\$0 (Tier 1)	
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	\$0 (Tier 1)	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	\$0 (Tier 1)	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	\$0 (Tier 1)	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8"	\$0 (Tier 1)	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8"	\$0 (Tier 1)	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	\$0 (Tier 1)	
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	\$0 (Tier 1)	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	\$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	\$0 (Tier 1)	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	\$0 (Tier 1)	
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	\$0 (Tier 1)	
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	\$0 (Tier 1)	
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	\$0 (Tier 1)	
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	\$0 (Tier 1)	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
ULTIGUARD SAFE 0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	\$0 (Tier 1)	
ULTIGUARD SAFE 0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	\$0 (Tier 1)	
ULTIGUARD SAFE PACK 1 ML 31G 8MM 1 ML 31 X 5/16"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	\$0 (Tier 1)	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	\$0 (Tier 1)	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	\$0 (Tier 1)	
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
ULTILET PEN NEEDLE 29 GAUGE	\$0 (Tier 1)	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	\$0 (Tier 1)	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	\$0 (Tier 1)	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	\$0 (Tier 1)	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	\$0 (Tier 1)	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	\$0 (Tier 1)	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	\$0 (Tier 1)	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	\$0 (Tier 1)	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	\$0 (Tier 1)	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	\$0 (Tier 1)	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	\$0 (Tier 1)	
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	\$0 (Tier 1)	
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	\$0 (Tier 1)	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	\$0 (Tier 1)	
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	\$0 (Tier 1)	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

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

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	\$0 (Tier 1)	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	\$0 (Tier 1)	
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	\$0 (Tier 1)	
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	\$0 (Tier 1)	
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	\$0 (Tier 1)	
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	\$0 (Tier 1)	
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	\$0 (Tier 1)	
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	\$0 (Tier 1)	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	\$0 (Tier 1)	

Enzyme Replacement/Modifiers

Enzyme Replacement/Modifiers

CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 (Tier 1)	
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (Tier 1)	PA BvD
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>sapropterin oral tablet, soluble 100 mg</i>	\$0 (Tier 1)	PA
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	\$0 (Tier 1)	

Eye, Ear, Nose, Throat Agents

Eye, Ear, Nose, Throat Agents, Miscellaneous

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	\$0 (Tier 1)	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	NDS
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	\$0 (Tier 1)	NDS; QL (1 per 1 day)
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	\$0 (Tier 1)	NDS
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	NDS
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	\$0 (Tier 1)	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	\$0 (Tier 1)	PA; QL (2 per 1 day)
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	NDS

Eye, Ear, Nose, Throat Anti-Infectives Agents

<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)	NDS
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)	NDS
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	NDS
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	\$0 (Tier 1)	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)	NDS
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	NDS
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	\$0 (Tier 1)	NDS
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	NDS
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (Tier 1)	NDS
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 1)	NDS
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	NDS
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)	NDS
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)	NDS
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)	NDS
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)	NDS
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	NDS
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	NDS
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 1)	NDS
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	NDS
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	NDS
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1)	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (Tier 1)	NDS
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)	NDS
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	\$0 (Tier 1)	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (Tier 1)	NDS
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)	NDS
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	\$0 (Tier 1)	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 (Tier 1)	QL (2 per 1 day)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	\$0 (Tier 1)	QL (2 per 1 day)

Gastrointestinal Agents

Antiulcer Agents And Acid Suppressants

<i>cimetidine oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>sucralfate oral tablet 1 gram</i>	\$0 (Tier 1)	

Gastrointestinal Agents, Other

<i>constulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 1)	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>enulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
<i>generlac oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	\$0 (Tier 1)	
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 1)	QL (1 per 1 day)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (Tier 1)	
<i>loperamide oral capsule 2 mg</i>	\$0 (Tier 1)	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	NDS
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 1)	PA; QL (1 per 1 day)
PHEBURANE ORAL GRANULES 483 MG/GRAM	\$0 (Tier 1)	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
VIBERZI ORAL TABLET 100 MG, 75 MG	\$0 (Tier 1)	PA
XERMELO ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM-12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0 (Tier 1)	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)	
<i>gavilyte-n oral recon soln 420 gram</i>	\$0 (Tier 1)	NDS
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)	NDS
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (Tier 1)	NDS
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	\$0 (Tier 1)	NDS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (Tier 1)	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	\$0 (Tier 1)	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	\$0 (Tier 1)	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	\$0 (Tier 1)	
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	\$0 (Tier 1)	
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1)	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	NDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (Tier 1)	ST; QL (1 per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	\$0 (Tier 1)	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>tropium oral tablet 20 mg</i>	\$0 (Tier 1)	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>tamsulosin oral capsule 0.4 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	PA
<i>penicillamine oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>trientine oral capsule 250 mg</i>	\$0 (Tier 1)	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>methyltestosterone oral capsule 10 mg</i>	\$0 (Tier 1)	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 1)	PA; NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	\$0 (Tier 1)	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	\$0 (Tier 1)	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	\$0 (Tier 1)	PA
Estrogens And Antiestrogens		
DUAVEE ORAL TABLET 0.45-20 MG	\$0 (Tier 1)	PA; QL (1 per 1 day); AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 1)	PA; AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	\$0 (Tier 1)	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	\$0 (Tier 1)	PA
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (Tier 1)	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	\$0 (Tier 1)	PA
<i>raloxifene oral tablet 60 mg</i>	\$0 (Tier 1)	
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	NDS
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	\$0 (Tier 1)	NDS
<i>methylprednisolone oral tablet 4 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	\$0 (Tier 1)	PA BvD; NDS
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 1)	PA BvD; NDS
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 1)	PA BvD; NDS
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD; NDS
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML	\$0 (Tier 1)	PA; NDS
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	\$0 (Tier 1)	PA; NDS
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	\$0 (Tier 1)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	\$0 (Tier 1)	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (Tier 1)	PA; NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	\$0 (Tier 1)	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	\$0 (Tier 1)	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	\$0 (Tier 1)	PA NSO
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 1)	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 (Tier 1)	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 (Tier 1)	PA
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 1)	PA NSO; QL (3 per 1 day)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (Tier 1)	PA; QL (2 per 1 day)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 1)	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	\$0 (Tier 1)	PA; NDS
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (Tier 1)	
<i>gallifrey oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0 (Tier 1)	PA NSO; AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	
Immunological Agents		
Immunological Agents		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (Tier 1)	PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	\$0 (Tier 1)	PA BvD
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA BvD
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 (Tier 1)	PA NSO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	\$0 (Tier 1)	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	\$0 (Tier 1)	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 1)	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (Tier 1)	PA
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (Tier 1)	PA



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	\$0 (Tier 1)	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	\$0 (Tier 1)	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	\$0 (Tier 1)	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (Tier 1)	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	\$0 (Tier 1)	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (Tier 1)	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 (Tier 1)	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (Tier 1)	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (Tier 1)	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	\$0 (Tier 1)	PA BvD; QL (2 per 1 day)
<i>everolimus (immunosuppressive) oral tablet 1 mg</i>	\$0 (Tier 1)	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	\$0 (Tier 1)	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (Tier 1)	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 1)	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>gengraf oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	\$0 (Tier 1)	PA; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (Tier 1)	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (Tier 1)	PA BvD
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	\$0 (Tier 1)	PA; QL (0.15 per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	\$0 (Tier 1)	PA; QL (0.15 per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	\$0 (Tier 1)	PA; QL (0.06 per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	\$0 (Tier 1)	PA; QL (0.1 per 1 day)
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0 (Tier 1)	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	\$0 (Tier 1)	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (Tier 1)	PA BvD
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 1)	PA NSO
RIDAURA ORAL CAPSULE 3 MG	\$0 (Tier 1)	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	\$0 (Tier 1)	PA; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	\$0 (Tier 1)	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 45 MG	\$0 (Tier 1)	PA; QL (1 per 1 day)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	PA BvD
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (Tier 1)	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (Tier 1)	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	\$0 (Tier 1)	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (Tier 1)	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	\$0 (Tier 1)	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	PA BvD
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	\$0 (Tier 1)	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	\$0 (Tier 1)	PA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	\$0 (Tier 1)	NDS
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (Tier 1)	PA; QL (10 per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (Tier 1)	PA; QL (2 per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	\$0 (Tier 1)	PA; QL (1 per 1 day)
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (Tier 1)	NDS
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 1)	NDS
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 1)	NDS
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 (Tier 1)	NDS
AREXVY ANTIGEN COMPONENT 120 MCG	\$0 (Tier 1)	NDS
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (Tier 1)	NDS
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (Tier 1)	NDS
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 1)	NDS
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 1)	NDS
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (Tier 1)	NDS
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0 (Tier 1)	NDS
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (Tier 1)	PA BvD; NDS
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (Tier 1)	PA BvD; NDS
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (Tier 1)	PA BvD; NDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (Tier 1)	NDS
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (Tier 1)	NDS
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0 (Tier 1)	PA BvD; NDS
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 1)	NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (Tier 1)	NDS
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 (Tier 1)	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (Tier 1)	NDS
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 (Tier 1)	NDS
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (Tier 1)	NDS
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 (Tier 1)	NDS
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (Tier 1)	NDS
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (Tier 1)	NDS
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (Tier 1)	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (Tier 1)	NDS
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (Tier 1)	NDS
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (Tier 1)	NDS
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (Tier 1)	NDS
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 (Tier 1)	NDS
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	\$0 (Tier 1)	NDS
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (Tier 1)	NDS
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	\$0 (Tier 1)	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG-62 DU/0.5 ML	\$0 (Tier 1)	NDS
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (Tier 1)	PA BvD
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	\$0 (Tier 1)	NDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (Tier 1)	NDS
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	\$0 (Tier 1)	NDS
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (Tier 1)	NDS
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (Tier 1)	NDS
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 1)	PA BvD; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 1)	PA BvD; NDS
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (Tier 1)	NDS
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (Tier 1)	NDS
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (Tier 1)	NDS
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (Tier 1)	NDS
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 (Tier 1)	NDS
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 (Tier 1)	NDS
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (Tier 1)	NDS
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 (Tier 1)	NDS
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	\$0 (Tier 1)	NDS
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	\$0 (Tier 1)	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (Tier 1)	NDS
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 (Tier 1)	NDS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (Tier 1)	NDS



