PHP™
PARTNERS HEALTH PLAN

Your Plan
YOUR WAY
PHP Care Complete FIDA-IDD
(Medicare - Medicaid Plan)

2025 FORMULARY

(LIST OF COVERED DRUGS)

Updated on **08/25/2025**

Important Information About What You Pay for Vaccines: Some vaccines are considered medical benefits. Other vaccines are considered Part drugs. Our plan covers most Part D vaccines at no cost to you. For more recent information or other questions, contact us at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week, or visit www.phpcares.org.

PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) | *2025 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 over-the-counter drugs and items are covered by PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). Key terms and their definitions appear in the last chapter of the *Participant Handbook*.

Table of Contents

A. Disclaimers....4

B. Frequently Asked Questions (FAQ)....4

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "*Drug List*" for short.)....4

B2. Does the *Drug List* ever change?....5

B3. What happens when there is a change to the *Drug List*?....6

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?....7

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?....8

B6. What happens if PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?....8

B7. How can I find a drug on the *Drug List*?....8

B8. What if the drug I want to take is not on the *Drug List*?....9

B9. What if I am a new PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) Participant and can't find my drug on the *Drug List* or have a problem getting my drug?....9

B10. Can I ask for an exception to cover my drug?....10

B11. How can I ask for an exception?....10

B12. How long does it take to get an exception?....10

B13. What are generic drugs?....10

B14. What are original biological products and how are they related to biosimilars? 11

B15. What are OTC drugs?....11

B16. Does PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) cover non-drug OTC products? 11

B17. What is my copay?....11

B18. What are drug tiers? 11

C. Overview of the *List of Covered Drugs*....12

C1. Drugs Grouped by Medical Condition....12

D. Index of Covered Drugs 15

A. Disclaimers

This is a list of drugs that Participants can get in PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan).

- Partners Health Plan is a managed care plan that contracts with Medicare and the New York State Department of Health (Medicaid) to provide benefits to Participants through the Fully Integrated Duals Advantage for individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Demonstration.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free.
- We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter just call us at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM seven days a week. Someone that speaks Spanish, Chinese, Tagalog, French, Vietnamese, German, Korean, Russian, Arabic, Italian, Portuguese, French Creole, Polish, Hindi, or Japanese can help you. This is a free service.
- This document is available for free in Spanish.
- If you would like to make or change a standing request for a preferred language or format, call PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) Participant Services at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week and we will keep this on file for future mailings and communications. If we do not receive a request for a preferred language or format, we will provide you with your materials in English.
- The State of New York has created a Participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). ICAN may be reached toll-free at 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800) or online at icannys.org.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* in section 1 are the drugs covered by PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). These 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."

- PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) will cover all drugs on the *Drug List* if:
    - your doctor or other prescriber says you need them to get better or stay healthy,
    - the drug is medically necessary for your condition, **and**
    - you fill the prescription at a PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) network pharmacy.
- PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) may have additional steps to access certain drugs (refer to question B4 below). In some cases, you may have to do something before you can get a drug, like try other drugs first.

You can also find an up-to-date list of drugs that we cover on our website at www.phpcares.org or call Participant Services at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week.

B2. Does the *Drug List* ever change?

Yes, and PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) must follow Medicare and Medicaid 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 approval (PA) for a drug. (PA is permission from PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) or your Interdisciplinary Team (IDT) 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**

- 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 PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan)'s up to date *Drug List* online at www.phpcares.org. Updates to the *Drug List* are posted on the website monthly.
- You can also call Participant Services to check the current *Drug List* at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week.

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

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

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - We can make these changes only if the drug we are adding:
    - Is a new generic version of a brand name drug, or
    - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).

    Some of these drug types may be new to you. For more information, refer to Section B14.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 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 effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will also send you a letter and call you to tell you that the unsafe drug was

taken off the *Drug List*. If you receive a letter, please review with your prescriber and/or your Care Manager for next steps.

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 and replace a brand name drug currently on the *Drug List*, or
- We add a new biosimilar to replace an original biological product currently on the *Drug List,* or
- We 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 30-day supply of the drug after you ask for a refill.

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

- If there is a similar drug on the *Drug List* you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.

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 (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) or your IDT before you fill your prescription. PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) limits the amount of a drug you can get.
- **Step therapy:** Sometimes PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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 in section C1. You can also get more information by visiting our website at www.phpcares.org. We have posted online documents that explain our PA 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. Please 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 of drugs in section C1 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. Then look for the name of your drug in the list.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" in section C1. 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, Angiotensin-Converting Enzyme (ACE) Inhibitors. 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 Participant Services at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week and ask about it. If you learn that PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) will not cover the drug, you can do one of these things:

- Ask Participant 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 the plan or your IDT to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) Participant and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We must cover a temporary 30-day supply of your drug, as needed, during the first 90 days you are a Participant of PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). 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 30 days of medication.

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

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) or your IDT, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in an intermediate care facility (ICF) or other long-term care (LTC) 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 LTC 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 PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) Participant.
- This is in addition to the temporary supply during the first 90 days you are a Participant of PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan).

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

Yes. You can ask PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) or your IDT to make an exception to cover a drug that is not on the *Drug List*.

You can also ask PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) or your IDT to change the rules on your drug.

- For example, PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us or your IDT to change the limit and cover more.
- Other examples: You can ask us or your IDT to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call your Care Manager. Your Care Manager will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section F, of the *Participant Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. To file an exception, please contact us by mail at: 10181 SCRIPPS GATEWAY COURT, SAN DIEGO, CA 92131; by phone at 1-888-648-6759; or by fax at 1-858-790-7100.

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, you will get a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

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

PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

OTC stands for “over-the-counter”. PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) covers some OTC drugs when they are written as prescriptions by your provider.

You can read the PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) *Drug List* to find what OTC drugs are covered.

B16. Does PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) cover non-drug OTC products?

PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) covers some non-drug OTC products when they are written as prescriptions by your provider.

You can read the PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) *Drug List* to find what non-drug OTC products are covered.

B17. What is my copay?

As a PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) Participant, you have no copays for prescription and OTC drugs as long as you follow PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan)’s rules.

B18. What are drug tiers?

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

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 are Medicaid-covered drugs and Medicaid-covered Over-the-Counter Drugs.

All tiers have no copay

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan).

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., PAXIL or LAMISIL) and generic drugs are listed in lower-case italics (e.g., *ibuprofen*).

The information in the necessary actions, restrictions, or limits on use column tells you if PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) has any rules for covering your drug.

Note: The * next to a drug means the drug is not a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking for a review of and change to a coverage decision if you think there was a mistake. For example, PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) or your IDT might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor or other prescriber disagrees with the decision, you can appeal. To ask for instructions on how to appeal:
    - Call Participant Services at 1-855-747-5483.
    - Contact ICAN toll-free at 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800) or online at icannys.org.
    - Read Chapter 9, Section F, of the *Participant Handbook* to learn how to appeal a decision.

C1. Drugs Grouped 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, Angiotensin-Converting Enzyme (ACE) Inhibitors. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

PA NSO = Prior authorization (approval): you must have approval from the plan before you can get this drug – New Starts Only.

PA BvD = Prior authorization (approval): you must have approval from the plan before you can get this drug – Part D vs. Part B coverage determination applies.

ST = Step therapy: you must try another drug before you can get this one.

QL = Quantity limit: limit to the amount of a drug you can get.

NM = Not available through Mail Order.

* = Not a Part D Drug.

PA-HRM = This drug has been deemed by CMS to be potentially harmful and therefore, a High-Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from the plan before you fill your prescription for this drug. Without prior approval, the plan may not cover this drug.

NDS = Those drugs that are limited to a 30-day supply.

LA = This prescription may be available only at certain pharmacies.

AGE: AGE (Max 64 years), age is older than X.

<Therapeutic Category> –

Name of drug	Tier level	What the drug will cost you	Necessary actions, restrictions, or limits on use
<Therapeutic Class Name 1> – [Optional: <Plain Language Description>]			
<Drug Name 1>	<Tier Level>	$0	<Util. Mgmt.>
<Drug Name 2>	<Tier Level>	$0	<Util. Mgmt.>
<Therapeutic Class Name 2> – [Optional: <Plain Language Description>]			
<Drug Name 1>	<Tier Level>	$0	<Util. Mgmt.>
<Drug Name 2>	<Tier Level>	$0	<Util. Mgmt.>

D. Index of Covered Drugs

Table of Contents

Analgesics 3
Anesthetics 13
Anti-Addiction/Substance Abuse Treatment Agents 14
Antianxiety Agents 16
Antibacterials 18
Anticancer Agents 27
Anticonvulsants 47
Antidementia Agents 54
Antidepressants 55
Antidiabetic Agents 58
Antifungals 65
Antigout Agents 70
Antihistamines 70
Anti-Infectives (Skin And Mucous Membrane) 76
Antimigraine Agents 77
Antimycobacterials 79
Antinausea Agents 79
Antiparasite Agents 81
Antiparkinsonian Agents 82
Antipsychotic Agents 84
Antivirals (Systemic) 92
Blood Products/Modifiers/Volume Expanders 99
Caloric Agents 103
Cardiovascular Agents 105
Central Nervous System Agents 119
Contraceptives 124
Cough And Cold Products 136
Dental And Oral Agents 140
Dermatological Agents 140
Devices 152
Enzyme Cofactors/Chaperones 203
Enzyme Replacement/Modifiers 203
Eye, Ear, Nose, Throat Agents 204

Gastrointestinal Agents 214
Genitourinary Agents 229
Heavy Metal Antagonists 230
Hormonal Agents, Stimulant/Replacement/Modifying 230
Immunological Agents 237
Inflammatory Bowel Disease Agents 252
Metabolic Bone Disease Agents 253
Miscellaneous Therapeutic Agents 255
Mouthwashes And Gargles 258
Ophthalmic Agents 258
Replacement Preparations 260
Respiratory Tract Agents 264
Skeletal Muscle Relaxants 270
Sleep Disorder Agents 270
Vasodilating Agents 271
Vitamins And Minerals 272

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Analgesics				
Analgesics, Miscellaneous				
8hr arthritis pain er 650 mg *	(acetaminophen)	3	$0	
acetaminophen 120 mg suppos outer *	(Feverall)	3	$0	
acetaminophen 325 mg tablet *	(Aminofen)	3	$0	
acetaminophen 500 mg tablet *	(Non-Aspirin Pain Relief)	3	$0	
acetaminophen 650 mg suppos *	(Feverall)	3	$0	
acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)		1	$0	QL (4500 per 30 days); NDS
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	$0	QL (4500 per 30 days); NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	$0	QL (360 per 30 days); NDS
acetaminophen-codeine oral tablet 300-60 mg		1	$0	QL (180 per 30 days); NDS
aminofen 325 mg tablet *	(acetaminophen)	3	$0	
arthritis pain er 650 mg caplt *	(acetaminophen)	3	$0	
ascomp with codeine oral capsule 30-50-325-40 mg	(codeine-butalbital-asa-caff)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS
betatemp 160 mg/5 ml susp *	(acetaminophen)	3	$0	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	1	$0	QL (4 per 28 days); NDS
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg		1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butorphanol nasal spray,non-aerosol 10 mg/ml		1	$0	QL (5 per 28 days); NDS
*child acetaminophen 80 mg chew fruit **	(acetaminophen)	3	$0	
*child tylenol 160 mg tab chew **	(acetaminophen)	3	$0	
*children's mapap 80 mg tab chw **	(acetaminophen)	3	$0	
*child's mapap 160 mg tab chew **	(acetaminophen)	3	$0	
*chld acetaminophen 160 mg/5 ml gluten/f,cherry **	(acetaminophen)	3	$0	
codeine sulfate oral tablet 15 mg, 60 mg		2	$0	QL (180 per 30 days); NDS
codeine sulfate oral tablet 30 mg		1	$0	QL (180 per 30 days); NDS
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS
*cvs 8hr arthrit pain er 650 mg **	(acetaminophen)	3	$0	
*cvs 8hr muscle aches er 650 mg **	(acetaminophen)	3	$0	
*cvs acetaminophen 500 mg/15 ml **	(Mapap (acetaminophen))	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*cvs arthrit pain rlf er 650 mg **	(acetaminophen)	3	$0	
*cvs child pain relief 160 mg **	(acetaminophen)	3	$0	
*cvs child pain rlf 160 mg/5 ml children's **	(acetaminophen)	3	$0	
*cvs tension headache gelcap 500-65 mg **		3	$0	
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	1	$0	QL (180 per 30 days); NDS
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	1	$0	QL (360 per 30 days); NDS
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	1	$0	QL (240 per 30 days); NDS
*eq pain relief 500 mg/15 ml lq **	(acetaminophen)	3	$0	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg		1	$0	PA; QL (120 per 30 days); NDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		1	$0	QL (10 per 30 days); NDS
*feverall 120 mg suppository children's, outer **	(acetaminophen)	3	$0	
*feverall 325 mg suppository junior str, outer **	(acetaminophen)	3	$0	
*feverall 650 mg suppository adult, outer **	(acetaminophen)	3	$0	
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER *		3	$0	
fioricet oral capsule 50-300-40 mg	(butalbital-acetaminophen-caff)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
*gnp 8hr acetaminophen er 650 mg **	(acetaminophen)	3	$0	
*gnp child pain relief 160 mg **	(acetaminophen)	3	$0	
*gnp infant pain-fever 160 mg/5 w/syringe, grape 160 mg/5 ml **	(acetaminophen)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
hm pain relief er 650 mg cplt *	(acetaminophen)	3	$0	
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 7.5-325 mg/15 ml		1	$0	QL (2700 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg		1	$0	QL (180 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg		1	$0	QL (240 per 30 days); NDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		1	$0	QL (150 per 30 days); NDS
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		1	$0	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	1	$0	QL (1200 per 30 days); NDS
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	$0	QL (180 per 30 days); NDS
mapap 500 mg capsule *	(acetaminophen)	3	$0	
mapap 500 mg/15 ml liquid *	(acetaminophen)	3	$0	
methadone oral solution 10 mg/5 ml		1	$0	QL (600 per 30 days); NDS
methadone oral solution 5 mg/5 ml		1	$0	QL (1200 per 30 days); NDS
methadone oral tablet 10 mg		1	$0	QL (120 per 30 days); NDS
methadone oral tablet 5 mg		1	$0	QL (180 per 30 days); NDS
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	$0	PA; QL (180 per 30 days); NDS
morphine oral solution 10 mg/5 ml		1	$0	QL (700 per 30 days); NDS
morphine oral solution 20 mg/5 ml (4 mg/ml)		1	$0	QL (300 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MORPHINE ORAL TABLET 15 MG		2	$0	QL (180 per 30 days); NDS
MORPHINE ORAL TABLET 30 MG		2	$0	QL (120 per 30 days); NDS
morphine oral tablet extended release 100 mg, 200 mg		1	$0	QL (60 per 30 days); NDS
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	1	$0	QL (90 per 30 days); NDS
morphine oral tablet extended release 60 mg	(MS Contin)	1	$0	QL (60 per 30 days); NDS
m-pap 160 mg/5 ml liquid *	(acetaminophen)	3	$0	
non-aspirin 80 mg tab chew children's *	(acetaminophen)	3	$0	
oxycodone oral capsule 5 mg		1	$0	QL (180 per 30 days); NDS
oxycodone oral concentrate 20 mg/ml		1	$0	PA; QL (120 per 30 days); NDS
oxycodone oral solution 5 mg/5 ml		1	$0	QL (1300 per 30 days); NDS
oxycodone oral tablet 10 mg, 5 mg		1	$0	QL (180 per 30 days); NDS
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	1	$0	QL (120 per 30 days); NDS
oxycodone oral tablet 20 mg		1	$0	QL (120 per 30 days); NDS
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	1	$0	QL (180 per 30 days); NDS
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	$0	QL (360 per 30 days); NDS
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	1	$0	QL (240 per 30 days); NDS
oxymorphone oral tablet 10 mg		1	$0	QL (120 per 30 days); NDS
oxymorphone oral tablet 5 mg		1	$0	QL (180 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg		1	$0	QL (60 per 30 days); NDS
*pain relief adult 500 mg/15 ml **	(acetaminophen)	3	$0	
*pharbetol 325 mg tablet regular strength **	(acetaminophen)	3	$0	
*pharbetol 500 mg tablet extra strength **	(acetaminophen)	3	$0	
*qc acetaminophen 8-hr 650 mg caplet **	(8 Hour Pain Reliever)	3	$0	
*qc non-aspirin 500 mg gelcap gelcap, ex-str **	(acetaminophen)	3	$0	
*qc non-aspirin 500 mg tablet extra strength **	(acetaminophen)	3	$0	
*ra arthritis pain er 650 mg caplet **	(acetaminophen)	3	$0	
*ra athenol 325 mg tablet **	(acetaminophen)	3	$0	
*ra fever reducer-pain 160 mg/5 infant w/syr,d/f 160 mg/5 ml **	(acetaminophen)	3	$0	
*ra non-aspirin 160 mg/5 ml children's,cherry **	(acetaminophen)	3	$0	
*ra tension headache pain cplt 500-65 mg **		3	$0	
*redutemp 500 mg/15 ml liquid **	(acetaminophen)	3	$0	
*shake that ache 500 mg caplet **	(acetaminophen)	3	$0	
tencon oral tablet 50-325 mg	(butalbital-acetaminophen)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
*tension headache caplet 500-65 mg **		3	$0	
*tension headache relief oral tablet 500-65 mg **		3	$0	
tramadol oral tablet 50 mg		1	$0	QL (240 per 30 days); NDS
tramadol-acetaminophen oral tablet 37.5-325 mg		1	$0	QL (300 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
zebutal oral capsule 50-325-40 mg	(butalbital-acetaminophen-caff)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
Nonsteroidal Anti-Inflammatory Agents				
*addaprin 200 mg tablet **	(ibuprofen)	3	$0	
*aspirin 300 mg suppository **		3	$0	
*aspirin 325 mg tablet **	(Bayer Aspirin)	3	$0	
*aspirin 81 mg chewable tablet **	(St Joseph Aspirin)	3	$0	
*aspirin ec 325 mg tablet **	(Ecotrin)	3	$0	
*aspirin ec 81 mg tablet **	(Bayer Low Dose Aspirin)	3	$0	
*bayer low dose ec 81 mg tab **	(aspirin)	3	$0	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	1	$0	QL (60 per 30 days)
*child ibuprofen 200 mg/10 ml cup outer 100 mg/5 ml **	(ibuprofen)	3	$0	
*children ibuprofen 100 mg/5 ml **	(ibuprofen)	3	$0	
*children ibuprofen 100 mg/5 ml berry flavor **	(ibuprofen)	3	$0	
*children ibuprofen 100 mg/5 ml children's **	(ibuprofen)	3	$0	
*cvs chld ibuprofen 100 mg/5 ml **	(ibuprofen)	3	$0	
*cvs migraine 250-250-65 mg cpt **	(aspirin-acetaminophen-caffeine)	3	$0	
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	2	$0	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg		1	$0	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		1	$0	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		1	$0	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		1	$0	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		1	$0	QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	1	$0	QL (1000 per 30 days)
diclofenac sodium topical gel 3 %		1	$0	PA; QL (100 per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	(Pennsaid)	1	$0	PA; QL (224 per 28 days); NDS
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	1	$0	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	1	$0	
diflunisal oral tablet 500 mg		1	$0	
*ecotrin ec 325 mg tablet saftey coated **	(aspirin)	3	$0	
*eq child ibuprofen 100 mg/5 ml berry **	(ibuprofen)	3	$0	
*eql child ibuprofen 100 mg/5 ml d/f,berry,child **	(ibuprofen)	3	$0	
etodolac oral capsule 200 mg, 300 mg		1	$0	
etodolac oral tablet 400 mg	(Lodine)	1	$0	
etodolac oral tablet 500 mg		1	$0	
fenoprofen oral tablet 600 mg	(Nalfon)	1	$0	
flurbiprofen oral tablet 100 mg		1	$0	
*ft child ibuprofen 100 mg/5 ml **	(ibuprofen)	3	$0	
*gs child ibuprofen 100 mg/5 ml **	(ibuprofen)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*hm child ibuprofen 100 mg/5 ml gluten/f,berry **	(ibuprofen)	3	$0	
*hm migraine 250-250-65 mg cplt **	(aspirin-acetaminophen-caffeine)	3	$0	
ibu oral tablet 400 mg	(ibuprofen)	1	$0	QL (240 per 30 days)
ibu oral tablet 600 mg, 800 mg	(ibuprofen)	1	$0	
*ibuprofen 100 mg/5 ml susp (otc) **	(Children's Ibuprofen)	3	$0	
*ibuprofen 200 mg softgel **	(Wal-Profen)	3	$0	
*ibuprofen 200 mg tablet **	(Addaprin)	3	$0	
*ibuprofen 200 mg/10 ml suspension cup u-d (otc) 100 mg/5 ml **	(Children's Ibuprofen)	3	$0	
ibuprofen oral suspension 100 mg/5 ml	(Children's Ibuprofen)	1	$0	
ibuprofen oral tablet 400 mg	(IBU)	1	$0	QL (240 per 30 days)
ibuprofen oral tablet 600 mg, 800 mg	(IBU)	1	$0	
ibuprofen-famotidine oral tablet 800-26.6 mg		1	$0	PA; QL (90 per 30 days)
indomethacin oral capsule 25 mg, 50 mg		1	$0	PA-HRM; AGE (Max 64 Years)
indomethacin oral capsule, extended release 75 mg		1	$0	
*infant ibuprofen 50 mg/1.25 ml berry **	(ibuprofen)	3	$0	
*i-prin 200 mg tablet **	(ibuprofen)	3	$0	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		1	$0	
ketorolac oral tablet 10 mg		1	$0	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
mefenamic acid oral capsule 250 mg		1	$0	
meloxicam oral tablet 15 mg, 7.5 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
nabumetone oral tablet 500 mg, 750 mg		1	$0	
naproxen oral tablet 250 mg, 375 mg		1	$0	
naproxen oral tablet 500 mg	(Naprosyn)	1	$0	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	1	$0	
naproxen sodium 220 mg capsule *	(Aleve)	3	$0	
naproxen sodium 220 mg tablet *	(Wal-Proxen)	3	$0	
pain reliever pls 250-250-65 mg *	(aspirin-acetaminophen-caffeine)	3	$0	
piroxicam oral capsule 10 mg		1	$0	
piroxicam oral capsule 20 mg	(Feldene)	1	$0	
pub children's profen ib susp berry flavor 100 mg/5 ml *	(ibuprofen)	3	$0	
pub children's profenib susp bubble gum flavor 100 mg/5 ml *	(ibuprofen)	3	$0	
qc child ibuprofen 100 mg/5 ml *	(ibuprofen)	3	$0	
ra aspirin 325 mg tablet *	(Bayer Aspirin)	3	$0	
ra aspirin ec 325 mg tablet regular strength *	(Ecotrin)	3	$0	
ra aspirin ec 81 mg tablet *	(Bayer Low Dose Aspirin)	3	$0	
ra child ibuprofen 100 mg/5 ml d/f, berry flavor *	(ibuprofen)	3	$0	
ra naproxen sod 220 mg tablet caplet *	(Wal-Proxen)	3	$0	
sm ibuprofen 100 mg/5 ml susp (otc) *	(Children's Ibuprofen)	3	$0	
st. joseph aspirin 81 mg chew *	(aspirin)	3	$0	
st. joseph aspirin ec 81 mg tb *	(aspirin)	3	$0	
sulindac oral tablet 150 mg, 200 mg		1	$0	
wal-profen 200 mg softgel softgel *	(ibuprofen)	3	$0	
wal-profen 200 mg tablet f/c *	(ibuprofen)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
wal-profen 200 mg tablet f/c,brown *	(ibuprofen)	3	$0	
wal-proxen 220 mg tablet *	(naproxen sodium)	3	$0	
Anesthetics				
Local Anesthetics				
anecream 4% cream *	(lidocaine)	3	$0	
ASPERCREME LIDOCAINE 4% CREAM *	(lidocaine hcl)	3	$0	
aspercreme lidocaine 4% patch outer *	(lidocaine)	3	$0	
cvs lidocaine hcl 4% cream *	(Aspercreme (lidocaine HCl))	3	$0	
cvs lidocaine pain rlf 4% ptch *	(Aspercreme (lidocaine))	3	$0	
cvs pain relief 4% cream *	(lidocaine hcl)	3	$0	
cvs pain relief(lido) 4% patch *	(lidocaine)	3	$0	
cvs sunburn relief cool gel 0.5 % *	(lidocaine-aloe vera)	3	$0	
dermacinrx lidocan 5% patch outer	(lidocaine)	1	$0	PA; QL (90 per 30 days)
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	1	$0	QL (30 per 30 days)
lido king 4% patch *	(lidocaine)	3	$0	
lidocaine 4% cream *	(Anecream)	3	$0	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	1	$0	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		1	$0	PA
lidocaine topical adhesive patch,medicated 5 %	(DermacinRx Lidocan)	1	$0	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		1	$0	PA; QL (240 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
lidocaine-prilocaine topical cream 2.5-2.5 %		1	$0	PA; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	(lidocaine)	1	$0	PA; QL (90 per 30 days)
*lidoguard pain relief 4% patch **	(lidocaine)	3	$0	
*relevea 4% patch **	(lidocaine)	3	$0	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		2	$0	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents				
Anti-Addiction/Substance Abuse Treatment Agents				
acamprosate oral tablet,delayed release (dr/ec) 333 mg		1	$0	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		1	$0	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	1	$0	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	1	$0	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		1	$0	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		1	$0	
disulfiram oral tablet 250 mg, 500 mg		1	$0	
*eq nicotine 7 mg/24hr patch clear, step 3 (otc) **	(Nicoderm CQ)	3	$0	
*eql nicotine 2 mg lozenge **	(Quit 2)	3	$0	
*eql nicotine 4 mg lozenge **	(Quit 4)	3	$0	
*gs nicotine 2 mg chewing gum **	(Quit 2)	3	$0	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		2	$0	QL (4 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
naloxone injection solution 0.4 mg/ml		1	$0	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml		1	$0	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	1	$0	QL (4 per 30 days)
naltrexone oral tablet 50 mg		1	$0	
*nicotine 14 mg/24hr patch step 2 (otc) **	(Nicoderm CQ)	3	$0	
*nicotine 2 mg lozenge outer **	(Quit 2)	3	$0	
*nicotine 21 mg/24hr patch outer (otc) **	(Nicoderm CQ)	3	$0	
*nicotine 4 mg chewing gum outer **	(Quit 4)	3	$0	
*nicotine 4 mg lozenge mint, 3 quittube **	(Quit 4)	3	$0	
*nicotine 7 mg/24hr patch step 3 (otc) **	(Nicoderm CQ)	3	$0	
NICOTROL INHALATION CARTRIDGE 10 MG		2	$0	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		2	$0	QL (240 per 180 days)
*pub stop smoking aid 2 mg lozg **	(nicotine (polacrilex))	3	$0	
*pub stop smoking aid 4 mg lozg **	(nicotine (polacrilex))	3	$0	
*quit 2 mg chewing gum **	(nicotine (polacrilex))	3	$0	
*quit 2 mg lozenge mint **	(nicotine (polacrilex))	3	$0	
*quit 4 mg chewing gum **	(nicotine (polacrilex))	3	$0	
*quit 4 mg lozenge mint **	(nicotine (polacrilex))	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*ra nicotine 2 mg lozenge mint,4 quittube **	(Quit 2)	3	$0	
*ra nicotine 2 mg mini lozenge mini,mint,3 quittube **	(Nicorette)	3	$0	
*ra nicotine 21 mg/24hr patch step 1 (otc) **	(Nicoderm CQ)	3	$0	
*ra nicotine 4 mg mini lozenge mini,mint,4 quittube **	(Nicorette)	3	$0	
varenicline tartrate oral tablet 0.5 mg, 1 mg	(Chantix)	1	$0	QL (336 per 365 days)
varenicline tartrate oral tablet 1 mg (56 pack)		1	$0	QL (336 per 365 days)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	1	$0	
Antianxiety Agents				
Benzodiazepines				
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	$0	QL (120 per 30 days); NDS
alprazolam oral tablet 2 mg	(Xanax)	1	$0	QL (150 per 30 days); NDS
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg	(Xanax XR)	1	$0	QL (120 per 30 days); NDS
alprazolam oral tablet extended release 24 hr 3 mg	(Xanax XR)	1	$0	QL (90 per 30 days); NDS
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	$0	QL (120 per 30 days); NDS
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	$0	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	$0	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		1	$0	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		1	$0	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		1	$0	QL (180 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
diazepam injection solution 5 mg/ml		1	$0	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		1	$0	
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	1	$0	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		1	$0	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	$0	QL (120 per 30 days)
estazolam oral tablet 1 mg		1	$0	QL (60 per 30 days); NDS
estazolam oral tablet 2 mg		1	$0	QL (30 per 30 days); NDS
flurazepam oral capsule 15 mg		1	$0	QL (60 per 30 days); NDS
flurazepam oral capsule 30 mg		1	$0	QL (30 per 30 days); NDS
lorazepam 2 mg/ml oral concent	(Lorazepam Intensol)	1	$0	QL (150 per 30 days); NDS
lorazepam 4 mg/ml vial inner	(Ativan)	1	$0	
lorazepam injection solution 2 mg/ml	(Ativan)	1	$0	QL (2 per 30 days)
lorazepam injection solution 4 mg/ml	(Ativan)	2	$0	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml		1	$0	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	1	$0	QL (150 per 30 days); NDS
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	$0	QL (90 per 30 days); NDS
lorazepam oral tablet 2 mg	(Ativan)	1	$0	QL (150 per 30 days); NDS
oxazepam oral capsule 10 mg, 15 mg, 30 mg		1	$0	QL (120 per 30 days); NDS
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	1	$0	QL (30 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
temazepam oral capsule 7.5 mg	(Restoril)	1	$0	QL (120 per 30 days); NDS
triazolam oral tablet 0.125 mg		1	$0	QL (120 per 30 days); NDS
triazolam oral tablet 0.25 mg	(Halcion)	1	$0	QL (60 per 30 days); NDS
Antibacterials				
Aminoglycosides				
amikacin injection solution 500 mg/2 ml		1	$0	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		2	$0	PA; QL (235.2 per 28 days); NDS
gentamicin injection solution 40 mg/ml		1	$0	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		1	$0	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml		1	$0	
neomycin oral tablet 500 mg		1	$0	
streptomycin intramuscular recon soln 1 gram		1	$0	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		2	$0	QL (224 per 28 days); NDS
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	1	$0	PA BvD; NDS
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	1	$0	PA BvD; NDS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml		1	$0	
Antibacterials, Miscellaneous				
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	1	$0	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml)		1	$0	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	1	$0	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	$0	NDS
daptomycin intravenous recon soln 350 mg, 500 mg		1	$0	NDS
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	1	$0	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	$0	NDS
linezolid oral tablet 600 mg	(Zyvox)	1	$0	
methenamine hippurate oral tablet 1 gram		1	$0	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	1	$0	
metronidazole oral tablet 250 mg, 500 mg		1	$0	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg		1	$0	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	$0	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit		1	$0	
SYNERCID INTRAVENOUS RECON SOLN 500 MG		2	$0	NDS
trimethoprim oral tablet 100 mg		1	$0	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
vancomycin oral capsule 125 mg	(Vancocin)	1	$0	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	1	$0	QL (112 per 14 days)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	1	$0	
XIFAXAN ORAL TABLET 200 MG		2	$0	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		2	$0	PA; QL (90 per 30 days); NDS
Cephalosporins				
cefaclor oral capsule 250 mg, 500 mg		1	$0	
cefaclor oral tablet extended release 12 hr 500 mg		1	$0	
cefadroxil oral capsule 500 mg		1	$0	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		1	$0	
cefadroxil oral tablet 1 gram		1	$0	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg		1	$0	
cefdinir oral capsule 300 mg		1	$0	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	$0	
cefepime injection recon soln 1 gram, 2 gram		1	$0	
cefixime oral capsule 400 mg		1	$0	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml		1	$0	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		1	$0	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
cefpodoxime oral tablet 100 mg, 200 mg		1	$0	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	$0	
cefprozil oral tablet 250 mg, 500 mg		1	$0	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Tazicef)	1	$0	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg		1	$0	
cefuroxime axetil oral tablet 250 mg, 500 mg		1	$0	
cefuroxime sodium injection recon soln 750 mg		1	$0	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		1	$0	
cephalexin oral capsule 250 mg, 500 mg, 750 mg		1	$0	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	$0	
cephalexin oral tablet 250 mg, 500 mg		1	$0	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	(ceftazidime)	1	$0	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		2	$0	NDS
Macrolides				
azithromycin intravenous recon soln 500 mg	(Zithromax)	1	$0	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	1	$0	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	$0	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	$0	
clarithromycin oral tablet 250 mg, 500 mg		1	$0	
clarithromycin oral tablet extended release 24 hr 500 mg		1	$0	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		2	$0	QL (136 per 10 days); NDS
DIFICID ORAL TABLET 200 MG	(fidaxomicin)	2	$0	QL (20 per 10 days); NDS
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	1	$0	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	1	$0	
erythromycin oral tablet 250 mg, 500 mg		1	$0	
Miscellaneous B-Lactam Antibiotics				
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	1	$0	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		2	$0	PA; LA; NDS
ertapenem injection recon soln 1 gram		1	$0	
imipenem-cilastatin intravenous recon soln 250 mg		1	$0	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
meropenem 2 gram vial inner, suv, p/f		2	$0	
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg		1	$0	
Penicillins				
amoxicillin oral capsule 250 mg, 500 mg		1	$0	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	$0	
amoxicillin oral tablet 500 mg, 875 mg		1	$0	
amoxicillin oral tablet,chewable 125 mg, 250 mg		1	$0	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		1	$0	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	1	$0	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	1	$0	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		1	$0	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	1	$0	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	1	$0	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		1	$0	
ampicillin oral capsule 500 mg		1	$0	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram (Unasyn)	1	$0	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	$0	
dicloxacillin oral capsule 250 mg, 500 mg	1	$0	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	2	$0	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	2	$0	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	1	$0	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	1	$0	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	1	$0	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	$0	
penicillin v potassium oral tablet 250 mg, 500 mg	1	$0	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	$0	
Quinolones			
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ciprofloxacin hcl oral tablet 750 mg		1	$0	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		1	$0	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		1	$0	
levofloxacin oral solution 250 mg/10 ml		1	$0	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	$0	
moxifloxacin 400 mg/250 ml bag suv, p/f, inner		1	$0	
moxifloxacin oral tablet 400 mg		1	$0	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	1	$0	
Sulfonamides				
sulfadiazine oral tablet 500 mg		1	$0	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	1	$0	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	$0	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	$0	
Tetracyclines				
demeclocycline oral tablet 150 mg, 300 mg		1	$0	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	1	$0	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	1	$0	
doxycycline hyclate oral capsule 100 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
doxycycline hyclate oral capsule 50 mg	(Morgidox)	1	$0	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		1	$0	
doxycycline hyclate oral tablet 50 mg	(Targadox)	1	$0	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg		1	$0	
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	(Doryx)	1	$0	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	$0	
doxycycline monohydrate oral capsule 150 mg		1	$0	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg		1	$0	
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	1	$0	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		1	$0	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	$0	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		1	$0	
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	$0	
minocycline oral tablet 100 mg, 50 mg, 75 mg		1	$0	
tetracycline oral capsule 250 mg, 500 mg		1	$0	
tigecycline intravenous recon soln 50 mg	(Tygacil)	1	$0	NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Anticancer Agents				
Anticancer Agents				
abiraterone oral tablet 250 mg	(Abirtega)	1	$0	PA NSO; QL (120 per 30 days); NDS
abiraterone oral tablet 500 mg	(Zytiga)	1	$0	PA NSO; QL (120 per 30 days); NDS
abirtega oral tablet 250 mg	(abiraterone)	1	$0	PA NSO; QL (120 per 30 days)
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	1	$0	PA BvD
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
ALECENSA ORAL CAPSULE 150 MG		2	$0	PA NSO; QL (240 per 30 days); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		2	$0	PA NSO; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	$0	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML		2	$0	PA NSO; QL (1.6 per 28 days); NDS
AUGTYRO ORAL CAPSULE 160 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
AUGTYRO ORAL CAPSULE 40 MG		2	$0	PA NSO; QL (240 per 30 days); NDS
AVMAPKI ORAL CAPSULE 0.8 MG		2	$0	PA NSO; QL (24 per 28 days); NDS
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG		2	$0	PA NSO; QL (66 per 28 days); NDS
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG		2	$0	NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
azacitidine injection recon soln 100 mg	(Vidaza)	1	$0	NDS
BALVERSA ORAL TABLET 3 MG		2	$0	PA NSO; QL (84 per 28 days); NDS
BALVERSA ORAL TABLET 4 MG		2	$0	PA NSO; QL (56 per 28 days); NDS
BALVERSA ORAL TABLET 5 MG		2	$0	PA NSO; QL (28 per 28 days); NDS
bendamustine intravenous recon soln 100 mg, 25 mg	(Treanda)	1	$0	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	(Bendeka)	2	$0	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	2	$0	PA NSO; NDS
bexarotene oral capsule 75 mg	(Targretin)	1	$0	PA NSO; NDS
bexarotene topical gel 1 %	(Targretin)	1	$0	PA NSO; NDS
bicalutamide oral tablet 50 mg	(Casodex)	1	$0	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)		2	$0	PA NSO; QL (75 per 28 days); NDS
bleomycin injection recon soln 15 unit, 30 unit		1	$0	
bortezomib injection recon soln 1 mg, 2.5 mg		2	$0	PA NSO
bortezomib injection recon soln 3.5 mg	(Velcade)	2	$0	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML		2	$0	PA NSO
BOSULIF ORAL CAPSULE 100 MG		2	$0	PA NSO; QL (180 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BOSULIF ORAL CAPSULE 50 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE 80 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
CABOMETYX ORAL TABLET 40 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
CALQUENCE ORAL CAPSULE 100 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG (vandetanib)	2	$0	PA NSO; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG (vandetanib)	2	$0	PA NSO; QL (30 per 30 days); NDS
carboplatin intravenous solution 10 mg/ml (Paraplatin)	1	$0	
cladribine intravenous solution 10 mg/10 ml	1	$0	PA BvD
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	2	$0	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	$0	PA NSO; QL (112 per 28 days); NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	$0	PA NSO; QL (56 per 28 days); NDS
COTELLIC ORAL TABLET 20 MG	2	$0	PA NSO; LA; QL (63 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		1	$0	PA BvD; NDS
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml		2	$0	PA BvD; NDS
cyclophosphamide intravenous solution 500 mg/ml	(Frindovyx)	2	$0	PA BvD; NDS
cyclophosphamide oral capsule 25 mg, 50 mg		1	$0	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg		2	$0	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML		2	$0	PA NSO; QL (120 per 28 days); NDS
DANZITEN ORAL TABLET 71 MG, 95 MG		2	$0	PA NSO; QL (112 per 28 days); NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML		2	$0	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML		2	$0	PA NSO; LA; NDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	(Sprycel)	1	$0	PA NSO; QL (30 per 30 days); NDS
dasatinib oral tablet 20 mg	(Sprycel)	1	$0	PA NSO; QL (90 per 30 days); NDS
DATROWAY INTRAVENOUS RECON SOLN 100 MG		2	$0	PA NSO; NDS
DAURISMO ORAL TABLET 100 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
decitabine intravenous recon soln 50 mg		1	$0	NDS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Caelyx)	1	$0	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML		2	$0	PA NSO; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	$0	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	$0	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	$0	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	$0	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	2	$0	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	2	$0	PA NSO; QL (9.5 per 28 days); NDS
EMCYT ORAL CAPSULE 140 MG	2	$0	NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	2	$0	PA NSO; NDS
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	2	$0	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	2	$0	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	2	$0	PA NSO; QL (28 per 28 days); NDS
ERLEADA ORAL TABLET 240 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
erlotinib oral tablet 100 mg, 25 mg	1	$0	PA NSO; QL (60 per 30 days); NDS
erlotinib oral tablet 150 mg	1	$0	PA NSO; QL (90 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		2	$0	
etoposide intravenous solution 20 mg/ml		1	$0	
EULEXIN ORAL CAPSULE 125 MG	(flutamide)	2	$0	NDS
everolimus (antineoplastic) oral tablet 10 mg	(Torpenz)	1	$0	PA NSO; QL (56 per 28 days); NDS
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Torpenz)	1	$0	PA NSO; QL (28 per 28 days); NDS
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	1	$0	PA NSO; QL (112 per 28 days); NDS
exemestane oral tablet 25 mg	(Aromasin)	1	$0	
FAKZYNJA ORAL TABLET 200 MG		2	$0	PA NSO; QL (42 per 28 days); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		2	$0	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		2	$0	PA BvD
floxuridine injection recon soln 0.5 gram		1	$0	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		1	$0	PA BvD
flutamide oral capsule 125 mg	(Eulexin)	1	$0	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		2	$0	PA NSO; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG		2	$0	PA NSO; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG		2	$0	PA NSO; QL (21 per 28 days); NDS
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	1	$0	NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		2	$0	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
gefitinib oral tablet 250 mg	(Iressa)	1	$0	PA NSO; QL (60 per 30 days); NDS
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg		1	$0	PA BvD
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)	(Avgemsi)	1	$0	PA BvD
gemcitabine intravenous solution 200 mg/5.26 ml (38 mg/ml)		1	$0	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
GLEOSTINE ORAL CAPSULE 10 MG	(lomustine)	2	$0	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	(lomustine)	2	$0	NDS
GOMEKLI ORAL CAPSULE 1 MG		2	$0	PA NSO; QL (224 per 28 days); NDS
GOMEKLI ORAL CAPSULE 2 MG		2	$0	PA NSO; QL (112 per 28 days); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG		2	$0	PA NSO; QL (224 per 28 days); NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML		2	$0	PA NSO; QL (5 per 21 days); NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG		2	$0	PA NSO; NDS
hydroxyurea oral capsule 500 mg	(Hydrea)	1	$0	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		2	$0	PA NSO; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		2	$0	PA NSO; QL (21 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
IBTROZI ORAL CAPSULE 200 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
ifosfamide intravenous recon soln 1 gram (Ifex)	1	$0	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	$0	
imatinib oral tablet 100 mg (Gleevec)	1	$0	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	1	$0	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	2	$0	PA NSO; QL (28 per 28 days); NDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	2	$0	PA NSO; QL (216 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	$0	PA NSO; QL (28 per 28 days); NDS
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	2	$0	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	2	$0	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	2	$0	PA NSO; QL (280 per 28 days); NDS
INLYTA ORAL TABLET 1 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
INQOVI ORAL TABLET 35-100 MG	2	$0	PA NSO; QL (5 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INREBIC ORAL CAPSULE 100 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml (Camptosar)	1	$0	
irinotecan intravenous solution 500 mg/25 ml	1	$0	
ITOVEBI ORAL TABLET 3 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
IWILFIN ORAL TABLET 192 MG	2	$0	PA NSO; QL (240 per 30 days); NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	2	$0	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	2	$0	PA BvD; ST
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	$0	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	2	$0	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	2	$0	PA NSO; QL (2 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	2	$0	PA NSO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	$0	PA NSO; QL (70 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG		2	$0	PA NSO; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)		2	$0	PA NSO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)		2	$0	PA NSO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)		2	$0	PA NSO; QL (63 per 28 days); NDS
KOSELUGO ORAL CAPSULE 10 MG		2	$0	PA NSO; QL (300 per 30 days); NDS
KOSELUGO ORAL CAPSULE 25 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
KRAZATI ORAL TABLET 200 MG		2	$0	PA NSO; QL (180 per 30 days); NDS
lapatinib oral tablet 250 mg	(Tykerb)	1	$0	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	(Revlimid)	1	$0	PA NSO; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)		2	$0	PA NSO; NDS
letrozole oral tablet 2.5 mg	(Femara)	1	$0	
LEUKERAN ORAL TABLET 2 MG		2	$0	NDS
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	(Lutrate Depot (3 month))	2	$0	PA NSO