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (Tier 1)	NDS
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 1)	NDS
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 1)	NDS
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (Tier 1)	NDS
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	\$0 (Tier 1)	NDS
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 (Tier 1)	NDS

Inflammatory Bowel Disease Agents

Inflammatory Bowel Disease Agents

<i>alosetron oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	PA
<i>balsalazide oral capsule 750 mg</i>	\$0 (Tier 1)	NDS
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0 (Tier 1)	NDS
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (Tier 1)	NDS
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	\$0 (Tier 1)	
<i>mesalamine oral capsule, extended release 500 mg</i>	\$0 (Tier 1)	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	\$0 (Tier 1)	
<i>mesalamine rectal enema 4 gram/60 ml</i>	\$0 (Tier 1)	
<i>mesalamine rectal suppository 1,000 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	\$0 (Tier 1)	
Irrigating Solutions		
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)	NDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0 (Tier 1)	QL (0.15 per 1 day)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	\$0 (Tier 1)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	PA BvD
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)	PA BvD
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	PA BvD; QL (4 per 1 day)
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1)	QL (0.04 per 1 day)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (Tier 1)	PA
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	\$0 (Tier 1)	QL (2 per 1 day)
<i>risedronate oral tablet 150 mg</i>	\$0 (Tier 1)	QL (0.04 per 1 day)
<i>risedronate oral tablet 30 mg</i>	\$0 (Tier 1)	NDS; QL (1 per 1 day)
<i>risedronate oral tablet 35 mg</i>	\$0 (Tier 1)	QL (0.15 per 1 day)
<i>risedronate oral tablet 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	\$0 (Tier 1)	PA



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	\$0 (Tier 1)	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (Tier 1)	PA NSO; NDS; QL (0.2 per 1 day)

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (Tier 1)	PA
<i>betaine oral powder 1 gram/scoop</i>	\$0 (Tier 1)	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	\$0 (Tier 1)	
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 1)	
ELMIRON ORAL CAPSULE 100 MG	\$0 (Tier 1)	NDS
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (Tier 1)	PA; QL (6 per 1 day)
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	\$0 (Tier 1)	NDS
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	\$0 (Tier 1)	PA; QL (6 per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	NDS
<i>levocarnitine oral tablet 330 mg</i>	\$0 (Tier 1)	NDS
MESNEX ORAL TABLET 400 MG	\$0 (Tier 1)	NDS
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	\$0 (Tier 1)	NDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (Tier 1)	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	\$0 (Tier 1)	PA; QL (0.15 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	\$0 (Tier 1)	PA; QL (0.15 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 1)	PA NSO
TYBOST ORAL TABLET 150 MG	\$0 (Tier 1)	QL (1 per 1 day)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	\$0 (Tier 1)	NDS
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	\$0 (Tier 1)	NDS

Ophthalmic Agents

Antiglaucoma Agents

<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 1)	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	\$0 (Tier 1)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (Tier 1)	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (Tier 1)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (Tier 1)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (Tier 1)	QL (5 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	\$0 (Tier 1)	
Replacement Preparations		
Replacement Preparations		
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	NDS
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	NDS
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	NDS
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	NDS
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (Tier 1)	NDS
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (Tier 1)	NDS
<i>electrolyte-148 intravenous parenteral solution</i>	\$0 (Tier 1)	NDS
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE	\$0 (Tier 1)	PA BvD
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	PA BvD
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	\$0 (Tier 1)	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	\$0 (Tier 1)	
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 1)	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	\$0 (Tier 1)	NDS
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	\$0 (Tier 1)	NDS
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	NDS
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 1)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	\$0 (Tier 1)	NDS
<i>potassium chloride intravenous solution 2 meq/ml</i>	\$0 (Tier 1)	NDS
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 1)	
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (Tier 1)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 1)	NDS
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	\$0 (Tier 1)	NDS
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	\$0 (Tier 1)	NDS
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (Tier 1)	QL (0.4 per 1 day)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (Tier 1)	QL (1 per 1 day)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	\$0 (Tier 1)	QL (2 per 1 day)
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (Tier 1)	QL (1.03 per 1 day)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>	\$0 (Tier 1)	PA BvD; QL (8 per 1 day)
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	\$0 (Tier 1)	PA BvD; QL (4 per 1 day)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	\$0 (Tier 1)	PA BvD; QL (2 per 1 day)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	\$0 (Tier 1)	QL (1.02 per 1 day)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (Tier 1)	QL (2 per 1 day)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	\$0 (Tier 1)	QL (0.4 per 1 day)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	\$0 (Tier 1)	QL (0.8 per 1 day)

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0 (Tier 1)	QL (0.36 per 1 day)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	\$0 (Tier 1)	QL (2 per 1 day)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	\$0 (Tier 1)	QL (8 per 1 day)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	\$0 (Tier 1)	QL (0.4 per 1 day)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	\$0 (Tier 1)	QL (0.8 per 1 day)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	\$0 (Tier 1)	QL (0.36 per 1 day)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	\$0 (Tier 1)	QL (0.04 per 1 day)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier 1)	QL (2 per 1 day)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	\$0 (Tier 1)	QL (0.71 per 1 day)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	\$0 (Tier 1)	QL (1.02 per 1 day)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	\$0 (Tier 1)	QL (2 per 1 day)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (2 per 1 day)
Bronchodilators		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation, 90 mcg/actuation (nda020503), 90 mcg/actuation (nda020983)</i>	\$0 (Tier 1)	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	\$0 (Tier 1)	PA BvD; QL (18.59 per 1 day)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	\$0 (Tier 1)	PA BvD; QL (3.23 per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	\$0 (Tier 1)	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (Tier 1)	QL (2 per 1 day)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (Tier 1)	QL (0.86 per 1 day)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (Tier 1)	QL (0.2 per 1 day)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (Tier 1)	QL (1 per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	PA BvD; QL (18.39 per 1 day)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1)	PA BvD; QL (18 per 1 day)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	\$0 (Tier 1)	PA; QL (24 per 1 day)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	\$0 (Tier 1)	PA; QL (3 per 1 day)
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (Tier 1)	QL (2 per 1 day)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	\$0 (Tier 1)	QL (0.14 per 1 day)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	\$0 (Tier 1)	QL (1 per 1 day)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	\$0 (Tier 1)	QL (0.14 per 1 day)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	\$0 (Tier 1)	QL (0.14 per 1 day)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0 (Tier 1)	QL (2 per 1 day)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (Tier 1)	
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 1)	PA BvD; NDS
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	\$0 (Tier 1)	PA
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	\$0 (Tier 1)	PA
ESBRIET ORAL CAPSULE 267 MG	\$0 (Tier 1)	PA; QL (9 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ESBRIET ORAL TABLET 267 MG	\$0 (Tier 1)	PA; QL (9 per 1 day)
ESBRIET ORAL TABLET 801 MG	\$0 (Tier 1)	PA; QL (3 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	\$0 (Tier 1)	PA; QL (2 per 1 day)
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 1)	PA; QL (2 per 1 day)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (Tier 1)	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	\$0 (Tier 1)	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	\$0 (Tier 1)	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 1)	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 1)	PA NSO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 1)	PA NSO
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 1)	PA; QL (9 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 1)	PA; QL (9 per 1 day)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	\$0 (Tier 1)	PA; QL (3 per 1 day)
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0 (Tier 1)	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (Tier 1)	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (Tier 1)	PA NSO; QL (2 per 1 day)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	\$0 (Tier 1)	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (Tier 1)	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 1)	PA BvD
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; NDS; QL (3 per 1 day); AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	PA; NDS; AGE (Max 64 Years)
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (1 per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	PA; QL (2 per 1 day)
<i>ramelteon oral tablet 8 mg</i>	\$0 (Tier 1)	QL (1 per 1 day)
<i>sodium oxybate oral solution 500 mg/ml</i>	\$0 (Tier 1)	PA; NDS
XYREM ORAL SOLUTION 500 MG/ML	\$0 (Tier 1)	PA; NDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>	\$0 (Tier 1)	NDS; QL (1 per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	NDS; QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	\$0 (Tier 1)	NDS; QL (1 per 1 day)
Vasodilating Agents		
Vasodilating Agents		
<i>alyq oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (2 per 1 day)



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	\$0 (Tier 1)	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (2 per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	\$0 (Tier 1)	PA; QL (10 per 1 day)
Vitamins And Minerals		
Vitamins And Minerals		
<i>bal-care dha combo pack 27-1-430 mg</i>	\$0 (Tier 1)	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>	\$0 (Tier 1)	
<i>c-nate dha softgel 28 mg iron-1 mg -200 mg</i>	\$0 (Tier 1)	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)	
<i>fluoride 0.5 mg tablet chew grape flavor (rx) 0.5 mg (1.1 mg sodium fluorid)</i>	\$0 (Tier 1)	
<i>fluoritab oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)	
<i>folivane-ob capsule 85-1 mg</i>	\$0 (Tier 1)	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>ludent fluoride 0.25 mg tb chw d/f, chewable (rx) 0.25 mg(0.55 mg sod. fluoride)</i>	\$0 (Tier 1)	
<i>ludent fluoride 0.5 mg tb chew d/f, chewable (rx) 0.5 mg (1.1 mg sodium fluorid)</i>	\$0 (Tier 1)	
<i>ludent fluoride 1 mg tab chew d/f, chewable (rx) 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)	
<i>marnatal-f capsule 60 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>mynatal advance oral tablet 90-1-50 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>mynatal capsule 65 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>mynatal oral tablet 90-1-50 mg</i>	\$0 (Tier 1)	
<i>mynatal plus captab 65 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>mynatal-z captab 65 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	\$0 (Tier 1)	
<i>newgen tablet 32-1,000 mg-mcg</i>	\$0 (Tier 1)	
<i>niva-plus tablet 27 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>	\$0 (Tier 1)	
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	\$0 (Tier 1)	
<i>o-cal prenatal tablet 15 mg iron- 1,000 mcg</i>	\$0 (Tier 1)	
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	\$0 (Tier 1)	
<i>pnv-omega softgel 28-1-300 mg</i>	\$0 (Tier 1)	
<i>pr natal 400 combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	\$0 (Tier 1)	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	\$0 (Tier 1)	
<i>prena1 true combo pack 30 mg iron- 1.4 mg-300 mg</i>	\$0 (Tier 1)	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	\$0 (Tier 1)	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	\$0 (Tier 1)	
<i>prenatabs fa tablet 29-1 mg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	\$0 (Tier 1)	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>prenatal low iron tablet (rx) 27 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>prenatal-u capsule 106.5-1 mg</i>	\$0 (Tier 1)	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>	\$0 (Tier 1)	
<i>r-natal ob softgel 20 mg iron- 1 mg-320 mg</i>	\$0 (Tier 1)	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0 (Tier 1)	
<i>taron-c dha capsule 35-1-200 mg</i>	\$0 (Tier 1)	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	\$0 (Tier 1)	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	\$0 (Tier 1)	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>	\$0 (Tier 1)	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>	\$0 (Tier 1)	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>	\$0 (Tier 1)	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>	\$0 (Tier 1)	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>	\$0 (Tier 1)	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>	\$0 (Tier 1)	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to page 10.