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
leuprolide subcutaneous kit 1 mg/0.2 ml	1	$0	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	2	$0	PA NSO; QL (100 per 28 days); NDS
LONSURF ORAL TABLET 20-8.19 MG	2	$0	PA NSO; QL (80 per 28 days); NDS
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	2	$0	PA NSO; NDS
LORBRENA ORAL TABLET 100 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	2	$0	PA NSO; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 240 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	2	$0	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	$0	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	$0	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	$0	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	2	$0	PA NSO; NDS
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	2	$0	PA NSO; QL (15 per 8 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	2	$0	PA NSO; QL (40 per 28 days); NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
LYSODREN ORAL TABLET 500 MG	2	$0	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	2	$0	PA NSO; QL (140 per 28 days); NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	2	$0	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	2	$0	NDS
megestrol oral tablet 20 mg, 40 mg	1	$0	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	2	$0	PA NSO; QL (1260 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
MEKTOVI ORAL TABLET 15 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
mercaptopurine oral suspension 20 mg/ml (Purixan)	1	$0	NDS
mercaptopurine oral tablet 50 mg	1	$0	
methotrexate sodium (pf) injection recon soln 1 gram	1	$0	
methotrexate sodium (pf) injection solution 25 mg/ml	1	$0	
methotrexate sodium injection solution 25 mg/ml	1	$0	
methotrexate sodium oral tablet 2.5 mg	1	$0	PA BvD; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
mitoxantrone intravenous concentrate 2 mg/ml	1	$0	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	2	$0	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
nilutamide oral tablet 150 mg (Nilandron)	1	$0	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	$0	PA NSO; QL (3 per 28 days); NDS
NUBEQA ORAL TABLET 300 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
ODOMZO ORAL CAPSULE 200 MG	2	$0	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	$0	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
OGSIVEO ORAL TABLET 50 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	2	$0	PA NSO; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	2	$0	PA NSO; QL (24 per 28 days); NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	$0	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	2	$0	PA NSO; QL (14 per 28 days); NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	2	$0	PA NSO; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	2	$0	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	2	$0	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
oxaliplatin intravenous recon soln 100 mg, 50 mg	1	$0	
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	1	$0	
paclitaxel intravenous concentrate 6 mg/ml	1	$0	PA BvD
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	2	$0	PA BvD; NDS
pazopanib oral tablet 200 mg (Votrient)	1	$0	PA NSO; QL (120 per 30 days); NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg	1	$0	NDS
pemetrexed disodium intravenous recon soln 100 mg, 500 mg (Alimta)	1	$0	NDS
pemetrexed disodium intravenous solution 25 mg/ml	2	$0	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	2	$0	NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	$0	PA NSO; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	$0	PA NSO; QL (56 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	$0	PA NSO; QL (21 per 28 days); NDS
QINLOCK ORAL TABLET 50 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
RETEVMO ORAL CAPSULE 40 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
RETEVMO ORAL CAPSULE 80 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
RETEVMO ORAL TABLET 80 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 110 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 160 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
REVUFORJ ORAL TABLET 25 MG	2	$0	PA NSO; QL (240 per 30 days); NDS
REZLIDHIA ORAL CAPSULE 150 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	2	$0	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	2	$0	PA NSO; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	2	$0	PA NSO; QL (8 per 28 days); NDS
ROZLYTREK ORAL CAPSULE 100 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	2	$0	PA NSO; QL (360 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	2	$0	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	2	$0	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	2	$0	PA NSO; QL (224 per 28 days); NDS
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	2	$0	PA NSO; NDS
SCEMBLIX ORAL TABLET 100 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	2	$0	PA NSO; QL (300 per 30 days); NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	2	$0	NDS
sorafenib oral tablet 200 mg (Nexavar)	1	$0	PA NSO; QL (120 per 30 days); NDS
STIVARGA ORAL TABLET 40 MG	2	$0	PA NSO; QL (84 per 28 days); NDS
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	1	$0	PA NSO; QL (28 per 28 days); NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	$0	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	2	$0	
TABRECTA ORAL TABLET 150 MG, 200 MG	2	$0	PA NSO; QL (112 per 28 days); NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	2	$0	PA NSO; QL (900 per 30 days); NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	$0	PA NSO; LA; QL (30 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML		2	$0	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
tamoxifen oral tablet 10 mg, 20 mg		1	$0	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	(nilotinib hcl)	1	$0	PA NSO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	(nilotinib hcl)	1	$0	PA NSO; QL (120 per 30 days); NDS
TAZVERIK ORAL TABLET 200 MG		2	$0	PA NSO; QL (240 per 30 days); NDS
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML		2	$0	PA NSO; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)		2	$0	PA NSO; NDS
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML		2	$0	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML		2	$0	PA NSO; NDS
TIBSOVO ORAL TABLET 250 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG		2	$0	
TIVDAK INTRAVENOUS RECON SOLN 40 MG		2	$0	PA NSO; QL (5 per 21 days); NDS
toposar intravenous solution 20 mg/ml	(etoposide)	1	$0	
toremifene oral tablet 60 mg	(Fareston)	1	$0	NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	2	$0	PA NSO; QL (60 per 30 days); NDS
torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg	(everolimus (antineoplastic))	2	$0	PA NSO; QL (30 per 30 days); NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG		2	$0	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		2	$0	PA NSO
tretinoin (antineoplastic) oral capsule 10 mg		1	$0	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG		2	$0	PA NSO; QL (64 per 28 days); NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML		2	$0	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG		2	$0	PA NSO; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG, 200 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		2	$0	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML		2	$0	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG		2	$0	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG		2	$0	PA NSO; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG		2	$0	PA NSO; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG		2	$0	PA NSO; LA; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		2	$0	PA NSO; QL (56 per 28 days); NDS
vinblastine intravenous solution 1 mg/ml		1	$0	PA BvD
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml	(vincristine)	1	$0	PA BvD
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	(Vincasar PFS)	1	$0	PA BvD
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml		1	$0	
VITRAKVI ORAL CAPSULE 100 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG		2	$0	PA NSO; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION 20 MG/ML		2	$0	PA NSO; QL (300 per 30 days); NDS
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	2	$0	PA NSO; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
VONJO ORAL CAPSULE 100 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
VORANIGO ORAL TABLET 10 MG, 40 MG		2	$0	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG		2	$0	PA NSO; NDS
WELIREG ORAL TABLET 40 MG		2	$0	PA NSO; QL (90 per 30 days); NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
XALKORI ORAL PELLET 150 MG		2	$0	PA NSO; QL (180 per 30 days); NDS
XALKORI ORAL PELLET 20 MG		2	$0	PA NSO; QL (240 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
XALKORI ORAL PELLET 50 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	2	$0	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	2	$0	PA NSO; QL (8 per 28 days); NDS
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	2	$0	PA NSO; QL (16 per 28 days); NDS
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	2	$0	PA NSO; QL (4 per 28 days); NDS
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	2	$0	PA NSO; QL (24 per 28 days); NDS
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	2	$0	PA NSO; QL (32 per 28 days); NDS
XTANDI ORAL CAPSULE 40 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	2	$0	PA NSO; NDS
YONSA ORAL TABLET 125 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
ZEJULA ORAL CAPSULE 100 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	2	$0	PA NSO; QL (30 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ZELBORAF ORAL TABLET 240 MG		2	$0	PA NSO; QL (240 per 30 days); NDS
ZIIHERA INTRAVENOUS RECON SOLN 300 MG		2	$0	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML		2	$0	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		2	$0	PA NSO
ZOLINZA ORAL CAPSULE 100 MG		2	$0	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET 150 MG		2	$0	PA NSO; QL (84 per 28 days); NDS
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG		2	$0	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML		2	$0	PA NSO; QL (20 per 28 days); NDS
Anticonvulsants				
Anticonvulsants				
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		2	$0	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		2	$0	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		2	$0	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	$0	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	$0	
carbamazepine oral tablet 200 mg	(Epitol)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	$0	
carbamazepine oral tablet,chewable 100 mg, 200 mg		1	$0	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	$0	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	1	$0	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		2	$0	PA NSO; QL (360 per 30 days); NDS
DIACOMIT ORAL CAPSULE 500 MG		2	$0	PA NSO; QL (180 per 30 days); NDS
DIACOMIT ORAL POWDER IN PACKET 250 MG		2	$0	PA NSO; QL (360 per 30 days); NDS
DIACOMIT ORAL POWDER IN PACKET 500 MG		2	$0	PA NSO; QL (180 per 30 days); NDS
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg		2	$0	
DILANTIN ORAL CAPSULE 30 MG		2	$0	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	1	$0	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	$0	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	$0	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG		2	$0	ST; QL (90 per 30 days); NDS
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG		2	$0	ST; QL (60 per 30 days); NDS
EPIDIOLEX ORAL SOLUTION 100 MG/ML		2	$0	PA NSO; NDS
epitol oral tablet 200 mg	(carbamazepine)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EPRONTIA ORAL SOLUTION 25 MG/ML	(topiramate)	2	$0	ST
eslicarbazepine oral tablet 200 mg, 400 mg	(Aptiom)	1	$0	ST; QL (30 per 30 days); NDS
eslicarbazepine oral tablet 600 mg, 800 mg	(Aptiom)	1	$0	ST; QL (60 per 30 days); NDS
ethosuximide oral capsule 250 mg	(Zarontin)	1	$0	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	$0	
felbamate oral suspension 600 mg/5 ml		1	$0	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	$0	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		2	$0	PA NSO; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	1	$0	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		2	$0	ST; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	(perampanel)	2	$0	ST; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	(perampanel)	2	$0	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	(perampanel)	2	$0	ST; QL (60 per 30 days); NDS
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	$0	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	$0	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	$0	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	1	$0	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	1	$0	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	1	$0	QL (200 per 5 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
lacosamide oral solution 10 mg/ml	(Vimpat)	1	$0	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	1	$0	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	$0	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)	(Lamictal ODT Starter (Blue))	1	$0	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	1	$0	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)	(Lamictal ODT Starter (Green))	1	$0	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	1	$0	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	$0	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	1	$0	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	1	$0	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	$0	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	$0	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	$0	
levetiracetam oral tablet for suspension 250 mg	(Spritam)	1	$0	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		2	$0	QL (10 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
methsuximide oral capsule 300 mg	(Celontin)	1	$0	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		2	$0	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	1	$0	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	$0	
perampanel oral tablet 10 mg, 12 mg, 8 mg	(Fycompa)	1	$0	ST; QL (30 per 30 days); NDS
perampanel oral tablet 2 mg	(Fycompa)	1	$0	ST; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	(Fycompa)	1	$0	ST; QL (60 per 30 days); NDS
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	$0	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	$0	PA NSO-HRM; AGE (Max 64 Years)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	2	$0	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	$0	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	$0	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	$0	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	$0	
phenytoin sodium intravenous solution 50 mg/ml		1	$0	
phenytoin sodium intravenous syringe 50 mg/ml		1	$0	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	1	$0	QL (90 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	1	$0	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	$0	QL (900 per 30 days)
primidone oral tablet 125 mg		1	$0	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	$0	
rufinamide oral suspension 40 mg/ml	(Banzel)	1	$0	ST; NDS
rufinamide oral tablet 200 mg	(Banzel)	1	$0	ST
rufinamide oral tablet 400 mg	(Banzel)	1	$0	ST; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG		2	$0	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG		2	$0	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	(levetiracetam)	2	$0	ST
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	$0	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg		1	$0	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	$0	
topiramate oral capsule, sprinkle 50 mg		1	$0	
topiramate oral solution 25 mg/ml	(Eprontia)	1	$0	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	$0	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		1	$0	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		1	$0	
valproic acid oral capsule 250 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		2	$0	QL (10 per 30 days); NDS
vigabatrin oral powder in packet 500 mg	(Vigadrone)	1	$0	PA NSO; QL (180 per 30 days); NDS
vigabatrin oral tablet 500 mg	(Vigadrone)	1	$0	PA NSO; QL (180 per 30 days); NDS
vigadrone oral powder in packet 500 mg	(vigabatrin)	1	$0	PA NSO; QL (180 per 30 days); NDS
vigadrone oral tablet 500 mg	(vigabatrin)	1	$0	PA NSO; QL (180 per 30 days); NDS
vigpoder oral powder in packet 500 mg	(vigabatrin)	1	$0	PA NSO; QL (180 per 30 days); NDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		2	$0	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG		2	$0	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		2	$0	QL (60 per 30 days)
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)		2	$0	
ZONISADE ORAL SUSPENSION 100 MG/5 ML		2	$0	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	$0	
zonisamide oral capsule 50 mg		1	$0	
ZTALMY ORAL SUSPENSION 50 MG/ML		2	$0	PA NSO; QL (1080 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Antidementia Agents				
Antidementia Agents				
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	1	$0	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg		1	$0	
donepezil oral tablet,disintegrating 5 mg		1	$0	QL (30 per 30 days)
ergoloid oral tablet 1 mg		1	$0	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		1	$0	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		1	$0	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		1	$0	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		1	$0	ST; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	1	$0	ST; QL (30 per 30 days)
memantine oral solution 2 mg/ml		1	$0	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		1	$0	QL (60 per 30 days)
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	(Namzaric)	1	$0	ST; QL (30 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		2	$0	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG		2	$0	ST; QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	$0	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	1	$0	QL (30 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Antidepressants				
Antidepressants				
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	$0	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		1	$0	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	$0	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG		2	$0	ST; NDS
bupropion hcl oral tablet 100 mg, 75 mg		1	$0	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	$0	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	$0	
citalopram oral solution 10 mg/5 ml		1	$0	
citalopram oral tablet 10 mg	(Celexa)	1	$0	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	1	$0	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	$0	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	1	$0	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		1	$0	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	1	$0	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	$0	
doxepin oral concentrate 10 mg/ml		1	$0	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG		2	$0	ST; QL (60 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	2	$0	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	$0	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	$0	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	$0	ST; QL (30 per 30 days); NDS
escitalopram oxalate oral solution 5 mg/5 ml	1	$0	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	$0	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	$0	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	$0	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg (Prozac)	1	$0	
fluoxetine oral capsule 40 mg	1	$0	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	$0	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	$0	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	$0	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	$0	
MARPLAN ORAL TABLET 10 MG	2	$0	
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
mirtazapine oral tablet 45 mg, 7.5 mg		1	$0	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	1	$0	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		1	$0	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	$0	
nortriptyline oral solution 10 mg/5 ml		1	$0	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	1	$0	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	$0	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	1	$0	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	$0	
phenelzine oral tablet 15 mg	(Nardil)	1	$0	
protriptyline oral tablet 10 mg, 5 mg		1	$0	
RALDESY ORAL SOLUTION 10 MG/ML		2	$0	PA NSO; QL (1200 per 30 days)
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	$0	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	$0	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		2	$0	PA NSO; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	1	$0	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
trimipramine oral capsule 100 mg, 25 mg, 50 mg		1	$0	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		2	$0	QL (30 per 30 days)
venlafaxine besylate oral tablet extended release 24hr 112.5 mg		2	$0	QL (60 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	1	$0	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	1	$0	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	$0	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg		1	$0	QL (30 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg		1	$0	QL (90 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	1	$0	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		2	$0	PA NSO; QL (28 per 14 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG		2	$0	PA NSO; QL (14 per 14 days); NDS
Antidiabetic Agents				
Antidiabetic Agents, Miscellaneous				
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	1	$0	
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	2	$0	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		2	$0	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		2	$0	QL (60 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	$0	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	$0	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	$0	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	$0	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	$0	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	$0	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	$0	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml (Riomet)	1	$0	QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	$0	QL (75 per 30 days)
metformin oral tablet 500 mg	1	$0	QL (150 per 30 days)
metformin oral tablet 750 mg	1	$0	QL (60 per 30 days)
metformin oral tablet 850 mg	1	$0	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	$0	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	$0	QL (60 per 30 days)
mifepristone oral tablet 300 mg (Korlym)	1	$0	PA; QL (112 per 28 days); NDS
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	$0	QL (90 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	$0	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	$0	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	$0	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	$0	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg	1	$0	QL (90 per 30 days)
pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)	1	$0	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	$0	QL (120 per 30 days)
repaglinide oral tablet 2 mg	1	$0	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	2	$0	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	$0	PA; QL (10.8 per 28 days); NDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	$0	PA; QL (10.8 per 28 days); NDS
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	$0	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	$0	QL (30 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	$0	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	$0	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	$0	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	$0	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	$0	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapagliflozpropaned-metformin)	2	$0	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	2	$0	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	2	$0	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapagliflozpropaned-metformin)	2	$0	QL (60 per 30 days)
Insulins			
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	$0	max $35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	$0	max $35 copay per month supply; QL (30 per 28 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	$0	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		2	$0	max $35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		2	$0	max $35 copay per month supply; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	1	$0	max $35 copay per month supply; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	1	$0	max $35 copay per month supply; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	1	$0	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog FlexPen U-100 Insulin)	1	$0	max $35 copay per month supply; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	1	$0	max $35 copay per month supply; QL (40 per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	(Semglee(insulin glarg-yfgn)Pen)	2	$0	max $35 copay per month supply
insulin glargine-yfgn subcutaneous solution 100 unit/ml	(Semglee(insulin glargine-yfgn))	2	$0	max $35 copay per month supply
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	2	$0	max $35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	2	$0	max $35 copay per month supply

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		2	$0	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		2	$0	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	$0	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		2	$0	max $35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	$0	max $35 copay per month supply; QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML		2	$0	max $35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	2	$0	max $35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	2	$0	max $35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		2	$0	max $35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	2	$0	max $35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	2	$0	max $35 copay per month supply

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	2	$0	max $35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	2	$0	max $35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	2	$0	max $35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	$0	max $35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg	1	$0	QL (30 per 30 days)
glimepiride oral tablet 4 mg	1	$0	QL (60 per 30 days)
glipizide oral tablet 10 mg	1	$0	QL (120 per 30 days)
glipizide oral tablet 2.5 mg	1	$0	QL (60 per 30 days)
glipizide oral tablet 5 mg	1	$0	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	$0	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	1	$0	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	$0	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	$0	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	$0	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	$0	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	$0	PA-HRM; AGE (Max 64 Years)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Antifungals				
Antifungals				
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		2	$0	PA BvD
ALEVAZOL 1% OINTMENT *		3	$0	
amphotericin b injection recon soln 50 mg		1	$0	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	1	$0	PA BvD; NDS
*antifungal (tolnaftate) topical powder 1 % *	(tolnaftate)	3	$0	
*antifungal 1% liquid spray medicated,spray *	(tolnaftate)	3	$0	
*antifungal 1% topical cream *	(clotrimazole)	3	$0	
*antifungal 2% powder *	(miconazole nitrate)	3	$0	
*athlete's foot 1% cream *	(clotrimazole)	3	$0	
*athlete's foot 1% powder spray *	(tolnaftate)	3	$0	
*athlete's foot 1% solution *	(clotrimazole)	3	$0	
*athlete's foot 2% powder *	(miconazole nitrate)	3	$0	
*athlete's foot 2% powder spray *	(miconazole nitrate)	3	$0	
*baza antifungal 2% cream *	(miconazole nitrate)	3	$0	
ciclopirox topical cream 0.77 %	(Ciclodan)	1	$0	QL (180 per 30 days)
ciclopirox topical gel 0.77 %		1	$0	
ciclopirox topical shampoo 1 %		1	$0	
ciclopirox topical solution 8 %	(Ciclodan)	1	$0	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	1	$0	QL (180 per 30 days)
*clotrimazole 1% solution (otc) *	(Athlete's Foot (clotrimazole))	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*clotrimazole 1% topical cream (otc) **	(Antifungal (clotrimazole))	3	$0	
*clotrimazole 1% topical cream foot care (otc) **	(Antifungal (clotrimazole))	3	$0	
*clotrimazole 1% vaginal cream **	(Clotrimazole-7)	3	$0	
clotrimazole mucous membrane troche 10 mg		1	$0	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	$0	
clotrimazole topical solution 1 %	(Athlete's Foot (clotrimazole))	1	$0	
*clotrimazole-7 vaginal cream 1 % **	(clotrimazole)	3	$0	
clotrimazole-betamethasone topical cream 1-0.05 %		1	$0	QL (90 per 30 days)
clotrimazole-betamethasone topical lotion 1-0.05 %		1	$0	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		2	$0	PA; NDS
*cvs athlete's foot 2% liq spray **	(miconazole nitrate)	3	$0	
*cvs clotrimazole 1% top cream (otc) **	(Antifungal (clotrimazole))	3	$0	
*cvs foot & sneaker spray pwd 1 % **	(tolnaftate)	3	$0	
*cvs ringworm 1% cream **	(clotrimazole)	3	$0	
*dermafungal 2% cream **	(miconazole nitrate)	3	$0	
*desenex 2% powder **	(miconazole nitrate)	3	$0	
*desenex 2% topical cream **	(miconazole nitrate)	3	$0	
econazole nitrate topical cream 1 %		1	$0	QL (170 per 30 days)
*eq athlete's foot 1% cream **	(clotrimazole)	3	$0	
*eq jock itch 1% cream **	(clotrimazole)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		1	$0	
fluconazole oral suspension for reconstitution 10 mg/ml		1	$0	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	1	$0	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		1	$0	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	$0	NDS
*ft athlete's foot 1% cream **	(clotrimazole)	3	$0	
*gnp athlete's foot 1% cream **	(clotrimazole)	3	$0	
GNP MICONAZOLE 2% SPRAY POWDER *	(Athlete's Foot)	3	$0	
griseofulvin microsize oral suspension 125 mg/5 ml		1	$0	
griseofulvin microsize oral tablet 500 mg		1	$0	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg		1	$0	
*inzo antifungal 2% cream **	(miconazole nitrate)	3	$0	
itraconazole oral capsule 100 mg	(Sporanox)	1	$0	
itraconazole oral solution 10 mg/ml		1	$0	PA; NDS
*jock itch relief 1% cream **	(clotrimazole)	3	$0	
ketoconazole oral tablet 200 mg		1	$0	
ketoconazole topical cream 2 %		1	$0	QL (180 per 30 days)
ketoconazole topical foam 2 %	(Extina)	1	$0	ST; QL (100 per 30 days)
ketoconazole topical shampoo 2 %		1	$0	QL (360 per 30 days)
*lamisil af defens 1% spray pwd **	(tolnaftate)	3	$0	
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
micatin 2% antifungal cream *	(miconazole nitrate)	3	$0	
miconazole 2% topical cream *	(Baza Antifungal)	3	$0	
miconazole 2% vaginal cream *	(Monistat 7)	3	$0	
miconazole 3 combo pack 3 supp w/9gm cream 200 mg- 2 % (9 gram) *	(miconazole nitrate)	3	$0	
miconazole 7 100 mg vag supp *		3	$0	
miconazole-3 vaginal suppository 200 mg		1	$0	
micotrin ac 1% topical cream *	(clotrimazole)	3	$0	
micro-guard 2% powder 12's,antifungal *	(miconazole nitrate)	3	$0	
MONISTAT 7 CREAM 2 % *	(miconazole nitrate)	3	$0	
monistat 7 cream 7 applicators 2 % *	(miconazole nitrate)	3	$0	
mycozyl ac 1% topical cream *	(clotrimazole)	3	$0	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG		2	$0	PA; NDS
nyamyc topical powder 100,000 unit/gram	(nystatin)	1	$0	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		1	$0	
nystatin oral tablet 500,000 unit		1	$0	
nystatin topical cream 100,000 unit/gram		1	$0	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		1	$0	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	1	$0	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		1	$0	
nystop topical powder 100,000 unit/gram	(nystatin)	1	$0	QL (60 per 30 days)
odor ctrl foot-sneaker 1% powd *	(tolnaftate)	3	$0	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	(Noxafil)	1	$0	PA; NDS
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	1	$0	PA; NDS
pub athletic foot 1% cream *	(clotrimazole)	3	$0	
qc athlete's foot 2% liq spry *	(miconazole nitrate)	3	$0	
qc tolnaftate 1% cream *	(Antifungal (tolnaftate))	3	$0	
ra antifungal 1% cream *	(tolnaftate)	3	$0	
ra antifungal ringworm 1% crm *	(clotrimazole)	3	$0	
ra clotrimazole 1% top cream *	(clotrimazole)	3	$0	
ra jock itch 1% powder spray powder spray *	(tolnaftate)	3	$0	
ra jock itch cream 1 % *	(clotrimazole)	3	$0	
sm antifungal 1% topical cream *	(clotrimazole)	3	$0	
terbinafine 1% cream *	(Antifungal (terbinafine))	3	$0	
terbinafine hcl oral tablet 250 mg		1	$0	
TINACTIN 1% LIQUID SPRAY *	(tolnaftate)	3	$0	
tm-clotrimazole 1% top cream (otc) *	(Antifungal (clotrimazole))	3	$0	
tolnaftate 1% cream *	(Antifungal (tolnaftate))	3	$0	
tolnaftate 1% powder *	(Tinactin)	3	$0	
tolnaftate 1% spray powder *	(Athlete's Foot (tolnaftate))	3	$0	
trimazole 1% topical cream *	(clotrimazole)	3	$0	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	1	$0	PA BvD; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	$0	PA; NDS
voriconazole oral tablet 200 mg, 50 mg		1	$0	
*votriza-al 1% lotion **		3	$0	
*zeasorb af 2% powder **	(miconazole nitrate)	3	$0	
Antigout Agents				
Antigout Agents, Other				
allopurinol oral tablet 100 mg	(Zyloprim)	1	$0	
allopurinol oral tablet 300 mg		1	$0	
colchicine oral capsule 0.6 mg	(Mitigare)	1	$0	QL (60 per 30 days)
colchicine oral tablet 0.6 mg	(Colcrys)	1	$0	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	$0	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		1	$0	
probenecid-colchicine oral tablet 500-0.5 mg		1	$0	
Antihistamines				
Antihistamines				
*alavert d-12 allergy-cong tab 5-120 mg **		3	$0	
*aler-caps 25 mg capsule **	(diphenhydramine hcl)	3	$0	
*allerclear d-12hr tablet 5-120 mg **		3	$0	
*allerclear d-24hr er tablet 10-240 mg **	(loratadine-pseudoephedrine)	3	$0	
*allergy relief 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*allergy relief-nasal decong tb 10-240 mg **	(loratadine-pseudoephedrine)	3	$0	
*aller-tec 10 mg tablet **	(cetirizine)	3	$0	
*aller-tec d 5-120 mg tablet **	(cetirizine-pseudoephedrine)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*aprodine tablet 2.5-60 mg **	(triprolidine-pseudoephedrine)	3	$0	
*banophen 25 mg capsule **	(diphenhydramine hcl)	3	$0	
*banophen 25 mg tablet **	(diphenhydramine hcl)	3	$0	
*banophen 50 mg capsule **	(diphenhydramine hcl)	3	$0	
BENADRYL ALLERGY 25 MG ULTRATB *	(diphenhydramine hcl)	3	$0	
carbinoxamine maleate oral liquid 4 mg/5 ml	(Carbzah)	1	$0	PA-HRM; AGE (Max 64 Years)
*cetirizine hcl 1 mg/ml soln children, grape (otc) **	(Allergy Relief (cetirizine))	3	$0	
*cetirizine hcl 1 mg/ml soln children's (otc) **	(Allergy Relief (cetirizine))	3	$0	
*cetirizine hcl 10 mg tablet indoor & outdoor **	(Aller-Tec)	3	$0	
*cetirizine hcl 5 mg tablet indoor & outdoor **	(Allergy Relief (cetirizine))	3	$0	
*cetirizine hcl 5 mg/5 ml solution cup outer **		3	$0	
*cetirizine-pse er 5-120 mg tab **	(Aller-Tec D)	3	$0	
*child all day allergy 1 mg/ml **	(cetirizine)	3	$0	
*child allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*child allergy relief 1 mg/ml **	(cetirizine)	3	$0	
*child cetirizine 10 mg chew tb chewable, allergy **	(cetirizine)	3	$0	
*child cetirizine 5 mg chew tab **	(cetirizine)	3	$0	
*child cetirizine hcl 1 mg/ml **	(cetirizine)	3	$0	
*child dimetapp 12.5 mg tb chew **	(diphenhydramine hcl)	3	$0	
*child loratadine 5 mg/5 ml sol **	(Wal-itin)	3	$0	
*child wal-itin 5 mg/5 ml soln **	(loratadine)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
child wal-zyr 1 mg/ml solution grape *	(cetirizine)	3	$0	
child's aller-tec 1 mg/ml soln *	(cetirizine)	3	$0	
child's wal-dryl 12.5 mg/5 ml children,cherry *	(diphenhydramine hcl)	3	$0	
child's wal-zyr 10 mg chew tab *	(cetirizine)	3	$0	
CLARITIN 10 MG TABLET (OTC) *	(loratadine)	3	$0	
clemastine oral tablet 2.68 mg		1	$0	PA-HRM; AGE (Max 64 Years)
clemasz oral tablet 2.68 mg	(clemastine)	1	$0	PA-HRM; AGE (Max 64 Years)
complt allergy med 25 mg cp *	(diphenhydramine hcl)	3	$0	
cvs allergy (fexo) 60 mg tab *	(fexofenadine)	3	$0	
cvs allergy 50 mg/20 ml liq maximum strength 12.5 mg/5 ml *	(diphenhydramine hcl)	3	$0	
cvs allergy relief 180 mg tab *	(fexofenadine)	3	$0	
cvs allergy relief 5 mg tablet *	(levocetirizine)	3	$0	
cvs child allergy 12.5 mg/5 ml *	(diphenhydramine hcl)	3	$0	
cvs child allergy relf 1 mg/ml *	(cetirizine)	3	$0	
cyproheptadine oral syrup 2 mg/5 ml		1	$0	PA-HRM; AGE (Max 64 Years)
cyproheptadine oral tablet 4 mg		1	$0	PA-HRM; AGE (Max 64 Years)
diphedryl 12.5 mg/5 ml elixir *	(diphenhydramine hcl)	3	$0	
diphenhydramine 12.5 mg/5 ml *	(Allergy (diphenhydramine))	3	$0	
diphenhydramine 12.5 mg/5 ml cup inner *	(Allergy (diphenhydramine))	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*diphenhydramine 25 mg capsule (otc) **	(Aler-Cap)	3	$0	
*diphenhydramine 25 mg tablet **	(Allergy (diphenhydramine))	3	$0	
*diphenhydramine 25 mg/10 ml cup outer 12.5 mg/5 ml **	(Allergy (diphenhydramine))	3	$0	
*diphenhydramine 50 mg capsule u-d, 10x10 (otc) **	(Banophen)	3	$0	
*eq allergy relief 1 mg/ml soln **	(cetirizine)	3	$0	
*eq child allergy 12.5 mg/5 ml cherry **	(diphenhydramine hcl)	3	$0	
*eq child allergy relf 1 mg/ml **	(cetirizine)	3	$0	
*eql child allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*eql chld all day aller 1 mg/ml **	(cetirizine)	3	$0	
*fexofenadine hcl 180 mg tablet (otc) **	(Aller-Ease)	3	$0	
*fexofenadine hcl 60 mg tablet (otc) **	(Allergy Relief (fexofenadine))	3	$0	
*fexofenadine hcl 60 mg tablet allergy (otc) **	(Allergy Relief (fexofenadine))	3	$0	
*ft child all day aller 1 mg/ml **	(cetirizine)	3	$0	
*ft child allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*ft child allergy rlf 1 mg/ml **	(cetirizine)	3	$0	
*geri-dryl 12.5 mg/5 ml liquid **	(diphenhydramine hcl)	3	$0	
*gnp allergy relief 5 mg tablet **	(levocetirizine)	3	$0	
*gnp allergy relief 50 mg/20 ml 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*gnp child allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*gnp diphedryl 12.5 mg/5 ml elx **	(diphenhydramine hcl)	3	$0	
*gs aller-ease 180 mg tablet **	(fexofenadine)	3	$0	
*gs child all day aller 1 mg/ml **	(cetirizine)	3	$0	
*gs child allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*hm child all day aller 1 mg/ml **	(cetirizine)	3	$0	
*hm child allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*hm fexofenadine hcl 180 mg tab 24 hour, gluten-free (otc) **	(Aller-Ease)	3	$0	
hydroxyzine hcl oral solution 10 mg/5 ml		1	$0	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	$0	
*levocetirizine 5 mg tablet (otc) **	(Allergy Relief (levocetirizin))	3	$0	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	$0	
levocetirizine oral tablet 5 mg	(Allergy Relief (levocetirizin))	1	$0	
*loradamed 10 mg tablet outer **	(loratadine)	3	$0	
*loratadine-d 12 hour tablet 5-120 mg **		3	$0	
*maxallergy kids 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*m-dryl 12.5 mg/5 ml solution **	(diphenhydramine hcl)	3	$0	
promethazine oral syrup 6.25 mg/5 ml		1	$0	PA-HRM; AGE (Max 64 Years)
*pub allergy 12.5 mg/5 ml liq cherry flavor **	(diphenhydramine hcl)	3	$0	
*pub children's allergy 1 mg/ml **	(cetirizine)	3	$0	
*qc child allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*qc children's allergy 1 mg/ml **	(cetirizine)	3	$0	
*qc complete allergy 25 mg cplt caplet **	(diphenhydramine hcl)	3	$0	
*ra all day allergy 10 mg sftgl **		3	$0	
*ra allergy 25 mg tablet **	(diphenhydramine hcl)	3	$0	
*ra allergy med 25 mg capsule **	(diphenhydramine hcl)	3	$0	
*ra allergy med 25 mg tablet **	(diphenhydramine hcl)	3	$0	
*ra allergy med capsule 25 mg **	(diphenhydramine hcl)	3	$0	
*ra allergy relief 180 mg tab **	(fexofenadine)	3	$0	
*ra allergy relief 25 mg cap **	(diphenhydramine hcl)	3	$0	
*ra allergy-congestion 12hr tab non-drowsy 5-120 mg **		3	$0	
*ra child allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*ra child allergy 12.5 mg/5 ml cherry **	(diphenhydramine hcl)	3	$0	
*ra child allergy relf 1 mg/ml **	(cetirizine)	3	$0	
*ra complete allergy 25 mg cplt coated caplet **	(diphenhydramine hcl)	3	$0	
*ra diphedryl 12.5 mg/5 ml elix **	(diphenhydramine hcl)	3	$0	
*sm allergy (fexo) 60 mg tablet **	(fexofenadine)	3	$0	
*sm allergy relief 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*sm child all day aller 1 mg/ml cherry **	(cetirizine)	3	$0	
*sm child allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*sudogest cold and allergy tab 4-60 mg **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*total allergy 25 mg tablet **	(diphenhydramine hcl)	3	$0	
*wal-act d cold & allergy tab 2.5-60 mg **	(triprolidine-pseudoephedrine)	3	$0	
*wal-dryl allergy 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*wal-dryl allergy 25 mg capsule **	(diphenhydramine hcl)	3	$0	
*wal-dryl allergy 25 mg minitab minitab, coated **	(diphenhydramine hcl)	3	$0	
*wal-fex allergy 180 mg tablet **	(fexofenadine)	3	$0	
*wal-fex allergy 60 mg tablet **	(fexofenadine)	3	$0	
*wal-finate-d tablet 4-60 mg **		3	$0	
*wal-itin 10 mg tablet non-drowsy **	(loratadine)	3	$0	
*wal-itin 5 mg/5 ml syrup children's, grape **	(loratadine)	3	$0	
*wal-itin d 12 hour tablet 5-120 mg **		3	$0	
*wal-itin d 24 hour tablet 10-240 mg **	(loratadine-pseudoephedrine)	3	$0	
*wal-phed sinus and allergy tab 4-60 mg **		3	$0	
*wal-zyr 10 mg softgel **		3	$0	
*wal-zyr 10 mg tablet **	(cetirizine)	3	$0	
*wal-zyr d tablet 12 hr relief 5-120 mg **	(cetirizine-pseudoephedrine)	3	$0	
ZYRTEC 10 MG LIQUID GELS *		3	$0	
Anti-Infectives (Skin And Mucous Membrane)				
Anti-Infectives (Skin And Mucous Membrane)				
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	$0	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
terconazole vaginal cream 0.4 %, 0.8 %		1	$0	
terconazole vaginal suppository 80 mg		1	$0	
Antivirals (Skin And Mucous Membrane)				
ABREVA 10% CREAM *	(docosanol)	3	$0	
docosanol 10% cream *	(Abreva)	3	$0	
Antimigraine Agents				
Antimigraine Agents				
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		2	$0	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		2	$0	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		2	$0	PA; QL (1.5 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	1	$0	ST; QL (8 per 28 days); NDS
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		2	$0	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		2	$0	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		2	$0	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		1	$0	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		2	$0	PA; QL (18 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		2	$0	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	1	$0	QL (18 per 30 days)
rizatriptan oral tablet 5 mg		1	$0	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	1	$0	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		1	$0	QL (18 per 30 days)
sumatriptan 4 mg/0.5 ml inject outer, suv	(Imitrex STATdose Pen)	1	$0	QL (4 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		1	$0	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	$0	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	$0	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	1	$0	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	(Imitrex STATdose Pen)	2	$0	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	1	$0	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml		1	$0	QL (5 per 28 days)
sumatriptan-naproxen oral tablet 85-500 mg	(Treximet)	1	$0	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		2	$0	PA; QL (16 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	1	$0	QL (12 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		1	$0	QL (12 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Antimycobacterials				
Antimycobacterials				
dapsone oral tablet 100 mg, 25 mg		1	$0	
ethambutol oral tablet 100 mg, 400 mg		1	$0	
isoniazid oral solution 50 mg/5 ml		1	$0	
isoniazid oral tablet 100 mg, 300 mg		1	$0	
PRIFTIN ORAL TABLET 150 MG		2	$0	
pyrazinamide oral tablet 500 mg		1	$0	
rifabutin oral capsule 150 mg		1	$0	
rifampin intravenous recon soln 600 mg	(Rifadin)	1	$0	
rifampin oral capsule 150 mg, 300 mg		1	$0	
SIRTURO ORAL TABLET 100 MG, 20 MG		2	$0	PA; NDS
TRECATOR ORAL TABLET 250 MG		2	$0	
Antinausea Agents				
Antinausea Agents				
aprepitant oral capsule 125 mg		1	$0	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		1	$0	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	1	$0	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	1	$0	PA BvD
compro rectal suppository 25 mg	(prochlorperazine)	1	$0	
*cvs motion sickness 25 mg tab **	(meclizine)	3	$0	
*dramamine less drowsy 25 mg tb **	(meclizine)	3	$0	
*driminate 50 mg tablet **	(dimenhydrinate)	3	$0	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	1	$0	PA; QL (60 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		2	$0	PA BvD; QL (6 per 28 days)
eql motion sickness 25 mg tab *	(meclizine)	3	$0	
ft motion sickness 25 mg tab *	(meclizine)	3	$0	
granisetron hcl oral tablet 1 mg		1	$0	PA BvD
hm motion relief 25 mg tablet *	(meclizine)	3	$0	
meclizine 12.5 mg caplet (otc) *		3	$0	
meclizine 12.5 mg caplet caplet (otc) *		3	$0	
meclizine 25 mg tablet (otc) *	(Dramamine Less Drowsy)	3	$0	
meclizine oral tablet 12.5 mg		1	$0	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	1	$0	
medi-meclizine 25 mg tablet inner, f/c *	(meclizine)	3	$0	
medi-meclizine 25 mg tablet outer, f/c *	(meclizine)	3	$0	
motion sickness rlf 25 mg tab *	(meclizine)	3	$0	
ondansetron hcl oral solution 4 mg/5 ml		1	$0	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg		1	$0	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	$0	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)		1	$0	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	$0	
prochlorperazine rectal suppository 25 mg	(Compro)	1	$0	
promethazine injection solution 25 mg/ml	(Phenergan)	1	$0	PA-HRM; AGE (Max 64 Years)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	$0	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	1	$0	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	(promethazine)	1	$0	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	1	$0	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
*sm motion sickness 25 mg tab **	(meclizine)	3	$0	
*travel-ease 25 mg tablet **	(meclizine)	3	$0	
*verticalm 25 mg tablet **	(meclizine)	3	$0	
*wal-dram-2 25 mg tablet **	(meclizine)	3	$0	
Antiparasite Agents				
Antiparasite Agents				
albendazole oral tablet 200 mg		1	$0	NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	$0	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	1	$0	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	1	$0	
chloroquine phosphate oral tablet 250 mg, 500 mg		1	$0	
COARTEM ORAL TABLET 20-120 MG		2	$0	
hydroxychloroquine oral tablet 100 mg		1	$0	QL (180 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	$0	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	1	$0	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		1	$0	QL (60 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
IMPAVIDO ORAL CAPSULE 50 MG		2	$0	PA; QL (84 per 28 days); NDS
ivermectin oral tablet 3 mg	(Stromectol)	1	$0	
ivermectin oral tablet 6 mg		1	$0	
mefloquine oral tablet 250 mg		1	$0	
nitazoxanide oral tablet 500 mg	(Alinia)	1	$0	QL (60 per 30 days); NDS
paromomycin oral capsule 250 mg	(Humatin)	1	$0	
pentamidine inhalation recon soln 300 mg	(Nebupent)	1	$0	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	1	$0	
praziquantel oral tablet 600 mg	(Biltricide)	1	$0	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		2	$0	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	$0	PA; NDS
quinine sulfate oral capsule 324 mg	(Qualaquin)	1	$0	PA
tinidazole oral tablet 250 mg, 500 mg		1	$0	
Antiparkinsonian Agents				
Antiparkinsonian Agents				
amantadine hcl oral capsule 100 mg		1	$0	
amantadine hcl oral solution 50 mg/5 ml		1	$0	
amantadine hcl oral tablet 100 mg		1	$0	
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	1	$0	PA; QL (60 per 30 days); NDS
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	$0	
bromocriptine oral capsule 5 mg		1	$0	
bromocriptine oral tablet 2.5 mg		1	$0	
cabergoline oral tablet 0.5 mg		1	$0	
carbidopa oral tablet 25 mg	(Lodosyn)	1	$0	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
carbidopa-levodopa oral tablet 25-100 mg (Dhivy)	1	$0	
carbidopa-levodopa oral tablet 25-250 mg	1	$0	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	$0	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	$0	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	$0	
entacapone oral tablet 200 mg	1	$0	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	2	$0	PA; QL (300 per 30 days); NDS
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	$0	PA; QL (150 per 30 days); NDS
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	2	$0	PA; NDS
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	2	$0	ST; QL (30 per 30 days)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	2	$0	PA; QL (600 per 30 days); NDS
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	2	$0	PA; QL (30 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	2	$0	ST
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	$0	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	1	$0	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	$0	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	$0	
selegiline hcl oral capsule 5 mg	1	$0	
selegiline hcl oral tablet 5 mg	1	$0	
trihexyphenidyl oral elixir 0.4 mg/ml	1	$0	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	$0	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	2	$0	PA; QL (560 per 28 days); NDS
Antipsychotic Agents			
Antipsychotic Agents			
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	$0	QL (2.4 per 42 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	$0	QL (3.2 per 42 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	$0	QL (2 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	$0	QL (2 per 28 days); NDS
aripiprazole oral solution 1 mg/ml	1	$0	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	$0	
aripiprazole oral tablet,disintegrating 10 mg	1	$0	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	$0	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	$0	QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	$0	QL (3.9 per 14 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	$0	QL (1.6 per 14 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	$0	QL (2.4 per 14 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	$0	QL (3.2 per 14 days); NDS
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	1	$0	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	2	$0	ST; QL (30 per 30 days); NDS
chlorpromazine injection solution 25 mg/ml	1	$0	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	$0	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	1	$0	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	$0	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	1	$0	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	1	$0	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	2	$0	ST; QL (60 per 30 days); NDS
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	2	$0	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	$0	QL (0.75 per 21 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	2	$0	QL (1 per 21 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	$0	QL (1.5 per 21 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	2	$0	QL (2.25 per 21 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	$0	QL (0.25 per 21 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	$0	QL (0.5 per 21 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	$0	ST; QL (60 per 30 days); NDS
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	2	$0	ST
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	2	$0	ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	2	$0	ST
fluphenazine decanoate injection solution 25 mg/ml	1	$0	
fluphenazine hcl injection solution 2.5 mg/ml	1	$0	
fluphenazine hcl oral concentrate 5 mg/ml	1	$0	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	$0	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	$0	
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	1	$0	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	1	$0	
haloperidol lactate injection solution 5 mg/ml	1	$0	
haloperidol lactate intramuscular syringe 5 mg/ml	1	$0	
haloperidol lactate oral concentrate 2 mg/ml	1	$0	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	$0	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	$0	QL (3.5 per 166 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	$0	QL (5 per 166 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	$0	QL (0.75 per 21 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	$0	QL (1 per 21 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	$0	QL (1.5 per 21 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	$0	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	$0	QL (0.5 per 21 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	$0	QL (0.88 per 70 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	$0	QL (1.32 per 70 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	$0	QL (1.75 per 70 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	$0	QL (2.63 per 70 days); NDS
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	$0	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)	1	$0	QL (30 per 30 days)
lurasidone oral tablet 80 mg (Latuda)	1	$0	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
molindone oral tablet 10 mg	1	$0	QL (240 per 30 days)
molindone oral tablet 25 mg	1	$0	QL (270 per 30 days)
molindone oral tablet 5 mg	1	$0	QL (120 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NUPLAZID ORAL CAPSULE 34 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
NUPLAZID ORAL TABLET 10 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
olanzapine intramuscular recon soln 10 mg		1	$0	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg		1	$0	
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg	(Zyprexa)	1	$0	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg		1	$0	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		2	$0	ST; NDS
paliperidone oral tablet extended release 24hr 1.5 mg		1	$0	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	1	$0	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	1	$0	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	$0	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		2	$0	QL (1 per 30 days); NDS
pimozide oral tablet 1 mg, 2 mg		1	$0	
prochlorperazine 10 mg/2 ml vl outer 10 mg/2 ml (5 mg/ml)		1	$0	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	1	$0	
quetiapine oral tablet 150 mg		1	$0	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		2	$0	QL (30 per 30 days); NDS
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	(Risperdal Consta)	1	$0	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml	(Rykindo)	1	$0	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	(Rykindo)	1	$0	QL (2 per 28 days); NDS
risperidone oral solution 1 mg/ml	(Risperdal)	1	$0	
risperidone oral tablet 0.25 mg		1	$0	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	1	$0	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		1	$0	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	(risperidone microspheres)	2	$0	QL (2 per 28 days); NDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		2	$0	ST; QL (30 per 30 days); NDS
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	$0	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	$0	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		1	$0	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML		2	$0	QL (0.28 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	2	$0	QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	2	$0	QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	2	$0	QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	$0	QL (0.7 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	2	$0	QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	2	$0	QL (0.21 per 28 days); NDS
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	$0	ST; QL (540 per 30 days); NDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	$0	ST; QL (30 per 30 days); NDS
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	$0	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	$0	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	1	$0	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	$0	QL (2 per 28 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		2	$0	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		2	$0	QL (1 per 28 days); NDS
Antivirals (Systemic)				
Antiretrovirals				
abacavir oral solution 20 mg/ml	(Ziagen)	1	$0	
abacavir oral tablet 300 mg		1	$0	
abacavir-lamivudine oral tablet 600-300 mg		1	$0	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	2	$0	QL (24 per 365 days); NDS
APTIVUS ORAL CAPSULE 250 MG		2	$0	NDS
atazanavir oral capsule 150 mg		1	$0	
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	1	$0	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		2	$0	QL (30 per 30 days); NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		2	$0	NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		2	$0	QL (24 per 365 days); NDS
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	2	$0	QL (24 per 365 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CIMDUO ORAL TABLET 300-300 MG		2	$0	NDS
darunavir oral tablet 600 mg, 800 mg	(Prezista)	1	$0	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG		2	$0	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		2	$0	NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		1	$0	
DOVATO ORAL TABLET 50-300 MG		2	$0	NDS
EDURANT ORAL TABLET 25 MG		2	$0	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG		2	$0	NDS
efavirenz oral capsule 200 mg, 50 mg		1	$0	
efavirenz oral tablet 600 mg		1	$0	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg		1	$0	NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg		1	$0	NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	1	$0	NDS
emtricitabine oral capsule 200 mg	(Emtriva)	1	$0	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	(Truvada)	1	$0	NDS
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	(Truvada)	1	$0	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	(Complera)	1	$0	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		2	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		2	$0	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	1	$0	NDS
EVOTAZ ORAL TABLET 300-150 MG		2	$0	NDS
fosamprenavir oral tablet 700 mg		1	$0	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		2	$0	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		2	$0	NDS
INTELENCE ORAL TABLET 25 MG		2	$0	
ISENTRESS HD ORAL TABLET 600 MG		2	$0	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		2	$0	NDS
ISENTRESS ORAL TABLET 400 MG		2	$0	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG		2	$0	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG		2	$0	
JULUCA ORAL TABLET 50-25 MG		2	$0	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	(lopinavir-ritonavir)	2	$0	QL (480 per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	1	$0	
lamivudine oral tablet 100 mg		1	$0	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	1	$0	
lamivudine-zidovudine oral tablet 150-300 mg		1	$0	
LEXIVA ORAL SUSPENSION 50 MG/ML		2	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	1	$0	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	1	$0	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	1	$0	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	1	$0	NDS
nevirapine oral suspension 50 mg/5 ml		1	$0	QL (1200 per 30 days)
nevirapine oral tablet 200 mg		1	$0	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg		1	$0	QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg		1	$0	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG		2	$0	
NORVIR ORAL SOLUTION 80 MG/ML		2	$0	
ODEFSEY ORAL TABLET 200-25-25 MG		2	$0	NDS
PIFELTRO ORAL TABLET 100 MG		2	$0	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG		2	$0	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML		2	$0	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG		2	$0	NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		2	$0	
REYATAZ ORAL POWDER IN PACKET 50 MG		2	$0	NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	2	$0	NDS
ritonavir oral tablet 100 mg (Norvir)	1	$0	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	$0	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	2	$0	NDS
SELZENTRY ORAL TABLET 25 MG	2	$0	
SELZENTRY ORAL TABLET 75 MG	2	$0	NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	$0	
STRIBILD ORAL TABLET 150-150-200-300 MG	2	$0	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	2	$0	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	2	$0	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	$0	NDS
TEMIXYS ORAL TABLET 300-300 MG	2	$0	NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	$0	
TIVICAY ORAL TABLET 10 MG	2	$0	
TIVICAY ORAL TABLET 25 MG, 50 MG	2	$0	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	$0	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	2	$0	QL (30 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		2	$0	
TRIZIVIR ORAL TABLET 300-150-300 MG		2	$0	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)		2	$0	NDS
VEMLIDY ORAL TABLET 25 MG		2	$0	QL (30 per 30 days); NDS
VIRACEPT ORAL TABLET 250 MG, 625 MG		2	$0	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		2	$0	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		2	$0	NDS
VOCABRIA ORAL TABLET 30 MG		2	$0	
zidovudine oral capsule 100 mg	(Retrovir)	1	$0	
zidovudine oral syrup 10 mg/ml	(Retrovir)	1	$0	
zidovudine oral tablet 300 mg		1	$0	
Antivirals, Miscellaneous				
LIVTENCITY ORAL TABLET 200 MG		2	$0	PA; NDS
oseltamivir oral capsule 30 mg	(Tamiflu)	1	$0	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	1	$0	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	1	$0	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	1	$0	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)		1	$0	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)		1	$0	QL (11 per 28 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	$0	QL (30 per 5 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	2	$0	PA; QL (120 per 30 days); NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	$0	PA; QL (28 per 28 days); NDS
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	$0	QL (60 per 180 days)
rimantadine oral tablet 100 mg (Flumadine)	1	$0	
Hcv Antivirals			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	$0	PA; QL (28 per 28 days); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	$0	PA; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	2	$0	PA; QL (28 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	2	$0	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	$0	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	$0	PA; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 45-200 MG	2	$0	PA; QL (28 per 28 days); NDS
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	2	$0	PA; QL (28 per 28 days); NDS
MAVYRET ORAL TABLET 100-40 MG	2	$0	PA; QL (84 per 28 days); NDS
VOSEVI ORAL TABLET 400-100-100 MG	2	$0	PA; QL (28 per 28 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Interferons				
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)		2	$0	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		2	$0	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		2	$0	PA; NDS
Nucleosides And Nucleotides				
acyclovir oral capsule 200 mg		1	$0	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	1	$0	
acyclovir oral tablet 400 mg, 800 mg		1	$0	
acyclovir sodium intravenous solution 50 mg/ml		1	$0	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	1	$0	
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	$0	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		1	$0	
lagevrio (eua) oral capsule 200 mg		2	$0	QL (40 per 5 days)
ribavirin oral capsule 200 mg		1	$0	
ribavirin oral tablet 200 mg		1	$0	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	$0	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	1	$0	NDS
valganciclovir oral tablet 450 mg	(Valcyte)	1	$0	
Blood Products/Modifiers/Volume Expanders				
Anticoagulants				
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	(Pradaxa)	1	$0	QL (60 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		2	$0	
ELIQUIS ORAL TABLET 2.5 MG		2	$0	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		2	$0	QL (74 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	1	$0	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	1	$0	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	1	$0	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	1	$0	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	1	$0	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	1	$0	QL (24 per 30 days); NDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	1	$0	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	1	$0	QL (12 per 30 days); NDS
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	1	$0	QL (18 per 30 days); NDS
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		1	$0	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(warfarin)	1	$0	
rivaroxaban oral suspension for reconstitution 1 mg/ml	(Xarelto)	1	$0	QL (600 per 30 days); NDS
rivaroxaban oral tablet 2.5 mg	(Xarelto)	1	$0	QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		2	$0	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	(rivaroxaban)	2	$0	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		2	$0	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG		2	$0	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG	(rivaroxaban)	2	$0	QL (60 per 30 days)
Blood Formation Modifiers				
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		2	$0	PA; QL (60 per 30 days); NDS
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		2	$0	PA; NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG		2	$0	PA; QL (60 per 30 days); NDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG		2	$0	PA; QL (60 per 30 days); NDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG		2	$0	PA; QL (60 per 30 days); NDS
eltrombopag olamine oral powder in packet 12.5 mg	(Promacta)	1	$0	PA; QL (90 per 30 days); NDS
eltrombopag olamine oral powder in packet 25 mg	(Promacta)	1	$0	PA; QL (180 per 30 days); NDS
eltrombopag olamine oral tablet 12.5 mg	(Promacta)	1	$0	PA; QL (90 per 30 days); NDS
eltrombopag olamine oral tablet 25 mg	(Promacta)	1	$0	PA; QL (30 per 30 days); NDS
eltrombopag olamine oral tablet 50 mg, 75 mg	(Promacta)	1	$0	PA; QL (60 per 30 days); NDS
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		2	$0	PA; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	2	$0	PA; QL (30 per 30 days); NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	2	$0	PA; QL (20 per 30 days); NDS
LEUKINE INJECTION RECON SOLN 250 MCG	2	$0	PA; NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	$0	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	$0	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	$0	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	$0	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	$0	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	$0	PA; QL (4 per 28 days)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	2	$0	PA; NDS
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	$0	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	$0	PA; NDS
Hematologic Agents, Miscellaneous			
anagrelide oral capsule 0.5 mg (Agrylin)	1	$0	
anagrelide oral capsule 1 mg	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CABLIVI INJECTION KIT 11 MG		2	$0	PA; QL (30 per 30 days); NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		2	$0	
TAVALISSE ORAL TABLET 100 MG, 150 MG		2	$0	PA; QL (60 per 30 days); NDS
tranexamic acid oral tablet 650 mg		1	$0	
Platelet-Aggregation Inhibitors				
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		1	$0	
BRILINTA ORAL TABLET 60 MG, 90 MG	(ticagrelor)	2	$0	
cilostazol oral tablet 100 mg, 50 mg		1	$0	
clopidogrel oral tablet 75 mg	(Plavix)	1	$0	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		1	$0	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg		1	$0	
prasugrel hcl oral tablet 10 mg, 5 mg	(Effient)	1	$0	QL (30 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	(Brilinta)	1	$0	
Caloric Agents				
Caloric Agents				
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %		2	$0	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %		2	$0	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %		2	$0	PA BvD

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	2	$0	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	2	$0	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	2	$0	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	2	$0	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	$0	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	$0	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	$0	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	$0	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	$0	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	2	$0	PA BvD