Name of drug	What the drug will cost you (Tier Level)	Necessary actions, restrictions, or limits on use
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	\$0 (Tier 1)	
<i>vp-pnv-dha softgel (rx) 28 mg iron- 1 mg-200 mg</i>	\$0 (Tier 1)	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>	\$0 (Tier 1)	
<i>zatean-pn plus softgel 28-1-300 mg</i>	\$0 (Tier 1)	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	\$0 (Tier 1)	



If you have questions, please call IEHP DualChoice at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free. **For more information**, visit www.iehp.org.

E.Index of Covered Drugs

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

1		
1ST TIER UNIFINE PENTIPS	90	
1ST TIER UNIFINE PENTIPS PLUS	90, 91	
A		
<i>abacavir</i>	63	
<i>abacavir-lamivudine</i>	63	
ABELCET	51	
ABILIFY ASIMTUFII	58	
ABILIFY MAINTENA	58	
ABILIFY MYCITE MAINTENANCE KIT	58	
ABILIFY MYCITE STARTER KIT	58, 59	
<i>abiraterone</i>	25	
ABOUTTIME PEN NEEDLE ..	91	
ABRYSVO (PF)	149	
<i>acamprosate</i>	16	
<i>acarbose</i>	47	
<i>acebutolol</i>	74	
<i>acetaminophen-codeine</i>	14	
<i>acetazolamide</i>	157	
<i>acetic acid</i>	135	
<i>acetylcysteine</i>	163	
<i>acitretin</i>	85	
ACTHAR	143	
ACTHAR SELFJECT	143	
ACTHIB (PF)	149	
ACTIMMUNE	156	
<i>acyclovir</i>	67, 85	
<i>acyclovir sodium</i>	67	
ADACEL(TDAP ADOLESN/ADULT)(PF)	150	
<i>adefovir</i>	67	
ADVAIR HFA.....	160	
ADVOCATE PEN NEEDLE...	92	
ADVOCATE SYRINGES.....	91	
AFINITOR DISPERZ.....	25	
AIMOVIG AUTOINJECTOR ..	54	
AKEEGA	25	
<i>albendazole</i>	56	
<i>albuterol sulfate</i>	162	
ALCOH-GLOVE.....	85	
ALCOHOL PADS.....	85	
ALCOHOL PREP PADS	87	
ALCOHOL PREP SWABS	85	
ALCOHOL SWABS.....	86	
ALCOHOL WIPES	86	
ALCOH-WIPE	86	
ALECENSA.....	25	
<i>alendronate</i>	155	
<i>alfuzosin</i>	141	
<i>aliskiren</i>	79	
<i>allopurinol</i>	53	
<i>alogliptin</i>	47	
<i>alogliptin-metformin</i>	47	
<i>alosetron</i>	154	
ALPHAGAN P	157	
<i>alprazolam</i>	17	
ALUNBRIG	25	
<i>alyq</i>	165	
<i>amantadine hcl</i>	57	
AMBISOME	51	
<i>ambrisentan</i>	166	
<i>amikacin</i>	18	
<i>amiloride</i>	76	
<i>amiodarone</i>	73	
<i>amitriptyline</i>	43	
<i>amitriptyline-chlordiazepoxide</i>	43	
<i>amlodipine</i>	76	
<i>amlodipine-benazepril</i>	76	
<i>amlodipine-valsartan-hcthiiazid</i>	76	
<i>ammonium lactate</i>	86	
<i>amnesteam</i>	86	
<i>amoxapine</i>	43	
<i>amoxicillin</i>	22	
<i>amoxicillin-pot clavulanate</i>	22	
<i>amphotericin b</i>	51	
<i>amphotericin b liposome</i>	51	
<i>ampicillin</i>	22	
<i>ampicillin sodium</i>	22	
<i>ampicillin-sulbactam</i>	22	
<i>anagrelide</i>	70	
<i>anastrozole</i>	25	
ANORO ELLIPTA.....	162	
ANUSOL-HC	88	
APOKYN	57	
<i>apomorphine</i>	57	
<i>aprepitant</i>	55	
<i>apri</i>	82	
APTOM	36	
APTIVUS.....	63	
AQINJECT PEN NEEDLE	92	
ARCALYST	145	
AREXVY (PF).....	150	
AREXVY ANTIGEN COMPONENT	150	
<i>aripiprazole</i>	59	
<i>armodafinil</i>	165	
ARNUIITY ELLIPTA	160	
<i>asenapine maleate</i>	59	
<i>aspirin-dipyridamole</i>	70	
ASSURE ID DUO PRO SFTY PEN NDL	92	
ASSURE ID DUO-SHIELD ...	92	
ASSURE ID INSULIN SAFETY	92, 93	
ASSURE ID PEN NEEDLE...	92	
ASSURE ID PRO PEN NEEDLE	92	
ASTAGRAF XL.....	145	
<i>atazanavir</i>	63	

atenolol74
atenolol-chlorthalidone74
atomoxetine.....79
atorvastatin.....77
atovaquone56
atovaquone-proguanil.....56
 ATROVENT HFA.....162
 AUBAGIO.....79
aubra eq.....82
 AUGTYRO25
 AUSTEDO.....79
 AUVELITY.....43
aviane82
 AYVAKIT25
azathioprine.....145
azelastine135
azithromycin21
aztreonam21

B

bacitracin.....135
bacitracin-polymyxin b136
baclofen165
bal-care dha166
bal-care dha essential166
balsalazide154
 BALVERSA25
balziva (28).....82
 BARACLUDE67
 BASAGLAR KWIKPEN U-100
 INSULIN49
 BCG VACCINE, LIVE (PF) ..150
 BD ALCOHOL SWABS86
 BD AUTOSHIELD DUO PEN
 NEEDLE93
 BD ECLIPSE LUER-LOK93
 BD INSULIN SYRINGE93
 BD INSULIN SYRINGE (HALF
 UNIT).....93
 BD INSULIN SYRINGE SLIP
 TIP.....93
 BD INSULIN SYRINGE U-500
 93
 BD INSULIN SYRINGE ULTRA-
 FINE93
 BD NANO 2ND GEN PEN
 NEEDLE93

BD SAFETYGLIDE INSULIN
 SYRINGE.....94
 BD SAFETYGLIDE SYRINGE
 94
 BD ULTRA-FINE MICRO PEN
 NEEDLE.....94
 BD ULTRA-FINE MINI PEN
 NEEDLE.....94
 BD ULTRA-FINE NANO PEN
 NEEDLE.....94
 BD ULTRA-FINE ORIG PEN
 NEEDLE.....94
 BD ULTRA-FINE SHORT PEN
 NEEDLE.....94
 BD VEO INSULIN SYR (HALF
 UNIT)94
 BD VEO INSULIN SYRINGE
 UF95
benazepril72
benazepril-hydrochlorothiazide
 72
benztropine57
 BESREMI145
betaine.....156
betamethasone dipropionate .88
betamethasone valerate.....88
betamethasone, augmented .88
betaxolol74
bethanechol chloride140
bexarotene.....25
 BEXSERO150
bicalutamide.....25
 BICILLIN C-R.....22
 BICILLIN L-A.....22
 BIKTARVY63
bisoprolol fumarate74
bisoprolol-hydrochlorothiazide
 74
 BOOSTRIX TDAP150
 BORDERED GAUZE95
 BOSULIF25, 26
 BRAFTOVI.....26
 BREO ELLIPTA160
breyana.....160
 BRILINTA70
brimonidine157
 BRIVIACT36

bromocriptine.....57
 BRONCHITOL.....163
 BRUKINSA26
budesonide.....154, 160
budesonide-formoterol.....160
bumetanide.....76, 77
buprenorphine hcl.....16
buprenorphine-naloxone.....16
bupropion hcl.....43
bupropion hcl (smoking deter)
 16
buspirone156

C

cabergoline.....57
 CABOMETYX.....26
calcipotriene86
calcitonin (salmon).....155
calcitriol155
calcium acetate(phosphat bind)
 140
 CALQUENCE
 (ACALABRUTINIB MAL)
 26
camila.....82
candesartan.....72
 CAPLYTA.....59
 CAPRELSA26
captopril-hydrochlorothiazide 73
carbamazepine36
carbidopa-levodopa57
 CAREFINE PEN NEEDLE95
 CARETOUCH ALCOHOL
 PREP PAD.....86
 CARETOUCH INSULIN
 SYRINGE96
 CARETOUCH PEN NEEDLE
 95, 96
cartia xt.....75
carvedilol74
caspofungin51
 CAYSTON21
cefaclor.....19
cefadroxil.....19, 20
cefazolin20
cefdinir.....20
cefepime.....20