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %		2	$0	PA BvD
*cvs glucose 4 gram tablet chew (rx) **	(Dex4 Glucose)	3	$0	
*cvs glucose 4 gram tablet chew orange, gluten-free (rx) **	(Dex4 Glucose)	3	$0	
*dex4 glucose 4 gm tablet chew orange flavor (rx) 4 gram **	(glucose)	3	$0	
dextrose 5 % in water (d5w) intravenous parenteral solution		1	$0	
*glucose 4 gram tablet chew gluten-free,rasberry (rx) **	(Dex4 Glucose)	3	$0	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %		2	$0	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION		2	$0	PA BvD
*ra trueplus glucose 4 g tb chw 4 gram **	(glucose)	3	$0	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		2	$0	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		2	$0	PA BvD
*trueplus glucose 3.75 g tb chw 3.75 gram **	(glucose)	3	$0	
Cardiovascular Agents				
Alpha-Adrenergic Agents				
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	$0	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	1	$0	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	1	$0	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	$0	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	1	$0	PA; QL (180 per 30 days); NDS
guanfacine oral tablet 1 mg, 2 mg		1	$0	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		1	$0	
*nasal decongestant pe 10 mg tb **	(phenylephrine hcl)	3	$0	
prazosin oral capsule 1 mg, 2 mg, 5 mg		1	$0	
*qc sinus congest pe 10 mg tab **	(phenylephrine hcl)	3	$0	
*ra nasal decong pe 10 mg tab pseudoephedrine free **	(phenylephrine hcl)	3	$0	
*ra sinus pres-cng rlf pe 10 mg **	(phenylephrine hcl)	3	$0	
*wal-phed pe 10 mg tablet non-drowsy,pse free **	(phenylephrine hcl)	3	$0	
Angiotensin Ii Receptor Antagonists				
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	$0	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	$0	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	2	$0	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		2	$0	QL (240 per 30 days)
irbesartan oral tablet 150 mg, 300 mg	(Avapro)	1	$0	
irbesartan oral tablet 75 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	$0	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	$0	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	$0	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	$0	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	1	$0	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	$0	
telmisartan oral tablet 20 mg		1	$0	
telmisartan oral tablet 40 mg, 80 mg	(Micardis)	1	$0	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		1	$0	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	$0	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	$0	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	$0	
Angiotensin-Converting Enzyme Inhibitors				
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	$0	
benazepril oral tablet 5 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	$0	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	$0	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	$0	
enalapril maleate oral solution 1 mg/ml	(Epaned)	1	$0	ST; QL (1200 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	$0	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	$0	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	$0	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	$0	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		1	$0	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	$0	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	$0	
moexipril oral tablet 15 mg, 7.5 mg		1	$0	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	$0	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	$0	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	$0	
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg	(Altace)	1	$0	
ramipril oral capsule 10 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	$0	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		1	$0	
Antiarrhythmic Agents				
amiodarone oral tablet 100 mg, 200 mg	(Pacerone)	1	$0	
amiodarone oral tablet 400 mg		1	$0	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	1	$0	PA-HRM; AGE (Max 64 Years)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	$0	
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	$0	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		1	$0	
MULTAQ ORAL TABLET 400 MG		2	$0	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	1	$0	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		1	$0	
propafenone oral tablet 150 mg, 225 mg, 300 mg		1	$0	
quinidine gluconate oral tablet extended release 324 mg		1	$0	
quinidine sulfate oral tablet 200 mg, 300 mg		1	$0	
Beta-Adrenergic Blocking Agents				
acebutolol oral capsule 200 mg, 400 mg		1	$0	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	$0	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	$0	
betaxolol oral tablet 10 mg, 20 mg		1	$0	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg		1	$0	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		1	$0	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	$0	
labetalol oral tablet 100 mg, 200 mg, 300 mg		1	$0	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	$0	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		1	$0	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	$0	
metoprolol tartrate oral tablet 25 mg		1	$0	
nadolol oral tablet 20 mg, 40 mg, 80 mg		1	$0	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	$0	
pindolol oral tablet 10 mg, 5 mg		1	$0	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	$0	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		1	$0	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	1	$0	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	1	$0	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	1	$0	
sotalol oral tablet 240 mg	(Betapace)	1	$0	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	$0	
Calcium-Channel Blocking Agents				
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	1	$0	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		1	$0	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	1	$0	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	$0	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	$0	
diltiazem hcl oral tablet 90 mg		1	$0	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	1	$0	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	1	$0	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	1	$0	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	$0	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	$0	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg		1	$0	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg		1	$0	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg		2	$0	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	$0	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		1	$0	
Cardiovascular Agents, Miscellaneous				
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		2	$0	PA; QL (30 per 30 days); NDS
CORLANOR ORAL SOLUTION 5 MG/5 ML		2	$0	QL (600 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		1	$0	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	1	$0	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	1	$0	
epinephrine injection auto-injector 0.15 mg/0.15 ml	(Auvi-Q)	2	$0	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	1	$0	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml		2	$0	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	1	$0	QL (4 per 30 days)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	1	$0	PA; QL (18 per 30 days); NDS
ivabradine oral tablet 5 mg, 7.5 mg	(Corlanor)	2	$0	QL (60 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	1	$0	NDS
ranolazine oral tablet extended release 12 hr 1,000 mg		1	$0	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		1	$0	QL (120 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	(icatibant)	1	$0	PA; QL (18 per 30 days); NDS
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML		2	$0	QL (4 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		2	$0	PA; QL (30 per 30 days)
Dihydropyridines				
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	$0	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	$0	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		1	$0	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	$0	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	$0	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	$0	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		1	$0	
isradipine oral capsule 2.5 mg, 5 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
KATERZIA ORAL SUSPENSION 1 MG/ML		2	$0	ST; QL (300 per 30 days)
nicardipine oral capsule 20 mg, 30 mg		1	$0	
nifedipine oral capsule 10 mg, 20 mg		1	$0	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	1	$0	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		1	$0	
Diuretics				
amiloride oral tablet 5 mg		1	$0	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	$0	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		1	$0	
chlorthalidone oral tablet 25 mg, 50 mg		1	$0	
furosemide injection solution 10 mg/ml		1	$0	
furosemide injection syringe 10 mg/ml		1	$0	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		1	$0	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	$0	
hydrochlorothiazide oral capsule 12.5 mg		1	$0	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	$0	
indapamide oral tablet 1.25 mg, 2.5 mg		1	$0	
JYNARQUE ORAL TABLET 15 MG, 30 MG	(tolvaptan (polycys kidney dis))	2	$0	PA; QL (120 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	$0	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	$0	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		1	$0	
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	(Jynarque)	1	$0	PA; QL (56 per 28 days); NDS
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	$0	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	$0	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	$0	
Dyslipidemics				
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	1	$0	
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	1	$0	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	$0	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	$0	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	1	$0	
cholestyramine light oral powder in packet 4 gram		1	$0	
colesevelam oral powder in packet 3.75 gram	(WelChol)	1	$0	
colesevelam oral tablet 625 mg	(WelChol)	1	$0	
colestipol oral packet 5 gram		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
colestipol oral tablet 1 gram	(Colestid)	1	$0	
*endur-acin er 500 mg tablet **	(niacin)	3	$0	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		2	$0	ST; QL (30 per 30 days)
ezetimibe oral tablet 10 mg	(Zetia)	1	$0	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	1	$0	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	1	$0	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	1	$0	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	1	$0	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		1	$0	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	$0	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg		1	$0	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg		1	$0	
fluvastatin oral capsule 20 mg, 40 mg		1	$0	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	1	$0	
gemfibrozil oral tablet 600 mg	(Lopid)	1	$0	
icosapent ethyl oral capsule 0.5 gram	(Vascepa)	1	$0	QL (240 per 30 days)
icosapent ethyl oral capsule 1 gram	(Vascepa)	1	$0	QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 5 MG		2	$0	PA; QL (28 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
JUXTAPID ORAL CAPSULE 20 MG, 30 MG		2	$0	PA; QL (56 per 28 days); NDS
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	$0	
NEXLETOL ORAL TABLET 180 MG		2	$0	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		2	$0	ST; QL (30 per 30 days)
*niacin 500 mg capsule sa (rx) **		3	$0	
*niacin 500 mg tablet (rx) **	(Niacor)	3	$0	
niacin oral tablet 500 mg	(Niacor)	1	$0	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		1	$0	
*niacin tr 500 mg tablet (rx) **	(Endur-Acin)	3	$0	
niacor oral tablet 500 mg	(niacin)	1	$0	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	$0	ST; QL (120 per 30 days)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	(Livalo)	1	$0	QL (30 per 30 days)
*plain niacin 500 mg tablet (rx) **	(Niacor)	3	$0	
pravastatin oral tablet 10 mg, 80 mg		1	$0	
pravastatin oral tablet 20 mg, 40 mg		1	$0	QL (30 per 30 days)
prevalite oral powder in packet 4 gram		1	$0	
*ra niacin 500 mg tablet (rx) **	(Niacor)	3	$0	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		2	$0	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		2	$0	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		2	$0	ST; QL (6 per 28 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	$0	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	1	$0	QL (30 per 30 days)
simvastatin oral tablet 5 mg, 80 mg		1	$0	QL (30 per 30 days)
*true vitamin b3 250 mg tablet **		3	$0	
*true vitamin b3 50 mg tablet **		3	$0	
Renin-Angiotensin-Aldosterone System Inhibitors				
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	1	$0	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	$0	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		2	$0	PA; QL (30 per 30 days)
spironolactone oral suspension 25 mg/5 ml	(CaroSpir)	1	$0	ST; QL (600 per 30 days)
Vasodilators				
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	$0	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	1	$0	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	$0	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	$0	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	$0	
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	1	$0	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	1	$0	
minoxidil oral tablet 10 mg, 2.5 mg		1	$0	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)	1	$0	
Central Nervous System Agents			
Central Nervous System Agents			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	$0	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	$0	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	$0	PA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	2	$0	PA; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	2	$0	PA; QL (90 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	2	$0	PA; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	2	$0	PA; QL (30 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	2	$0	PA; QL (210 per 30 days); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	2	$0	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	$0	PA; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	$0	PA; QL (1 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BETASERON SUBCUTANEOUS KIT 0.3 MG		2	$0	PA; QL (15 per 30 days); NDS
clonidine hcl oral tablet extended release 12 hr 0.1 mg		1	$0	
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	1	$0	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	$0	QL (60 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	(Dexedrine Spansule)	1	$0	QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		1	$0	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	1	$0	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg	(Zenzedi)	1	$0	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	(Zenzedi)	1	$0	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	(Zenzedi)	1	$0	QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	1	$0	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	1	$0	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	$0	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	1	$0	PA; QL (14 per 7 days); NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	1	$0	PA; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	1	$0	PA; QL (60 per 30 days); NDS
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		2	$0	PA; NDS
fingolimod oral capsule 0.5 mg	(Gilenya)	1	$0	PA; QL (30 per 30 days); NDS
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	2	$0	PA; QL (30 per 30 days); NDS
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	2	$0	PA; QL (12 per 28 days); NDS
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	2	$0	PA; QL (30 per 30 days); NDS
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	2	$0	PA; QL (12 per 28 days); NDS
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	1	$0	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)		2	$0	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		2	$0	PA; QL (30 per 30 days); NDS
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG		2	$0	PA; QL (30 per 30 days); NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		2	$0	PA; QL (1.2 per 28 days); NDS
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	$0	
lithium carbonate oral tablet 300 mg		1	$0	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
lithium carbonate oral tablet extended release 450 mg		1	$0	
lithium citrate oral solution 8 meq/5 ml		1	$0	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		2	$0	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		2	$0	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		2	$0	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		2	$0	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		2	$0	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		2	$0	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		2	$0	PA; NDS
MAYZENT ORAL TABLET 0.25 MG		2	$0	PA; QL (112 per 28 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG		2	$0	PA; QL (30 per 30 days); NDS
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		2	$0	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		2	$0	PA; NDS
metadate er oral tablet extended release 20 mg	(methylphenidate hcl)	1	$0	QL (90 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	1	$0	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	1	$0	QL (60 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	1	$0	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	1	$0	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		1	$0	QL (30 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	1	$0	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	$0	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		1	$0	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	1	$0	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)		1	$0	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	1	$0	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	1	$0	QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)		1	$0	QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 72 mg	(Relexxii)	1	$0	QL (30 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML		2	$0	PA; QL (20 per 180 days); NDS
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML		2	$0	PA; QL (23 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML		2	$0	PA; QL (1 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML		2	$0	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		2	$0	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		2	$0	PA; NDS
riluzole oral tablet 50 mg	(Rilutek)	1	$0	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		2	$0	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		2	$0	
teriflunomide oral tablet 14 mg, 7 mg	(Aubagio)	1	$0	PA; QL (30 per 30 days); NDS
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	1	$0	PA; QL (112 per 28 days); NDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		2	$0	PA; QL (120 per 30 days); NDS
Contraceptives				
Contraceptives				
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
*after pill 1.5 mg tablet **	(levonorgestrel)	3	$0	
*aftera 1.5 mg tablet **	(levonorgestrel)	3	$0	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	$0	QL (91 per 84 days)
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	1	$0	
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		1	$0	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	$0	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	$0	
balziva (28) oral tablet 0.4-35 mg-mcg		1	$0	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
briellyn oral tablet 0.4-35 mg-mcg		1	$0	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	$0	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	$0	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	1	$0	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	1	$0	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	1	$0	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	1	$0	
econtra one-step 1.5 mg tablet outer *	(levonorgestrel)	3	$0	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	$0	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	$0	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	$0	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	$0	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
estarylla oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	$0	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	1	$0	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	1	$0	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	1	$0	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	$0	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
*her style 1.5 mg tablet **	(levonorgestrel)	3	$0	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	$0	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	$0	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	$0	QL (91 per 84 days)
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	$0	QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
*julie 1.5 mg tablet **	(levonorgestrel)	3	$0	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	$0	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	$0	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	$0	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		2	$0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	1	$0	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rosyrah)	1	$0	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	$0	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
larissia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	$0	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Balcoltra)	1	$0	
levonorgestrel 1.5 mg tablet (otc) *	(After Pill)	3	$0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	$0	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	$0	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	1	$0	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	1	$0	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	$0	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		2	$0	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
meleya oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
mili oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	$0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		2	$0	
mono-linyah oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	$0	
my choice 1.5 mg tablet *	(levonorgestrel)	3	$0	
my way 1.5 mg tablet (otc) *	(levonorgestrel)	3	$0	
new day 1.5 mg tablet *	(levonorgestrel)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NEXPLANON SUBDERMAL IMPLANT 68 MG		2	$0	
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	1	$0	QL (3 per 28 days)
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	$0	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	1	$0	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	1	$0	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	1	$0	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	$0	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	$0	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	1	$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg	(Tri-Lo-Estarylla)	1	$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(Tri-Estarylla)	1	$0	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	(Estarylla)	1	$0	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		1	$0	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
*opcicon one-step 1.5 mg tablet **	(levonorgestrel)	3	$0	
*option 2 1.5 mg tablet **	(levonorgestrel)	3	$0	
orquidea oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
philith oral tablet 0.4-35 mg-mcg		1	$0	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	$0	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		1	$0	
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(l norgest/e.estradiol-e.estrad)	1	$0	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	$0	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	$0	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	$0	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		2	$0	
SLYND ORAL TABLET 4 MG (28)		2	$0	
sprintec (28) oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	$0	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	$0	
*take action 1.5 mg tablet **	(levonorgestrel)	3	$0	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	$0	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	$0	
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	$0	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	$0	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	$0	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	$0	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	$0	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	(norgestimate-ethinyl estradiol)	1	$0	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	(norgestimate-ethinyl estradiol)	1	$0	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	$0	
valtya oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	$0	
VCF CONTRACEPTIVE FILM 28 % *		3	$0	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	$0	
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	$0	
vyfemla (28) oral tablet 0.4-35 mg-mcg		1	$0	
vylibra oral tablet 0.25-0.035 mg	(norgestimate-ethinyl estradiol)	1	$0	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	1	$0	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	1	$0	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	1	$0	QL (3 per 28 days)
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	$0	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	$0	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	$0	
Cough And Cold Products				
Cough And Cold Products				
*adult wal-tussin dm max liq cherry menthol 10-200 mg/5 ml **	(dextromethorphan-guaifenesin)	3	$0	
*benzonatate 100 mg capsule **		3	$0	
*benzonatate 150 mg capsule **		3	$0	
*benzonatate 200 mg capsule **		3	$0	
*chest cong rlf pe 400-10 mg tb 10-400 mg **	(phenylephrine-guaifenesin)	3	$0	
*chest congest rlf 400 mg tab **	(guaifenesin)	3	$0	
*chest congestion relief dm syr 10-100 mg/5 ml **	(dextromethorphan-guaifenesin)	3	$0	
*chest congestion relief soln 100 mg/5 ml **	(guaifenesin)	3	$0	
*chest congst-cough relief tab 20-400 mg **	(dextromethorphan-guaifenesin)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
cough dm 20-200 mg/10 ml syrup 10-100 mg/5 ml *	(dextromethorphan -guaifenesin)	3	$0	
cvs chest congest relief dm tb 20-400 mg *	(dextromethorphan -guaifenesin)	3	$0	
cvs chest congestion rlf tab 400 mg *	(guaifenesin)	3	$0	
cvs child chest congest-cough 5-100 mg/5 ml *	(dextromethorphan -guaifenesin)	3	$0	
cvs child cough dm er 30 mg/5 30 mg/5 ml *	(dextromethorphan polistirex)	3	$0	
cvs tussin 100 mg/5 ml liquid *	(guaifenesin)	3	$0	
day multi-symp flu-severe cold 10-20-500 mg *		3	$0	
DELSYM 30 MG/5 ML SUSPENSION FOR ADULT *	(dextromethorphan polistirex)	3	$0	
dextromethorphan er 30 mg/5 ml *	(Children's Cough DM ER)	3	$0	
diabetic tussin dm max-str liq 10-200 mg/5 ml *	(dextromethorphan -guaifenesin)	3	$0	
endacof-dm liquid 1-2.5-5 mg/5 ml *		3	$0	
eq chld cough dm er 30 mg/5 ml *	(dextromethorphan polistirex)	3	$0	
expectorant 200 mg tablet *	(guaifenesin)	3	$0	
gnp chest congst-cough rlf tab 20-400 mg *	(dextromethorphan -guaifenesin)	3	$0	
gnp pseudoephedrine er 120 mg 12 hour, coated *	(Sinus 12 Hour)	3	$0	
gnp tussin dm clear syrup d/f 10-100 mg/5 ml *	(dextromethorphan -guaifenesin)	3	$0	
guaifenesin 200 mg tablet (otc) *	(Expectorant)	3	$0	
guaifenesin-dm 200-20 mg/10 ml 10-100 mg/5 ml *	(Tussin Cough-Chest Congestion)	3	$0	
MUCINEX DM ER 1,200-60 MG TAB BI-LAYER, MAX-STR 60-1,200 MG *	(dextromethorphan -guaifenesin)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MUCINEX DM ER 600-30 MG TABLET 30-600 MG *	(dextromethorphan -guaifenesin)	3	$0	
MUCINEX ER 600 MG TABLET *	(guaifenesin)	3	$0	
*mucus relief dm cough tablet 20-400 mg **	(dextromethorphan -guaifenesin)	3	$0	
*mucus relief er 1,200 mg tab **	(guaifenesin)	3	$0	
*mucus relief er 600 mg tablet **	(guaifenesin)	3	$0	
*mucus rlf dm er 600-30 mg tab outer 30-600 mg **	(dextromethorphan -guaifenesin)	3	$0	
*neo-tuss liquid 30-200 mg/5 ml **		3	$0	
*pseudoephedrine 30 mg tablet **	(Sudogest)	3	$0	
*pseudoephedrine er 120 mg tab **	(Sinus 12 Hour)	3	$0	
*ra anti-tussive dm syrup 10-100 mg/5 ml **	(dextromethorphan -guaifenesin)	3	$0	
*ra cough dm er 30 mg/5 ml susp 12hr,orange **	(dextromethorphan polistirex)	3	$0	
*ra expectorant cough syrup 100 mg/5 ml **	(guaifenesin)	3	$0	
*ra expectorant cough syrup 100 mg/5 ml **	(guaifenesin)	3	$0	
*ra sinus congestion 12hr 120 mg **	(pseudoephedrine hcl)	3	$0	
*ra suphedrine 12hr 120 mg cplt caplet,mx-str **	(pseudoephedrine hcl)	3	$0	
*ra suphedrine 30 mg tablet **	(pseudoephedrine hcl)	3	$0	
*ra tussin cough liquid d/f 10-100 mg/5 ml **	(dextromethorphan -guaifenesin)	3	$0	
*ra tussin dm max liquid 10-200 mg/5 ml **	(dextromethorphan -guaifenesin)	3	$0	
*ra tussin dm syrup 10-100 mg/5 ml **	(dextromethorphan -guaifenesin)	3	$0	
*refenesen 400 mg tablet **	(guaifenesin)	3	$0	
*robafen cf liquid multi-cld symptm 5-10-100 mg/5 ml **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
robitussin cough-chest dm liq 5-100 mg/5 ml *	(dextromethorphan -guaifenesin)	3	$0	
robitussin cough-cold cf liq 2.5-5-50 mg/5 ml *		3	$0	
ROBITUSSIN SEVERE COUGH-SORE THROAT LIQUID 325-10 MG/10 ML *		3	$0	
scot-tussin expectorant liquid 100 mg/5 ml *	(guaifenesin)	3	$0	
sudogest 12 hour 120 mg caplet *	(pseudoephedrine hcl)	3	$0	
sudogest 30 mg tablet boxed *	(pseudoephedrine hcl)	3	$0	
suphedrin liquid 15 mg/5 ml *		3	$0	
suphedrine sinus cong 30 mg tb *	(pseudoephedrine hcl)	3	$0	
THERAFLU FLU RELIEF DAYTIME PK 1,000-30 MG *		3	$0	
THERAFLU MS SEVERE COLD PCKT 10-20-500 MG *		3	$0	
THERAFLU SVR COLD DAY(DM) PKT 500-20 MG, 650-20 MG *		3	$0	
theraflu-d flu relief day liq 60-30-1,000 mg/30 ml *		3	$0	
THERAFLU-D FLU RELIEF NIGHT LQ 4-60-30-1000 MG/30 ML *		3	$0	
VANATAB DM CAPLET 5-9-198 MG *		3	$0	
wal-phed 30 mg tablet maxium strength *	(pseudoephedrine hcl)	3	$0	
wal-phed 30 mg tablet non-drowsy *	(pseudoephedrine hcl)	3	$0	
wal-phed d er 120 mg tablet *	(pseudoephedrine hcl)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
wal-tussin dm clear syrup 10-100 mg/5 ml *	(dextromethorphan -guaifenesin)	3	$0	
wal-tussin syrup 100 mg/5 ml *	(guaifenesin)	3	$0	
zephrex-d 30 mg tablet *		3	$0	
Dental And Oral Agents				
Dental And Oral Agents				
cevimeline oral capsule 30 mg	(Evoxac)	1	$0	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Periogard)	1	$0	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	$0	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	$0	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	$0	
PHOS-FLUR ORAL RINSE 6'S,10ML DOSAGE CUP 0.02 % (0.044 % SOD. FLUORIDE) *		3	$0	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	$0	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	$0	
sodium fluoride dental solution 0.2 %	(PreviDent)	1	$0	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Denta 5000 Plus Sensitive)	1	$0	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	1	$0	
Dermatological Agents				
Dermatological Agents, Other				
A AND D DIAPER RASH CREAM 1-10 % *		3	$0	
a and d ointment *	(vits a and d-white pet-lanolin)	3	$0	
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	$0	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
acne foaming 10% wash *	(benzoyl peroxide)	3	$0	
acne medication 10% gel *	(benzoyl peroxide)	3	$0	
acne medication 5% gel *	(benzoyl peroxide)	3	$0	
acneclear gel 10 % *	(benzoyl peroxide)	3	$0	
acyclovir topical cream 5 %	(Zovirax)	1	$0	QL (5 per 4 days)
acyclovir topical ointment 5 %	(Zovirax)	1	$0	QL (30 per 30 days)
ameriphor moist ointment *		3	$0	
amlactin 12% lotion (rx) *	(ammonium lactate)	3	$0	
ammonium lactate 12% cream (otc) *		3	$0	
ammonium lactate 12% cream (rx) *		3	$0	
ammonium lactate 12% cream fragrance free (otc) *		3	$0	
ammonium lactate 12% lotion (otc) *	(AmLactin)	3	$0	
ammonium lactate 12% lotion fragrance free (rx) *	(AmLactin)	3	$0	
ammonium lactate topical cream 12 %		1	$0	
ammonium lactate topical lotion 12 %	(AmLactin)	1	$0	
AQUAPHOR 41% HEALING OINTMENT *		3	$0	
aquaphor baby diaper rash 40% *	(zinc oxide)	3	$0	
arthritis pain relief 0.1% crm high potency str *	(capsaicin)	3	$0	
arthritis pain rlf 0.075% crm *	(capsaicin)	3	$0	
astringent solution powder pkt 952-1,347 mg *		3	$0	
aveeno baby cream 1 % *		3	$0	
AVEENO ECZEMA THERAPY 1% CREAM *		3	$0	
balmex adult care 11.3% cream *		3	$0	
balmex cmplt protect 11.3% crm *		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*benzoyl peroxide 10% gel (otc) **	(Acne Medication)	3	$0	
*benzoyl peroxide 10% gel maximum strength (otc) **	(Acne Medication)	3	$0	
*benzoyl peroxide 10% wash (otc) **	(Acne Control(benzoyl peroxide))	3	$0	
*benzoyl peroxide 5% wash (otc) **	(Advanced Exfoliating Cleanser)	3	$0	
BETADINE 5% SPRAY *		3	$0	
*biofreeze 5% overnight patch inner **	(menthol)	3	$0	
*bp 10% gel **	(benzoyl peroxide)	3	$0	
BP WASH 10% LIQUID *	(benzoyl peroxide)	3	$0	
calcipotriene scalp solution 0.005 %		1	$0	QL (120 per 30 days)
calcipotriene topical cream 0.005 %		1	$0	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		1	$0	QL (120 per 30 days)
CALDESENE MEDICATED 15-81% PWD *		3	$0	
CALMOSEPTINE OINTMENT 0.44-20.6 % *	(menthol-zinc oxide)	3	$0	
*capsaicin 0.1% cream **	(Arthritis Pain Relief(capsaic))	3	$0	
CAPZASIN 0.15% LIQUID *	(capsaicin)	3	$0	
CASTELLANI PAINT 1.5% COLORLESS, MODIFIED *		3	$0	
*cutter lemon eucalyptus spray 30 % **		3	$0	
*cvs acne control 10 % cleanser **	(benzoyl peroxide)	3	$0	
*cvs acne treatment 10% gel **	(benzoyl peroxide)	3	$0	
*cvs adv exfoliating 5% cleansr **	(benzoyl peroxide)	3	$0	
*cvs advanced healing 41% oint **		3	$0	
*cvs capsaicin 0.1% cream **	(Arthritis Pain Relief(capsaic))	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*cvs diaper cream 1-10 % **		3	$0	
*cvs eczema relief 1% cream **		3	$0	
*cvs foaming acne face 10% wash **	(benzoyl peroxide)	3	$0	
CVS PETROLEUM JELLY *	(Lip Treatment)	3	$0	
*cvs skin treatment body lotion 12 % **	(ammonium lactate)	3	$0	
*cvs wound wash saline spray 0.9 % **		3	$0	
DAKIN'S 0.125% SOLUTION *		3	$0	
*dakin's 0.25% solution **		3	$0	
*daylogic acne foaming 10% wash **	(benzoyl peroxide)	3	$0	
*daylogic acne treatmnt 10% gel **	(benzoyl peroxide)	3	$0	
*daylogic advanced healing oint 41 % **		3	$0	
*dermaphor ointment **		3	$0	
DESITIN 40% PASTE *		3	$0	
DESITIN DAILY DEFENSE 13% CRM *		3	$0	
*dhs sal 3% shampoo **		3	$0	
DHS TAR 0.5% SHAMPOO *		3	$0	
*diaper rash 13% cream **		3	$0	
*diaper rash 40% ointment **	(zinc oxide)	3	$0	
*diaper rash 40% paste **		3	$0	
DOMEBORO POWDER PACKET 952-1,347 MG *		3	$0	
*dry skin treatment 41 % **		3	$0	
*eq first aid antiseptic soln 10 % **	(povidone-iodine)	3	$0	
*eucerin eczema relief 1% cream **		3	$0	
fluorouracil topical cream 0.5 %	(Carac)	2	$0	NDS
fluorouracil topical cream 5 %	(Efudex)	1	$0	
fluorouracil topical solution 2 %, 5 %		1	$0	
*gnp saline wound wash spray 0.9 % **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
gs diaper rash 40% paste *	(zinc oxide)	3	$0	
gs hydrogen peroxide 3% soln (otc) *		3	$0	
h-chlor 12 0.125% solution *		3	$0	
hemorrhoidal ointment 0.25-14-74.9 % *		3	$0	
hemorrhoidal suppositories 0.25-88.44 % *		3	$0	
hysept 0.25% solution *		3	$0	
icy hot medicated patch extra strength 5 % *	(menthol)	3	$0	
imiquimod topical cream in packet 5 %		1	$0	QL (24 per 30 days)
ISOPROPYL ALCOHOL TOPICAL SWAB 70 %		1	$0	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		2	$0	QL (5 per 5 days)
lintera 10% wash *	(benzoyl peroxide)	3	$0	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		1	$0	NDS
NATRAPEL 20% SPRAY *		3	$0	
neutrogena t-sal 3% shampoo *		3	$0	
nizoral psoriasis 3% shampoo *		3	$0	
OCUSOFT LID SCRUB ALLERGY PADS *		3	$0	
panoxyl 10% acne foaming wash *	(benzoyl peroxide)	3	$0	
PANRETIN TOPICAL GEL 0.1 %		2	$0	QL (60 per 28 days); NDS
penciclovir topical cream 1 %	(Denavir)	1	$0	
periguard ointment *		3	$0	
persa-gel 10% 12's,max-strength *	(benzoyl peroxide)	3	$0	
petrolatum base ointment *		3	$0	
PETROLATUM JELLY WHITE (RX) 100 % *		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PETROLEUM JELLY LIP TREATMENT *	(white petrolatum)	3	$0	
podofilox topical solution 0.5 %		1	$0	
povidone-iodine 10% solution *		3	$0	
povidone-iodine 10% solution *	(Antiseptic)	3	$0	
protective ointment w/vitamins a&d *	(white petrolatum)	3	$0	
ra antiseptic 10% solution *	(povidone-iodine)	3	$0	
ra zinc oxide ointment *		3	$0	
REGRANEX TOPICAL GEL 0.01 %		2	$0	PA; QL (30 per 30 days); NDS
repel lemon eucalyptus 30% spr *		3	$0	
safe wash soln 0.9 % *	(sodium chloride)	3	$0	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		2	$0	QL (180 per 30 days)
selsun blue deep clean shampoo 3 % *		3	$0	
sm anti-dandruff 0.5% shampoo *		3	$0	
thera-gel 0.5% shampoo *		3	$0	
therapeutic t+plus shampoo 3 % *		3	$0	
t-plus 0.5% therapeutic shmpoo *		3	$0	
VALCHLOR TOPICAL GEL 0.016 %		2	$0	PA NSO; NDS
VASELINE PETROLEUM JELLY 12'S *	(white petrolatum)	3	$0	
VASELINE WHITE PETROLEUM JELLY *	(white petrolatum)	3	$0	
vitamin a and d ointment pkt inner *	(Skin Protectant A and D)	3	$0	
WHITE PETROLEUM JELLY *	(Lip Treatment)	3	$0	
WHITE PETROLEUM JELLY 144'S *	(white petrolatum)	3	$0	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	$0	
zinc oxide 20% ointment (otc) *	(Endit (zinc oxide))	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
zostrix hp 0.1% cream *	(capsaicin)	3	$0	
zostrix hp 0.1% foot cream *	(capsaicin)	3	$0	
Dermatological Antibacterials				
bacitracin 500 unit/gm ointmnt 500 unit/gram *	(Bacitraycin Plus)	3	$0	
bacitracin zn 500 unit/gm oint 500 unit/gram *	(Antibiotic (bacitracin zinc))	3	$0	
bacitraycin plus 500 unit/gm 500 unit/gram *	(bacitracin)	3	$0	
clindamycin phosphate topical foam 1 %	(Clindacin)	1	$0	QL (100 per 30 days)
clindamycin phosphate topical solution 1 %		1	$0	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	1	$0	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	1	$0	
clindamycin-benzoyl peroxide topical gel 1-5 %		1	$0	
ery pads topical swab 2 %	(erythromycin with ethanol)	1	$0	
erythromycin with ethanol topical gel 2 %	(Erygel)	1	$0	
erythromycin with ethanol topical solution 2 %		1	$0	
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	1	$0	
gentamicin topical cream 0.1 %		1	$0	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		1	$0	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	1	$0	
metronidazole topical gel 0.75 %	(Rosadan)	1	$0	
metronidazole topical gel 1 %	(Metrogel)	1	$0	
metronidazole topical lotion 0.75 %	(MetroLotion)	1	$0	
mupirocin topical ointment 2 %	(Centany)	1	$0	QL (220 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
neuac topical gel 1.2 %(1 % base) - 5 %	(clindamycin-benzoyl peroxide)	1	$0	
rosadan topical cream 0.75 %	(metronidazole)	1	$0	
selenium sulfide topical lotion 2.5 %		1	$0	
silver sulfadiazine topical cream 1 %	(SSD)	1	$0	
ssd topical cream 1 %	(silver sulfadiazine)	2	$0	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	1	$0	
*triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram **	(neomycin-bacitracnzn-polymyxnb)	3	$0	
Dermatological Anti-Inflammatory Agents				
ala-cort topical cream 1 %	(hydrocortisone)	1	$0	
ala-scalp topical lotion 2 %	(hydrocortisone)	1	$0	
alclometasone topical cream 0.05 %		1	$0	
alclometasone topical ointment 0.05 %		1	$0	
*aquanil hc 1% lotion **	(hydrocortisone)	3	$0	
*aquaphor itch relief 1% oint **	(hydrocortisone)	3	$0	
*beta hc 1% lotion **	(hydrocortisone)	3	$0	
betamethasone dipropionate topical cream 0.05 %		1	$0	
betamethasone dipropionate topical lotion 0.05 %		1	$0	
betamethasone dipropionate topical ointment 0.05 %		1	$0	
betamethasone valerate topical cream 0.1 %		1	$0	
betamethasone valerate topical foam 0.12 %	(Luxiq)	1	$0	
betamethasone valerate topical lotion 0.1 %		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
betamethasone valerate topical ointment 0.1 %		1	$0	
betamethasone, augmented topical cream 0.05 %		1	$0	
betamethasone, augmented topical gel 0.05 %		1	$0	
betamethasone, augmented topical lotion 0.05 %		1	$0	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	1	$0	
clobetasol scalp solution 0.05 %		1	$0	
clobetasol topical cream 0.05 %		1	$0	
clobetasol topical foam 0.05 %	(Olux)	1	$0	
clobetasol topical gel 0.05 %		1	$0	
clobetasol topical lotion 0.05 %	(Clobex)	1	$0	
clobetasol topical ointment 0.05 %		1	$0	
clobetasol topical shampoo 0.05 %	(Clobex)	1	$0	
clobetasol-emollient topical cream 0.05 %		1	$0	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	1	$0	
*cortaid topical cream 1 % **	(hydrocortisone)	3	$0	
*cortizone-10 1% ointment **	(hydrocortisone)	3	$0	
*cortizone-10 with aloe 1% crm **	(hydrocortisone-aloe vera)	3	$0	
*cvs cortisone 1% cream **	(hydrocortisone)	3	$0	
*cvs cortisone with aloe 1% crm **	(hydrocortisone-aloe vera)	3	$0	
desonide topical cream 0.05 %	(DesOwen)	1	$0	
desonide topical lotion 0.05 %		1	$0	
desonide topical ointment 0.05 %		1	$0	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	1	$0	QL (120 per 30 days)
desoximetasone topical gel 0.05 %	(Topicort)	1	$0	QL (120 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	1	$0	
diflorasone topical ointment 0.05 %		1	$0	QL (180 per 30 days)
*eq hydrocortisone 1% cream (otc) **	(Ala-Cort)	3	$0	
*eq hydrocortisone-aloe 1% crm **	(Anti-Itch(hydrocortisone)-Aloe)	3	$0	
EUCRISA TOPICAL OINTMENT 2 %		2	$0	
fluocinolone topical cream 0.01 %		1	$0	
fluocinolone topical cream 0.025 %	(Synalar)	1	$0	
fluocinolone topical ointment 0.025 %	(Synalar)	1	$0	
fluocinonide topical cream 0.05 %		1	$0	
fluocinonide topical cream 0.1 %	(Vanos)	1	$0	
fluocinonide topical gel 0.05 %		1	$0	
fluocinonide topical ointment 0.05 %		1	$0	
fluocinonide topical solution 0.05 %		1	$0	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	1	$0	
fluticasone propionate topical cream 0.05 %		1	$0	
fluticasone propionate topical ointment 0.005 %		1	$0	
*ft itch relief 1% ointment **	(hydrocortisone)	3	$0	
*ft itch rlf with aloe 1% cream **	(hydrocortisone-aloe vera)	3	$0	
*gs anti-itch 1% cream **	(hydrocortisone)	3	$0	
halobetasol propionate topical cream 0.05 %		1	$0	
halobetasol propionate topical ointment 0.05 %		1	$0	
*hm hydrocortisone 1% cream (otc) **	(Ala-Cort)	3	$0	
*hydrocortisone 0.5% ointment **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*hydrocortisone 1% cream (otc) **	(Ala-Cort)	3	$0	
*hydrocortisone 1% cream **	(Vanicream HC)	3	$0	
*hydrocortisone 1% cream max str, w/aloe (otc) **	(Ala-Cort)	3	$0	
*hydrocortisone 1% cream maximum strength (otc) **	(Ala-Cort)	3	$0	
*hydrocortisone 1% lotion (otc) **	(Aquanil HC)	3	$0	
*hydrocortisone 1% ointment **		3	$0	
*hydrocortisone 1% ointment maximum strength (otc) **	(Anti-Itch (HC))	3	$0	
hydrocortisone 2.5% cream		1	$0	
hydrocortisone butyrate topical cream 0.1 %		1	$0	QL (120 per 30 days)
hydrocortisone butyrate topical lotion 0.1 %		1	$0	QL (236 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %		1	$0	QL (120 per 30 days)
hydrocortisone butyrate topical solution 0.1 %		1	$0	QL (120 per 30 days)
*hydrocortisone plus 1% cream max-str,w/aloe **	(hydrocortisone-aloe vera)	3	$0	
hydrocortisone topical cream 1 %	(Ala-Cort)	1	$0	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	1	$0	
hydrocortisone topical lotion 2 %	(Ala-Scalp)	1	$0	
hydrocortisone topical lotion 2.5 %		1	$0	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	$0	
hydrocortisone topical ointment 2.5 %		1	$0	
hydrocortisone valerate topical cream 0.2 %		1	$0	
hydrocortisone valerate topical ointment 0.2 %		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*hydrocortisone-aloe 1% cream **	(Anti-Itch(hydrocortisone)-Aloe)	3	$0	
mometasone topical cream 0.1 %		1	$0	
mometasone topical ointment 0.1 %		1	$0	
mometasone topical solution 0.1 %		1	$0	
*monistat care 1% cream **	(hydrocortisone)	3	$0	
pimecrolimus topical cream 1 %	(Elidel)	1	$0	QL (100 per 30 days)
*preparation h hc 1% cream **	(hydrocortisone)	3	$0	
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	$0	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	$0	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	$0	
*pub hydrocream 1% **	(hydrocortisone)	3	$0	
*qc anti-itch with aloe 1% crm **	(hydrocortisone-aloe vera)	3	$0	
*ra anti-itch 1% cream maximum strength **	(hydrocortisone)	3	$0	
*ra anti-itch 1% ointment maximum strength **	(hydrocortisone)	3	$0	
*sm hydrocortisone 1% ointment maximum strength (otc) **	(Anti-Itch (HC))	3	$0	
*sm hydrocortisone plus 1% crm **	(hydrocortisone-aloe vera)	3	$0	
*sm hydrocortisone-aloe 1% crm **	(Anti-Itch(hydrocortisone)-Aloe)	3	$0	
tacrolimus topical ointment 0.03 %, 0.1 %		1	$0	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %		1	$0	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		1	$0	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	$0	
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	1	$0	
*vanicream hc 1% cream **	(hydrocortisone acetate)	3	$0	
Dermatological Retinoids				
adapalene topical cream 0.1 %	(Differin)	1	$0	
ALTRENO TOPICAL LOTION 0.05 %		2	$0	PA
tazarotene topical cream 0.05 %, 0.1 %	(Tazorac)	1	$0	
tretinoin topical cream 0.025 %	(Avita)	1	$0	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	1	$0	PA
tretinoin topical gel 0.01 %	(Retin-A)	1	$0	PA
tretinoin topical gel 0.025 %	(Avita)	1	$0	PA
tretinoin topical gel 0.05 %	(Atralin)	1	$0	PA
Scabicides And Pediculicides				
*cvs lice killing shampoo maximum strength 0.33-4 % **		3	$0	
*gnp lice treatment shampoo 1 nit comb included 0.33-4 % **		3	$0	
*lice killing shampoo 0.33-4 % **		3	$0	
*lice treatment 1% creme rinse 1 nit removal comb **	(permethrin)	3	$0	
malathion topical lotion 0.5 %	(Ovide)	1	$0	
permethrin topical cream 5 %	(Elimite)	1	$0	QL (60 per 30 days)
Devices				
Devices				
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	1	$0	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	$0	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	$0	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		1	$0	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		1	$0	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		1	$0	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		1	$0	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	$0	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	$0	PA; ST
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		1	$0	PA; ST
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		1	$0	PA; ST
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		1	$0	PA; ST
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	$0	PA; ST
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		1	$0	PA; ST
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
BD ECLIPSE NEEDLE 30GX1/2" (OTC) 30 X 1/2 "		1	$0	PA; ST
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	PA; ST
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		1	$0	PA; ST
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		1	$0	PA; ST
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	$0	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	1	$0	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		1	$0	PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		1	$0	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		1	$0	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		1	$0	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		1	$0	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	$0	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		1	$0	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		1	$0	PA; ST
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BD SINGLE USE SWAB	(alcohol swabs)	1	$0	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	$0	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	$0	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

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

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
COMFEEL PLUS CLEAR DRESSING 6 X 8 " *	(hydrocolloid dressing)	3	$0	
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

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

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		1	$0	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		1	$0	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	$0	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	$0	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	$0	PA; ST
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	1	$0	PA; ST
CUTINOVA HYDRO 6"X8" DRESSING 6 X 8 " *	(hydrocolloid dressing)	3	$0	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	$0	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		1	$0	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		1	$0	PA; ST
DROPLET 0.3 ML 29G 12.7MM(1/2) 0.3 ML 29 GAUGE X 1/2"		1	$0	PA; ST
DROPLET 0.3 ML 30G 12.7MM(1/2) 0.3 ML 30 GAUGE X 1/2"		1	$0	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		1	$0	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		1	$0	PA; ST
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS 0.3 ML 30G 8MM(1/2) 0.3 ML 30 GAUGE X 5/16"		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS 0.3 ML 31G 6MM(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	$0	PA; ST
DROPLET INS 0.3 ML 31G 8MM(1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	PA; ST
DROPLET INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		1	$0	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		1	$0	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		1	$0	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		1	$0	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		1	$0	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1	$0	PA; ST
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		1	$0	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		1	$0	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	1	$0	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"		1	$0	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		1	$0	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"		1	$0	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"		1	$0	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"		1	$0	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"		1	$0	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"		1	$0	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	$0	PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	$0	PA; ST
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	(insulin syringe-needle u-100)	1	$0	PA; ST
DUODERM CGF 2.5"X2.5" DRESSING 2 1/2 X 2 1/2 " *		3	$0	
DUODERM CGF 6"X8" DRESSING REF#187643 6 X 8 " *	(hydrocolloid dressing)	3	$0	
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	$0	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	$0	PA; ST
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	$0	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		1	$0	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		1	$0	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	$0	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"		1	$0	PA; ST
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"		1	$0	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		1	$0	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		1	$0	PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	$0	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		1	$0	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		1	$0	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		1	$0	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		1	$0	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	$0	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		1	$0	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		1	$0	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		1	$0	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		1	$0	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		1	$0	PA; ST
EASY TOUCH LUER LOK INSUL 1 ML	(insulin syringe needleless)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		1	$0	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		1	$0	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	$0	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	$0	PA; ST
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	1	$0	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		1	$0	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
EQL INSULIN 0.5 ML SYRINGE 1/2 ML 29	(Ultilet Insulin Syringe)	1	$0	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	1	$0	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE		1	$0	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
GAUZE PADS & DRESSINGS - PADS 2 X 2 TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	$0	PA; ST
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		1	$0	PA; ST
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	(insulin syringe-needle u-100)	1	$0	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	$0	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		1	$0	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	1	$0	PA; ST
GS PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(1st Tier Unifine Pentips)	1	$0	PA; ST
GS PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(1st Tier Unifine Pentips)	1	$0	PA; ST
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		1	$0	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	$0	PA; ST
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		2	$0	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		2	$0	
INSULIN 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	1	$0	PA; ST
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(Droplet Insulin Syr(half unit))	1	$0	PA; ST
INSULIN SYR 0.5 ML 28G 12.7MM (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" (RX) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" INNER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	1	$0	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	1	$0	PA; ST
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	$0	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	1	$0	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	1	$0	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	1	$0	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(BD SafetyGlide Syringe)	1	$0	PA; ST
INSULIN SYRINGE 1 ML 28G 12.7MM (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	1	$0	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Droplet Insulin Syringe)	1	$0	PA; ST
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	1	$0	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	1	$0	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	1	$0	PA; ST
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"		1	$0	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD TOPICAL PADS, MEDICATED	(alcohol swabs)	1	$0	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	1	$0	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	1	$0	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		1	$0	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	$0	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		1	$0	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		1	$0	PA; ST
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		1	$0	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		1	$0	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		1	$0	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		1	$0	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		1	$0	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	$0	PA; ST
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	$0	PA; ST
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	$0	PA; ST
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	1	$0	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	1	$0	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	$0	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	1	$0	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	1	$0	PA; ST
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		1	$0	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
MS INSULIN SYR 1 ML 31GX5/16" (OTC) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	1	$0	PA; ST
MS INSULIN SYRINGE 0.3 ML 0.3 ML 30	(Ultra Comfort Insulin Syringe)	1	$0	PA; ST
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
NOVOFINE 30 NEEDLE		1	$0	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		1	$0	PA; ST
NOVOTWIST NEEDLE 32 GAUGE X 1/5"		1	$0	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE		2	$0	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		2	$0	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		2	$0	QL (10 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE		2	$0	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)		2	$0	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		2	$0	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		2	$0	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		2	$0	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		2	$0	QL (10 per 30 days)
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	1	$0	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	1	$0	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
PEN NEEDLE 31G X 1/4" HRI 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	1	$0	PA; ST
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	1	$0	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
PREFPLS INS SYR 1 ML 30GX5/16" (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	1	$0	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	$0	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	$0	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

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

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	$0	PA; ST
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		1	$0	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	1	$0	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		1	$0	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		1	$0	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	$0	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	$0	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	$0	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		1	$0	PA; ST
REPLICARE THIN 6"X8" DRESSING (RX) 6 X 8 " *	(hydrocolloid dressing)	3	$0	
RESTORE EX THIN 6"X8" DRESSING HYDROCOLLOID,STERILE 6 X 8 " *	(hydrocolloid dressing)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
RESTORE HYDROCOLLOID 6"X8" FOAM BACKING 6 X 8 " *	(Comfeel Plus Clear Dressing)	3	$0	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		1	$0	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		1	$0	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		1	$0	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		1	$0	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		1	$0	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort EZ PRO Safety Pen Ndl)	1	$0	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	$0	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		1	$0	PA; ST
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		1	$0	PA; ST
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"		1	$0	PA; ST
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"		1	$0	PA; ST
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"		1	$0	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	PA; ST
STERILE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	$0	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	$0	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	$0	PA; ST
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
SURE COMFORT ALCOHOL PREP PADS	(alcohol swabs)	1	$0	PA; ST
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SURE-PREP ALCOHOL PREP PADS	(alcohol swabs)	1	$0	PA; ST
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		1	$0	PA; ST
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		1	$0	PA; ST
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		1	$0	PA; ST
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	PA; ST
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		1	$0	PA; ST
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		1	$0	PA; ST
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		1	$0	PA; ST
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		1	$0	PA; ST
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	$0	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	1	$0	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	$0	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	$0	PA; ST
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	$0	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		1	$0	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		1	$0	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	1	$0	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		1	$0	PA; ST
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		1	$0	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	$0	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	$0	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	$0	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

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

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		1	$0	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	$0	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		1	$0	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		1	$0	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		1	$0	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		1	$0	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	$0	PA; ST
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	$0	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	$0	PA; ST
ULTICARE INS SYR 0.5 ML 30G 8MM (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	$0	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTICARE INS SYR 0.5 ML 31G 8MM (OTC) 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	$0	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		1	$0	PA; ST
ULTICARE SAFETY 0.5 ML 29GX1/2 (RX) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		1	$0	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		1	$0	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		1	$0	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		1	$0	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"		1	$0	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		1	$0	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		1	$0	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		1	$0	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"		1	$0	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		1	$0	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		1	$0	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		1	$0	PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	1	$0	PA; ST
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTILET PEN NEEDLE 29 GAUGE		1	$0	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		1	$0	PA; ST
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		1	$0	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		1	$0	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	PA; ST
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		1	$0	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		1	$0	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		1	$0	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

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

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		1	$0	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1	$0	PA; ST
V-GO 20 DEVICE		2	$0	QL (30 per 30 days)
V-GO 30 DEVICE		2	$0	QL (30 per 30 days)
V-GO 40 DEVICE		2	$0	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	$0	PA; ST

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Enzyme Cofactors/Chaperones			
Enzyme Cofactors/Chaperones			
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	2	$0	PA; QL (90 per 30 days); NDS
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
CERDELGA ORAL CAPSULE 84 MG	2	$0	PA; NDS
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	2	$0	
GALAFOLD ORAL CAPSULE 123 MG	2	$0	PA; QL (14 per 28 days); NDS
javygtor oral tablet,soluble 100 mg (sapropterin)	1	$0	PA; NDS
miglustat oral capsule 100 mg (Yargesa)	1	$0	PA; QL (90 per 30 days); NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)	1	$0	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	2	$0	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	$0	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	$0	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	2	$0	PA; NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
sapropterin oral tablet,soluble 100 mg	(Javygtor)	1	$0	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		2	$0	PA; LA; NDS
yargesa oral capsule 100 mg	(miglustat)	1	$0	PA; QL (90 per 30 days); NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT		2	$0	
Eye, Ear, Nose, Throat Agents				
Eye, Ear, Nose, Throat Agents, Miscellaneous				
advanced eye relief 0.2% drops *	(olopatadine)	3	$0	
alaway 0.025% eye drops 0.025 % (0.035 %) *	(ketotifen fumarate)	3	$0	
altamist 0.65% nose spray *	(sodium chloride)	3	$0	
apraclonidine ophthalmic (eye) drops 0.5 %		1	$0	
artificial tears drops 0.5-0.6 % *		3	$0	
artificial tears drops 1-0.2-0.2 % *		3	$0	
artificial tears eye ointment 83-15 % *		3	$0	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	1	$0	
ayr saline 0.65% nose spray *	(sodium chloride)	3	$0	
AYR SALINE NASAL RINSE KIT 50 PKTS & 1 APP BTL *		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		1	$0	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	1	$0	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		1	$0	
*baby ayr saline 0.65% drops **		3	$0	
bepotastine besilate ophthalmic (eye) drops 1.5 %	(Bepreve)	1	$0	ST
*child's alaway 0.025% eye drop 0.025 % (0.035 %) **	(ketotifen fumarate)	3	$0	
*clear eyes natural tears drop 0.5-0.6 % **		3	$0	
*clear eyes once daily 0.2% drp **	(olopatadine)	3	$0	
cromolyn ophthalmic (eye) drops 4 %		1	$0	
*cvs allergy nasal mist 0.05% **		3	$0	
*cvs artificial tears drops 1-0.3 % **		3	$0	
*cvs lubricant 0.5% eye drop **	(carboxymethylcellulose sodium)	3	$0	
*cvs lubricant eye drops 0.4-0.3 % **		3	$0	
*cvs nasal wash squeeze bottle **		3	$0	
*cvs natural tears drop 0.1-0.3 % **		3	$0	
*cvs nighttime dry-eye relief 57.3-42.5 % **		3	$0	
*cvs olopatadine 0.2% eye drop (otc) **	(Advanced Eye Relief (olopatad))	3	$0	
*cvs overnight lubricating eye 94-3 % **		3	$0	
*cvs saline 0.65% nasal spray **	(sodium chloride)	3	$0	
*cvs saline 3% nasal mist **		3	$0	
*cvs saline 3% nasal mist **		3	$0	
*cvs sodium chloride 5% eye drp **	(Muro 128)	3	$0	
*cvs sodium chloride 5% eye ont **	(Muro 128)	3	$0	
*deep sea 0.65% nose spray **	(sodium chloride)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
dristan 0.05% nasal spray *	(oxymetazoline)	3	$0	
epinastine ophthalmic (eye) drops 0.05 %		1	$0	
eye allergy itch rlf 0.2% drop *	(olopatadine)	3	$0	
eye allergy itch-red 0.1% drop *	(olopatadine)	3	$0	
eye itch relief 0.025% drops 0.025 % (0.035 %) *	(ketotifen fumarate)	3	$0	
eyes alive lub 0.5% eye drops *	(carboxymethylcellulose sodium)	3	$0	
for sty relief eye ointment *		3	$0	
freshkote eye drop 2.7-2 % *		3	$0	
ft eye allergy itch rlf 0.2% *	(olopatadine)	3	$0	
ft eye allergy itch-red 0.1% *	(olopatadine)	3	$0	
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 % *	(artificial tear(dxtrn-hpm-gly))	3	$0	
GENTEAL TEARS 0.1%-0.3% DROP 0.1-0.3 % *		3	$0	
GENTEAL TEARS SEVERE 0.3% GEL *		3	$0	
goniotaire 2.5% eye drop *	(hypromellose)	3	$0	
gs nasal moist 0.65% spray *	(sodium chloride)	3	$0	
gs nasal spray 0.05% *	(oxymetazoline)	3	$0	
hm eye allergy itch rlf 0.2% *	(olopatadine)	3	$0	
hm eye allergy itch-red 0.1% *	(olopatadine)	3	$0	
hm sinus nasal spray 0.05% *	(oxymetazoline)	3	$0	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		1	$0	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		1	$0	QL (15 per 10 days)
isopto tears ophthalmic (eye) drops 0.5 % *		3	$0	
little remedies saline spray 0.65 % *	(sodium chloride)	3	$0	
lubricant 0.5-0.9% eye drops *		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*lubrifresh pm eye ointment 83-15 % **		3	$0	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		2	$0	QL (12 per 28 days)
*muro-128 2% eye drops **		3	$0	
*muro-128 5% eye drops **	(sodium chloride)	3	$0	
*muro-128 5% eye ointment **	(sodium chloride)	3	$0	
*nasal relief 0.05% spray **		3	$0	
*neilmed sinus rinse kit **		3	$0	
*neilmed sinus rinse kit refill **		3	$0	
*nostrilla 0.05% nasal spray **	(oxymetazoline)	3	$0	
OCUSOFT LID SCRUB PADS *		3	$0	
OCUSOFT LID SCRUB PLUS PADS *		3	$0	
*olopatadine hcl 0.1% eye drops (otc) **	(Eye Allergy Itch-Redness Rlf)	3	$0	
*olopatadine hcl 0.2% eye drop (otc) **	(Advanced Eye Relief (olopatad))	3	$0	
olopatadine nasal spray,non-aerosol 0.6 %		1	$0	QL (30.5 per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	1	$0	
olopatadine ophthalmic (eye) drops 0.2 %	(Advanced Eye Relief (olopatad))	1	$0	
*polyvinyl alcohol 1.4% eyedrop **	(Artificial Tears (polyvin alc))	3	$0	
*qc olopatadine 0.2% eye drop (otc) **	(Advanced Eye Relief (olopatad))	3	$0	
*ra artificial tears drops dry eye formula 1-0.3 % **		3	$0	
*ra nasal rlf sinus wash refill **		3	$0	
REFRESH CLASSIC EYE DROPS U-D,P/F,30X.4ML 1.4-0.6 % *		3	$0	
REFRESH LACRI-LUBE OINTMENT 56.8-42.5 % *		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
REFRESH LIQUIGEL 1% EYE DROP *	(carboxymethylcellulose sodium)	3	$0	
REFRESH TEARS 0.5% EYE DROP *	(carboxymethylcellulose sodium)	3	$0	
retaine allergy 0.2 % eye drop *	(olopatadine)	3	$0	
sinus rinse premixed packet p/f *		3	$0	
sinus rinse starter kit *		3	$0	
sm olopatadine 0.2% eye drop (otc) *	(Advanced Eye Relief (olopatad))	3	$0	
sodium chloride 5% eye drop *	(Muro 128)	3	$0	
SYSTANE 0.3% EYE GEL *		3	$0	
SYSTANE 0.4-0.3% EYE DROP *		3	$0	
SYSTANE BALANCE 0.6% EYE DROP CLINICAL STRENGTH *		3	$0	
SYSTANE GEL EYE DROPS 0.4-0.3 % *		3	$0	
SYSTANE NIGHTTIME EYE OINTMENT 94-3 % *		3	$0	
THERA TEARS 0.25% EYE DROPS *		3	$0	
vicks sinex 12 hour mist 0.05 % *		3	$0	
wal-zyr 0.025% eye drops 0.025 % (0.035 %) *	(ketotifen fumarate)	3	$0	
Eye, Ear, Nose, Throat Anti-Infectives Agents				
acetic acid otic (ear) solution 2 %		1	$0	
bacitracin ophthalmic (eye) ointment 500 unit/gram		1	$0	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	1	$0	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %		1	$0	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		1	$0	QL (7.5 per 7 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*cvs ear drops 6.5% **	(carbamide peroxide)	3	$0	
*debrox 6.5% ear drops **	(carbamide peroxide)	3	$0	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	$0	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 %		1	$0	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)		1	$0	
gentamicin ophthalmic (eye) drops 0.3 %		1	$0	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		1	$0	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	$0	
*murine 6.5% ear drops **	(carbamide peroxide)	3	$0	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		2	$0	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	$0	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	$0	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	$0	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	$0	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	$0	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	$0	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		1	$0	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	1	$0	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	1	$0	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	$0	
ofloxacin otic (ear) drops 0.3 %		1	$0	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	1	$0	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml		1	$0	
*ra ear drops 6.5% **	(carbamide peroxide)	3	$0	
REFRESH OPTIVE MEGA-3 DROPS 0.5-1-0.5 % *		3	$0	
sulfacetamide sodium ophthalmic (eye) drops 10 %		1	$0	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		1	$0	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	$0	
tobramycin ophthalmic (eye) drops 0.3 %		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		1	$0	
trifluridine ophthalmic (eye) drops 1 %		1	$0	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %		2	$0	PA; QL (10 per 42 days); NDS
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		2	$0	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		2	$0	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents				
24 hour allergy 50 mcg spray 50 mcg/actuation *	(fluticasone propionate)	3	$0	
aller-cort 55 mcg nasal spray inner *	(triamcinolone acetonide)	3	$0	
aller-flo 50 mcg spray 50 mcg/actuation *	(fluticasone propionate)	3	$0	
allergy relief 50 mcg spray 50 mcg/actuation *	(fluticasone propionate)	3	$0	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	2	$0	ST
bromfenac ophthalmic (eye) drops 0.07 %	(Prolensa)	1	$0	
bromfenac ophthalmic (eye) drops 0.075 %	(BromSite)	1	$0	
bromfenac ophthalmic (eye) drops 0.09 %		1	$0	
CHILD FLONASE ALLER RLF 50 MCG 50 MCG/ACTUATION *	(fluticasone propionate)	3	$0	
clarispray 50 mcg nasal spray 50 mcg/actuation *	(fluticasone propionate)	3	$0	
cvs fluticasone prop 50 mcg sp (otc) 50 mcg/actuation *	(24 Hour Allergy Relief)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
cvs nasal allergy 24hr spray 55 mcg *	(triamcinolone acetonide)	3	$0	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	1	$0	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		1	$0	
diclofenac sodium ophthalmic (eye) drops 0.1 %		1	$0	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	1	$0	
eq allergy relief 50 mcg spray 50 mcg/actuation *	(fluticasone propionate)	3	$0	
eql fluticasone prop 50 mcg sp (otc) 50 mcg/actuation *	(24 Hour Allergy Relief)	3	$0	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		2	$0	QL (8.3 per 14 days)
FLONASE ALLERGY RLF 50 MCG SPR 50 MCG/ACTUATION *	(fluticasone propionate)	3	$0	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		1	$0	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	1	$0	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	2	$0	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	$0	
fluticasone prop 50 mcg spray (otc) 50 mcg/actuation *	(24 Hour Allergy Relief)	3	$0	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	$0	QL (16 per 30 days)
ft allergy relief 50 mcg spray 50 mcg/actuation *	(fluticasone propionate)	3	$0	
gnp fluticasone prop 50 mcg sp (otc) 50 mcg/actuation *	(24 Hour Allergy Relief)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
gs 24 hour allergy 50 mcg spry 50 mcg/actuation *	(fluticasone propionate)	3	$0	
hm allergy relief 50 mcg spray 50 mcg/actuation *	(fluticasone propionate)	3	$0	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		2	$0	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		2	$0	QL (5.6 per 14 days)
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	$0	QL (10 per 25 days)
kro 24hr allergy rlf 50 mcg spr 50 mcg/actuation *	(fluticasone propionate)	3	$0	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		2	$0	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		2	$0	QL (5 per 16 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	1	$0	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	(Alrex)	1	$0	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %		1	$0	QL (15 per 19 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	1	$0	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	2	$0	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		1	$0	
qc allergy relief 50 mcg spray 50 mcg/actuation *	(fluticasone propionate)	3	$0	
sm allergy relief 50 mcg spray 50 mcg/actuation *	(fluticasone propionate)	3	$0	
triamcinolone 55 mcg nasal spr (otc) *	(Aller-Cort)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		2	$0	QL (60 per 30 days)
Gastrointestinal Agents				
Antiflatulents				
*cvs anti-gas 180 mg softgel ultra str, softgel **	(simethicone)	3	$0	
*cvs gas relief 125 mg chew tab **	(simethicone)	3	$0	
*gas relief 125 mg softgel **	(simethicone)	3	$0	
*gas relief max str 250 mg sfgl **		3	$0	
*gas-x extra strength softgel softgel, ex-strength 125 mg **	(simethicone)	3	$0	
*gas-x max strength 250 mg sfgl **		3	$0	
*gnp gas rlf(simeth) 80 mg chew **	(simethicone)	3	$0	
*infants' simethicone drops 40 mg/0.6 ml **	(simethicone)	3	$0	
*little remedies gas relief drp 40 mg/0.6 ml **	(simethicone)	3	$0	
PHAZYME 250 MG SOFTGEL MAX-STRENGTH,SOFTGEL *		3	$0	
*qc anti-gas 180 mg softgel ultra str, softgel **	(simethicone)	3	$0	
*ra gas relief 125 mg softgel ex-strength, softgel **	(simethicone)	3	$0	
*ra gas relief 125 mg tab chew ex-str **	(simethicone)	3	$0	
*simethicone 125 mg tab chew **	(Gas Relief (simethicone))	3	$0	
Antiulcer Agents And Acid Suppressants				
*acid controller 20 mg tablet maximum strength **	(famotidine)	3	$0	
*acid controller 20 mg tablet outer **	(famotidine)	3	$0	
*acid reducer dr 20 mg cap **	(omeprazole magnesium)	3	$0	
*acid-pep 20 mg tablet **	(famotidine)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		1	$0	
cimetidine hcl oral solution 300 mg/5 ml		1	$0	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	1	$0	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	$0	
cvs acid controller 20 mg tab *	(famotidine)	3	$0	
cvs lansoprazole dr 15 mg cap (otc) *	(Acid Reducer (lansoprazole))	3	$0	
eq famotidine 20 mg tablet (otc) *	(Acid Controller)	3	$0	
eq lansoprazole dr 15 mg cap outer (otc) *	(Acid Reducer (lansoprazole))	3	$0	
eql heartburn preven 20 mg tab *	(famotidine)	3	$0	
eql lansoprazole dr 15 mg cap (otc) *	(Acid Reducer (lansoprazole))	3	$0	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Acid Reducer (esomeprazole))	1	$0	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	1	$0	QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	(Nexium Packet)	1	$0	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	1	$0	ST; QL (60 per 30 days)
famotidine 20 mg tablet (otc) *	(Acid Controller)	3	$0	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		1	$0	
famotidine oral tablet 20 mg	(Acid Controller)	1	$0	
famotidine oral tablet 40 mg	(Pepcid)	1	$0	
gnp acid reducer 20 mg tablet *	(famotidine)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*gnp lansoprazole dr 15 mg cap (otc) **	(Acid Reducer (lansoprazole))	3	$0	
*gnp omeprazole mag dr 20 mg cp **	(Acid Reducer (omeprazole))	3	$0	
*gs acid reducer 20 mg tablet **	(famotidine)	3	$0	
*gs lansoprazole dr 15 mg cap (otc) **	(Acid Reducer (lansoprazole))	3	$0	
*heartburn relief 10 mg tablet **	(famotidine)	3	$0	
*heartburn relief 20 mg tablet **	(famotidine)	3	$0	
*hm lansoprazole dr 15 mg cap (otc) **	(Acid Reducer (lansoprazole))	3	$0	
*hm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc) **	(Acid Reducer (lansoprazole))	3	$0	
*lansoprazole dr 15 mg capsule (otc) **	(Acid Reducer (lansoprazole))	3	$0	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	1	$0	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	1	$0	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	$0	
nizatidine oral capsule 150 mg, 300 mg		1	$0	
nizatidine oral solution 150 mg/10 ml		1	$0	
*omeprazole dr 20 mg tablet **		3	$0	
*omeprazole mag dr 20.6 mg cap three 14-day course 20 mg **	(Acid Reducer (omeprazole))	3	$0	
*omeprazole mag dr 20.6 mg cap two 14-day course 20 mg **	(Acid Reducer (omeprazole))	3	$0	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	$0	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	(Zegerid OTC)	2	$0	ST; QL (30 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram		1	$0	ST; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	1	$0	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	1	$0	QL (60 per 30 days)
*pub famotidine 20 mg tablet max strength (otc) **	(Acid Controller)	3	$0	
*qc acid controller 10 mg tab **	(famotidine)	3	$0	
*qc lansoprazole dr 15 mg cap (otc) **	(Acid Reducer (lansoprazole))	3	$0	
*qc omeprazole mag dr 20.6 mg 14-day course 20 mg **	(Acid Reducer (omeprazole))	3	$0	
*ra acid reducer 20 mg tablet maximum strength **	(famotidine)	3	$0	
*ra omeprazole dr 20 mg tablet delayed release **		3	$0	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	1	$0	QL (30 per 30 days)
*sm acid reducer 20 mg tablet maximum strength **	(famotidine)	3	$0	
*sm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc) **	(Acid Reducer (lansoprazole))	3	$0	
sucralfate oral tablet 1 gram	(Carafate)	1	$0	
*zantac-360(famotidine) 20 mg tb **	(famotidine)	3	$0	
Gastrointestinal Agents, Other				
*acid gone antacid liquid 95-358 mg/15 ml **		3	$0	
*acid gone tablet chew 160-105 mg **		3	$0	
*alka-seltzer heartburn chew 300 mg (750 mg) **	(calcium carbonate)	3	$0	
*aluminum hydroxide gel 320 mg/5 ml **		3	$0	
*antacid ex-str tablet chew 160-105 mg **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*antacid ultra tablet chew 400 mg calcium (1,000 mg) **	(calcium carbonate)	3	$0	
*antacid xtra strength chew tab extra strength 300 mg (750 mg) **	(calcium carbonate)	3	$0	
*anti-diarrheal 1 mg/7.5 ml sol **	(loperamide)	3	$0	
*anti-diarrheal 2 mg caplet caplet **	(loperamide)	3	$0	
*anti-diarrheal 2 mg softgel **	(loperamide)	3	$0	
*anti-diarrheal 2 mg softgel softgel **	(loperamide)	3	$0	
*calcium 500 mg chewable tablet (rx) 500 mg calcium (1,250 mg) **	(calcium carbonate)	3	$0	
*calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg) **	(calcium carbonate)	3	$0	
*cal-gest 500 mg tablet chew 200 mg calcium (500 mg) **	(calcium carbonate)	3	$0	
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	1	$0	PA; NDS
constulose oral solution 10 gram/15 ml	(lactulose)	1	$0	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	1	$0	
*cvs antacid ex-str 750 mg chew 300 mg (750 mg) **	(calcium carbonate)	3	$0	
*cvs anti-diarrheal 2 mg sftgel **	(loperamide)	3	$0	
*cvs anti-diarrheal suspension 262 mg/15 ml **	(bismuth subsalicylate)	3	$0	
*cvs flavor chew antacid 750 mg 300 mg (750 mg) **	(calcium carbonate)	3	$0	
*cvs heartburn relief chew tab 160-105 mg **		3	$0	
*cvs magnesium 500 mg caplet (rx) 500 mg magnesium **	(Phillips)	3	$0	
*cvs stomach rlf 262 mg chew tb **	(bismuth subsalicylate)	3	$0	
*diamode 2 mg caplet outer **	(loperamide)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
dicyclomine oral capsule 10 mg		1	$0	
dicyclomine oral solution 10 mg/5 ml		1	$0	
dicyclomine oral tablet 20 mg		1	$0	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		1	$0	PA-HRM; AGE (Max 64 Years)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	$0	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	1	$0	
epsom salt granules 495 mg/5 gram *		3	$0	
eq anti-diarrheal 2 mg sftgel *	(loperamide)	3	$0	
foaming antacid liquid 95-358 mg/15 ml *		3	$0	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		2	$0	PA; NDS
gelusil 200-200-25 mg chew tab cool mint *		3	$0	
generlac oral solution 10 gram/15 ml	(lactulose)	1	$0	
glycopyrrolate oral tablet 1 mg	(Robinul)	1	$0	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	1	$0	
hm antacid ex-str 750 mg chew 300 mg (750 mg) *	(calcium carbonate)	3	$0	
hm loperamide 1 mg/7.5 ml liq *	(Anti-Diarrheal (loperamide))	3	$0	
hm stomach relief 525 mg/30 ml 262 mg/15 ml *	(bismuth subsalicylate)	3	$0	
imodium a-d 2 mg softgel *	(loperamide)	3	$0	
IQIRVO ORAL TABLET 80 MG		2	$0	PA; QL (30 per 30 days); NDS
kaopectate 262 mg/15 ml susp peppermint *	(bismuth subsalicylate)	3	$0	
kionex (with sorbitol) oral suspension 15-20 gram/60 ml		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
lactulose oral solution 10 gram/15 ml	(Constulose)	1	$0	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		2	$0	QL (30 per 30 days)
LIVDELZI ORAL CAPSULE 10 MG		2	$0	PA; QL (30 per 30 days); NDS
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		2	$0	
*loperamide 1 mg/7.5 ml soln **	(Anti-Diarrheal (loperamide))	3	$0	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	$0	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	1	$0	QL (60 per 30 days)
*magnesium 400 mg tablet gluten-free 400 mg magnesium **		3	$0	
*magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium) **	(MgO)	3	$0	
*magnesium oxide 420 mg tablet (rx) **		3	$0	
*magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg magnesium **	(Phillips)	3	$0	
methscopolamine oral tablet 2.5 mg, 5 mg		1	$0	
metoclopramide hcl oral solution 5 mg/5 ml		1	$0	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	$0	
*mgo-400 tablet 400 mg (241.3 mg magnesium) **	(magnesium oxide)	3	$0	
*mintox plus tablet chewable 200-200-25 mg **		3	$0	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		2	$0	QL (30 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
OCALIVA ORAL TABLET 10 MG, 5 MG		2	$0	PA; QL (30 per 30 days); NDS
*phillips 500 mg caplet 500 mg magnesium **	(magnesium oxide)	3	$0	
*pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg) **	(Ultra Strength Antacid)	3	$0	
*qc anti-diarrheal 2 mg softgel **	(loperamide)	3	$0	
*ra antacid 500 mg chewable tab 215 mg calcium (500 mg) **		3	$0	
*ra anti-diarrheal 2 mg caplet caplet **	(loperamide)	3	$0	
*ra loperamide 1 mg/7.5 ml susp mint **	(Anti-Diarrheal (loperamide))	3	$0	
*ra stomach relief 262 mg/15 ml reg strength **	(bismuth subsalicylate)	3	$0	
RAVICTI ORAL LIQUID 1.1 GRAM/ML		2	$0	PA; NDS
RELISTOR ORAL TABLET 150 MG		2	$0	PA; QL (90 per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		2	$0	PA; QL (16.8 per 28 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML		2	$0	PA; QL (16.8 per 28 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML		2	$0	PA; QL (11.2 per 28 days); NDS
*sm anti-diarrheal 2 mg softgel **	(loperamide)	3	$0	
*sodium bicarb 650 mg tablet **		3	$0	
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	1	$0	PA; NDS
sodium polystyrene sulfonate oral powder 15 gram		1	$0	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		1	$0	
*stomach rlf 525 mg/30 ml susp 262 mg/15 ml **	(bismuth subsalicylate)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ursodiol oral capsule 200 mg, 400 mg	(Reltone)	1	$0	NDS
ursodiol oral capsule 300 mg		1	$0	
ursodiol oral tablet 250 mg		1	$0	
ursodiol oral tablet 500 mg	(URSO Forte)	1	$0	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		2	$0	
*vitamin b complex softgel (rx) **	(Vitamins B Complex)	3	$0	
*well magnesium oxide 400 mg tb (rx) 400 mg (241.3 mg magnesium) **	(MgO)	3	$0	
XERMELO ORAL TABLET 250 MG		2	$0	PA; QL (84 per 28 days); NDS
Laxatives				
*alophen pills 5 mg **	(bisacodyl)	3	$0	
*best fiber powder 3 gram/3.5 gram **		3	$0	
*bisacodyl 10 mg suppository **	(Dulcolax (bisacodyl))	3	$0	
*bisacodyl ec 5 mg tablet **	(Gentle Laxative (bisacodyl))	3	$0	
*citroma solution **	(magnesium citrate)	3	$0	
CITRUCEL POWDER S-F *		3	$0	
*clearlax powder packet 17 gram **	(polyethylene glycol 3350)	3	$0	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		2	$0	
COLACE 100 MG CAPSULE *	(docusate sodium)	3	$0	
*cvs enema disposable 19-7 gram/118 ml **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
cvs fiber laxative 625 mg cplt caplet *	(calcium polycarbophil)	3	$0	
cvs fiber therapy 500 mg caplt *		3	$0	
cvs fiber therapy 500 mg caplt soluble, caplet *		3	$0	
cvs gentle laxative 10 mg supp *	(bisacodyl)	3	$0	
cvs gentle laxative ec 5 mg tb comfort coated *	(bisacodyl)	3	$0	
cvs glycerin suppository child size *		3	$0	
cvs magnesium citrate solution *	(Citroma)	3	$0	
cvs milk of magnesia susp 400 mg/5 ml *	(magnesium hydroxide)	3	$0	
cvs mineral oil *	(Mineral Oil Extra Heavy)	3	$0	
cvs mini enema 283-20 mg/5 ml *		3	$0	
cvs natural daily fiber powder 3.4 gram/5.8 gram *		3	$0	
cvs natural daily fiber powder 3.4 gram/7 gram *		3	$0	
cvs purelax powder packet 17 gram *	(polyethylene glycol 3350)	3	$0	
cvs senna plus tablet 8.6-50 mg *	(sennosides-docusate sodium)	3	$0	
daily fiber capsule 0.4 gram *	(psyllium husk)	3	$0	
docusate cal 240 mg capsule *	(Kaopectate (docusate calcium))	3	$0	
docusate sod 100 mg/10 ml cup outer 50 mg/5 ml *	(OneLAX Docusate Sodium)	3	$0	
docusate sodium 100 mg softgel softgel *	(Colace)	3	$0	
docusate sodium 50 mg/5 ml liq 100's, u-d *	(OneLAX Docusate Sodium)	3	$0	
docusate sodium 50 mg/5 ml liq *	(OneLAX Docusate Sodium)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
docusate sodium mini enema 283 mg/5 ml *	(Enemeez)	3	$0	
dok 100 mg tablet *	(docusate sodium)	3	$0	
DULCOLAX 10 MG SUPPOSITORY *	(bisacodyl)	3	$0	
enemeez mini enema 5cc tubes, outer 283 mg/5 ml *	(docusate sodium)	3	$0	
enemeez plus mini enema outer 283-20 mg/5 ml *		3	$0	
eq magnesium citrate solution cherry *	(Citroma)	3	$0	
eq mineral oil odorless *	(Mineral Oil Extra Heavy)	3	$0	
eql fiber therapy powder 3.4 gram/7 gram *		3	$0	
evac-u-gen 8.6 mg tablet *	(sennosides)	3	$0	
fiber tablet unboxed 625 mg *	(calcium polycarbophil)	3	$0	
fiber therapy 500 mg caplet caplet *		3	$0	
fiber therapy powder 2 gram/19 gram *		3	$0	
fiber-lax 625 mg tablet 500mg polycarbophil *	(calcium polycarbophil)	3	$0	
FLEET BISACODYL 10 MG ENEMA 10 MG/30 ML *		3	$0	
fleet enema 19-7 gram/118 ml *		3	$0	
fleet laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg *	(bisacodyl)	3	$0	
FT FIBER SUPPLEMENT CAPSULE 0.4 GRAM *	(psyllium husk)	3	$0	
GAVILAX POWDER 30 DAY 17 GRAM/DOSE *	(polyethylene glycol 3350)	3	$0	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	$0	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	1	$0	
gentlelax powder 30 once-daily doses 17 gram/dose *	(polyethylene glycol 3350)	3	$0	
geri-kot 8.6 mg tablet *	(sennosides)	3	$0	
glycerin pediatric suppository infants & children *		3	$0	
gnp clearlax powder packet 17 gram *	(polyethylene glycol 3350)	3	$0	
gnp stool softener 250 mg sfgl *	(docusate sodium)	3	$0	
healthylax powder packet outer 17 gram *	(polyethylene glycol 3350)	3	$0	
KONSYL ORIGINAL 6 GM POWD PKT (OTC) 6 GRAM *		3	$0	
konsyl psyllium fiber packet orange, gluten free 3.4 gram *		3	$0	
laxacin tablet 8.6-50 mg *	(sennosides-docusate sodium)	3	$0	
laxaclear powder 17 gram/dose *	(polyethylene glycol 3350)	3	$0	
laxative 25 mg tablet *		3	$0	
magic bullet 10 mg suppos *	(bisacodyl)	3	$0	
magnesium citrate solution *	(Citroma)	3	$0	
METAMUCIL CAPSULE 0.4 GRAM *	(psyllium husk)	3	$0	
METAMUCIL FIBER SINGLES PACKET 3.4 GRAM *		3	$0	
METAMUCIL POWDER 3.4 GRAM/7 GRAM *		3	$0	
milk of magnesia concentrated 2,400 mg/10 ml cup outer *	(magnesium hydroxide)	3	$0	
milk of magnesia suspension 400 mg/5 ml *	(magnesium hydroxide)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
mineral oil *	(Mineral Oil Extra Heavy)	3	$0	
mineral oil heavy heavy (otc) *	(mineral oil)	3	$0	
mineral oil, heavy usp, heavy (rx) *	(mineral oil)	3	$0	
MIRALAX POWDER 7 DAY (OTC) 17 GRAM/DOSE *	(polyethylene glycol 3350)	3	$0	
MIRALAX POWDER PACKET (OTC) 17 GRAM *	(polyethylene glycol 3350)	3	$0	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	1	$0	
peg-3350 8.5 gram powder cup *	(Gavilax)	3	$0	
peg-3350 4 gram powder packet *		3	$0	
peg-3350 4.25 gram powder pkt *	(Gavilax)	3	$0	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	1	$0	
phillips' lax liqui-gels 100 mg *	(docusate sodium)	3	$0	
PHILLIPS' MILK OF MAGNESIA 400 MG/5 ML *	(magnesium hydroxide)	3	$0	
polyethylene glycol 3350 powd (otc) 17 gram/dose *	(Gavilax)	3	$0	
polyethylene glycol 3350 powd 17 grams pkts,outer (otc) *	(ClearLax)	3	$0	
polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose *	(Gavilax)	3	$0	
POLYETHYLENE GLYCOL 3350 POWD NF, PEG-75 (RX) *		3	$0	
polyethylene glycol 3350 powd outer (otc) 17 gram *	(ClearLax)	3	$0	
powderlax 17 g powder packet 17 gram *	(polyethylene glycol 3350)	3	$0	
powderlax powder 17 gram/dose *	(polyethylene glycol 3350)	3	$0	
prolaxa 250 mg softgel *	(docusate sodium)	3	$0	
promolaxin 100 mg tablet *	(docusate sodium)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*psyllium fiber capsule 0.4 gram **	(Daily Fiber)	3	$0	
*qc natura-lax 17 gm powder 17 gram/dose **	(polyethylene glycol 3350)	3	$0	
*ra enema twin pack 2 x 4.5oz, rtu 19-7 gram/118 ml **		3	$0	
*ra fast relief lax 10 mg supp **	(bisacodyl)	3	$0	
*ra glycerin pediatric supp **		3	$0	
*ra laxative peg 3350 powder 30 once-daily doses 17 gram/dose **	(polyethylene glycol 3350)	3	$0	
*ra mineral oil extra-heavy extra-heavy **	(mineral oil)	3	$0	
*ra p-col rite tablet 8.6-50 mg **	(sennosides-docusate sodium)	3	$0	
*ra senna-lax 8.6 mg tablet **	(sennosides)	3	$0	
*reguloid capsule 0.4 gram **	(psyllium husk)	3	$0	
REGULOID POWDER 3 GRAM/12 GRAM *		3	$0	
*senexon-s 50-8.6 mg tablet 8.6-50 mg **	(sennosides-docusate sodium)	3	$0	
*senna 8.8 mg/5 ml liquid **	(sennosides)	3	$0	
*senna-s laxative tablet 8.6-50 mg **	(sennosides-docusate sodium)	3	$0	
*senna-time 8.6 mg tablet **	(sennosides)	3	$0	
*sennosides-docusate sodium tab 8.6-50 mg **	(Laxacin)	3	$0	
*senokot-s tablet 8.6-50 mg **	(sennosides-docusate sodium)	3	$0	
*silace 60 mg/15 ml syrup **	(docusate sodium)	3	$0	
*sm fiber powder (rx) 3.4 gram/12 gram **		3	$0	
*smoothlax powder 14 once-daily doses 17 gram/dose **	(polyethylene glycol 3350)	3	$0	
*smoothlax powder 50 once-daily doses 17 gram/dose **	(polyethylene glycol 3350)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
smoothlax powder packet 10 daily doses 17 gram *	(polyethylene glycol 3350)	3	$0	
smoothlax powder packet 17 gram *	(polyethylene glycol 3350)	3	$0	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	2	$0	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)		1	$0	
SOF-LAX ORAL CAPSULE 100 MG *	(docusate sodium)	3	$0	
stimulant laxative plus tablet 8.6-50 mg *	(sennosides-docusate sodium)	3	$0	
stool softener 100 mg tablet *	(docusate sodium)	3	$0	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		2	$0	
true laxative peg 3350 powder 17 gram/dose *	(polyethylene glycol 3350)	3	$0	
WAL-MUCIL 100% NATURAL FIBER 114 DOSES,ORANGE 3.4 GRAM/5.8 GRAM *		3	$0	
WAL-MUCIL 100% NATURAL FIBER 3.4 GRAM/7 GRAM *		3	$0	
women's laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg *	(bisacodyl)	3	$0	
Phosphate Binders				
calcium acetate(phosphat bind) oral capsule 667 mg		1	$0	
calcium acetate(phosphat bind) oral tablet 667 mg		1	$0	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	1	$0	NDS
MAGNEBIND 300 TABLET 250-300 MG *		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	1	$0	
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	$0	
sevelamer hcl oral tablet 400 mg, 800 mg		1	$0	
Genitourinary Agents				
Antispasmodics, Urinary				
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	$0	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	1	$0	
flavoxate oral tablet 100 mg		1	$0	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	1	$0	
oxybutynin chloride oral syrup 5 mg/5 ml		1	$0	
oxybutynin chloride oral tablet 2.5 mg, 5 mg		1	$0	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		1	$0	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	1	$0	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg		1	$0	
tolterodine oral tablet 1 mg, 2 mg		1	$0	
trospium oral capsule,extended release 24hr 60 mg		1	$0	
trospium oral tablet 20 mg		1	$0	
Genitourinary Agents, Miscellaneous				
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	$0	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	1	$0	
finasteride oral tablet 5 mg	(Proscar)	1	$0	
tamsulosin oral capsule 0.4 mg	(Flomax)	1	$0	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	$0	
tiopronin oral tablet 100 mg	(Thiola)	1	$0	NDS
Heavy Metal Antagonists				
Heavy Metal Antagonists				
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	1	$0	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	$0	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	1	$0	PA
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	1	$0	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		2	$0	PA; NDS
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	$0	PA; NDS
trientine oral capsule 250 mg	(Syprine)	1	$0	PA; QL (240 per 30 days); NDS
Hormonal Agents, Stimulant/Replacement/Modifying				
Androgens				
danazol oral capsule 100 mg, 200 mg, 50 mg		1	$0	
oxandrolone oral tablet 10 mg, 2.5 mg		1	$0	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	$0	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		1	$0	PA

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
testosterone enanthate intramuscular oil 200 mg/ml		1	$0	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	1	$0	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	1	$0	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	1	$0	PA; QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		1	$0	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		2	$0	PA; QL (2 per 28 days)
Estrogens And Antiestrogens				
abigale lo oral tablet 0.5-0.1 mg	(estradiol-norethindrone acet)	1	$0	
abigale oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	1	$0	PA-HRM; AGE (Max 64 Years)
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	(estradiol-norethindrone acet)	1	$0	PA-HRM; AGE (Max 64 Years)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	1	$0	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG		2	$0	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	$0	PA-HRM; AGE (Max 64 Years)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	1	$0	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
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	(Climara)	1	$0	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	$0	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	$0	QL (18 per 28 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	(Delestrogen)	1	$0	
estradiol valerate intramuscular oil 40 mg/ml		1	$0	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Abigale Lo)	1	$0	PA-HRM; AGE (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	(Abigale)	1	$0	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		2	$0	QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	PA-HRM; AGE (Max 64 Years)
jinteli oral tablet 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	PA-HRM; AGE (Max 64 Years)
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	1	$0	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	1	$0	PA-HRM; AGE (Max 64 Years)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	1	$0	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		2	$0	PA-HRM; AGE (Max 64 Years)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	2	$0	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		2	$0	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		2	$0	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		2	$0	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	1	$0	
yuvafem vaginal tablet 10 mcg	(estradiol)	1	$0	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids				
dexamethasone oral solution 0.5 mg/5 ml		1	$0	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		1	$0	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	$0	
fludrocortisone oral tablet 0.1 mg		1	$0	
HEMADY ORAL TABLET 20 MG		2	$0	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	$0	
methylprednisolone acetate injection suspension 40 mg/ml	(Depo-Medrol)	1	$0	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	1	$0	
methylprednisolone oral tablet 32 mg		1	$0	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	$0	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		1	$0	PA BvD
prednisolone oral solution 15 mg/5 ml		1	$0	PA BvD

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	1	$0	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	1	$0	PA BvD
prednisone oral solution 5 mg/5 ml	1	$0	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	$0	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	$0	
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	1	$0	
Pituitary			
ACTHAR INJECTION GEL 80 UNIT/ML	2	$0	PA; QL (35 per 28 days); NDS
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	2	$0	PA; QL (15 per 30 days); NDS
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	2	$0	PA; QL (30 per 30 days); NDS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	2	$0	PA; QL (35 per 28 days); NDS
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML	2	$0	PA; QL (15 per 30 days); NDS
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 80 UNIT/ML	2	$0	PA; QL (30 per 30 days); NDS
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	1	$0	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	$0	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		2	$0	PA; QL (30 per 30 days); NDS
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG		2	$0	PA; QL (4 per 28 days); NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		2	$0	PA; NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml	(Somatuline Depot)	2	$0	PA NSO; QL (0.5 per 28 days); NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		2	$0	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG		2	$0	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		2	$0	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)		2	$0	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG		2	$0	PA; NDS
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	(leuprolide (3 month))	2	$0	PA NSO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		2	$0	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	1	$0	
ORGOVYX ORAL TABLET 120 MG		2	$0	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG		2	$0	PA; QL (28 per 28 days); NDS
ORILISSA ORAL TABLET 200 MG		2	$0	PA; QL (56 per 28 days); NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		2	$0	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		2	$0	PA; QL (60 per 30 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	(lanreotide)	2	$0	PA NSO; QL (0.2 per 28 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	(lanreotide)	2	$0	PA NSO; QL (0.3 per 28 days); NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		2	$0	PA; NDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		2	$0	PA; NDS
Progestins				
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		2	$0	QL (0.65 per 84 days)
gallifrey oral tablet 5 mg	(norethindrone acetate)	1	$0	
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	1	$0	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	$0	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		1	$0	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Gallifrey)	1	$0	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	$0	
Thyroid And Antithyroid Agents				
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	1	$0	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	$0	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	$0	
methimazole oral tablet 10 mg, 5 mg		1	$0	
propylthiouracil oral tablet 50 mg		1	$0	
Immunological Agents				
Immunological Agents				
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		2	$0	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		2	$0	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		2	$0	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		2	$0	PA; NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG (tacrolimus)	2	$0	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG (tacrolimus)	2	$0	PA BvD; NDS
auranofin oral capsule 3 mg (Ridaura)	1	$0	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	2	$0	PA; NDS
azathioprine oral tablet 50 mg (Imuran)	1	$0	PA BvD
azathioprine sodium injection recon soln 100 mg	1	$0	PA BvD
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	$0	PA; QL (8 per 28 days); NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	$0	PA; QL (8 per 28 days); NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	2	$0	PA NSO; QL (2 per 28 days); NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	2	$0	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	$0	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	$0	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	$0	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	$0	PA; NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	$0	PA; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	1	$0	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	1	$0	PA BvD
cyclosporine modified oral capsule 50 mg		1	$0	PA BvD
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	1	$0	PA BvD
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	1	$0	PA BvD
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	2	$0	PA; NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	2	$0	PA; NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	2	$0	PA; NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	2	$0	PA; NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML		2	$0	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML		2	$0	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		2	$0	PA; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	$0	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	$0	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	$0	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	$0	PA; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1	$0	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	$0	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	2	$0	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	$0	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	1	$0	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	1	$0	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	$0	PA; Only NDCs starting with 00074; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	$0	PA; Only NDCs starting with 00074; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	$0	PA; Only NDCs starting with 00074; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	$0	PA; Only NDCs starting with 00074; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	$0	PA; Only NDCs starting with 00074; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	$0	PA; Only NDCs starting with 00074; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	$0	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	$0	PA; Only NDCs starting with 00074; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	$0	PA; Only NDCs starting with 00074; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	$0	PA; Only NDCs starting with 00074; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	$0	PA; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	$0	PA; NDS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	2	$0	PA; NDS
infliximab intravenous recon soln 100 mg (Remicade)	2	$0	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	$0	PA; NDS
leflunomide oral tablet 10 mg, 20 mg (Arava)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	1	$0	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	$0	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	1	$0	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	$0	PA BvD
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	1	$0	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML		2	$0	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG		2	$0	PA BvD; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		2	$0	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		2	$0	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		2	$0	PA; NDS
OTEZLA ORAL TABLET 20 MG, 30 MG		2	$0	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)		2	$0	PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		2	$0	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		2	$0	PA BvD