<i>cefixime</i>	20	CLINIMIX 4.25%/D10W SULF		COSENTYX UNOREADY PEN	
<i>cefoxitin</i>	20	FREE	71	.....	146
<i>cefepodoxime</i>	20	CLINIMIX 4.25%/D5W SULFIT		COTELLIC.....	26
<i>cefprozil</i>	20	FREE	71	CREON	134
<i>ceftazidime</i>	20	CLINIMIX E 4.25%/D10W SUL		<i>cromolyn</i>	135, 138, 163
<i>ceftriaxone</i>	20	FREE	71	<i>cryselle (28)</i>	82
<i>cefuroxime axetil</i>	20	CLINIMIX E 4.25%/D5W SULF		CURAD GAUZE PAD	99
<i>cefuroxime sodium</i>	20	FREE	71	CURITY ALCOHOL SWABS	86
<i>celecoxib</i>	15	CLINISOL SF 15 %.....	71	CURITY GAUZE.....	99
CELONTIN	36	<i>clobazam</i>	36	<i>cyclobenzaprine</i>	165
<i>cephalexin</i>	20	<i>clobetasol</i>	88, 89	<i>cyclophosphamide</i>	26
<i>cetirizine</i>	53	<i>clomipramine</i>	43	<i>cyclosporine</i>	137, 146
<i>chlordiazepoxide hcl</i>	17	<i>clonazepam</i>	17	<i>cyclosporine modified</i>	146
<i>chlordiazepoxide-clidinium</i>	36	<i>clonidine</i>	72	<i>cyred eq</i>	82
<i>chlorhexidine gluconate</i>	85	<i>clonidine hcl</i>	71	CYSTADANE	156
<i>chloroquine phosphate</i>	56	<i>clopidogrel</i>	70	D	
<i>chlorpromazine</i>	59	<i>clorazepate dipotassium</i>	17	<i>d10 %-0.45 % sodium chloride</i>	
<i>chlorthalidone</i>	77	<i>clotrimazole</i>	51	.....	158
<i>cholestyramine (with sugar)</i> ...77		<i>clotrimazole-betamethasone</i> .51		<i>d2.5 %-0.45 % sodium chloride</i>	
<i>cholestyramine light</i>	77	<i>clozapine</i>	59	.....	158
<i>ciclopirox</i>	51	<i>c-nate dha</i>	166	<i>d5 % and 0.9 % sodium</i>	
<i>cilostazol</i>	70	COARTEM.....	56	<i>chloride</i>	158
CIMDUO	63	COBENFY	59	<i>d5 %-0.45 % sodium chloride</i>	
<i>cimetidine</i>	138	COBENFY STARTER PACK	59	.....	158
CIMZIA.....	145	<i>colchicine</i>	53	<i>dabigatran etexilate</i>	68
CIMZIA POWDER FOR		<i>colesevelam</i>	77	<i>dalfampridine</i>	80
RECONST	145	<i>colestipol</i>	77	DALIRESP.....	163
<i>cinacalcet</i>	155	<i>colistin (colistimethate na)</i>	18	<i>danazol</i>	141
<i>ciprofloxacin hcl</i>	23, 136	COMBIVENT RESPIMAT ..	162	<i>dantrolene</i>	165
<i>ciprofloxacin in 5 % dextrose</i> .23		COMETRIQ	26	<i>dapsone</i>	54
<i>ciprofloxacin-dexamethasone</i>		COMFORT EZ INSULIN		DAPTACEL (DTAP	
.....	136	SYRINGE.....	96, 97, 98	PEDIATRIC) (PF).....	150
<i>citalopram</i>	43	COMFORT EZ PEN NEEDLES		<i>daptomycin</i>	18
<i>claravis</i>	86	.....	97, 98	<i>darunavir</i>	63
<i>clarithromycin</i>	21	COMFORT EZ PRO SAFETY		<i>dasatinib</i>	26
CLENPIQ	139	PEN NDL	98	DAURISMO	26
CLICKFINE PEN NEEDLE	96	COMFORT TOUCH PEN		<i>deferasirox</i>	141
<i>clindamycin hcl</i>	18	NEEDLE.....	98, 99	DELSTRIGO.....	63
CLINDAMYCIN IN 0.9 % SOD		COMPLERA.....	63	DENG VAXIA (PF).....	150
CHLOR.....	18	<i>completenate</i>	166	DEPO-SUBQ PROVERA	104
<i>clindamycin in 5 % dextrose</i> ..18		<i>compro</i>	55	.....	144
CLINDAMYCIN IN 5 %		<i>constulose</i>	138	DERMACEA	99
DEXTROSE	18	COPIKTRA	26	DERMACEA NON-WOVEN..	99
<i>clindamycin phosphate</i> ...18, 53,		CORLANOR	75	DESCOVY	63
87		COSENTYX	145	<i>desipramine</i>	43
<i>clindamycin-benzoyl peroxide</i> 87		COSENTYX (2 SYRINGES)	145	<i>desmopressin</i>	143
		COSENTYX PEN (2 PENS)	145		

desvenlafaxine44
desvenlafaxine succinate44
dexamethasone.....142
dexamethasone sodium phosphate.....137
dexmethylphenidate80
dextroamphetamine sulfate ...80
dextroamphetamine-amphetamine.....80
dextrose 10 % and 0.2 % nacl158
dextrose 10 % in water (d10w)71
dextrose 5 % in water (d5w) ..71
dextrose 5%-0.2 % sod chloride158
DIACOMIT.....36
diazepam17, 37
diazepam intensol17
diazoxide156
diclofenac potassium15
diclofenac sodium.....15, 137
dicloxacillin22
dicyclomine138
DIFICID21
digitek.....75
digox 76
digoxin.....76
DIGOXIN.....76
dihydroergotamine.....54
DILANTIN.....37
diltiazem hcl75
dilt-xr 75
dimethyl fumarate.....80
diphenoxylate-atropine138
disopyramide phosphate73
disulfiram.....16
divalproex.....37
dofetilide.....73
donepezil.....42
dorzolamide.....157
dorzolamide-timolol157
DOVATO.....63
doxazosin72
doxepin44
doxy-10024
doxycycline hyclate24

doxycycline monohydrate..... 24
DRIZALMA SPRINKLE 44
dronabinol.....55
DROPLET INSULIN SYR(HALF UNIT) 99, 100
DROPLET INSULIN SYRINGE 100, 101
DROPLET MICRON PEN NEEDLE..... 101
DROPLET PEN NEEDLE ... 101
DROPSAFE ALCOHOL PREP PADS 86
DROPSAFE INSULIN SYRINGE..... 101, 102
DROPSAFE PEN NEEDLE. 102
*drospirenone-ethinyl estradiol*82
droxidopa..... 72
DUAVEE..... 142
duloxetine 44
DUPIXENT PEN 146
DUPIXENT SYRINGE..... 146
dutasteride 141

E

EASY COMFORT ALCOHOL PAD.....86
EASY COMFORT INSULIN SYRINGE..... 102, 103
EASY COMFORT PEN NEEDLES 103
EASY COMFORT SAFETY PEN NEEDLE 102
EASY GLIDE INSULIN SYRINGE..... 103, 104
EASY GLIDE PEN NEEDLE104
EASY TOUCH 105, 106
EASY TOUCH ALCOHOL PREP PADS..... 86
EASY TOUCH FLIPLOCK INSULIN..... 105
EASY TOUCH FLIPLOCK SYRINGE..... 104
EASY TOUCH INSULIN SAFETY SYR..... 104
EASY TOUCH INSULIN SYRINGE.. 104, 105, 106

EASY TOUCH LUER LOCK INSULIN 105
EASY TOUCH PEN NEEDLE 105
EASY TOUCH SAFETY PEN NEEDLE 106
EASY TOUCH SHEATHLOCK INSULIN104, 105
EASY TOUCH UNI-SLIP 106
econazole 51
EDURANT 63
efavirenz..... 63, 64
*efavirenz-emtricitabin-tenofovir*64
efavirenz-lamivu-tenofovir disoproxil fumarate 64
electrolyte-148..... 158
ELIGARD..... 26
ELIGARD (3 MONTH) 26
ELIGARD (4 MONTH) 26
ELIGARD (6 MONTH) 26
ELIQUIS 68
ELIQUIS DVT-PE TREAT 30D START 68
ELMIRON..... 156
eluryng 82
EMBRACE PEN NEEDLE . 106, 107
EMCYT 27
EMSAM 44
emtricitabine 64
emtricitabine-tenofovir (tdf) ... 64
EMTRIVA 64
emzahn 82
enalapril maleate 73
enalapril-hydrochlorothiazide 73
ENBREL 146
ENBREL MINI 146
ENBREL SURECLICK..... 146
ENDARI..... 156
endocet 14
ENERGIX-B (PF)..... 150
ENERGIX-B PEDIATRIC (PF) 150
enilloring 82
enoxaparin..... 68
enpresse 82
entacapone..... 57

<i>entecavir</i>	67	FANAPT	59, 60	<i>fosinopril</i>	73
ENTRESTO	72	FARXIGA	47	<i>fosinopril-hydrochlorothiazide</i>	73
ENTRESTO SPRINKLE	72	<i>febuxostat</i>	53	FOSRENOL	140
<i>enulose</i>	139	<i>felbamate</i>	37	FOTIVDA	27
ENVARBUS XR	146	FELBATOL	37	FRAGMIN	68, 69
EPIDIOLEX	37	<i>felodipine</i>	76	FREESTYLE PRECISION ..	107
<i>epinephrine</i>	76	<i>fenofibrate</i>	78	FRUZAQLA	27
<i>eplerenone</i>	79	<i>fenofibrate micronized</i>	78	FULPHILA	69
EPRONTIA	37	<i>fenofibrate nanocrystallized</i> ..	78	<i>furosemide</i>	77
EQUETRO	37	<i>fenofibric acid (choline)</i>	78	FUZEON	64
<i>ergoloid</i>	42	<i>fentanyl</i>	14	FYCOMPA	37
<i>ergotamine-caffeine</i>	54	<i>fentanyl citrate</i>	14	G	
ERIVEDGE	27	FETZIMA	44	<i>gabapentin</i>	37
ERLEADA	27	<i>finasteride</i>	141	<i>galantamine</i>	42
<i>erlotinib</i>	27	<i>finbolimod</i>	80	<i>gallifrey</i>	144
<i>errin 82</i>		FINTEPLA	37	GAMMAGARD LIQUID	146
<i>ertapenem</i>	22	<i>finzala</i>	82	GAMUNEX-C	146
<i>ery pads</i>	87	FIRMAGON KIT W DILUENT		GARDASIL 9 (PF)	150
ERYTHROCIN	21	SYRINGE	27	GAUZE PAD	108
<i>erythrocin (as stearate)</i>	21	FIRVANQ	18	<i>gavilyte-c</i>	139
<i>erythromycin</i>	21, 136	FLEBOGAMMA DIF	146	<i>gavilyte-g</i>	140
<i>erythromycin with ethanol</i>	88	<i>flecainide</i>	73	<i>gavilyte-n</i>	140
<i>erythromycin-benzoyl peroxide</i>		FLOVENT DISKUS	160	GAVRETO	27
.....	88	FLOVENT HFA	160, 161	<i>gefitinib</i>	27
ESBRIET	163, 164	<i>fluconazole</i>	51, 52	<i>gemfibrozil</i>	78
<i>escitalopram oxalate</i>	44	<i>fluconazole in nacl (iso-osm)</i> ..	51	<i>generlac</i>	139
<i>esomeprazole magnesium</i> ..	138	<i>flucytosine</i>	52	<i>gengraf</i>	147
<i>estradiol</i>	142	<i>fludrocortisone</i>	142	GENOTROPIN	143
<i>ethacrynic acid</i>	77	<i>flunisolide</i>	137	GENOTROPIN MINIQUICK ..	143
<i>ethambutol</i>	54	<i>fluocinolone</i>	89	<i>gentamicin</i>	18, 88, 136
<i>ethosuximide</i>	37	<i>fluocinonide</i>	89	<i>gentamicin in nacl (iso-osm)</i> ..	18
<i>ethynodiol diac-eth estradiol</i> ..	82	<i>fluoride (sodium)</i>	166, 168	GENVOYA	64
<i>etonogestrel-ethinyl estradiol</i> ..	82	<i>fluoritab</i>	166	GILENYA	80
<i>etravirine</i>	64	<i>fluorometholone</i>	137	GILOTRIF	27
<i>everolimus (antineoplastic)</i>	27	<i>fluorouracil</i>	86	<i>glatiramer</i>	80
<i>everolimus</i>		<i>fluoxetine</i>	44, 45	<i>glatopa</i>	80
(immunosuppressive) ..	146	<i>fluphenazine decanoate</i>	60	GLEOSTINE	27
EVOTAZ	64	<i>fluphenazine hcl</i>	60	<i>glimepiride</i>	50
<i>exemestane</i>	27	<i>flurbiprofen sodium</i>	137	<i>glipizide</i>	50
EXKIVITY	27	<i>fluticasone furoate-vilanterol</i> ..	161	<i>glipizide-metformin</i>	50
<i>ezetimibe</i>	78	<i>fluticasone propionate</i> ..	137, 161	<i>glucagon emergency kit</i>	
<i>ezetimibe-simvastatin</i>	78	<i>fluticasone propion-salmeterol</i>		(human)	156
F		.....	161	<i>glutamine (sickle cell)</i>	156
<i>falmina (28)</i>	82	<i>fluvoxamine</i>	45	<i>glyburide</i>	51
<i>famciclovir</i>	67	<i>folivane-ob</i>	166	<i>glyburide micronized</i>	50
<i>famotidine</i>	138	<i>fondaparinux</i>	68	<i>glyburide-metformin</i>	51
		<i>fosamprenavir</i>	64		

glycopyrrolate.....139
granisetron hcl.....55
griseofulvin microsize52
guanfacine72, 80

H

hailey 24 fe.....82
HALDOL DECANOATE.....60
haloette82
haloperidol60
haloperidol decanoate60
haloperidol lactate60
HAVRIX (PF).....151
HEALTHWISE INSULIN
 SYRINGE108
HEALTHWISE PEN NEEDLE
 108
HEALTHY ACCENTS UNIFINE
 PENTIP108, 109
heparin (porcine)69
HEPLISAV-B (PF)151
HIBERIX (PF).....151
HUMALOG MIX 50-50 INSULN
 U-100.....49
HUMALOG MIX 75-25(U-
 100)INSULN49
HUMIRA.....147
HUMIRA PEN.....147
HUMIRA PEN CROHNS-UC-
 HS START.....147
HUMIRA PEN PSOR-UEITS-
 ADOL HS.....147
HUMIRA(CF).....147
HUMIRA(CF) PEDI CROHNS
 STARTER.....147
HUMIRA(CF) PEN.....147
HUMIRA(CF) PEN CROHNS-
 UC-HS.....147
HUMIRA(CF) PEN PEDIATRIC
 UC147
HUMIRA(CF) PEN PSOR-UV-
 ADOL HS.....147
HUMULIN 70/30 U-100
 INSULIN49
HUMULIN N NPH U-100
 INSULIN49

HUMULIN R REGULAR U-100
 INSULN..... 49
HUMULIN R U-500 (CONC)
 INSULIN..... 49
hydralazine 76
hydrochlorothiazide..... 77
hydrocodone-acetaminophen 14
hydrocodone-ibuprofen 14
hydrocortisone 89, 142, 154
hydrocortisone-acetic acid .. 136
hydromorphone.....14
hydroxychloroquine..... 56
hydroxyurea 27
hydroxyzine hcl 53
hydroxyzine pamoate..... 156
HYFTOR..... 86

I

ibandronate..... 155
IBRANCE..... 28
ibu 15
ibuprofen..... 15
icatibant 76
ICLUSIG 28
icosapent ethyl..... 78
IDHIFA..... 28
imatinib 28
IMBRUVICA..... 28
imipenem-cilastatin 22
imipramine hcl..... 45
imipramine pamoate 45
imiquimod 86
IMOVAX RABIES VACCINE
 (PF)..... 151
INCONTROL ALCOHOL PADS
 86
INCONTROL PEN NEEDLE 109
INCRELEX..... 143
INCRUSE ELLIPTA 162
indapamide 77
indomethacin 15
INFANRIX (DTAP) (PF) 151
INGREZZA..... 80
INGREZZA INITIATION
 PK(TARDIV)..... 80
INGREZZA SPRINKLE 80
INLYTA..... 28

INQOVI..... 28
INREBIC..... 28
insulin lispro..... 49, 50
insulin lispro protamin-lispro . 49
INSULIN SYR/NDL U100 HALF
 MARK 109
INSULIN SYRINGE 94
INSULIN SYRINGE
 MICROFINE..... 93
INSULIN SYRINGE
 NEEDLELESS 93
INSULIN SYRINGE-NEEDLE
 U-100 107, 109, 110, 117,
 118, 122, 126, 127
INSUPEN PEN NEEDLE ... 110,
 111
INTELENCE 64
INTRALIPID..... 71
INVEGA HAFYERA 60
INVEGA SUSTENNA 60
INVEGA TRINZA..... 60
INVOKAMET 47
INVOKAMET XR 47
INVOKANA..... 47
IPOL 151
ipratropium bromide.....135, 162
ipratropium-albuterol..... 162
irbesartan 72
irbesartan-hydrochlorothiazide
 72
IRESSA 28
ISENTRESS 64
ISENTRESS HD 64
ISOLYTE S PH 7.4 158
ISOLYTE-S..... 158
isoniazid 54
ISOPROPYL ALCOHOL..... 86
isosorbide dinitrate 79
isosorbide mononitrate 79
isotretinoin 86
itraconazole 52
IV PREP WIPES..... 86
ivabradine 76
ivermectin 56
IWILFIN 28
IXCHIQ (PF) 151
IXIARO (PF) 151

J

JAKAFI.....	28
<i>jantoven</i>	69
JANUMET	47
JANUMET XR	47
JANUVIA.....	47
JARDIANCE.....	47
<i>jasmiel</i> (28).....	82
JAYPIRCA.....	28
JULUCA	64
<i>junel</i> 1.5/30 (21)	82
<i>junel</i> 1/20 (21)	83
<i>junel</i> fe 1.5/30 (28)	83
<i>junel</i> fe 1/20 (28)	83
JYLAMVO	28
JYNNEOS (PF)	151

K

KALYDECO.....	164
KERENDIA.....	79
<i>ketoconazole</i>	52
<i>ketorolac</i>	137
KINERET	147
KINRIX (PF)	151
KISQALI	29
KISQALI FEMARA CO-PACK29	
KLOR-CON	158
<i>klor-con</i> m10	158
<i>klor-con</i> m15	158
KORLYM.....	48
KOSELUGO	29
<i>kosher prenatal plus iron</i>	166
KOURZEQ	85
KRAZATI.....	29

L

<i>labetalol</i>	74
<i>lacosamide</i>	37, 38
LACRISERT	135
<i>lactulose</i>	139
<i>lagevrio</i> (eua)	67
LAMICTAL XR STARTER	
(BLUE).....	38
LAMICTAL XR STARTER	
(GREEN)	38
LAMICTAL XR STARTER	
(ORANGE).....	38

<i>lamivudine</i>	64
<i>lamivudine-zidovudine</i>	64
<i>lamotrigine</i>	38
<i>lansoprazole</i>	138
LANTUS SOLOSTAR U-100	
INSULIN.....	50
LANTUS U-100 INSULIN	50
<i>lapatinib</i>	29
<i>larin</i> 1.5/30 (21).....	83
<i>larin</i> 1/20 (21).....	83
<i>latanoprost</i>	157
LATUDA	60
LAZCLUZE	29
<i>ledipasvir-sofosbuvir</i>	67
<i>leena</i> 28.....	83
<i>leflunomide</i>	147
<i>lenalidomide</i>	29
LENVIMA.....	29
<i>lessina</i>	83
<i>letrozole</i>	29
<i>leucovorin calcium</i>	156
LEUKERAN	29
LEUKINE	69
<i>leuprolide</i>	30
<i>leuprolide</i> (3 month)	30
<i>levalbuterol hcl</i>	162
<i>levalbuterol tartrate</i>	162
<i>levetiracetam</i>	38
<i>levobunolol</i>	157
<i>levocarnitine</i>	156
<i>levocetirizine</i>	53
<i>levofloxacin</i>	23, 24
<i>levofloxacin in d5w</i>	23
<i>levonorgest-eth.estradiol-iron</i> 83	
<i>levonorgestrel-ethinyl estrad</i> . 83	
<i>levonorg-eth estrad triphasic</i> . 83	
<i>levora-28</i>	83
<i>levothyroxine</i>	145
LEXIVA	64
LIBERVANT	38
<i>lidocaine</i>	16
<i>lidocaine hcl</i>	16
<i>lidocaine viscous</i>	16
<i>lidocaine-prilocaine</i>	16
<i>linezolid</i>	19
<i>linezolid in dextrose 5%</i>	19
LINZESS.....	139