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	$0	ST
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	2	$0	PA; NDS
REZUROCK ORAL TABLET 200 MG	2	$0	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG (auranofin)	2	$0	NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	2	$0	PA; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	$0	PA; NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	2	$0	PA; NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML (ustekinumab-aekn)	2	$0	PA
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-aekn)	2	$0	PA; NDS
sirolimus oral solution 1 mg/ml	1	$0	PA BvD; NDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	$0	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	2	$0	PA; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	$0	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	2	$0	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	$0	PA; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)		2	$0	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	(ustekinumab)	2	$0	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	(ustekinumab)	2	$0	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	(ustekinumab)	2	$0	PA; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	1	$0	PA BvD
TAVNEOS ORAL CAPSULE 10 MG		2	$0	PA; QL (180 per 30 days); NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		2	$0	PA; NDS
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		2	$0	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML		2	$0	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		2	$0	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML		2	$0	PA; NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		2	$0	PA; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	$0	PA; NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	$0	PA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	2	$0	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	2	$0	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	$0	PA; NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	2	$0	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	$0	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	$0	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	2	$0	PA; NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	2	$0	PA; NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	2	$0	PA; NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	2	$0	PA; NDS
Vaccines			
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	$0	$0 copay

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	$0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	$0	$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	$0	$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	$0	$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	$0	$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	$0	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	$0	$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	$0	$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	$0	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	$0	PA BvD; $0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	$0	PA BvD; $0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	$0	PA BvD; $0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	$0	$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	$0	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	$0	$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	$0	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	$0	PA BvD; $0 copay
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	$0	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	$0	PA BvD; $0 copay

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	$0	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	$0	$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	2	$0	$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	$0	$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	$0	$0 copay
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	$0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	$0	$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	$0	$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	$0	$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	$0	$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	$0	$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	$0	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	$0	$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	2	$0	$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	$0	$0 copay
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	$0	$0 copay
PENMENVY MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10-5 MCG	2	$0	$0 copay
PENMENVY MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	$0	$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	2	$0	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	$0	PA BvD; $0 copay

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	$0	$0 copay
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	$0	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	$0	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	$0	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	$0	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	$0	PA BvD; $0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	$0	PA BvD; $0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	$0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	$0	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	$0	$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	$0	$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	$0	$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	$0	$0 copay
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	$0	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	$0	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	$0	$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	$0	$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	$0	$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	$0	$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	2	$0	$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	$0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	$0	$0 copay

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML		2	$0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML		2	$0	$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		2	$0	$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT		2	$0	$0 copay
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML		2	$0	$0 copay
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT		2	$0	$0 copay
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)		2	$0	$0 copay
Inflammatory Bowel Disease Agents				
Inflammatory Bowel Disease Agents				
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	1	$0	
balsalazide oral capsule 750 mg	(Colazal)	1	$0	
budesonide oral capsule,delayed,extend.release 3 mg		1	$0	
budesonide rectal foam 2 mg/actuation	(Uceris)	1	$0	
DIPENTUM ORAL CAPSULE 250 MG		2	$0	ST; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	1	$0	
mesalamine oral capsule (with del rel tablets) 400 mg		1	$0	
mesalamine oral capsule, extended release 500 mg	(Pentasa)	1	$0	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	1	$0	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	1	$0	QL (120 per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 800 mg		1	$0	
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	1	$0	
mesalamine rectal suppository 1,000 mg	(Canasa)	1	$0	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	$0	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	2	$0	
Metabolic Bone Disease Agents				
Metabolic Bone Disease Agents				
alendronate oral solution 70 mg/75 ml		1	$0	QL (300 per 28 days)
alendronate oral tablet 10 mg		1	$0	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	$0	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	$0	QL (4 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		1	$0	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		1	$0	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	$0	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	1	$0	QL (60 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
cinacalcet oral tablet 90 mg	(Sensipar)	1	$0	QL (120 per 30 days); NDS
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg		1	$0	
ibandronate oral tablet 150 mg		1	$0	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		2	$0	PA; QL (2 per 28 days); NDS
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	$0	
paricalcitol oral capsule 4 mcg		1	$0	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		2	$0	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		2	$0	QL (60 per 30 days)
risedronate oral tablet 150 mg	(Actonel)	1	$0	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		1	$0	QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	1	$0	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		1	$0	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	1	$0	QL (4 per 28 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML		2	$0	QL (1 per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	(Bonsity)	2	$0	PA; QL (2.48 per 28 days); NDS
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		2	$0	PA; QL (1.56 per 30 days); NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		2	$0	PA; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Miscellaneous Therapeutic Agents				
Miscellaneous Therapeutic Agents				
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		2	$0	PA; NDS
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML		2	$0	PA; NDS
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		2	$0	
betaine oral powder 1 gram/scoop	(Cystadane)	1	$0	PA; NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	$0	
CARBOXYMETHYL SOD GRANULE MEDIUM VISCOSITY,USP (RX) *		3	$0	
CARBOXYMETHYL SOD GRANULE USP, MED VISCOSITY (RX) *		3	$0	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML		2	$0	PA; NDS
CVS TRANSPARENT DRESSING 4X4 3/4" 4 X 4 3/4 " *	(IV3000 Frame Delivery Dressing)	3	$0	
diazoxide oral suspension 50 mg/ml	(Proglycem)	1	$0	
ELMIRON ORAL CAPSULE 100 MG		2	$0	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		2	$0	PA; NDS
EVRYSDI ORAL TABLET 5 MG		2	$0	PA; NDS
EXCILON DRESSING SPONGE 4 X 3 " *		3	$0	
glutamine (sickle cell) oral powder in packet 5 gram	(Endari)	1	$0	PA; QL (180 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML		2	$0	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML		2	$0	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML		2	$0	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		1	$0	
IV3000 FRAME DELIVERY 4X4 3/4" 4 X 4 3/4 " *	(transparent dressings)	3	$0	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		1	$0	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	1	$0	
levocarnitine oral tablet 330 mg	(Carnitor)	1	$0	
mesna oral tablet 400 mg	(Mesnex)	1	$0	NDS
NEXCARE TEGADERM DRESSING 4 X 4 3/4 " *	(transparent dressings)	3	$0	
nitroglycerin rectal ointment 0.4 % (w/w)	(Rectiv)	1	$0	QL (30 per 30 days)
NON-STICK PAD 3"X4" 4 X 3 " *		3	$0	
OPSITE FLEXIGRID DRESSING 4 X 4 3/4 " *	(transparent dressings)	3	$0	
OPSITE FLEXIGRID DRESSING 6 X 8 " *		3	$0	
POLYSKIN II TRANSPRNT DRESS 4'S, 6"X8", STERILE 6 X 8 " *		3	$0	
POLYSKIN II TRANSPRNT DRESS 4'S,4"X4-3/4",STRL 4 X 4 3/4 " *	(transparent dressings)	3	$0	
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
pyridostigmine bromide oral tablet 30 mg		1	$0	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	$0	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	1	$0	
RELIAMED TRANSPRNT I.V. DRESS 4 X 4 3/4 " *	(IV3000 Frame Delivery Dressing)	3	$0	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		2	$0	PA; NDS
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		2	$0	PA; NDS
SURESITE MATRIX TRANSPRNT DRES 6 X 8 " *		3	$0	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		2	$0	PA; QL (4 per 28 days); NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML		2	$0	PA; QL (2 per 28 days); NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)		2	$0	PA; QL (4 per 28 days); NDS
TELFA NON-ADHERENT DRESSING 50/CTN 1'S 4 X 3 " *		3	$0	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		2	$0	PA NSO; QL (56 per 28 days); NDS
TRIAD WOUND DRESSING PASTE 12'S *		3	$0	
TYBOST ORAL TABLET 150 MG		2	$0	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG		2	$0	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE		2	$0	PA; QL (12 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	$0	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	$0	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	2	$0	PA; NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	2	$0	PA; NDS
Mouthwashes And Gargles			
Mouthwashes And Gargles			
cvs hydrogen peroxide 3% soln (otc) *	3	$0	
hm hydrogen peroxide 3% soln (otc) *	3	$0	
hydrogen peroxide 3% solution (otc) *	3	$0	
hydrogen peroxide 3% solution usp (rx) *	3	$0	
qc hydrogen peroxide 3% soln (otc) *	3	$0	
sm hydrogen peroxide 3% soln (otc) *	3	$0	
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg	1	$0	
acetazolamide oral tablet 125 mg, 250 mg	1	$0	
acetazolamide sodium injection recon soln 500 mg	1	$0	
betaxolol ophthalmic (eye) drops 0.5 %	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
bimatoprost ophthalmic (eye) drops 0.03 %		1	$0	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	(Alphagan P)	1	$0	
brimonidine ophthalmic (eye) drops 0.2 %		1	$0	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	1	$0	
brinzolamide ophthalmic (eye) drops,suspension 1 %	(Azopt)	1	$0	
carteolol ophthalmic (eye) drops 1 %		1	$0	
dorzolamide ophthalmic (eye) drops 2 %		1	$0	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	1	$0	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	$0	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	$0	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		2	$0	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		1	$0	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		1	$0	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		2	$0	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		2	$0	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		2	$0	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	1	$0	QL (30 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	$0	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		1	$0	
timolol ophthalmic (eye) drops 0.5 %	(Betimol)	1	$0	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	1	$0	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		2	$0	QL (5 per 30 days)
Replacement Preparations				
Replacement Preparations				
*calcium 500 mg tablet 500mg elemental ca (rx) 500 mg calcium (1,250 mg) **	(Oyster Shell Calcium)	3	$0	
*calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit) **	(Calcium 500 + D)	3	$0	
*calcium 500-vit d3 125 caplet 500 mg-3.125 mcg (125 unit) **		3	$0	
*calcium 500-vit d3 400 chew tb 500 mg-10 mcg (400 unit) **	(calcium carbonate-vitamin d3)	3	$0	
*calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg) **	(Calcium 600)	3	$0	
*calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml) **		3	$0	
*calcium carbonate 648 mg tab 260 mg calcium (648 mg) **		3	$0	
*calcium cit 315-vit d3 250 cpt (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit) **	(Calcium Citrate + D)	3	$0	
*calcium citrate 200 mg tablet (rx) 200 mg (950 mg) **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*calcium citrate-vit d3 caplet p/f (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*citracal + d maximum caplet (rx) 315 mg-6.25 mcg (250 unit) **	(calcium citrate-vitamin d3)	3	$0	
CITRACAL-D3 MAXIMUM PLUS CAPLT 325 MG-12.5 MCG -2.75 MG *	(calcium-d3-zinc-copper-mangan)	3	$0	
*cvs cal cit 315 mg-d3 6.25 mcg (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*cvs pediatric electrolyte pops 16's,freezer pops (rx) **	(electrolytes-dextrose)	3	$0	
*cvs pediatric electrolyte soln (rx) **	(electrolytes-dextrose)	3	$0	
*cvs pediatric electrolyte soln dye/free, strawberry (rx) **	(electrolytes-dextrose)	3	$0	
d5 % (d-glucose)-0.9 % sodchlr intravenous parenteral solution	(d5 % and 0.9 % sodium chloride)	1	$0	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	(D5 % (d-glucose)-0.9 % sodchlr)	1	$0	
d5 %-0.45 % sodium chloride intravenous parenteral solution		1	$0	
*ft electrolyte solution (rx) **	(Hydralyte)	3	$0	
*hydralyte electrolyte soln **	(electrolytes-dextrose)	3	$0	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		2	$0	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		2	$0	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		2	$0	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	1	$0	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	1	$0	
*mag64 dr 64 mg tablet (rx) **	(magnesium chloride)	3	$0	
*magnesium chloride 64 mg tab 64 mg magnesium **		3	$0	
*magnesium chloride ec 64 mg tb (rx) **	(Mag 64)	3	$0	
*magnesium chloride ec 70 mg tb **		3	$0	
magnesium sulfate injection solution 500 mg/ml (50 %)		2	$0	
magnesium sulfate injection syringe 500 mg/ml (50 %)		1	$0	
*natural calcium oral tablet 500 mg calcium (1,250 mg) **	(calcium carbonate)	3	$0	
*oralyte solution **	(electrolytes-dextrose)	3	$0	
*oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg) **	(calcium carbonate)	3	$0	
*oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg) **	(calcium carbonate)	3	$0	
*oyster shell calcium 500 mg tb 500mg elemental ca (rx) 500 mg calcium (1,250 mg) **	(calcium carbonate)	3	$0	
*phospha 250 neutral tablet 250 mg **	(sod phos di, mono-k phos mono)	3	$0	
*phosphorous 250 mg tablet **	(sod phos di, mono-k phos mono)	3	$0	
*phospho-trin 250 neutral tab 250 mg **	(sod phos di, mono-k phos mono)	3	$0	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	2	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
potassium chloride intravenous solution 2 meq/ml		1	$0	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		1	$0	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		1	$0	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	1	$0	
potassium chloride oral tablet extended release 15 meq, 20 meq		1	$0	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	1	$0	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	1	$0	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	1	$0	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	1	$0	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		1	$0	
*potassium cit-citric acid 1,100-334 mg/5ml cup inner **	(Cytra-K)	3	$0	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	1	$0	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	1	$0	
potassium citrate oral tablet extended release 5 meq (540 mg)		1	$0	
*ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg) **	(calcium carbonate)	3	$0	
*ra calcium citrate - vit d tab p/f, d/f (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*ra magnesium 250 mg tablet (rx) **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*ra pediatric electrolyte soln (rx) **	(electrolytes-dextrose)	3	$0	
*ra pediatric freezer pops **	(electrolytes-dextrose)	3	$0	
SLOWMAG 71.5 MG TABLET *		3	$0	
*sm cal cit 315 mg-d3 250 unit caplet, gluten-free (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*sm pediatric electrolyte soln (rx) **	(electrolytes-dextrose)	3	$0	
*sod citrate-citric acid solution 1.5-1 gm/15 ml cup inner (rx) 500-334 mg/5 ml **	(Cytra-2)	3	$0	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		1	$0	
sodium chloride 0.9 % intravenous parenteral solution		1	$0	
sodium chloride 0.9% solution mini-bag, single use		1	$0	
*sodium chloride 1 gm tablet (otc) **		3	$0	
*sodium chloride 1,000 mg tab outer (rx) **		3	$0	
*super calcium 600 mg tablet 600 mg calcium (1,500 mg) **	(calcium carbonate)	3	$0	
*tricitrates oral solution 550-500-334 mg/5 ml **	(pot,sodium citrate-citric acid)	3	$0	
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	(fluticasone propion-salmeterol)	2	$0	QL (12 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION		2	$0	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	(fluticasone furoate)	2	$0	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	2	$0	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		2	$0	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(budesonide-formoterol)	1	$0	QL (30.9 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	(Pulmicort)	1	$0	PA BvD; QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	1	$0	QL (30.6 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		1	$0	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		1	$0	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		1	$0	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	1	$0	QL (60 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	1	$0	QL (60 per 30 days)
Antileukotrienes				
montelukast oral tablet 10 mg	(Singulair)	1	$0	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	1	$0	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	1	$0	
Bronchodilators				
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		2	$0	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	1	$0	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		1	$0	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)		1	$0	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		1	$0	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml		1	$0	
albuterol sulfate oral tablet 2 mg, 4 mg		1	$0	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	(umeclidinium-vilanterol)	2	$0	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		2	$0	QL (25.8 per 28 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	$0	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	$0	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	$0	PA BvD
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	$0	PA BvD; QL (540 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	$0	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	$0	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	$0	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	$0	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	$0	QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	$0	
theophylline oral solution 80 mg/15 ml	1	$0	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	$0	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg (Spiriva with HandiHaler)	1	$0	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	$0	QL (60 per 30 days)
Respiratory Tract Agents, Other			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	$0	PA BvD
ALYFTREK ORAL TABLET 10-50-125 MG	2	$0	PA; QL (60 per 30 days); NDS
ALYFTREK ORAL TABLET 4-20-50 MG	2	$0	PA; QL (90 per 30 days); NDS
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	2	$0	QL (560 per 28 days); NDS
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	2	$0	PA; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	$0	PA BvD
*cromolyn sodium nasal spray 5.2 mg/spray (4 %) ** (Nasalcrom)	3	$0	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	$0	PA; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	2	$0	PA; QL (1 per 28 days); NDS
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	2	$0	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	2	$0	PA; QL (56 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		2	$0	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG		2	$0	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML		2	$0	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML		2	$0	PA; LA; QL (0.4 per 28 days); NDS
OFEV ORAL CAPSULE 100 MG, 150 MG		2	$0	PA; QL (60 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG		2	$0	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		2	$0	PA; QL (112 per 28 days); NDS
pirfenidone oral capsule 267 mg	(Esbriet)	1	$0	PA; QL (270 per 30 days); NDS
pirfenidone oral tablet 267 mg	(Esbriet)	1	$0	PA; QL (270 per 30 days); NDS
pirfenidone oral tablet 534 mg		1	$0	PA; QL (90 per 30 days); NDS
pirfenidone oral tablet 801 mg	(Esbriet)	1	$0	PA; QL (90 per 30 days); NDS
roflumilast oral tablet 250 mcg	(Daliresp)	1	$0	QL (28 per 28 days)
roflumilast oral tablet 500 mcg	(Daliresp)	1	$0	QL (30 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)		2	$0	PA; QL (56 per 28 days); NDS
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)		2	$0	PA; QL (56 per 28 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	$0	PA; QL (84 per 28 days); NDS
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	2	$0	PA; QL (1 per 21 days); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	$0	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	$0	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	$0	PA; NDS
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1	$0	
chlorzoxazone oral tablet 500 mg	1	$0	PA-HRM; AGE (Max 64 Years)
cyclobenzaprine oral tablet 10 mg, 5 mg	1	$0	PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 50 mg	1	$0	
dantrolene oral capsule 25 mg (Dantrium)	1	$0	
methocarbamol oral tablet 500 mg, 750 mg	1	$0	PA-HRM; AGE (Max 64 Years)
tizanidine oral tablet 2 mg	1	$0	
tizanidine oral tablet 4 mg (Zanaflex)	1	$0	
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)	1	$0	PA; QL (30 per 30 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		2	$0	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	$0	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		2	$0	PA; QL (150 per 30 days); NDS
modafinil oral tablet 100 mg	(Provigil)	1	$0	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	1	$0	PA; QL (60 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	2	$0	PA; LA; QL (540 per 30 days); NDS
tasimelteon oral capsule 20 mg	(Hetlioz)	1	$0	PA; QL (30 per 30 days); NDS
zaleplon oral capsule 10 mg, 5 mg		1	$0	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	$0	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	1	$0	QL (30 per 30 days)
Vasodilating Agents				
Vasodilating Agents				
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		2	$0	PA; QL (90 per 30 days); NDS
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	1	$0	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	1	$0	PA; QL (30 per 30 days); NDS
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	1	$0	PA; LA; QL (60 per 30 days); NDS
OPSUMIT ORAL TABLET 10 MG		2	$0	PA; QL (30 per 30 days); NDS
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	1	$0	PA; QL (360 per 30 days)
tadalafil oral tablet 2.5 mg		1	$0	PA
tadalafil oral tablet 5 mg	(Cialis)	1	$0	PA

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	1	$0	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		2	$0	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		2	$0	PA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		2	$0	PA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLET 200 MCG		2	$0	PA; QL (240 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		2	$0	PA; NDS
Vitamins And Minerals				
Vitamins And Minerals				
*a thru z advanced formula tab new formula (rx) **		3	$0	
*a thru z select tablet new formulation (rx) **		3	$0	
*a-25 7,500 mcg capsule **		3	$0	
*acerola c 500 mg tablet chew **	(ascorbic acid (vitamin c))	3	$0	
*animal chews tablet **	(pediatric multivitamin)	3	$0	
AQUA-E CONCENTRATE 75 UNIT/ML *		3	$0	
*b complex capsule (rx) **	(Vitamins B Complex)	3	$0	
*b complex number 1 tablet 0.4 mg **	(vitamin b complex-folic acid)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*b complex tablet **	(vitamin b complex)	3	$0	
*b-12 dots 500 mcg tablet **	(cyanocobalamin (vitamin b-12))	3	$0	
*balance b-100 tablet 0.4 mg **	(vitamin b complex-folic acid)	3	$0	
*balance b-50 tablet 0.4 mg **	(vitamin b complex-folic acid)	3	$0	
*balanced b-complex caplet p/f,no-lactose (rx) 400 mcg **		3	$0	
bal-care dha combo pack 27-1-430 mg		1	$0	
bal-care dha essential pack 27 mg iron-1 mg -374 mg		1	$0	
*b-complex plus vitamin c cplt (rx) 400 mcg **		3	$0	
*b-complex with b12 tablet (rx) **	(vitamin b complex)	3	$0	
*b-complex with c tablet (rx) **		3	$0	
*b-complex with vit c caplet (rx) 400 mcg **		3	$0	
*b-complex w-vitamin c caplet caplet,p/f (rx) **		3	$0	
*biotin 5,000 mcg capsule mx-str (rx) 5 mg **	(Meribin)	3	$0	
*calcidol drops 200 mcg/ml (8,000 unit/ml) **	(ergocalciferol (vitamin d2))	3	$0	
*calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit) **	(Oysco 500/D)	3	$0	
*calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit) **	(Calcium 600 + D(3))	3	$0	
*calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg-5 mcg (200 unit) **	(Calcium 600 + D(3))	3	$0	
*calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit) **	(Caltrate with Vitamin D3)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*certavite senior tablet 0.4 mg-300 mcg- 250 mcg **		3	$0	
*certavite-antioxidant tablet (rx) 18-400 mg-mcg **		3	$0	
*children multivitamin chew tab **		3	$0	
c-nate dha softgel 28 mg iron-1 mg - 200 mg		1	$0	
completenate tablet chew 29 mg iron- 1 mg		1	$0	
*cvs b-1 100 mg tablet p/f,gluten-free (rx) **	(thiamine hcl (vitamin b1))	3	$0	
*cvs b-complex-vit c caplet caplet (rx) **		3	$0	
*cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg-20 mcg (800 unit) **	(Caltrate with Vitamin D3)	3	$0	
*cvs hair, skin and nails cplt (rx) **	(multivitamin with minerals)	3	$0	
*cvs iron 27 mg tablet (rx) 240 mg (27 mg iron) **	(Ferate)	3	$0	
*cvs iron 65 mg tablet (rx) 325 mg (65 mg iron) **	(Feosol)	3	$0	
*cvs one daily essential tablet 400 mcg **	(multivitamin with folic acid)	3	$0	
*cvs vit c-rose hip 500 mg chew **	(ascorbic acid (vitamin c))	3	$0	
*cvs vit c-rose hip 500 mg cplt (rx) **	(ascorbic acid (vitamin c))	3	$0	
*cvs vit c-rose hips 500 mg tab (rx) **	(ascorbic acid (vitamin c))	3	$0	
*cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit) **	(Vitamin D3)	3	$0	
*cyanocobalamin 1,000 mcg/ml vl outer,mdv **	(Dodex)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*cyanocobalamin 500 mcg spray inner 500 mcg/spray **	(Nascobal)	3	$0	
*d3 dots 2,000 unit tablet p/f (rx) 50 mcg (2,000 unit) **	(cholecalciferol (vitamin d3))	3	$0	
*daily multivitamin with d3 tab 0.4 mg **	(Omnicap)	3	$0	
*daily multivit-minerals tab (rx) **	(multivitamin with minerals)	3	$0	
*daily value multivitamin tab **	(multivitamin)	3	$0	
*daily vitamin + iron tablet (rx) **	(multivitamin with iron)	3	$0	
*daily vitamin formula tablet **	(multivitamin)	3	$0	
*daily vitamin formula tablet **	(multivitamin with minerals)	3	$0	
*daily vite tablet (rx) **	(multivitamin)	3	$0	
*daily vite with iron tablet **	(multivitamin with iron)	3	$0	
*daily-vite tablet 400 mcg **	(multivitamin with folic acid)	3	$0	
*dekas essential capsule 600 mcg-50 mcg- 101 mg-1,000mcg **		3	$0	
DEKAS ESSENTIAL LIQUID 2,000 UNIT- 2,000 MCG/ML *		3	$0	
DEKAS PLUS CHEWABLE TABLET 200 MCG-1,000 MCG-10 MG *		3	$0	
DEKAS PLUS LIQUID 500 MCG/ML *		3	$0	
DEKAS PLUS SOFTGEL 200 MCG-1,000 MCG-10 MG *		3	$0	
*dodex 10,000 mcg/10 ml vial muv **	(cyanocobalamin (vitamin b-12))	3	$0	
*d-vi-sol 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml) **	(cholecalciferol (vitamin d3))	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ELDERTONIC LIQUID 3.6 MG-0.75 MG /15 ML *		3	$0	
*eq complete mv adlt 50 plus tb 0.4 mg-300 mcg- 250 mcg **		3	$0	
*eql eye health plus lutein tab 300 mcg-200 mg-27 mg-2 mg **		3	$0	
*eql vitamin c gummies 94 mg **		3	$0	
*ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml) **	(Calcidol)	3	$0	
*feosol 65 mg tablet (rx) 325 mg (65 mg iron) **	(ferrous sulfate)	3	$0	
*ferate 27 mg tablet 240 mg (27 mg iron) **	(ferrous gluconate)	3	$0	
*ferosul 325 mg tablet (rx) 325 mg (65 mg iron) **	(ferrous sulfate)	3	$0	
*ferretts 325 mg tablet 325 mg (106 mg iron) **		3	$0	
*ferrex 150 capsule outer, u-d 150 mg iron **	(polysaccharide iron complex)	3	$0	
*ferrocite tablet 324 mg (106 mg iron) **	(ferrous fumarate)	3	$0	
*ferrous fumarate 324 mg tablet 324 mg (106 mg iron) **	(Ferrocite)	3	$0	
*ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron) **	(Ferate)	3	$0	
*ferrous gluconate 324 mg tab (rx) 324 mg (38 mg iron) **		3	$0	
*ferrous sul 15 mg iron/ml enfit (rx) 15 mg iron (75 mg)/ml **	(Fe-Vite)	3	$0	
*ferrous sulf 15 mg iron/ml drp (rx) 15 mg iron (75 mg)/ml **	(Fe-Vite)	3	$0	
*ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*ferrous sulf ec 324 mg tablet 324 mg (65 mg iron) **		3	$0	
*ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron) **		3	$0	
*ferrous sulfate 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml **		3	$0	
*ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron) **	(Feosol)	3	$0	
*flintstones extra c tab chew (rx) **	(pediatric multivitamin)	3	$0	
*flintstones tablet chewable **	(pediatric multivitamin)	3	$0	
FLINTSTONES WITH IRON TAB CHEW 18 MG IRON *		3	$0	
*folic acid 1 mg tablet (rx) **		3	$0	
*folic acid 400 mcg tablet (rx) **	(PureVita Folic Acid)	3	$0	
*folic acid 5 mg/ml vial mdv **		3	$0	
folivane-ob capsule 85-1 mg		1	$0	
*fruit c-500 tablet chewable 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*ft b complex plus vit c tablet (rx) **		3	$0	
generic prenatal vitamin oral capsule 27-1.25-55-300 mg, 28 mg iron- 1 mg-200 mg, 28-1-300 mg, 28-1-50-250 mg, 29-1.25-55-325 mg, 30 mg iron-1 mg -50 mg-260 mg, 30 mg iron-1.2 mg-55 mg-265 mg		1	$0	
generic prenatal vitamin oral combo pack 29-1-400 mg		1	$0	
generic prenatal vitamin oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
generic prenatal vitamin oral tablet 15 mg iron- 1,000 mcg, 18 mg iron-1 mg, 29 mg iron- 1 mg, 29-1 mg, 90-1-50 mg		1	$0	
generic prenatal vitamin oral tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	$0	
generic prenatal vitamin oral tablet extended release 90 mg iron-1 mg		1	$0	
*gnp calcium 500-vit d3 600 tab 500 mg-15 mcg (600 unit) **		3	$0	
*gnp vitamin c 500 mg tab chew chewables (rx) **	(ascorbic acid (vitamin c))	3	$0	
*gummi bear multivit tab chew multivit & minerals (rx) **	(pediatric multivitamin)	3	$0	
*hair vitamins **	(multivitamin with iron)	3	$0	
*hemocyte tablet 324 mg (106 mg iron) **	(ferrous fumarate)	3	$0	
*high potency multivitamin tab 400 mcg **	(multivitamin with folic acid)	3	$0	
*honey bears chewable tablet **		3	$0	
*hydroxocobalamin 1,000 mcg/ml **		3	$0	
ICAPS MV TABLET (RX) 100-1.66-0.83 MCG-MG-MG *		3	$0	
*iferex 150 capsule 150 mg iron **	(polysaccharide iron complex)	3	$0	
*infant vitamin a-c-d drop 250 mcg-50 mg- 10 mcg/ml **	(Pedia Tri-Vite)	3	$0	
*infant vitamin d 10 mcg/ml drp (rx) 10 mcg/ml (400 unit/ml) **	(D-Vi-Sol)	3	$0	
*infant-toddler vit a-c-d drop 250 mcg-50 mg- 10 mcg/ml **	(Pedia Tri-Vite)	3	$0	
*iron 28 mg tablet 256 mg (28 mg iron) **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*iron 65 mg tablet (rx) 325 mg (65 mg iron) **	(ferrous sulfate)	3	$0	
kosher prenatal plus iron tab 30 mg iron- 1 mg		1	$0	
*little animals child tb chw **	(pediatric multivitamin)	3	$0	
*little animals-iron tab chew **	(pediatric multivitamin-iron)	3	$0	
marnatal-f capsule 60 mg iron-1 mg		1	$0	
*mega multivit-chelated min tab **	(multivitamin with minerals)	3	$0	
*milltrium senior multivit tab **		3	$0	
m-natal plus tablet 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	$0	
*multi-day plus iron tablet 18-400 mg-mcg **		3	$0	
*multiple vitamin with iron tab (rx) **	(Daily Vitamin with Iron)	3	$0	
*multiple vitamin w-minerals tb **	(multivitamin with minerals)	3	$0	
*multiple vitamins tablet one daily **	(multivitamin)	3	$0	
*multi-vitamin daily tablet (rx) **	(multivitamin)	3	$0	
*multivitamin tablet (rx) **	(Daily Multi-Vitamin)	3	$0	
*multivitamin-minerals tablet p/f 7.5 mg iron-400 mcg **		3	$0	
*multivitamins tablet (rx) **	(Daily Multi-Vitamin)	3	$0	
*myferon 150 capsule 150 mg iron **	(polysaccharide iron complex)	3	$0	
mynatal capsule 65 mg iron- 1 mg		1	$0	
mynatal plus captab 65 mg iron- 1 mg		1	$0	
mynatal-z captab 65 mg iron- 1 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY *	(cyanocobalamin (vitamin b-12))	3	$0	
nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg *		3	$0	
NEPHRON FA TABLET 66 MG IRON- 1,000 MCG *		3	$0	
newgen tablet 32-1,000 mg-mcg		1	$0	
niacinamide 500 mg tablet (rx) *		3	$0	
niva-plus tablet 27 mg iron- 1 mg		1	$0	
nu-iron 150 capsule 150 mg iron *	(polysaccharide iron complex)	3	$0	
obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe		1	$0	
ocutabs tablet (rx) *		3	$0	
onccor tablet 200-10-10 mcg *		3	$0	
oncovite tablet *	(therapeutic multivitamin)	3	$0	
one daily complete tablet *	(multivitamin with minerals)	3	$0	
one daily complete tablet 18-0.4 mg *		3	$0	
one daily essential tablet (rx) *	(multivitamin)	3	$0	
one daily for women tablet 18-0.4 mg *		3	$0	
one daily maximum tablet (rx) 18-0.4 mg *		3	$0	
one daily multivitamin tablet 400 mcg *	(multivitamin with folic acid)	3	$0	
one daily with minerals tablet (rx) *	(multivitamin with minerals)	3	$0	
one-a-day essential tablet (rx) *	(multivitamin)	3	$0	
one-a-day max formula tab *	(multivitamin with minerals)	3	$0	
ONE-A-DAY MEN'S TABLET 400-20-300 MCG *		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*one-a-day teen advantage tab 9 mg iron-400 mcg **		3	$0	
*one-daily multi-vitamin tab (rx) **	(multivitamin)	3	$0	
*onevite calcium 600 mg-d3 10 mcg (rx) 600 mg-10 mcg (400 unit) **	(Calcium 600 + D(3))	3	$0	
*onevite daily multivitamin tab 400 mcg **	(multivitamin with folic acid)	3	$0	
*oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit) **	(calcium carbonate-vitamin d3)	3	$0	
*oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit) **	(calcium carbonate-vitamin d3)	3	$0	
*oyster shell calcium-vit d tab p/f,gluten-free (rx) 500 mg-10 mcg (400 unit) **	(calcium carbonate-vitamin d3)	3	$0	
*oystercal-d 500 mg-400 unit tb 500 mg-10 mcg (400 unit) **	(calcium carbonate-vitamin d3)	3	$0	
*pedia d-vite 400 unit/ml liq 10 mcg/ml (400 unit/ml) **	(cholecalciferol (vitamin d3))	3	$0	
*pedia tri-vite drop 250 mcg-50 mg-10 mcg/ml **	(vit a palmitate-vit c-vit d3)	3	$0	
*pediatric d-vite 10 mcg/ml liq 10 mcg/ml (400 unit/ml) **	(cholecalciferol (vitamin d3))	3	$0	
*pediatric fe-vite 15 mg/ml drp 15 mg iron (75 mg)/ml **	(ferrous sulfate)	3	$0	
*pediatric tri-vite drops 750 unit-35 mg -400 unit/ml **	(vit a palmitate-vit c-vit d3)	3	$0	
*pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml) **	(D-Vi-Sol)	3	$0	
*pharmacist choice ped tri-vit 750 unit-35 mg -400 unit/ml **	(Pediatric Tri-Vite)	3	$0	
*phytonadione 5 mg tablet **		3	$0	
pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg	(pnv,calcium 72-iron-folic acid)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
pnv-omega softgel 28-1-300 mg		1	$0	
polysaccharide iron 150 mg cap (rx) 150 mg iron *	(Ferrex 150)	3	$0	
POLY-VI-SOL 1 ML ORAL SYRINGE 250 MCG-50 MG- 10 MCG/ML *		3	$0	
POLY-VI-SOL 250 MCG-50 MG/ML DRP 250 MCG-50 MG- 10 MCG/ML *		3	$0	
POLY-VI-SOL WITH IRON DROPS 11 MG IRON/ML *		3	$0	
pr natal 400 combo pack 29-1-400 mg		1	$0	
pr natal 400 ec combo pack 29-1-400 mg		1	$0	
pr natal 430 combo pack 29 mg iron-1 mg -430 mg		1	$0	
pr natal 430 ec combo pack 29-1-430 mg		1	$0	
prena1 true combo pack 30 mg iron-1.4 mg-300 mg		1	$0	
prenatabs fa tablet 29-1 mg		1	$0	
prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg		1	$0	
prenatal 19 chewable tablet 29 mg iron- 1 mg		1	$0	
prenatal one daily tablet 27 mg iron- 800 mcg *		3	$0	
prenatal plus iron tablet (rx) 29 mg iron- 1 mg	(pnv,calcium 72-iron,carb-folic)	1	$0	
prenatal tablet 28 mg iron- 800 mcg *		3	$0	
prenatal tablet 28 mg iron- 800 mcg *	(Prenatal)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*prenatal vitamins tablet phosphorus free (rx) 28 mg iron- 800 mcg **	(pnv no.95-ferrous fumarate-fa)	3	$0	
*prenatal vitamins tablet w/ folic acid (rx) 28 mg iron- 800 mcg **	(pnv no.95-ferrous fumarate-fa)	3	$0	
prenatal-u capsule 106.5-1 mg		1	$0	
*prosight tablet 5,000-60-30 unit-mg-unit **		3	$0	
*pub multivitamin 50 plus tab **		3	$0	
*ra balanced b-50 tablet natural,p/f (rx) **	(vitamin b complex)	3	$0	
*ra b-complex tablet p/f (rx) **	(vitamin b complex)	3	$0	
*ra b-complex tablet p/f (rx) **	(B-Complex)	3	$0	
*ra calcium 600-vit d3 400 tab (rx) 600 mg-10 mcg (400 unit) **	(calcium carbonate-vitamin d3)	3	$0	
*ra iron 65 mg tablet p/f, d/f (rx) 325 mg (65 mg iron) **	(ferrous sulfate)	3	$0	
*ra one daily energy tablet **	(multivitamin with minerals)	3	$0	
*ra one daily maximum tablet (rx) 18-0.4 mg **		3	$0	
*ra oyster shell 500-vit d3 200 natural,p/f (rx) 500 mg-5 mcg (200 unit) **	(calcium carbonate-vitamin d3)	3	$0	
*ra vitamin c 500 mg tab chew p/f (rx) **	(ascorbic acid (vitamin c))	3	$0	
*ra vitamin c 500 mg tablet p/f (rx) **	(ascorbic acid (vitamin c))	3	$0	
*ra vitamin c 500 mg tablet p/f,natural (rx) **	(ascorbic acid (vitamin c))	3	$0	
r-natal ob softgel 20 mg iron- 1 mg-320 mg		1	$0	
select-ob chewable caplet 29 mg iron- 1 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
se-natal 19 chewable tablet 29 mg iron- 1 mg		1	$0	
*sm b complex with vit c tablet (rx) **		3	$0	
*sod fer gluc cplx 62.5 mg/5 ml sdv,outer **	(Ferrlecit)	3	$0	
*soothing pureway-c 500 mg tab **	(ascorbic acid (vitamin c))	3	$0	
*stress formula tablet (rx) **		3	$0	
*stress formula with iron tab 500 mg-400 mcg- 27 mg iron **		3	$0	
*stress formula with zinc tab (rx) **		3	$0	
*stress-c with iron tablet 500 mg-400 mcg- 18 mg iron **		3	$0	
*super b complex tablet p/f (rx) 400 mcg **		3	$0	
*super b-50 complex capsule 400 mcg-20 mg- 50 mg **		3	$0	
*super multivitamin tablet **	(multivitamin)	3	$0	
*super quints b-50 tablets **	(vitamin b complex)	3	$0	
*super thera vite m tablet (rx) **		3	$0	
*tab-a-vite multivit with iron 18-400 mg-mcg **		3	$0	
*tab-a-vite tablet 400 mcg **	(multivitamin with folic acid)	3	$0	
taron-c dha capsule 35-1-200 mg		1	$0	
*thera tablet 400 mcg **	(multivitamin with folic acid)	3	$0	
*thera-d 2000 tablet 50 mcg (2,000 unit) **	(cholecalciferol (vitamin d3))	3	$0	
*thera-m caplet caplet (rx) 27-0.4 mg **		3	$0	
*thera-tabs caplet **	(therapeutic multivitamin)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
therems multivitamin tablet 400 mcg *	(multivitamin with folic acid)	3	$0	
TRI-VI-SOL DROPS 250 MCG-50 MG- 10 MCG/ML *	(vit a palmitate-vit c-vit d3)	3	$0	
true vitamin b-6 10 mg tablet *		3	$0	
virt-c dha softgel (rx) 35-1-200 mg		1	$0	
virt-nate dha softgel 28 mg iron-1 mg -200 mg		1	$0	
virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg		1	$0	
vision plus lutein vitamin tab *		3	$0	
vision vitamins (rx) *		3	$0	
vit c-rose hips tr 500 mg cplt caplet,p/f (rx) *	(ascorbic acid (vitamin c))	3	$0	
vitafol caplet 65-1 mg *		3	$0	
vitafol gummies 3.33 mg iron- 0.33 mg		1	$0	
vitafol-ob+dha combo pack 65-1-250 mg		1	$0	
vitalets tablet chewable child, orange (rx) *	(pediatric multivitamin-iron)	3	$0	
vitamin a 3,000 mcg softgel (rx) *		3	$0	
vitamin b complex capsule (rx) *	(vitamin b complex)	3	$0	
vitamin b complex softgel (rx) *	(Vitamins B Complex)	3	$0	
vitamin b complex tablet (rx) *	(B-Complex)	3	$0	
vitamin b complex tablet n,p/f (rx) 0.4 mg *	(B Complex 1 (with folic acid))	3	$0	
vitamin b complex-vit c caplet (rx) *		3	$0	
vitamin b complex-vitamin c tb (rx) 400 mcg *		3	$0	
vitamin b-1 100 mg tablet (rx) *	(Vitamin B-1)	3	$0	
vitamin b-12 1,000 mcg tablet (rx) *	(Vitamin B-12)	3	$0	
vitamin b-12 100 mcg tablet (rx) *	(Vitamin B-12)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*vitamin b-12 500 mcg tablet **	(B-12 DOTS)	3	$0	
*vitamin b-6 100 mg tablet (rx) **	(Vitamin B-6)	3	$0	
*vitamin b-6 25 mg tablet (rx) **	(pyridoxine (vitamin b6))	3	$0	
*vitamin b-6 50 mg tablet (rx) **	(Vitamin B-6)	3	$0	
*vitamin b-complex & c caplet p/f,lactose free 400-500 mcg-mg **		3	$0	
*vitamin c 250 mg tablet (rx) **	(Vitamin C)	3	$0	
*vitamin c 250 mg tablet chew p/f (rx) **	(ascorbic acid (vitamin c))	3	$0	
*vitamin c 500 mg tablet (rx) **	(ascorbic acid (vitamin c))	3	$0	
*vitamin c 500 mg wafer **	(Acerola C-500)	3	$0	
*vitamin d2 1.25 mg(50,000 unit) softgel **	(Vitamin D2)	3	$0	
*vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml) **	(D-Vi-Sol)	3	$0	
*vitamin d3 2,000 unit softgel softgel, p/f (rx) 50 mcg (2,000 unit) **	(cholecalciferol (vitamin d3))	3	$0	
*vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit) **	(Vitamin D3)	3	$0	
*vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit) **	(D3 DOTS)	3	$0	
*vitamin k-1 1 mg/0.5 ml ampul suv, outer **	(phytonadione (vitamin k1))	3	$0	
*vitamin k-1 10 mg/ml ampul suv, outer **	(phytonadione (vitamin k1))	3	$0	
*vitamins for hair capsule 400-400 mcg **		3	$0	
*vitatrum tablet 18-500-300-250 mg-mcg-mcg-mcg **		3	$0	
*vitrum 50 plus senior tablet 500-300-250 mcg **		3	$0	
*vitrum senior tablet f/f,p/f (rx) **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*well vitamin c 500 mg tablet (rx) **	(Soothing PureWay-C)	3	$0	
*well vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit) **	(Vitamin D3)	3	$0	
*well vitamin d3 50 mcg softgel 50 mcg (2,000 unit) **	(Vitamin D3)	3	$0	
*xyzbac tablet 1-5-50 mg **		3	$0	
zatean-pn dha capsule 27 mg iron-1 mg -300 mg		1	$0	
zatean-pn plus softgel 28-1-300 mg		1	$0	
zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg		1	$0	
*zyvit tablet 1-5-50 mg **		3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org. You can find information on what the symbols and abbreviations on this table mean by referring to section C1 on page 13.