<i>liothyronine</i>	145
LISCO	111
<i>lisinopril</i>	73
<i>lisinopril-hydrochlorothiazide</i> . 73	
LITE TOUCH INSULIN PEN	
NEEDLES	111
LITE TOUCH INSULIN	
SYRINGE	111, 112
<i>lithium carbonate</i>	80
<i>lithium citrate</i>	80
LOKELMA	139
LONSURF	30
<i>loperamide</i>	139
<i>lopinavir-ritonavir</i>	65
<i>lorazepam</i>	17
LORBRENA.....	30
<i>loryna</i> (28)	83
<i>losartan</i>	72
<i>losartan-hydrochlorothiazide</i> . 72	
<i>lovastatin</i>	78
<i>loxapine succinate</i>	60
<i>lubiprostone</i>	139
<i>ludent fluoride</i>	166
LUMAKRAS.....	30
LUPRON DEPOT	144
LUPRON DEPOT (3 MONTH)	
.....	30, 144
LUPRON DEPOT (4 MONTH)	
.....	30
LUPRON DEPOT (6 MONTH)	
.....	30
<i>lurasidone</i>	60, 61
LYBALVI.....	61
LYNPARZA	30
LYSODREN.....	30
LYTGOBI.....	30

M

MAGELLAN INSULIN SAFETY	
SYRNG	112
MAGELLAN SYRINGE.....	112
<i>magnesium sulfate</i>	158
<i>malathion</i>	90
<i>maraviroc</i>	65
<i>marnatal-f</i>	166
MARPLAN.....	45
MATULANE.....	30

MAXICOMFORT II PEN
 NEEDLE112
 MAXICOMFORT INSULIN
 SYRINGE112
 MAXI-COMFORT INSULIN
 SYRINGE112
 MAXI-COMFORT INSULIN
 SYRINGE112
 MAXICOMFORT SAFETY PEN
 NEEDLE112
meclizine55
medroxyprogesterone144
mefloquine.....56
megestrol30, 144
 MEKINIST30
 MEKTOVI30
meloxicam15
memantine42
 MENACTRA (PF)151
 MENQUADFI (PF).....151
 MENVEO A-C-Y-W-135-DIP
 (PF)151
meprobamate17
mercaptopurine30
meropenem22
merzee83
mesalamine.....154
 MESNEX156
metformin48
methazolamide157
methimazole.....145
methocarbamol165
methotrexate sodium31
methotrexate sodium (pf).....30
methoxsalen.....87
methsuximide39
methyldopa-hydrochlorothiazide
 72
methylphenidate81
methylphenidate hcl80, 81
methylprednisolone142
methyltestosterone141
metoclopramide hcl139
metolazone.....77
metoprolol succinate74
metoprolol ta-hydrochlorothiaz
 74

metoprolol tartrate 74
metronidazole 19, 53, 88
*metronidazole in nacl (iso-os)*19
metryrosine 76
mexiletine 73
micafungin52
miconazole-352
 MICRODOT INSULIN PEN
 NEEDLE..... 113
 MICRODOT READYGARD
 PEN NEEDLE 113
microgestin 1.5/30 (21) 83
microgestin 1/20 (21) 83
microgestin fe 1.5/30 (28)83
microgestin fe 1/20 (28) 83
midodrine 72
mifepristone48
 MIGERGOT54
 MINI ULTRA-THIN II 113
minocycline 24
minoxidil.....79
mirtazapine45
misoprostol 138
 M-M-R II (PF)..... 151
m-natal plus 166
modafinil 165
molindone 61
mometasone89
 MONOJECT INSULIN SAFETY
 SYRING 114
 MONOJECT INSULIN
 SYRINGE..... 113, 114
 MONOJECT SYRINGE..... 113
 MONOJECT ULTRA
 COMFORT INSULIN . 129
montelukast 161, 162
morphine..... 14
 MORPHINE 14
morphine concentrate 14
 MOTPOLY XR 39
 MOVANTIK 139
moxifloxacin 24, 136
moxifloxacin-sod.ace,sul-water
 24
*moxifloxacin-sod.chloride(iso)*24
 MRESVIA (PF)..... 151
 MULTAQ..... 73

mupirocin..... 88
mycophenolate mofetil..... 148
mycophenolate sodium..... 148
mynatal..... 167
mynatal advance 166
mynatal plus 167
mynatal-z..... 167
mynate 90 plus 167
 MYRBETRIQ 140

N

nabumetone 15
nadolol..... 74
nafcillin 23
naloxone..... 16
naltrexone..... 17
 NAMENDA XR 42
naproxen 16
 NARCAN 17
 NATACYN 136
nateglinide 48
 NAYZILAM 39
necon 0.5/35 (28) 83
nefazodone..... 45
neomycin..... 18
*neomycin-bacitracin-poly-hc*136
neomycin-bacitracin-polymyxin
 136
neomycin-polymyxin b-
 dexameth..... 136
neomycin-polymyxin-gramicidin
 136
neomycin-polymyxin-hc 136
 NERLYNX 31
 NEUPRO 57
nevirapine 65
newgen..... 167
 NEXAVAR 31
*niacin*78
*niacor*78
 NICOTROL..... 17
 NICOTROL NS 17
nifedipine 76
nikki (28)..... 84
nilutamide 31
 NINLARO 31
nitazoxanide 56

nitrofurantoin19
nitrofurantoin macrocrystal19
nitrofurantoin monohyd/m-cryst
.....19
nitroglycerin.....79, 156
niva-plus.....167
NIVESTYM.....69
*norethindrone (contraceptive)*84
norethindrone acetate145
norethindrone ac-eth estradiol
.....84
*norethindrone-e.estradiol-iron*84
*norgestimate-ethinyl estradiol*84
nortrel 0.5/35 (28).....84
nortrel 1/35 (21).....84
nortrel 1/35 (28).....84
nortrel 7/7/7 (28).....84
nortriptyline.....45
NORVIR65
NOVOFINE 30114
NOVOFINE 32114
NOVOFINE PLUS114
NOVOLIN 70/30 U-100
INSULIN50
NOVOLIN N NPH U-100
INSULIN50
NOVOLIN R REGULAR U100
INSULIN50
NOVOTWIST115
NOXAFIL.....52
NUBEQA.....31
NUCALA164
NUEDEXTA.....81
NUPLAZID61
NUTRILIPID71
nyamyc.....52
nystatin.....52
nystatin-triamcinolone52
nystop52
O
obstetrix dha.....167
obstetrix dha prenatal duo ...167
o-cal prenatal167
octreotide acetate.....144
ODEFSEY65
ODOMZO.....31

OFEV164
ofloxacin 24, 136, 137
OGSIVEO 31
OJEMDA.....31
OJJAARA31
olanzapine 61
olanzapine-fluoxetine 45
olopatadine 135
omega-3 acid ethyl esters 78
omeprazole 138
OMNITROPE 144
ondansetron.....55
ondansetron hcl55
ONUREG 31
ORACEA 24
ORENCIA 148
ORENCIA CLICKJECT 148
ORGOVYX.....144
ORKAMBI164
ORSERDU31
oseltamivir.....66
OTEZLA.....148
OTEZLA STARTER 148
oxacillin.....23
oxacillin in dextrose(iso-osm) 23
oxandrolone 141
oxcarbazepine 39
OXERVATE 135
OXTELLAR XR 39
oxybutynin chloride 140
oxycodone 14
oxycodone-acetaminophen .. 14,
15
OZEMPIC 48
P
paliperidone 61
PANRETIN.....87
pantoprazole 138
paricalcitol.....155
paromomycin 56
paroxetine hcl 45, 46
PASER 55
PAXLOVID.....67
pazopanib 31
PEDIARIX (PF) 152
PEDVAX HIB (PF) 152

peg 3350-electrolytes 140
PEGASYS 67
peg-electrolyte soln 140
PEMAZYRE.....31
PEN NEEDLE.....107, 115, 118
PEN NEEDLE, DIABETIC ... 98,
113, 115, 117
PEN NEEDLE, DIABETIC,
SAFETY..... 118
PENBRAYA (PF) 152
PENBRAYA MENACWY
COMPONENT(PF).... 152
PENBRAYA MENB
COMPONENT (PF)... 152
penicillamine..... 141
penicillin g pot in dextrose 23
penicillin g potassium 23
penicillin g sodium 23
penicillin v potassium..... 23
PENTACEL (PF)..... 152
PENTACEL DTAP-IPV
COMPNT (PF) 152
pentamidine..... 56
PENTIPS PEN NEEDLE.... 115,
116
pentoxifylline..... 70
periogard 85
permethrin 90
perphenazine..... 61
perphenazine-amitriptyline.... 46
PHEBURANE 139
phenelzine 46
phenobarbital..... 39
phenoxybenzamine 72
phenytoin..... 39
phenytoin sodium extended.. 40
PIFELTRO..... 65
pilocarpine hcl 85, 157
pimecrolimus 89
pimozide 61
pindolol 74
pioglitazone 48
pioglitazone-glimepiride 48
PIP PEN NEEDLE 116
piperacillin-tazobactam 23
PIQRAY..... 31, 32
pirfenidone..... 164

PLASMA-LYTE 148.....	158	<i>prenatal</i> 19.....	168	PROQUAD (PF)	152
PLASMA-LYTE A	158	<i>prenatal</i> 19 (with docusate) .	168	PROSOL 20 %	71
PLEGRIDY	81	<i>prenatal</i> low iron	168	<i>protriptyline</i>	46
<i>pnv</i> 29-1	167	<i>prenatal</i> plus	168	PROZAC	46
<i>pnv-dha + docusate</i>	167	<i>prenatal</i> plus (calcium carb) 167		PULMOZYME.....	134
<i>pnv-omega</i>	167	<i>prenatal</i> vitamin plus low iron		PURE COMFORT ALCOHOL	
<i>podofilox</i>	87	.....	168	PADS.....	87
<i>polymyxin b sulf-trimethoprim</i>		<i>prenatal-u</i>	168	PURE COMFORT PEN	
.....	137	<i>preplus</i>	168	NEEDLE	117
POMALYST.....	32	<i>pretab</i>	168	PURE COMFORT SAFETY	
<i>portia</i> 28	84	<i>prevalite</i>	78	PEN NEEDLE	117
<i>posaconazole</i>	52	PREVENT DROPSAFE PEN		PURIXAN	32
<i>potassium chlorid-d5-0.45%nacl</i>		NEEDLE.....	116	<i>pyrazinamide</i>	55
.....	159	PREVYMIS	67	<i>pyridostigmine bromide</i>	156
<i>potassium chloride</i>	159	PREZCOBIX	65	<i>pyrimethamine</i>	56
<i>potassium chloride in 5 % dex</i>		PREZISTA	65	Q	
.....	159	PRIFTIN.....	55	QINLOCK	32
<i>potassium chloride in water</i> .159		PRIMAQUINE	56	QUADRACEL (PF)	152
<i>potassium chloride-d5-0.2%nacl</i>		<i>primidone</i>	40	<i>quetiapine</i>	61
.....	159	PRIORIX (PF)	152	<i>quinapril</i>	73
<i>potassium chloride-d5-0.9%nacl</i>		PRO COMFORT ALCOHOL		<i>quinapril-hydrochlorothiazide</i> 73	
.....	159	PADS	87	<i>quinidine gluconate</i>	74
<i>potassium citrate</i>	159	PRO COMFORT INSULIN		<i>quinidine sulfate</i>	74
<i>pr natal</i> 400	167	SYRINGE.....	116	<i>quinine sulfate</i>	56
<i>pr natal</i> 400 ec	167	PRO COMFORT PEN NEEDLE		QVAR REDIHALER.....	161
<i>pr natal</i> 430	167	.....	116	R	
<i>pr natal</i> 430 ec	167	<i>probenecid</i>	53	RABAVERT (PF)	152
PRADAXA	69	<i>prochlorperazine</i>	55	<i>raloxifene</i>	142
<i>pramipexole</i>	57	<i>prochlorperazine maleate</i>	55	<i>ramelteon</i>	165
<i>prasugrel</i>	70	PROCRIT	69	<i>ramipril</i>	73
<i>pravastatin</i>	78	<i>procto-med hc</i>	89	<i>ranolazine</i>	76
<i>praziquantel</i>	56	<i>proctosol hc</i>	89	<i>rasagiline</i>	57
<i>prazosin</i>	72	<i>proctozone-hc</i>	89	RAYALDEE	155
<i>prednisolone</i>	143	PRODIGY INSULIN SYRINGE		REBIF (WITH ALBUMIN).....	81
<i>prednisolone acetate</i>	137	.....	116, 117	REBIF REBIDOSE	81
<i>prednisolone sodium phosphate</i>		PROGRAF	148	REBIF TITRATION PACK	81
.....	137, 143	PROLASTIN-C.....	164	<i>reclipsen</i> (28).....	84
<i>prednisone</i>	143	PROLIA	155	RECOMBIVAX HB (PF).....	152,
PREDNISONONE INTENSOL..	143	PROMACTA	69, 70	153	
<i>pregabalin</i>	40	<i>promethazine</i>	53, 55, 56	RECTIV	156
PREHEVBRIO (PF).....	152	<i>promethegan</i>	56	RELENZA DISKHALER.....	67
PREMARIN	142	<i>propafenone</i>	73	RELION NEEDLES	118
PREMPRO	142	<i>proparacaine</i>	135	RELION PEN NEEDLES	118
<i>prena1 true</i>	167	<i>propranolol</i>	74	<i>repaglinide</i>	48
<i>prenaissance</i>	167	<i>propranolol-hydrochlorothiazid</i>		REPATHA PUSHTRONEX... 78	
<i>prenaissance plus</i>	167	.....	75	REPATHA SURECLICK	78
<i>prenatabs fa</i>	167	<i>propylthiouracil</i>	145		

REPATHA SYRINGE	78	SAVELLA.....	81	<i>sorafenib</i>	32
RESTASIS	138	SCEMBLIX.....	32	<i>sotalol</i>	75
RESTASIS MULTIDOSE.....	138	<i>scopolamine base</i>	56	<i>sotalol af</i>	75
RETACRIT	70	SECUADO	62	SPIRIVA RESPIMAT	163
RETEVMO	32	SECURESAFE INSULIN		SPIRIVA WITH HANDIHALER	
REVLIMID	32	SYRINGE.....	118	.....	163
REXULTI.....	61	SECURESAFE PEN NEEDLE		<i>spironolactone</i>	77
REYATAZ	65	.....	118	<i>spironolacton-hydrochlorothiaz</i>	
REZLIDHIA	32	SEGLUROMET.....	48	.....	77
REZUROCK.....	148	<i>select-ob</i>	168	<i>sprintec (28)</i>	84
RHOPRESSA.....	157	<i>select-ob (folic acid)</i>	168	SPRITAM	40
<i>ribavirin</i>	68	<i>selegiline hcl</i>	58	SPRYCEL.....	32, 33
RIDAURA.....	148	<i>selenium sulfide</i>	88	<i>sronyx</i>	84
<i>rifabutin</i>	55	SELZENTRY.....	65, 66	STEGLATRO.....	48
<i>rifampin</i>	55	<i>se-natal 19 chewable</i>	168	STEGLUJAN	48
<i>riluzole</i>	81	SEREVENT DISKUS	163	STELARA.....	149
<i>rimantadine</i>	67	<i>sertraline</i>	46	STERILE PADS.....	119
RINVOQ.....	148	<i>setlakin</i>	84	STIOLTO RESPIMAT	163
RINVOQ LQ	148	<i>sevelamer carbonate</i>	140	STIVARGA	33
<i>risedronate</i>	155	<i>sevelamer hcl</i>	140	<i>streptomycin</i>	18
RISPERDAL CONSTA	62	SHINGRIX (PF)	153	STRIBILD	66
<i>risperidone</i>	62	SIGNIFOR	144	STRIVERDI RESPIMAT	163
<i>risperidone microspheres</i>	62	<i>sildenafil (pulm.hypertension)</i>		<i>subvenite</i>	40
<i>ritonavir</i>	65	.....	166	<i>subvenite starter (blue) kit</i>	40
<i>rivastigmine</i>	43	<i>silver sulfadiazine</i>	88	<i>subvenite starter (green) kit</i> ..	40
<i>rivastigmine tartrate</i>	42	<i>simvastatin</i>	78	<i>subvenite starter (orange) kit</i>	40
<i>rizatriptan</i>	54	<i>sirolimus</i>	148	<i>sucralfate</i>	138
<i>r-natal ob</i>	168	SIRTURO	55	<i>sulfacetamide sodium</i>	137
<i>roflumilast</i>	164	SKY SAFETY PEN NEEDLE		<i>sulfacetamide sodium (acne)</i>	88
<i>ropinirole</i>	57	.....	118, 119	<i>sulfacetamide-prednisolone</i>	137
<i>rosuvastatin</i>	78	SKYRIZI.....	149	<i>sulfadiazine</i>	24
ROTARIX	153	<i>sodium chloride</i>	155	<i>sulfamethoxazole-trimethoprim</i>	
ROTATEQ VACCINE	153	<i>sodium chloride 0.45 %</i>	159	.....	24
ROZLYTREK.....	32	<i>sodium chloride 0.9 %</i>	159	<i>sulfasalazine</i>	154, 155
RUBRACA.....	32	<i>sodium chloride 3 % hypertonic</i>		<i>sulindac</i>	16
<i>rufinamide</i>	40	.....	160	<i>sumatriptan succinate</i>	54
RUKOBIA.....	65	<i>sodium chloride 5 % hypertonic</i>		<i>sunitinib malate</i>	33
RYDAPT	32	.....	160	SUNLENCA.....	66
S		<i>sodium oxybate</i>	165	SUPREP BOWEL PREP KIT	
SAFESNAP INSULIN		<i>sodium phenylbutyrate</i>	139	.....	140
SYRINGE	118	<i>sodium polystyrene sulfonate</i>		SURE COMFORT ALCOHOL	
SAFETY PEN NEEDLE.....	118	.....	139	PREP PADS	87
SANCUSO	56	<i>sodium,potassium,mag sulfates</i>		SURE COMFORT INS. SYR. U-	
SANDIMMUNE.....	148	.....	140	100	119
SANTYL	87	<i>sofosbuvir-velpatasvir</i>	67	SURE COMFORT INSULIN	
<i>sapropterin</i>	134, 135	SOLTAMOX.....	32	SYRINGE	119
		SOMAVERT.....	144		