09/01/2025

INDEX

1ST TIER UNIFINE PENTIPS 152, 153
1ST TIER UNIFINE PENTIPS PLUS.....153
24 hour allergy relief..... 211, 213
8 hour pain reliever..... 3, 4, 5
8hr muscle aches-pain..... 4
a and d (lanolin-petrolatum).... 140
A AND D DIAPER RASH CREAM..... 140
a thru z high potency.....272
a thru z select..... 272
a-25 (vit a palmitate)..... 272
abacavir..... 92
abacavir-lamivudine..... 92
ABELCET..... 65
abigale..... 231
abigale lo..... 231
ABILIFY ASIMTUFII..... 84
ABILIFY MAINTENA..... 84, 85
abiraterone..... 27
abirtega.....27
ABOUTTIME PEN NEEDLE..153
ABREVA.....77
ABRYSVO (PF)..... 245
acamprosate.....14
acarbose.....58
accutane..... 140
acebutolol..... 109
acerola c..... 272
acetaminophen.....3, 4, 8
acetaminophen-codeine..... 3
acetazolamide..... 258
acetazolamide sodium.....258
acetic acid.....208
acetylcysteine.....268
acid controller..... 214, 215, 217
acid gone antacid.....217
acid gone antacid e.strength.....217
acid reducer (famotidine) 215, 216, 217
acid reducer (omeprazole).....214
acid-pep..... 214
acitretin.....140
acne control(benzoyl peroxide) 142
acne foaming wash..... 141
acne medication..... 141
acne treatment (benzoyl perox).142
acne-clear..... 141
ACTEMRA.....237
ACTEMRA ACTPEN..... 237
ACTHAR.....234
ACTHAR SELFJECT..... 234
ACTHIB (PF)..... 246
ACTIMMUNE.....255
acyclovir.....99, 141
acyclovir sodium.....99
ADACEL(TDAP ADOLESN/ADULT)(PF).....246
adapalene.....152
addaprin.....9
adefovir.....99
ADEMPAS..... 271
adrucil.....27
adult wal-tussin dm max..... 136
ADVAIR HFA.....264
advanced exfoliating cleanser.. 142
advanced eye relief (olopatad). 204
advanced healing (petrolatum).142
ADVOCATE PEN NEEDLE... 154
ADVOCATE SYRINGES 153, 154
afirmelle.....124
after pill..... 124
aftera.....124
AIMOVIG AUTOINJECTOR....77
AIRSUPRA.....265, 266
AJOVY AUTOINJECTOR..... 77
AJOVY SYRINGE.....77
AKEEGA.....27
ala-cort..... 147
ala-scalp..... 147
alavert d-12 allergy-sinus.....70
alaway.....204
albendazole.....81
albuterol sulfate.....266
alclometasone..... 147
ALCOHOL PREP SWABS.....154
ALECENSA..... 27
alendronate.....253
aler-cap.....70
ALEVAZOL..... 65
alfuzosin.....229
aliskiren..... 118
alka-seltzer heartburn chew.....217
all day allergy (cetirizine).....75
allerclear d-12hr.....70
allerclear d-24hr.....70
aller-cort.....211
aller-ease..... 74
aller-flo..... 211
allergy (diphenhydramine)... 74, 75
allergy and congestion relief..... 75
allergy medication..... 75
allergy medicine.....75
allergy nasal (oxymetazoline)...205
allergy relief (cetirizine).....73
allergy relief (fexofenadine)..72, 75
allergy relief (fluticasone) 211, 212, 213
allergy relief (levocetirizin).. 72, 73
allergy relief(diphenhydramin) 70, 72, 73, 75
allergy relief,nasal decongest.....70
aller-tec.....70
aller-tec d.....70
allopurinol..... 70
alophen (bisacodyl).....222

alosetron 252
alprazolam 16
ALREX 211
altamist 204
altavera (28) 124
ALTRENO 152
aluminum hydroxide gel 217
ALUNBRIG 27
ALVAIZ 101
alyacen 1/35 (28) 124
alyacen 7/7/7 (28) 124
ALYFTREK 268
alyq 271
amabelz 231
amantadine hcl 82
ambrisentan 271
ameriphor 141
amethia 125
amethyst (28) 125
amikacin 18
amiloride 114
amiloride-hydrochlorothiazide 114
aminofen 3
amiodarone 109
amitriptyline 55
amitriptyline-chlordiazepoxide 55
amlactin 141
amlodipine 113
amlodipine-atorvastatin 115
amlodipine-benazepril 113
amlodipine-olmesartan 113
amlodipine-valsartan 113
amlodipine-valsartan-hcthiazid 113
ammonium lactate 141
amoxapine 55
amoxicil-clarithromy-lansopraz 215
amoxicillin 23
amoxicillin-pot clavulanate 23
amphotericin b 65
amphotericin b liposome 65
ampicillin 23
ampicillin sodium 23
ampicillin-sulbactam 24
anagrelide 102
anastrozole 27
ANDEMBRY AUTOINJECTOR 255
anecream 13
animal chews 272
ANKTIVA 27
ANORO ELLIPTA 266
antacid (calcium carbonate) 221
antacid exst (mag carb-al hyd) 217
antacid ext str (calcium carb) 218, 219
antacid extra-strength 218
anti-dandruff (coal tar) 145
anti-diarrheal 218
anti-diarrheal (loperamide) 218, 219, 221
antifungal (clotrimazole) 65, 69
antifungal (miconazole) 65
antifungal (tolnaftate) 65, 69
antifungal ringworm 69
anti-gas ultra strength 214
anti-itch (hc) 149, 151
anti-itch(hydrocortisone)-aloe 151
antiseptic 145
antitussive dm 138
apomorphine 82
apraclonidine 204
aprepitant 79
APRETUDE 92
apri 125
aprodine 71
APTIVUS 92
AQINJECT PEN NEEDLE 154
AQUA-E CONCENTRATE 272
aquanil hc 147
aquaphor baby diaper rash 141
AQUAPHOR HEALING 141
aquaphor itch relief 147
aranelle (28) 125
ARCALYST 237
AREXVY (PF) 246
ARIKAYCE 18
aripiprazole 85
ARISTADA 85
ARISTADA INITIO 85
armodafinil 270
ARNUITY ELLIPTA 265
arthritis pain relief (acetam) 3, 5, 8
arthritis pain relief(capsaic) 141
artificial tears (petro/min) 204
artificial tears(glycerin-peg) 205, 207
artificial tears(pg-hypm-glyc) 204
artificial tears(pvalch-povid) 204
ascomp with codeine 3
ascorbic acid (vitamin c) 286, 287
ascorbic acid-ascorbate sodium 276, 286
asenapine maleate 85
ashlyna 125
ASPERCREME (LIDOCAINE HCL) 13
aspercreme (lidocaine) 13
aspirin 9, 12
aspirin-dipyridamole 103
ASSURE ID DUO PRO SFTY PEN NDL 154
ASSURE ID DUO-SHIELD 154
ASSURE ID INSULIN SAFETY 154, 155
ASSURE ID PEN NEEDLE 154, 155
ASSURE ID PRO PEN NEEDLE 155
ASTAGRAF XL 238
astringent 141
atazanavir 92
atenolol 109
atenolol-chlorthalidone 110
athenol 8
athlete's foot 65, 66, 69

athlete's foot (clotrimazole) 65, 66, 67
athlete's foot (tolnaftate) 65
athletic foot cream 69
atomoxetine 119
atorvastatin 115
atovaquone 81
atovaquone-proguanil 81
atropine 204
ATROVENT HFA 266
aubra eq 125
AUGTYRO 27
auranofin 238
aurovela 1.5/30 (21) 125
aurovela 1/20 (21) 125
aurovela 24 fe 125
aurovela fe 1.5/30 (28) 125
aurovela fe 1-20 (28) 125
AUSTEDO 119
AUSTEDO XR 119
AUSTEDO XR TITRATION KT(WK1-4) 119
AUTOSHIELD DUO PEN NEEDLE 155
AUVELITY 55
aveeno baby 141
AVEENO MOISTURIZING 141
aviane 125
AVMAPKI 27
AVMAPKI-FAKZYNJA 27
AVONEX 119
AVSOLA 238
AXTLE 27
ayr saline 204
AYR SINUS RINSE 204
ayuna 125
AYVAKIT 28
azacitidine 28
azathioprine 238
azathioprine sodium 238
azelastine 205
azithromycin 21, 22
aztreonam 22
azurette (28) 125
b complex 1 (with folic acid) 272
b complex-vitamin b12 273
b complex-vitamin c-folic acid 273, 284, 285
b-12 dots 273
baby ayr saline 205
bacitracin 146, 208
bacitracin zinc 146
bacitracin-polymyxin b 208
bacitraycin plus 146
baclofen 270
balance b-100 (folic acid) 273
balance b-50 (with folic acid) 273
balanced b-50 283
balmex adult care 141
balmex complete protection 141
balsalazide 252
BALVERSA 28
balziva (28) 125
banophen 71
BAQSIMI 255
bayer low dose aspirin 9
baza antifungal 65
BCG VACCINE, LIVE (PF) 246
b-complex 283
b-complex with vitamin c 273, 274, 277, 284, 285, 286
BD AUTOSHIELD DUO PEN NEEDLE 155
BD ECLIPSE LUER-LOK 155
BD INSULIN SYRINGE 155, 156
BD INSULIN SYRINGE (HALF UNIT) 155
BD INSULIN SYRINGE SLIP TIP 156
BD INSULIN SYRINGE ULTRA-FINE 155
BD NANO 2ND GEN PEN NEEDLE 156
BD SAFETYGLIDE INSULIN SYRINGE 156
BD SAFETYGLIDE SYRINGE 156
BD ULTRA-FINE MICRO PEN NEEDLE 157
BD ULTRA-FINE MINI PEN NEEDLE 157
BD ULTRA-FINE NANO PEN NEEDLE 157
BD ULTRA-FINE ORIG PEN NEEDLE 157
BD ULTRA-FINE SHORT PEN NEEDLE 157
BD VEO INSULIN SYR (HALF UNIT) 157
BD VEO INSULIN SYRINGE UF 157
BELSOMRA 271
BENADRYL ALLERGY 71
benazepril 107
benazepril-hydrochlorothiazide 108
bendamustine 28
BENDAMUSTINE 28
BENDEKA 28
BENLYSTA 238
benzonatate 136
benzoyl peroxide 142
benztropine 82
bepotastine besilate 205
BESREMI 238
best fiber 222
BETADINE 142
beta-hc 147
betaine 255
betamethasone dipropionate 147
betamethasone valerate 147, 148
betamethasone, augmented 148
BETASERON 120
betatemp 3
betaxolol 110, 258
bethanechol chloride 229

bexarotene 28
BEXSERO 246
bicalutamide 28
BICILLIN L-A 24
BIKTARVY 92
bimatoprost 259
biofreeze overnight 142
biotin 273
bisacodyl 222
bisoprolol fumarate 110
bisoprolol-hydrochlorothiazide 110
BIZENGRI 28
bleomycin 28
blisovi 24 fe 125
blisovi fe 1.5/30 (28) 126
blisovi fe 1/20 (28) 126
BOOSTRIX TDAP 246
bortezomib 28
BORUZU 28
bosentan 271
BOSULIF 28, 29
bp 142
BP WASH 142
BRAFTOVI 29
BREO ELLIPTA 265
breyna 265
BREZTRI AEROSPHERE 267
briellyn 126
BRILINTA 103
brimonidine 259
brimonidine-timolol 259
brinzolamide 259
BRIVIACT 47
bromfenac 211
bromocriptine 82
BRONCHITOL 268
BRUKINSA 29
budesonide 252, 265
budesonide-formoterol 265
bumetanide 114
buprenorphine 3
buprenorphine hcl 14
buprenorphine-naloxone 14
bupropion hcl 55
bupropion hcl (smoking deter) 14
buspirone 255
butalbital-acetaminop-caf-cod 3
butalbital-acetaminophen 4
butalbital-acetaminophen-caff 4
butalbital-aspirin-caffeine 4
butorphanol 4
CABENUVA 92
cabergoline 82
CABLIVI 103
CABOMETYX 29
cabotegravir 92
calcidol 273
calcipotriene 142
calcitonin (salmon) 253
calcitriol 253
calcium 500 218
calcium 500 + d 260
calcium 600 263
calcium 600 + d(3) 283
calcium acetate(phosphat bind) 228
calcium antacid 218
calcium carbonate 221, 260
calcium carbonate-vitamin d3 ..... 260, 273, 274, 278, 281
calcium citrate 260
calcium citrate-vitamin d3 ..... 260, 261, 263, 264
CALDESENE 142
cal-gest antacid 218
CALMOSEPTINE 142
CALQUENCE 29
CALQUENCE (ACALABRUTINIB MAL) 29
camila 126
CAMZYOS 112
candesartan 106
candesartan-hydrochlorothiazid 106
CAPLYTA 85
CAPRELSA 29
capsaicin 142
captopril 108
CAPZASIN 142
carbamazepine 47, 48
carbidopa 82
carbidopa-levodopa 82, 83
carbidopa-levodopa-entacapone 83
carbinoxamine maleate 71
carboplatin 29
CARBOXYMETHYLCELLUL .SOD.(BULK) 255
CAREFINE PEN NEEDLE 157, 158
CARETOUCH INSULIN SYRINGE 158
CARETOUCH PEN NEEDLE 158
carglumic acid 218
carteolol 259
cartia xt 111
carvedilol 110
CASTELLANI PAINT 142
CAYSTON 22
cefaclor 20
cefadroxil 20
cefazolin 20
cefdinir 20
cefepime 20
cefixime 20
cefoxitin 20
cefpodoxime 20, 21
cefprozil 21
ceftazidime 21
ceftriaxone 21
cefuroxime axetil 21
cefuroxime sodium 21
celecoxib 9
cephalexin 21
CERDELGA 203
certavite senior 274
certavite-antioxidant 274
cetirizine 71

cetirizine-pseudoephedrine 71
cevimeline 140
chateal eq (28) 126
chest congestion relief 136, 137
chest congestion relief dm .136, 137
chest congestion relief pe 136
chest congestion-cough relief 136, 137
child allergy relf(cetirizine) 71, 72, 73, 75
child chest congestion-cough 137
child dimetapp cough-allergy 71
children's acetaminophen 4
children's alaway 205
children's allergy (diphenhyd) 71, 72, 73, 74, 75
children's allergy(cetirizine) .74, 75
children's aller-tec 72
children's cetirizine 71
children's cough dm er 137
CHILDREN'S FLONASE ALLERGY RLF 211
children's ibuprofen 9, 10, 11, 12
children's mapap 4
children's multivitamin 274
children's pain relief 5
children's profen ib 12
children's tylenol 4
children's wal-dryl allergy 72
children's wal-zyr 72
child's all day allergy(cetir) 71, 73, 74, 75
chlordiazepoxide hcl 16
chlorhexidine gluconate 140
chloroquine phosphate 81
chlorpromazine 85, 86
chlorthalidone 114
chlorzoxazone 270
cholecalciferol (vitamin d3) 274, 278, 281, 286, 287
cholestyramine (with sugar) 115
cholestyramine light 115
ciclopirox 65
cilostazol 103
CIMDUO 93
cimetidine 215
cimetidine hcl 215
CIMZIA 238
CIMZIA POWDER FOR RECONST 238
cinacalcet 253, 254
CINQAIR 268
CINRYZE 101
ciprofloxacin hcl 24, 25, 208
ciprofloxacin in 5 % dextrose 25
ciprofloxacin-dexamethasone ... 208
citalopram 55
citracal + d maximum 261
CITRACAL-D3 MAXIMUM PLUS 261
citroma 222
CITRUCEL SUGAR FREE 222
cladribine 29
clarispray 211
clarithromycin 22
CLARITIN 72
clear eyes natural tears 205
clear eyes once daily allergy 205
clearlax 222, 225
clemastine 72
clemasz 72
CLENPIQ 222
CLICKFINE PEN NEEDLE 159, 172
clindamycin hcl 18
clindamycin pediatric 19
clindamycin phosphate . 19, 76, 146
clindamycin-benzoyl peroxide .. 146
CLINIMIX 5%/D15W SULFITE FREE 103
CLINIMIX 4.25%/D10W SULF FREE 103
CLINIMIX 4.25%/D5W SULFIT FREE 103
CLINIMIX 5%-D20W(SULFITE-FREE) 104
CLINIMIX 6%-D5W (SULFITE-FREE) 104
CLINIMIX 8%-D10W(SULFITE-FREE) 104
CLINIMIX 8%-D14W(SULFITE-FREE) 104
CLINIMIX E 2.75%/D5W SULF FREE 104
CLINIMIX E 4.25%/D10W SUL FREE 104
CLINIMIX E 4.25%/D5W SULF FREE 104
CLINIMIX E 5%/D15W SULFIT FREE 104
CLINIMIX E 5%/D20W SULFIT FREE 104
CLINIMIX E 8%-D10W SULFITEFREE 104
CLINIMIX E 8%-D14W SULFITEFREE 105
clobazam 48
clobetasol 148
clobetasol-emollient 148
clomipramine 55
clonazepam 16
clonidine 105, 106
clonidine hcl 105, 120
clopidogrel 103
clorazepate dipotassium 16
clotrimazole 65, 66, 69
clotrimazole af 69
clotrimazole-7 66
clotrimazole-betamethasone 66
clozapine 86
COARTEM 81
COBENFY 86
COBENFY STARTER PACK ... 86
codeine sulfate 4
codeine-butalbital-asa-caff 4
COLACE 222

colchicine 70
colesevelam 115
colestipol 115, 116
colistin (colistimethate na) 19
COMBIVENT RESPIMAT 267
COMETRIQ 29
COMFEEL PLUS CLEAR DRESSING 159
COMFORT EZ INSULIN SYRINGE 159, 160, 161
COMFORT EZ PEN NEEDLES 159, 160
COMFORT EZ PRO SAFETY PEN NDL 160
COMFORT TOUCH PEN NEEDLE 161
complete allergy 75
complete allergy medicine 72, 75
complete mv adult 50 plus 276
compro 79
constulose 218
COPIKTRA 29
CORLANOR 112
cortaid 148
cortisone (hydrocortisone) 148
cortisone with aloe 148
cortizone-10 148
cortizone-10 with aloe 148
CORTROPHIN GEL 234
COSENTYX 238, 255
COSENTYX (2 SYRINGES) 238
COSENTYX PEN (2 PENS) 238
COSENTYX UNOREADY PEN 238
COTELLIC 29
cough dm er 138
cough syrup dm 137
CREON 203
CRESEMBA 66
cromolyn 205, 218, 268
cryselle (28) 126
CURAD GAUZE PAD 162
CUTINOVA HYDRO DRESSING 162
cutter lemon eucalyptus 142
cyanocobalamin (vitamin b-12) 274, 275, 285, 286
cyclafem 1/35 (28) 126
cyclafem 7/7/7 (28) 126
cyclobenzaprine 270
cyclophosphamide 30
cyclosporine 212, 239
cyclosporine modified 239
CYLTEZO(CF) 239
CYLTEZO(CF) PEN 239
CYLTEZO(CF) PEN CROHN'S-UC-HS 239
CYLTEZO(CF) PEN PSORIASIS-UV 239
cyproheptadine 72
cyred eq 126
d3 dots 275
d5 % (d-glucose)-0.9 % sodchlr 261
d5 % and 0.9 % sodium chloride 261
d5 %-0.45 % sodium chloride 261
dabigatran etexilate 99
daily fiber 223
daily fiber (psyllium-sucrose) 223
daily multi-vitamin 279
daily multivitamin-minerals 275
daily value 275
daily vitamin formula 275
daily vitamin formula-minerals 275
daily vitamin with iron 275
daily vites/iron 275
daily-vite 275
daily-vite (with folic acid) 275
DAKIN'S SOLUTION 143
dakin's solution 143
dalfampridine 120
danazol 230
dantrolene 270
DANYELZA 30
DANZITEN 30
dapsone 79
DAPTACEL (DTAP PEDIATRIC) (PF) 246
daptomycin 19
darunavir 93
DARZALEX 30
DARZALEX FASPRO 30
dasatinib 30
dasetta 1/35 (28) 126
dasetta 7/7/7 (28) 126
DATROWAY 30
DAURISMO 30
day multi-symp flu-severe cold 137
daylogic acne foaming wash 143
daylogic acne treatment 143
daylogic advanced healing 143
daysee 126
deblitane 126
debrox 209
decitabine 30
deep sea nasal 205
deferasirox 230
deferiprone 230
dekas essential 275
DEKAS ESSENTIAL 275
DEKAS PLUS (FOLIC ACID) 275
DEKAS PLUS LIQUID 275
DELSTRIGO 93
DELSYM 12 HOUR 137
demeclocycline 25
DENGVAXIA (PF) 247
denta 5000 plus 140
dentagel 140
DEPO-SUBQ PROVERA 104 236
dermacinrx lidocan 13
dermafungal 66
dermaphor 143
DESCOVY 93
desenex 66
desipramine 55
DESITIN 143

DESITIN DAILY DEFENSE...143
desmopressin.....234
desog-e.estradiol/e.estradiol.....126
desogestrel-ethinyl estradiol.....126
desonide..... 148
desoximetasone..... 148, 149
desvenlafaxine succinate.....55
dex4 glucose.....105
dexamethasone.....233
dexamethasone sodium phosphate.....212, 233
dexmethylphenidate..... 120
dextroamphetamine sulfate.....120
dextroamphetamine-amphetamine.....120
dextromethorphan polistirex.....137
dextromethorphan-guaifenesin. 137
dextrose 5 % in water (d5w).....105
dhs sal..... 143
DHS TAR..... 143
diabetic tussin dm..... 137
DIACOMIT..... 48
diamode.....218
diaper rash.....143, 144
diazepam..... 17, 48
diazepam intensol..... 17
diazoxide.....255
diclofenac epolamine..... 9
diclofenac potassium..... 9
diclofenac sodium..... 9, 10, 212
diclofenac-misoprostol..... 10
dicloxacillin..... 24
dicyclomine.....219
didanosine.....93
DIFICID.....22
diflorasone..... 149
diflunisal..... 10
difluprednate.....212
digoxin..... 112
dihydroergotamine.....77
DILANTIN..... 48
diltiazem hcl.....111
dilt-xr..... 111
dimethyl fumarate..... 120, 121
DIPENTUM.....252
diphedryl..... 72, 74, 75
diphenhydramine hcl.....72, 73
diphenoxylate-atropine.....219
dipyridamole..... 103
disopyramide phosphate..... 109
disulfiram..... 14
divalproex..... 48
docosanol.....77
docusate calcium.....223
docusate sodium.....223, 224
dodex.....275
dofetilide..... 109
dok.....224
dolishale.....126
DOMEBORO..... 143
donepezil..... 54
DOPTELET (10 TAB PACK)..101
DOPTELET (15 TAB PACK)..101
DOPTELET (30 TAB PACK)..101
dorzolamide..... 259
dorzolamide-timolol.....259
dotti.....231
DOVATO.....93
doxazosin..... 106
doxepin.....55
doxercalciferol.....254
doxorubicin, peg-liposomal..... 30
doxy-100.....25
doxycycline hyclate.....25, 26
doxycycline monohydrate..... 26
dramamine less drowsy.....79
driminate.....79
dristan long lasting.....206
DRIZALMA SPRINKLE..... 55, 56
dronabinol.....79
DROPLET INSULIN SYR(HALF UNIT).....162, 163
DROPLET INSULIN SYRINGE.....162, 163, 164
DROPLET MICRON PEN NEEDLE.....164
DROPLET PEN NEEDLE164, 165
DROPSAFE ALCOHOL PREP PADS..... 165
DROPSAFE INSULIN SYRINGE..... 165
DROPSAFE PEN NEEDLE 165, 166
drospirenone-ethinyl estradiol 126, 127
DROXIA.....103
droxidopa.....106
DUAVEE.....231
DULCOLAX (BISACODYL)..224
duloxetine.....56
DUODERM CGF BORDER DRESSING.....166
DUODERM CGF DRESSING.166
DUPIXENT PEN.....239
DUPIXENT SYRINGE.....239
dutasteride..... 229
dutasteride-tamsulosin.....230
d-vi-sol..... 275
ear drops (carbamide peroxide) 209, 210
EASY COMFORT INSULIN SYRINGE..... 166, 167, 168
EASY COMFORT PEN NEEDLES.....167
EASY COMFORT SAFETY PEN NEEDLE..... 166
EASY GLIDE INSULIN SYRINGE.....168
EASY GLIDE PEN NEEDLE..168
EASY TOUCH..... 170
EASY TOUCH FLIPLOCK INSULIN..... 169
EASY TOUCH FLIPLOCK SYRINGE.....169
EASY TOUCH INSULIN SAFETY SYR..... 168

EASY TOUCH INSULIN SYRINGE 168, 169, 170
EASY TOUCH LUER LOCK INSULIN 169
EASY TOUCH PEN NEEDLE 170
EASY TOUCH SAFETY PEN NEEDLE 170, 171
EASY TOUCH SHEATHLOCK INSULIN 169
EASY TOUCH UNI-SLIP 171
econazole nitrate 66
econtra one-step 127
ecotrin 10
eczema relief 143
EDURANT 93
EDURANT PED 93
efavirenz 93
efavirenz-emtricitabin-tenofov 93
efavirenz-lamivu-tenofov disop 93
EGRIFTA SV 235
EGRIFTA WR 235
ELAHERE 30
ELDERTONIC 276
electrolytes-dextrose 261
ELEPSIA XR 48
ELIGARD 31
ELIGARD (3 MONTH) 31
ELIGARD (4 MONTH) 31
ELIGARD (6 MONTH) 31
elinest 127
ELIQUIS 100
ELIQUIS DVT-PE TREAT 30D START 100
ELMIRON 255
ELREXFIO 31
eltrombopag olamine 101
eluryng 127
EMBRACE PEN NEEDLE 171
EMCYT 31
EMEND 80
EMGALITY PEN 77
EMGALITY SYRINGE 77
emoquette 127
EMRELIS 31
EMSAM 56
emtricitabine 93
emtricitabine-tenofovir (tdf) 93
emtricita-rilpivirine-tenof df 93
EMTRIVA 93
emzahh 127
enalapril maleate 108
enalapril-hydrochlorothiazide 108
ENBREL 240
ENBREL MINI 239
ENBREL SURECLICK 240
endacof - dm 137
endocet 5
endur-acin 116
enema 227
enema disposable 222
enemeez 224
enemeez plus 224
ENGERIX-B (PF) 247
ENGERIX-B PEDIATRIC (PF) 247
enilloring 127
enoxaparin 100
enpresse 127
enskyce 127
ENSPRYNG 121
entacapone 83
entecavir 99
ENTRESTO 106
ENTRESTO SPRINKLE 106
enulose 219
EPCLUSA 98
EPIDIOLEX 48
epinastine 206
epinephrine 112
epitol 48
EPIVIR HBV 94
EPKINLY 31
eplerenone 118
EPRONTIA 49
epsom salt (laxative) 219
ERBITUX 31
ergocalciferol (vitamin d2) 276, 286
ergoloid 54
ERIVEDGE 31
ERLEADA 31
erlotinib 31
errin 127
ertapenem 22
ery pads 146
erythromycin 22, 209
erythromycin ethylsuccinate 22
erythromycin with ethanol 146
erythromycin-benzoyl peroxide 146
ERZOFRI 86
escitalopram oxalate 56
eslicarbazepine 49
esomeprazole magnesium 215
estarylla 127
estazolam 17
estradiol 231, 232
estradiol valerate 232
estradiol-norethindrone acet 232
eszopiclone 271
ethambutol 79
ethosuximide 49
ethynodiol diac-eth estradiol 127
etodolac 10
etonogestrel-ethinyl estradiol 127
ETOPOPHOS 32
etoposide 32
etravirine 94
eucerin eczema relief 143
EUCRISA 149
EULEXIN 32
evac-u-gen (sennosides) 224
everolimus (antineoplastic) 32
everolimus (immunosuppressive) 240
EVOTAZ 94
EVRYSDI 255

EXCILON....255
exemestane....32
expectorant....137, 138
expectorant cough syrup....138
EXTENCILLINE....24
eye allergy itch relief....206
eye allergy itch-redness rlf....206
eye health plus lutein....276
eye itch relief....206
eyes alive....206
EYSUVIS....212
EZALLOR SPRINKLE....116
ezetimibe....116
ezetimibe-simvastatin....116
FAKZYNJA....32
falmina (28)....127
famciclovir....99
famotidine....215, 217
FANAPT....86
FANAPT TITRATION PACK A....86
FANAPT TITRATION PACK B....86
FANAPT TITRATION PACK C....87
FARXIGA....58
FASENRA....268
FASENRA PEN....268
febuxostat....70
feirza....127
felbamate....49
felodipine....113
FEMRING....232
femynor....127
fenofibrate....116
fenofibrate micronized....116
fenofibrate nanocrystallized....116
fenofibric acid (choline)....116
fenoprofen....10
fentanyl....5
fentanyl citrate....5
feosol....276
ferate....276
ferosul....276
ferretts....276
ferrex 150....276
FERRIPROX....230
ferrocite....276
ferrous fumarate....276
ferrous gluconate....274, 276, 278
ferrous sulfate....274, 276, 277
fesoterodine....229
FETZIMA....56
feverall....5
FEVERALL....5
fe-vite....281
fexofenadine....73, 74
FIASP FLEXTOUCH U-100 INSULIN....61
FIASP PENFILL U-100 INSULIN....61
FIASP U-100 INSULIN....62
fiber (calcium polycarbophil)....224
FIBER (PSYLLIUM HUSK)....224
fiber (psyllium husk-sugar)....224, 227
fiber laxative (ca polycarbo)....223
fiber therapy (m-cell/sugar)....224
*fiber therapy (m-cellulose)*223, 224
fiber-lax....224
finasteride....230
fingolimod....121
FINTEPLA....49
fioricet....5
FIRMAGON KIT W DILUENT SYRINGE....32
first aid antiseptic(povidone)....143
flavor chews antacid....218
flavoxate....229
flecainide....109
FLEET BISACODYL....224
fleet enema....224
fleet laxative (bisacodyl)....224
flintstones multivitamin....277
FLINTSTONES WITH IRON..277
flintstones/extra c....277
FLONASE ALLERGY RELIEF....212
floxuridine....32
fluconazole....67
fluconazole in nacl (iso-osm)....67
flucytosine....67
fludrocortisone....233
flunisolide....212
fluocinolone....149
fluocinolone acetonide oil....212
fluocinonide....149
fluocinonide-emollient....149
fluorometholone....212
fluorouracil....32, 143
fluoxetine....56
fluphenazine decanoate....87
fluphenazine hcl....87
flurazepam....17
flurbiprofen....10
flurbiprofen sodium....212
flutamide....32
fluticasone propionate....149, 211, 212, 265
fluticasone propion-salmeterol.265
fluvastatin....116
fluvoxamine....56
foaming acne face wash....143
foaming antacid....219
folic acid....277
fondaparinux....100
foot and sneaker....66
for sty relief....206
fosamprenavir....94
fosinopril....108
fosinopril-hydrochlorothiazide.108
fosphenytoin....49
FOTIVDA....32
FREESTYLE PRECISION....171, 172
freshkote....206

fruit c-500 277
FRUZAQLA 32
fulvestrant 32
furosemide 114
FUZEON 94
FYARRO 33
fyavolv 232
FYCOMPA 49
FYLNETRA 101
gabapentin 49
GALAFOLD 203
galantamine 54
gallifrey 236
GAMMAGARD S-D (IGA < 1 MCG/ML) 240
GAMMAPLEX 240
GAMUNEX-C 240
GARDASIL 9 (PF) 247
gas relief (simethicone) 214
gas relief 80 (simethicone) 214
gas relief extra strength 214
gas-x 214
gas-x extra strength 214
gatifloxacin 209
GATTEX 30-VIAL 219
GAUZE PADS & DRESSINGS - PADS 2 X 2 ..... 157, 162, 172, 176, 186, 202
GAVILAX 224
gavilyte-c 224
gavilyte-g 225
gavilyte-n 225
GAVRETO 33
gefitinib 33
gelusil antacid and anti-gas 219
gemcitabine 33
gemfibrozil 116
gemmily 128
generic prenatal vitamin 273, 274, 277, 278, 279, 280, 281, 282, 283, 284, 285, 287
generlac 219
gengraf 240
gentak 209
gentamicin 18, 146, 209
gentamicin sulfate (ped) (pf) 18
gentamicin sulfate (pf) 18
GENTEAL TEARS MODERATE 206
GENTEAL TEARS MODERATE (PF) 206
GENTEAL TEARS SEVERE GEL 206
gentle laxative (bisacodyl) 223
gentlelax 225
GENVOYA 94
geri-dryl 73
geri-kot 225
GILOTRIF 33
glatiramer 121
glatopa 121
GLEOSTINE 33
glimepiride 64
glipizide 64
glipizide-metformin 64
glucose 105
glutamine (sickle cell) 255
glyburide 64
glyburide micronized 64
glyburide-metformin 64
glycerin (child) 223, 225, 227
glycopyrrolate 219
glydo 13
GLYXAMBI 58
GOMEKLI 33
goniotaire 206
granisetron hcl 80
griseofulvin microsize 67
griseofulvin ultramicrosize 67
guaifenesin 137
guanfacine 106, 121
gummi bear multivitamin 278
GVOKE 256
GVOKE HYPOPEN 2-PACK 256
GVOKE PFS 1-PACK SYRINGE 256
HAEGARDA 102
hailey 24 fe 128
hailey fe 1.5/30 (28) 128
hailey fe 1/20 (28) 128
hair vitamins 278
hair,skin and nails 274
halobetasol propionate 149
haloette 128
haloperidol 87
haloperidol decanoate 87
haloperidol lactate 87
HARVONI 98
HAVRIX (PF) 247
h-chlor 12 144
HEALTHWISE INSULIN SYRINGE 172, 173
HEALTHWISE PEN NEEDLE 173
HEALTHY ACCENTS UNIFINE PENTIP 173
healthylax 225
heartburn prevention 215
heartburn relief 218
heartburn relief (famotidine) 216
heather 128
HEMADY 233
hemocyte 278
hemorrhoidal (phenyleph-cocoa) 144
hemorrhoidal(pe-min oil-petro) 144
heparin (porcine) 100
HEPLISAV-B (PF) 247
her style 128
HERCEPTIN HYLECTA 33
HERZUMA 33
HETLIOZ LQ 271
HIBERIX (PF) 247
high potency multivitamin 278
honey bears multivitamin 278
HUMIRA 241
HUMIRA PEN 240