SURE COMFORT PEN	TAZVERIK	33	<i>tobramycin sulfate</i>	18
NEEDLE	TDVAX.....	153	<i>tolcapone</i>	58
SURE COMFORT SAFETY	TECHLITE INSULIN SYRINGE		<i>tolterodine</i>	140, 141
PEN NEEDLE.....	.....	121	TOPCARE CLICKFINE.....	123
SURE-FINE PEN NEEDLES	TECHLITE INSULN SYR(HALF		TOPCARE ULTRA COMFORT	
.....	UNIT)	120, 121	.....	123
SURE-JECT INSULIN	TECHLITE PEN NEEDLE ..	121,	<i>topiramate</i>	40, 41
SYRINGE	122		<i>toremifene</i>	33
SURE-PREP ALCOHOL PREP	TECHLITE PLUS PEN		<i>torpenz</i>	34
PADS.....	NEEDLE.....	122	<i>torsemide</i>	77
SUTENT	TEFLARO	21	TOUJEO MAX U-300	
SYMBICORT.....	<i>temazepam</i>	17	SOLOSTAR	50
SYMDEKO	TENIVAC (PF)	153	TOUJEO SOLOSTAR U-300	
SYMLINPEN 120.....	<i>tenofovir disoproxil fumarate</i> .	66	INSULIN	50
SYMLINPEN 60	TEPMETKO	33	<i>tramadol</i>	15
SYMPAZAN	<i>terazosin</i>	141	<i>tranexamic acid</i>	70
SYMTUZA.....	<i>terbinafine hcl</i>	53	<i>tranylcypromine</i>	46
SYNAREL	<i>terbutaline</i>	163	TRAVASOL 10 %	71
SYNJARDY	<i>terconazole</i>	54	<i>travoprost</i>	158
SYNJARDY XR	<i>teriflunomide</i>	81	<i>trazodone</i>	46
SYNRIBO	<i>teriparatide</i>	155	TRECATOR.....	55
SYRINGE WITH NEEDLE,	TERUMO INSULIN SYRINGE		TRELEGY ELLIPTA	163
SAFETY .....	.....	122	TRELSTAR.....	34
T	<i>testosterone</i>	142	<i>tretinoin</i>	90
TABLOID.....	<i>testosterone cypionate</i>	141	<i>tretinoin (antineoplastic)</i>	34
TABRECTA.....	<i>testosterone enanthate</i>	141	<i>triamcinolone acetonide</i> .	85, 89,
<i>tacrolimus</i>	TETANUS,DIPHThERIA TOX		90	
<i>tadalafil (pulm. hypertension)</i>	PED(PF).....	153	<i>triamterene-hydrochlorothiazid</i>	
.....	<i>tetrabenazine</i>	82	.....	77
TADLIQ	<i>tetracycline</i>	24	<i>triazolam</i>	17
TAFINLAR.....	THALOMID	157	<i>tridacaine ii</i>	16
TAGRISSO.....	<i>theophylline</i>	163	<i>trientine</i>	141
TAKHZYRO.....	THINPRO INSULIN SYRINGE		<i>tri-estarylla</i>	84
TALTZ AUTOINJECTOR.....	.....	122, 123	<i>trifluoperazine</i>	62
TALTZ SYRINGE	<i>thioridazine</i>	62	<i>trifluridine</i>	137
TALZENNA	<i>thiothixene</i>	62	<i>trihexyphenidyl</i>	58
<i>tamoxifen</i>	<i>tiagabine</i>	40	<i>tri-legest fe</i>	84
<i>tamsulosin</i>	TIBSOVO.....	33	<i>tri-lo-estarylla</i>	84
TARGRETIN	TICOVAC.....	153	<i>tri-lo-sprintec</i>	85
<i>tarina 24 fe</i>	<i>tigecycline</i>	25	<i>trimethoprim</i>	19
<i>taron-c dha</i>	<i>timolol maleate</i>	75, 157	<i>trimipramine</i>	46
<i>taron-prex prenatal-dha</i>	TIVICAY.....	66	TRINTELLIX.....	46
TASIGNA	TIVICAY PD.....	66	<i>tri-sprintec (28)</i>	85
<i>tazarotene</i>	<i>tizanidine</i>	165	TRITOCIN	90
TAZORAC	TOBI PODHALER.....	18	TRIUMEQ.....	66
<i>taztia xt</i>	<i>tobramycin</i>	137	TRIUMEQ PD.....	66
	<i>tobramycin in 0.225 % nacl</i> ...	18	<i>triveen-duo dha</i>	168

trivora (28).....85
tri-vylibra lo.....85
 TRIZIVIR66
trospium141
 TRUE COMFORT ALCOHOL
 PADS.....87
 TRUE COMFORT INSULIN
 SYRINGE124
 TRUE COMFORT PEN
 NEEDLE124
 TRUE COMFORT PRO
 ALCOHOL PADS.....87
 TRUE COMFORT PRO INS
 SYRINGE ..123, 124, 125
 TRUE COMFORT SAFE
 INSULIN SYRG 123, 124,
 125
 TRUE COMFORT SAFETY
 PEN NEEDLE.....123
 TRUEPLUS INSULIN ..125, 126
 TRUEPLUS PEN NEEDLE..125
 TRULICITY.....49
 TRUMENBA.....153
 TRUQAP34
 TRUSELTIQ.....34
 TUKYSA.....34
 TURALIO34
turqoz (28).....85
 TWINRIX (PF)153
 TYBOST.....157
 TYMLOS156
 TYPHIM VI153, 154

U

UBRELVY54
 UDENYCA.....70
 UDENYCA AUTOINJECTOR 70
 UDENYCA ONBODY70
 ULTICARE126, 127
 ULTICARE INSULIN SYRINGE
 126
 ULTICARE INSULN SYR(HALF
 UNIT).....126
 ULTICARE PEN NEEDLE ..126,
 127
 ULTICARE SAFETY PEN
 NEEDLE127

ULTIGUARD SAFEPAK-
 INSULIN SYR.... 127, 128
 ULTIGUARD SAFEPAK-PEN
 NEEDLE..... 127, 128
 ULTILET ALCOHOL SWAB ..87
 ULTILET INSULIN SYRINGE
 110, 128
 ULTILET PEN NEEDLE 128
 ULTRA CMFT INS SYR (HALF
 UNIT) 108, 119
 ULTRA COMFORT INSULIN
 SYRINGE. 102, 108, 128,
 129
 ULTRA FLO INSUL SYR(HALF
 UNIT) 129
 ULTRA FLO INSULIN
 SYRINGE..... 129
 ULTRA FLO PEN NEEDLE. 129
 ULTRA THIN PEN NEEDLE 130
 ULTRACARE INSULIN
 SYRINGE..... 130
 ULTRACARE PEN NEEDLE
 130
 ULTRA-THIN II (SHORT) INS
 SYR..... 131
 ULTRA-THIN II (SHORT) PEN
 NDL..... 131
 ULTRA-THIN II INS PEN
 NEEDLES 131
 ULTRA-THIN II INSULIN
 SYRINGE..... 131
 UNIFINE PEN NEEDLE 131
 UNIFINE PENTIPS 115, 131,
 132
 UNIFINE PENTIPS MAXFLOW
 132
 UNIFINE PENTIPS PLUS ... 132
 UNIFINE PENTIPS PLUS
 MAXFLOW 132
 UNIFINE PROTECT 132
 UNIFINE SAFECONTROL. 132,
 133
 UNIFINE SAFECONTROL PEN
 NEEDLE..... 132, 133
 UNIFINE ULTRA PEN NEEDLE
 133
ursodiol 139

UZEDY 62
V
valacyclovir 68
 VALCHLOR 87
valganciclovir 68
valproic acid 41
valproic acid (as sodium salt) 41
valsartan..... 72
valsartan-hydrochlorothiazide 72
 VALTOCO 41
vancomycin 19
 VANFLYTA..... 34
 VANISHPOINT INSULIN
 SYRINGE 133
 VANISHPOINT SYRINGE .. 133
 VAQTA (PF) 154
varenicline 17
 VARIVAX (PF)..... 154
 VARIZIG 149
 VASCEPA 78
 VAXCHORA VACCINE..... 154
 VEMLIDY..... 66
 VENCLEXTA 34
 VENCLEXTA STARTING PACK
 34
venlafaxine 46
venlafaxine besylate 46
 VENTOLIN HFA 163
verapamil..... 75
 VERIFINE INSULIN SYRINGE
 133, 134
 VERIFINE PEN NEEDLE .. 133,
 134
 VERIFINE PLUS PEN NEEDLE
 134
 VERIFINE PLUS PEN
 NEEDLE-SHARP 134
 VERQUVO 76
 VERSACLOZ..... 62
 VERSALON..... 134
 VERZENIO 34
 VIBERZI 139
 VICTOZA..... 49
vigabatrin..... 41
vigadrone 41
 VIGAFYDE 41

<i>vigpoder</i>	41
VIIBRYD.....	47
<i>vilazodone</i>	47
VIMPAT.....	41
VIRACEPT	66
VIREAD.....	66
<i>virt-c dha</i>	168
<i>virt-nate dha</i>	168
<i>virt-pn dha</i>	168
<i>virt-pn plus</i>	168
<i>vitafol gummies</i>	168
<i>vitafol nano</i>	168
<i>vitafol-ob+dha</i>	168
VITRAKVI.....	34
VIZIMPRO.....	34
VONJO.....	34
VORANIGO.....	34, 35
<i>voriconazole</i>	53
VOTRIENT	35
<i>vp-ch-pnv</i>	169
<i>vp-pnv-dha</i>	169
VRAYLAR	62

W

<i>warfarin</i>	69
WEBCOL	87
WELIREG	35
<i>wixela inhub</i>	161

X

XALKORI	35
XARELTO	69
XARELTO DVT-PE TREAT 30D START	69
XATMEP	35
XCOPRI.....	41, 42
XCOPRI MAINTENANCE PACK	41
XCOPRI TITRATION PACK..	42
XELJANZ.....	149
XELJANZ XR	149
XERMELO	139
XGEVA	156
XIFAXAN	19
XIGDUO XR.....	49
XIIDRA.....	138
XOLAIR	164
XOSPATA.....	35
XPOVIO	35
XTANDI	35
XYREM.....	165

Y

YF-VAX (PF).....	154
YONSA	35

Z

<i>zafirlukast</i>	162
<i>zaleplon</i>	165

ZARXIO.....	70
<i>zatean-pn dha</i>	169
<i>zatean-pn plus</i>	169
ZEGALOGUE AUTOINJECTOR	157
ZEGALOGUE SYRINGE	157
ZEJULA.....	35
ZELAPAR	58
ZELBORAF	35
ZEMAIRA	165
<i>zenatane</i>	87
ZENPEP	135
ZEPATIER.....	67
<i>zidovudine</i>	66
ZIEXTENZO	70
<i>zingiber</i>	169
<i>ziprasidone hcl</i>	62
<i>ziprasidone mesylate</i>	63
ZIRGAN.....	137
ZOLINZA	35
<i>zolpidem</i>	165
ZONISADE	42
<i>zonisamide</i>	42
<i>zovia 1-35 (28)</i>	85
ZTALMY	42
ZURZUVAE	47
ZYDELIG.....	36
ZYKADIA.....	36
ZYPREXA RELPREVV	63



IEHP DUALCHOICE MEMBER SERVICES



CALL: 1-877-273-IEHP (4347)

Calls to this number are free. 8am-8pm (PST), 7 days a week, including holidays. IEHP DualChoice Member Services also has free language interpreter services available for non-English speakers.



TTY: 1-800-718-4347

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 8am-8pm (PST), 7 days a week, including holidays.



FAX: (909) 890-5877



WRITE: IEHP DualChoice

P.O. Box 1800, Rancho Cucamonga, CA 91729-1800



EMAIL: memberservices@iehp.org



WEBSITE: www.iehp.org

For more recent information or other questions, contact us at **1-877-273-IEHP (4347)**, TTY users should call **1-800-718-4347**, 8am-8pm (PST), 7 days a week, including holidays. Or visit **www.iehp.org**.

Important Message About What You Pay For Vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

This formulary was updated on 11/19/2024.