HUMIRA PEN CROHNS-UC-HS START....240
HUMIRA PEN PSOR-UVEITS-ADOL HS....240
HUMIRA(CF)....241
HUMIRA(CF) PEDI CROHNS STARTER....241
HUMIRA(CF) PEN....241
HUMIRA(CF) PEN CROHNS-UC-HS....241
HUMIRA(CF) PEN PEDIATRIC UC....241
HUMIRA(CF) PEN PSOR-UV-ADOL HS....241
HUMULIN R U-500 (CONC) INSULIN....62
HUMULIN R U-500 (CONC) KWIKPEN....62
hydralazine....112
hydralyte....261
hydrochlorothiazide....114
hydrocodone-acetaminophen....6
hydrocodone-ibuprofen....6
HYDROCOLLOID DRESSING....185
hydrocortisone....149, 150, 151, 233, 253
hydrocortisone acetate....150
hydrocortisone butyrate....150
hydrocortisone plus....150, 151
hydrocortisone valerate....150
hydrocortisone-acetic acid....209
hydrocortisone-aloe vera....149, 151
hydrocream....151
hydrogen peroxide....144, 258
hydromorphone....6
hydromorphone (pf)....6
hydroxocobalamin....278
hydroxychloroquine....81
hydroxyurea....33
hydroxyzine hcl....74
hydroxyzine pamoate....256
hysept....144
ibandronate....254
IBRANCE....33
IBTROZI....34
ibu....11
ibuprofen....11, 12
ibuprofen-famotidine....11
ICAPS MV....278
icatibant....113
iclevia....128
ICLUSIG....34
icosapent ethyl....116
icy hot (menthol)....144
IDHIFA....34
iferex 150....278
ifosfamide....34
ILARIS (PF)....241
ILEVRO....213
ILUMYA....241
imatinib....34
IMBRUVICA....34
IMDELLTRA....34
imipenem-cilastatin....22
imipramine hcl....56
imipramine pamoate....56
imiquimod....144
IMJUDO....34
IMKELDI....34
imodium a-d....219
IMOVAX RABIES VACCINE (PF)....247
IMPAVIDO....82
INBRIJA....83
incassia....128
INCONTROL PEN NEEDLE....173, 174
INCRELEX....235
indapamide....114
indomethacin....11
INFANRIX (DTAP) (PF)....248
infant fever reducer-pain relf....8
infant pain reliever....5
infant's ibuprofen....11
infants simethicone....214
INFLECTRA....241
infliximab....241
INGREZZA....121
INGREZZA INITIATION PK(TARDIV)....121
INGREZZA SPRINKLE....121
INLYTA....34
INPEN (FOR HUMALOG) BLUE....174
INPEN (NOVOLOG OR FIASP) BLUE....174
INQOVI....34
INREBIC....35
insulin asp prt-insulin aspart....62
insulin aspart u-100....62
insulin glargine-yfgn....62
INSULIN SYR/NDL U100 HALF MARK....174
INSULIN SYRINGE....156
INSULIN SYRINGE MICROFINE....156
INSULIN SYRINGE NEEDLELESS....175
INSULIN SYRINGE-NEEDLE U-100
171, 174, 175, 180, 182, 184, 189, 193, 194
INSULIN U-500 SYRINGE-NEEDLE....175
INSUPEN PEN NEEDLE 175, 176
INTELENCE....94
INTRON A....99
introvale....128
INVEGA HAFYERA....87
INVEGA SUSTENNA....87, 88
INVEGA TRINZA....88
INVELTYS....213
inzo antifungal....67
IPOL....248
ipratropium bromide....206, 267

ipratropium-albuterol 267
i-prin 11
IQIRVO 219
irbesartan 106
irbesartan-hydrochlorothiazide 107
irinotecan 35
iron 279, 283
ISENTRESS 94
ISENTRESS HD 94
isibloom 128
ISOLYTE S PH 7.4 261
ISOLYTE-P IN 5 % DEXTROSE 261
ISOLYTE-S 261
isoniazid 79
ISOPROPYL ALCOHOL 144
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD 154, 157, 158, 162, 167, 168, 173, 176, 183, 184, 186, 188, 191, 192, 195, 202
isopto tears 206
isosorbide dinitrate 118
isosorbide mononitrate 118
isosorbide-hydralazine 118
isradipine 113
itch relief (hc) 149
itch relief (hc) with aloe 149
ITOVEBI 35
itraconazole 67
IV3000 FRAME DELIVERY DRESSING 256
ivabradine 113
ivermectin 82
IWILFIN 35
IXCHIQ (PF) 248
IXIARO (PF) 248
jaimiess 128
JAKAFI 35
jantoven 100
JANUMET 58
JANUMET XR 59
JANUVIA 59
JARDIANCE 59
jasmiel (28) 128
javygtor 203
JAYPIRCA 35
JEMPERLI 35
jencycla 128
JENTADUETO 59
JENTADUETO XR 59
jinteli 232
jock itch 69
jock itch (clotrimazole) ... 66, 67, 69
jolessa 128
juleber 128
julie 128
JULUCA 94
junel 1.5/30 (21) 128
junel 1/20 (21) 129
junel fe 1.5/30 (28) 129
junel fe 1/20 (28) 129
junel fe 24 129
JUXTAPID 116, 117
JYLAMVO 35
JYNARQUE 114
JYNNEOS (PF) 248
KALETRA 94
KALYDECO 268
KANJINTI 35
kaopectate (bismuth subsalicy) . 219
kariva (28) 129
KATERZIA 114
kelnor 1/35 (28) 129
kelnor 1/50 (28) 129
KERENDIA 118
KESIMPTA PEN 121
ketoconazole 67
ketoprofen 11
ketorolac 11, 213
KEYTRUDA 35
KIMMTRAK 35
KINERET 241
KINRIX (PF) 248
kionex (with sorbitol) 219
KISQALI 36
KISQALI FEMARA CO-PACK 35, 36
KLISYRI (250 MG) 144
klor-con m10 261
klor-con m15 261
klor-con m20 262
KLOXXADO 14
konsyl (sugar) 225
KONSYL SUGAR-FREE 225
KOSELUGO 36
KRAZATI 36
kurvelo (28) 129
KYLEENA 129
KYNMOBI 83
l norgest/e.estradiol-e.estrad 129
labetalol 110
lacosamide 49, 50
lactulose 220
lagevrio (eua) 99
lamisil af 67
lamivudine 94
lamivudine-zidovudine 94
lamotrigine 50
lanreotide 235
lansoprazole 215, 216, 217
lanthanum 228
LANTUS SOLOSTAR U-100 INSULIN 62
LANTUS U-100 INSULIN 62
lapatinib 36
larin 1.5/30 (21) 129
larin 1/20 (21) 129
larin 24 fe 129
larin fe 1.5/30 (28) 130
larin fe 1/20 (28) 130
larissia 130
latanoprost 259
laxacin 225
laxaclear 225
laxative (bisacodyl) 227

laxative (sennosides) 225
laxative peg 3350 ..... 227, 228
LAZCLUZE 36
leflunomide 241
lenalidomide 36
LENTOCILIN S 24
LENVIMA 36
lessina 130
letrozole 36
leucovorin calcium 256
LEUKERAN 36
LEUKINE 102
leuprolide 37
leuprolide (3 month) 36
levetiracetam 50
levobunolol 259
levocarnitine 256
levocarnitine (with sugar) 256
levocetirizine 74
levofloxacin 25
levofloxacin in d5w 25
levonest (28) 130
levonorgest-eth.estradiol-iron 130
levonorgestrel 130
levonorgestrel-ethinyl estrad 130
levonorg-eth estrad triphasic 130
levora-28 130
levothyroxine 237
LEXIVA 94
LIBERVANT 50
lice killing 152
lice treatment 152
lido king 13
lidocaine 13
lidocaine hcl 13
lidocaine pain relief 13
lidocaine viscous 13
lidocaine-prilocaine 14
lidocan iii 14
lidoguard 14
LILETTA 130
lillow (28) 130
linezolid 19
linezolid in dextrose 5% 19
lintera 144
LINZESS 220
liothyronine 237
LIP TREATMENT 145
lisinopril 108
lisinopril-hydrochlorothiazide 108
LITE TOUCH INSULIN PEN NEEDLES 176
LITE TOUCH INSULIN SYRINGE 176, 177
lithium carbonate 121, 122
lithium citrate 122
little animals 279
little animals-iron 279
little remedies saline 206
little tummys gas relief 214
LIVDELZI 220
LIVTENCITY 97
LOKELMA 220
LONSURF 37
loperamide 219, 220, 221
lopinavir-ritonavir 95
LOQTORZI 37
loradamed 74
loratadine 71
loratadine-d 74
lorazepam 17
lorazepam intensol 17
LORBRENA 37
loryna (28) 130
losartan 107
losartan-hydrochlorothiazide 107
LOTEMAX 213
LOTEMAX SM 213
loteprednol etabonate 213
lovastatin 117
low-ogestrel (28) 130
loxapine succinate 88
lo-zumandimine (28) 131
lubiprostone 220
lubricant eye (cmc-glycer)(pf) 206
lubricant eye (pg-peg 400) 205
lubricant eye drops 205
lubrifresh pm 207
LUMAKRAS 37
LUMIGAN 259
LUNSUMIO 37
LUPRON DEPOT 37, 235
LUPRON DEPOT (3 MONTH) 37, 235
LUPRON DEPOT (4 MONTH) 37
LUPRON DEPOT (6 MONTH) 37
LUPRON DEPOT-PED 235
LUPRON DEPOT-PED (3 MONTH) 235
lurasidone 88
lutera (28) 131
LUTRATE DEPOT (3 MONTH) 235
LYBALVI 88
lyleq 131
lyllana 232
LYNOZYFIC 37, 38
LYNPARZA 38
LYSODREN 38
LYTGOBI 38
lyza 131
mag 64 262
MAGELLAN INSULIN SAFETY SYRNG 177
MAGELLAN SYRINGE 177
MAGNEBIND 300 228
magnesium 263
magnesium chloride 262
magnesium citrate 223, 224, 225
magnesium oxide 218, 220, 222
magnesium sulfate 262
malathion 152
mapap (acetaminophen) 6
maraviroc 95
MARGENZA 38
marlissa (28) 131

MARPLAN 56
MATULANE 38
matzim la 111
MAVENCLAD (10 TABLET PACK) 122
MAVENCLAD (4 TABLET PACK) 122
MAVENCLAD (5 TABLET PACK) 122
MAVENCLAD (6 TABLET PACK) 122
MAVENCLAD (7 TABLET PACK) 122
MAVENCLAD (8 TABLET PACK) 122
MAVENCLAD (9 TABLET PACK) 122
MAVYRET 98
maxallergy kids 74
MAXICOMFORT II PEN NEEDLE 178
MAXICOMFORT INSULIN SYRINGE 178
MAXI-COMFORT INSULIN SYRINGE 178
MAXICOMFORT SAFETY PEN NEEDLE 178
MAYZENT 122
MAYZENT STARTER(FOR 1MG MAINT) 122
MAYZENT STARTER(FOR 2MG MAINT) 122
m-dryl 74
meclizine 80
medi-meclizine 80
medroxyprogesterone 236, 237
mefenamic acid 11
mefloquine 82
mega multiple/chelated mineral 279
megestrol 38, 237
MEKINIST 38
MEKTOVI 38
meleya 131
meloxicam 11
memantine 54
memantine-donepezil 54
MENACTRA (PF) 248
MENQUADFI (PF) 248
MENVEO A-C-Y-W-135-DIP (PF) 248
mercaptopurine 38
meropenem 23
merzee 131
mesalamine 253
mesna 256
metadate er 122
METAMUCIL 225
METAMUCIL (WITH SUGAR) 225
METAMUCIL FIBER (ASPARTAME) 225
metformin 59
methadone 6
methazolamide 259
methenamine hippurate 19
methimazole 237
methocarbamol 270
methotrexate sodium 38
methotrexate sodium (pf) 38
methoxsalen 144
methscopolamine 220
methsuximide 51
methylphenidate hcl 122, 123
methylprednisolone 233
methylprednisolone acetate 233
metoclopramide hcl 220
metolazone 115
metoprolol succinate 110
metoprolol ta-hydrochlorothiaz 110
metoprolol tartrate 110
metronidazole 19, 76, 146
metronidazole in nacl (iso-os) 19
metyrosine 113
mexiletine 109
mgo 220
micafungin 67
micatin 68
MICONAZOLE NITRATE 67
miconazole nitrate 68
miconazole-3 68
micotrin ac 68
MICRODOT INSULIN PEN NEEDLE 178
MICRODOT READYGARD PEN NEEDLE 178
microgestin 1.5/30 (21) 131
microgestin 1/20 (21) 131
microgestin 24 fe 131
microgestin fe 1.5/30 (28) 131
microgestin fe 1/20 (28) 131
micro-guard 68
midodrine 106
MIEBO (PF) 207
mifepristone 59
miglitol 59
miglustat 203
migraine relief 9, 11
mili 131
milk of magnesia 223, 225
milk of magnesia concentrated 225
milltrium senior 279
mimvey 232
mineral oil 223, 224, 226
mineral oil extra heavy 227
mineral oil heavy 226
mini enema 223
MINI ULTRA-THIN II 179
minitran 118
minocycline 26
minoxidil 118
mintox plus 220
MIPLYFFA 203
MIRALAX 226
MIRENA 131
mirtazapine 56, 57
misoprostol 216

mitoxantrone 39
M-M-R II (PF) 248
modafinil 271
moexipril 108
molindone 88
mometasone 151, 213
MONISTAT 7 68
monistat 7 68
monistat care (hydrocortisone) 151
MONOJECT INSULIN SAFETY SYRING 179, 180
MONOJECT INSULIN SYRINGE 179, 180
MONOJECT SYRINGE 179
MONOJECT ULTRA COMFORT INSULIN 196
mono-linyah 131
montelukast 266
morphine 6, 7
MORPHINE 7
morphine concentrate 6
motion sickness (meclizine) 79, 80, 81
motion sickness relief(mecliz) 80
MOUNJARO 60
MOVANTIK 220
moxifloxacin 25, 209
moxifloxacin-sod.ace,sul-water 25
moxifloxacin-sod.chloride(iso) 25
m-pap 7
MRESVIA (PF) 248
MUCINEX 138
MUCINEX DM 137, 138
mucus dm 138
mucus relief dm cough 138
mucus relief er 138
MULTAQ 109
multi-day with iron 279
multiple vitamin-minerals 279
multiple vitamins 279
multivit with min-folic acid 275
multivitamin 279
multivitamin 50 plus 283
multivitamin with iron 279
multivit-min-iron fum-folic ac 279
mupirocin 146
murine ear 209
muro 128 207
MVASI 39
my choice 131
my way 131
mycophenolate mofetil 242
mycophenolate mofetil (hcl) 242
mycophenolate sodium 242
mycozyl ac 68
myferon 150 279
MYRBETRIQ 229
nabumetone 12
nadolol 110
nafcillin 24
naloxone 15
naltrexone 15
NAMZARIC 54
NANO 2ND GEN PEN NEEDLE 180
naproxen 12
naproxen sodium 12
naratriptan 77
nasal allergy 212
nasal decongestant (pe) 106
nasal moisturizing 206
nasal spray (oxymetazoline) 206
nasal spray 12hr(oxymetazoline 207
nasal wash 205
NASCOBAL 280
NATACYN 209
nateglinide 60
NATPARA 254
NATRAPEL 144
natural calcium 262
natural daily fiber 223
natural tears (pf) 205
natura-lax 227
NAYZILAM 51
nebivolol 110
nefazodone 57
neilmed sinus rinse complete 207
neilmed sinus rinse refill 207
neomycin 18
neomycin-bacitracin-poly-hc 209
neomycin-bacitracin-polymyxin 209
neomycin-polymyxin b-dexameth 209
neomycin-polymyxin-gramicidin 209
neomycin-polymyxin-hc 210
neo-polycin 210
neo-polycin hc 210
neo-tuss 138
nephplex rx 280
NEPHRON FA 280
NERLYNX 39
neuac 147
NEULASTA ONPRO 102
NEUPRO 83
neutrogena t/sal 144
nevirapine 95
new day 131
NEXCARE TEGADERM 256
NEXLETOL 117
NEXLIZET 117
NEXPLANON 132
niacin 117
niacinamide 118, 280
niacor 117
nicardipine 114
nicotine 14, 15, 16
nicotine (polacrilex) 14, 15, 16
NICOTROL 15
NICOTROL NS 15
nifedipine 114
nighttime dry-eye relief 205
nikki (28) 132
NIKTIMVO 242
nilutamide 39

NINLARO 39
nitazoxanide 82
nitisinone 203
nitrofurantoin macrocrystal 19
nitrofurantoin monohyd/m-cryst . 19
nitroglycerin 118, 119, 256
NIVESTYM 102
nizatidine 216
nizoral psoriasis 144
non-aspirin 7, 8
non-aspirin pain relief 8
NON-STICK PAD 256
NORDITROPIN FLEXPRO 235
norelgestromin-ethin.estradiol . 132
norethindrone (contraceptive) .. 132
norethindrone acetate 237
norethindrone ac-eth estradiol 132, 232
norethindrone-e.estradiol-iron . 132
norgestimate-ethinyl estradiol .. 132
norlyda 132
nortrel 1/35 (21) 132
nortrel 1/35 (28) 132
nortrel 7/7/7 (28) 133
nortriptyline 57
NORVIR 95
nostrilla 207
NOVOFINE 30 180
NOVOFINE 32 180
NOVOFINE PLUS 180
NOVOLIN 70/30 U-100 INSULIN 63
NOVOLIN 70-30 FLEXPEN U-100 63
NOVOLIN N FLEXPEN 63
NOVOLIN N NPH U-100 INSULIN 63
NOVOLIN R FLEXPEN 63
NOVOLIN R REGULAR U100 INSULIN 63
NOVOTWIST 180
NOXAFIL 68
NUBEQA 39
NUCALA 269
nu-iron 280
NULOJIX 242
NUPLAZID 89
NURTEC ODT 77
nyamyc 68
nylia 1/35 (28) 133
nylia 7/7/7 (28) 133
nymyo 133
nystatin 68
nystatin-triamcinolone 68, 69
nystop 69
NYVEPRIA 102
obstetrix dha prenatal duo 280
OCALIVA 221
OCREVUS 123
OCREVUS ZUNOVO 123
octreotide acetate 235, 236
OCUSOFT LID SCRUB 207
OCUSOFT LID SCRUB ALLERGY 144
OCUSOFT LID SCRUB PLUS 207
ocutabs 280
ODEFSEY 95
ODOMZO 39
odor control foot-sneaker 69
OFEV 269
ofloxacin 210
OGIVRI 39
OGSIVEO 39
OJEMDA 39
OJJAARA 39
olanzapine 89
olmesartan 107
olmesartan-amlodipin-hcthiazid 107
olmesartan-hydrochlorothiazide 107
olopatadine 205, 207, 208
omega-3 acid ethyl esters 117
omeprazole 216, 217
omeprazole magnesium 216, 217
omeprazole-sodium bicarbonate 216, 217
OMNIPOD 5 (G6/LIBRE 2 PLUS) 180
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 180
OMNIPOD 5 G6-G7 PODS (GEN 5) 180
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) 181
OMNIPOD CLASSIC PDM KIT(GEN 3) 181
OMNIPOD CLASSIC PODS (GEN 3) 181
OMNIPOD DASH INTRO KIT (GEN 4) 181
OMNIPOD DASH PDM KIT (GEN 4) 181
OMNIPOD DASH PODS (GEN 4) 181
ONAPGO 83
onccor 280
oncovite 280
ondansetron 80
ondansetron hcl 80
one daily complete 280
one daily energy 283
one daily essential 274, 280
one daily for women 280
one daily maximum 280, 283
one daily multivitamin 280, 281
one daily plus minerals 280
one-a-day essential 280
one-a-day maximum formula 280
ONE-A-DAY MEN'S MULTIVITAMIN 280
one-a-day teen advantage 281
onevite daily multivitamin 281
ONGENTYS 83
ONTRUZANT 39
ONUREG 39

opcicon one-step 133
OPDIVO 39
OPDIVO QVANTIG 40
OPDUALAG 40
OPIPZA 89
OPSITE FLEXIGRID DRESSING 256
OPSUMIT 271
option-2 133
oralyte 262
ORENCIA 242
ORENCIA (WITH MALTOSE) 242
ORENCIA CLICKJECT 242
ORFADIN 203
ORGOVYX 236
ORILISSA 236
ORKAMBI 269
orquidea 133
ORSERDU 40
oseltamivir 97
OSMOLEX ER 84
OTEZLA 242
OTEZLA STARTER 242
overnight lubricating eye 205
oxaliplatin 40
oxandrolone 230
oxazepam 17
oxcarbazepine 51
oxybutynin chloride 229
oxycodone 7
oxycodone-acetaminophen 7
oxymorphone 7, 8
oysco 500/d 281
oyster shell calcium 262
oyster shell calcium 500 262
oyster shell calcium-vit d3 281, 283
oystercal-d 281
OZEMPIC 60
pacerone 109
paclitaxel 40
paclitaxel protein-bound 40
pain relief (acetaminophen) 6
pain relief (lidocaine) 13
pain relief adult 5, 8
pain reliever plus 12
paliperidone 89
PALYNZIQ 203
panoxyl 144
PANRETIN 144
pantoprazole 217
paricalcitol 254
paromomycin 82
paroxetine hcl 57
PAXLOVID 97, 98
pazopanib 40
p-col rite 227
pedia d-vite 281
pedia tri-vite 281
PEDIARIX (PF) 248
pediatric d-vite 281
pediatric electrolyte 261, 264
pediatric freezer pops 264
pediatric tri-vite 281
PEDVAX HIB (PF) 249
peg 3350-electrolytes 226
PEGASYS 99
peg-electrolyte soln 226
PEMAZYRE 40
pemetrexed disodium 40
PEMRYDI RTU 40
PEN NEEDLE 181, 182
PEN NEEDLE, DIABETIC 161, 172, 178, 179, 181, 184
PEN NEEDLE, DIABETIC, SAFETY 185
PENBRAYA (PF) 249
PENBRAYA MENACWY COMPONENT(PF) 249
PENBRAYA MENB COMPONENT (PF) 249
penciclovir 144
penicillamine 230
penicillin g potassium 24
penicillin g procaine 24
penicillin v potassium 24
PENMENVY MEN A-B-C-W-Y (PF) 249
PENMENVY MENACWY COMPONENT(PF) 249
PENMENVY MENB COMPONENT (PF) 249
PENTACEL (PF) 249
pentamidine 82
PENTIPS PEN NEEDLE 182
pentoxifylline 103
perampanel 51
periguard 144
perindopril erbumine 108
periogard 140
permethrin 152
perphenazine 89
perphenazine-amitriptyline 57
persa-gel 144
PERSERIS 89
petrolatum 144
pharbetol 8
PHAZYME 214
phenelzine 57
phenobarbital 51
PHENYTEK 51
phenytoin 51
phenytoin sodium 51
phenytoin sodium extended 51
philith 133
phillips 221
phillips' liqui-gels 226
PHILLIPS MILK OF MAGNESIA 226
PHOS-FLUR 140
phospha 250 neutral 262
phosphorous 262
phospho-trin 250 neutral 262
phytonadione (vitamin k1) 281
PIFELTRO 95
pilocarpine hcl 140, 259

pimecrolimus 151
pimozide 89
pimtrea (28) 133
pindolol 110
pioglitazone 60
pioglitazone-metformin 60
PIP PEN NEEDLE 182
piperacillin-tazobactam 24
PIQRAY 40
pirfenidone 269
pirmella 133
piroxicam 12
pitavastatin calcium 117
PLASMA-LYTE A 262
PLEGRIDY 123, 124
pnv no.95-ferrous fumarate-fa 282
podofilox 145
polycin 210
polyethylene glycol 3350 226
POLYETHYLENE GLYCOL 3350(BULK) 226
polymyxin b sulfate 19
polymyxin b sulf-trimethoprim 210
polysaccharide iron complex 282
POLYSKIN II 256
polyvinyl alcohol 207
POLY-VI-SOL 282
POLY-VI-SOL WITH IRON 282
POMALYST 41
portia 28 133
posaconazole 69
potassium chloride 263
potassium chloride-0.45 % nacl 263
potassium citrate 263
potassium citrate-citric acid 263
povidone-iodine 145
powderlax 226
pramipexole 84
prasugrel hcl 103
pravastatin 117
praziquantel 82
prazosin 106
prednisolone 233
prednisolone acetate 213
prednisolone sodium phosphate 213, 233, 234
prednisone 234
pregabalin 51, 52
PREHEVBRIO (PF) 249
PREMARIN 232, 233
PREMPHASE 233
PREMPRO 233
prenatal 283
prenatal 19 (with docusate) 282
prenatal one daily 282
prenatal vit no.179-iron-folic 282
preparation h hydrocortisone 151
prevalite 117
PREVENT DROPSAFE PEN NEEDLE 182
previfem 133
PREVYMIS 98
PREZCOBIX 95
PREZISTA 95
PRIFTIN 79
PRIMAQUINE 82
primidone 52
PRIORIX (PF) 250
PRO COMFORT INSULIN SYRINGE 182, 183
PRO COMFORT PEN NEEDLE 183
PROAIR RESPICLICK 267
probenecid 70
probenecid-colchicine 70
PROCALAMINE 3% 105
prochlorperazine 80
prochlorperazine edisylate 80, 89
prochlorperazine maleate 80
procto-med hc 151
proctosol hc 151
proctozone-hc 151
PRODIGY INSULIN SYRINGE 183
progesterone micronized 237
PROGRAF 242
prolaxa 226
PROLIA 254
promethazine 74, 80, 81
promethegan 81
promolaxin 226
propafenone 109
propranolol 110
propylthiouracil 237
PROQUAD (PF) 250
prosight 283
PROSOL 20 % 105
protective ointment 145
protriptyline 57
pseudoephedrine hcl 137, 138
psyllium husk 227
PULMOZYME 203
PURE COMFORT PEN NEEDLE 184
PURE COMFORT SAFETY PEN NEEDLE 183
purelax 223
pyrazinamide 79
pyridostigmine bromide 256, 257
pyridoxine (vitamin b6) 285, 286
pyrimethamine 82
QINLOCK 41
QUADRACEL (PF) 250
quetiapine 89
quinapril 108
quinapril-hydrochlorothiazide 108
quinidine gluconate 109
quinidine sulfate 109
quinine sulfate 82
quit 2 15
quit 4 15
QULIPTA 78
RABAVERT (PF) 250
rabeprazole 217
RALDESY 57
raloxifene 233

ramipril 108
ranolazine 113
rasagiline 84
RASUVO (PF) 243
RAVICTI 221
RAYALDEE 254
reclipsen (28) 133
RECOMBIVAX HB (PF) 250
redutemp 8
refenesen 138
REFRESH CLASSIC (PF) 207
REFRESH LACRI-LUBE 207
REFRESH LIQUIGEL 208
REFRESH OPTIVE MEGA-3 (PF) 210
REFRESH TEARS 208
REGRANEX 145
reguloid (psyllium husk) 227
REGULOID (PSYLLIUM HUSK-SUCRO) 227
RELENZA DISKHALER 98
relevea 14
RELISTOR 221
RENFLEXIS 243
repaglinide 60
REPATHA PUSHTRONEX 117
REPATHA SURECLICK 117
REPATHA SYRINGE 117
repel lemon eucalyptus 145
REPLICARE THIN 184
RESTORE EXTRA THIN DRESSING 184
RETACRIT 102
retaine allergy 208
RETEVMO 41
RETROVIR 95
REVCOVI 203
REVUFORJ 41
REXULTI 90
REYATAZ 95
REZLIDHIA 41
REZUROCK 243
RHOPRESSA 259
RIABNI 41
ribavirin 99
RIDAURA 243
rifabutin 79
rifampin 79
rilpivirine 96
riluzole 124
rimantadine 98
ringworm 66
RINVOQ 243
RINVOQ LQ 243
risedronate 254
risperidone 90
risperidone microspheres 90
ritonavir 96
RITUXAN HYCELA 41
rivaroxaban 100
rivastigmine 54
rivastigmine tartrate 54
RIVFLOZA 257
rizatriptan 78
robafen cf (phenylephrine) 138
robitussin cough and cold cf 139
robitussin cough-chest cong dm 139
ROBITUSSIN COUGH-SORE THROAT 139
ROCKLATAN 259
roflumilast 269
ROLVEDON 102
ROMVIMZA 41
ropinirole 84
rosadan 147
rosuvastatin 118
rosyrah 133
ROTARIX 250
ROTATEQ VACCINE 250
ROZLYTREK 41
RUBRACA 42
rufinamide 52
RUKOBIA 96
RUXIENCE 42
RYBELSUS 60
RYBREVANT 42
RYDAPT 42
RYKINDO 90
RYTELO 42
safe wash 145
SAFESNAP INSULIN SYRINGE 185
SAFETY PEN NEEDLE 185
sajazir 113
saline nasal 205
saline nasal mist 205
saline wound wash 143
SANTYL 145
sapropterin 204
SAVELLA 124
SCEMBLIX 42
scopolamine base 81
scot-tussin expectorant 139
SECUADO 90
SECURESAFE INSULIN SYRINGE 185
SECURESAFE PEN NEEDLE 185
SELARSDI 243
selegiline hcl 84
selenium sulfide 147
selsun blue (salicylic acid) 145
SELZENTRY 96
SEMGLEE(INSULIN GLARGINE-YFGN) 63
SEMGLEE(INSULIN GLARG-YFGN)PEN 63
senexon-s 227
senna 227
senna lax 227
senna plus 223
senna-s 227
sennosides-docusate sodium 227
senokot-s 227
SEREVENT DISKUS 267
SEROSTIM 236
sertraline 57

setlakin 133
sevelamer carbonate 229
sevelamer hcl 229
SEZABY 52
sf 5000 plus 140
shake that ache 8
sharobel 133
SHINGRIX (PF) 251
SIGNIFOR 236
silace 227
sildenafil (pulm.hypertension) 271
silver sulfadiazine 147
SIMBRINZA 259
simethicone 214
simliya (28) 134
simpesse 134
simvastatin 118
sinus 12 hour 138
sinus nasal spray 206
sinus pe decongestant 106
sinus pressure-cong relief pe 106
sinus rinse 208
sinus rinse starter 208
sinus wash 207
sirolimus 243
SIRTURO 79
skin treatment 143
SKY SAFETY PEN NEEDLE 185
SKYLA 134
SKYRIZI 243, 244
SLOW-MAG 264
SLYND 134
smoothlax 227, 228
sodium bicarbonate 221
sodium chloride 205, 208, 264
sodium chloride 0.45 % 264
sodium chloride 0.9 % 264
sodium citrate-citric acid 264
sodium ferric gluconat-sucrose 284
sodium fluoride 140
sodium fluoride-pot nitrate 140
sodium oxybate 271
sodium phenylbutyrate 221
sodium polystyrene sulfonate 221
sodium,potassium,mag sulfates 228
SOF-LAX 228
solifenacin 229
SOLIQUA 100/33 63
SOLTAMOX 42
SOMATULINE DEPOT 236
SOMAVERT 236
soothing pureway-c 284
sorafenib 42
sorine 111
sotalol 111
sotalol af 111
SPIRIVA RESPIMAT 267
spironolactone 115, 118
spironolacton-hydrochlorothiaz 115
SPRAVATO 57
sprintec (28) 134
SPRITAM 52
sps (with sorbitol) 221
sronyx 134
ssd 147
st joseph aspirin 12
st. joseph aspirin 12
stavudine 96
STELARA 244
STIMUFEND 102
stimulant laxative plus 228
STIOLTO RESPIMAT 267
STIVARGA 42
STOBOCLO 254
stomach relief 218, 219, 221
stool softener 225, 228
stop smoking aid 15
STRENSIQ 204
streptomycin 18
stress formula 284
stress formula with iron 284
stress formula with iron(sulf) 284
stress formula with zinc 284
STRIBILD 96
STRIVERDI RESPIMAT 267
subvenite 52
sucralfate 217
sudogest 139
sudogest 12-hour 139
sudogest cold and allergy 75
sulfacetamide sodium 210
sulfacetamide sodium (acne) 147
sulfacetamide-prednisolone 210
sulfadiazine 25
sulfamethoxazole-trimethoprim 25
sulfasalazine 253
sulindac 12
sumatriptan 78
sumatriptan succinate 78
sumatriptan-naproxen 78
sunburn relief cooling 13
sunitinib malate 42
SUNLENCA 96
super b-50 complex 284
super calcium 264
super multivitamin 284
super quints b-50 284
super thera vite m 284
suphedrin 139
suphedrine 138, 139
suphedrine 12 hour 138
SURE COMFORT INS. SYR. U-100 186
SURE COMFORT INSULIN SYRINGE 186, 187
SURE COMFORT PEN NEEDLE 186, 187
SURE COMFORT SAFETY PEN NEEDLE 186
SURE-FINE PEN NEEDLES 187
SURE-JECT INSULIN SYRINGE 187
SURESITE MATRIX 257
SUTAB 228
syeda 134
SYMDEKO 269

SYMJEPI 113
SYMLINPEN 120 60
SYMLINPEN 60 60
SYMPAZAN 52
SYMTUZA 96
SYNAREL 236
SYNERCID 19
SYNJARDY 60
SYNJARDY XR 60, 61
SYNRIBO 42
SYRINGE WITH NEEDLE, SAFETY 185
SYSTANE (PROPYLENE GLYCOL) 208
SYSTANE BALANCE 208
SYSTANE GEL 208
SYSTANE NIGHTTIME 208
tab-a-vite 284
tab-a-vite multivitamin w-iron 284
TABLOID 42
TABRECTA 42
tacrolimus 151, 244
tadalafil 271
TAFINLAR 42
tafluprost (pf) 259
TAGRISSO 42
take action 134
TAKHZYRO 257
TALVEY 43
TALZENNA 43
tamoxifen 43
tamsulosin 230
tarina 24 fe 134
tarina fe 1-20 eq (28) 134
TASIGNA 43
tasimelteon 271
TAVALISSE 103
TAVNEOS 244
taysofy 134
tazarotene 152
tazicef 21
taztia xt 111
TAZVERIK 43
TDVAX 251
TECENTRIQ 43
TECENTRIQ HYBREZA 43
TECHLITE INSULIN SYRINGE 188
TECHLITE INSULN SYR(HALF UNIT) 188
TECHLITE PEN NEEDLE 188, 189
TECHLITE PLUS PEN NEEDLE 189
TECVAYLI 43
TEFLARO 21
TELFA OUCHLESS NON-ADHERENT 257
telmisartan 107
telmisartan-amlodipine 107
telmisartan-hydrochlorothiazid 107
temazepam 17, 18
TEMIXYS 96
tencon 8
TENIVAC (PF) 251
tenofovir disoproxil fumarate 96
tension headache 5, 8
tension headache pain reliever 8
tension headache relief 8
TEPMETKO 43
terazosin 230
terbinafine hcl 69
terbutaline 267
terconazole 77
teriflunomide 124
teriparatide 254
TERUMO INSULIN SYRINGE 189
testosterone 231
testosterone cypionate 230
testosterone enanthate 231
TETANUS,DIPHTHERIA TOX PED(PF) 251
tetrabenazine 124
tetracycline 26
TEVIMBRA 43
THALOMID 257
the magic bullet 225
theophylline 267, 268
thera 284
thera-d 284
THERAFLU FLU RELIEF DAYTIME 139
THERAFLU MULTI-SYMPTOM COLD 139
THERAFLU SVR COLD RLF DAY (DM) 139
theraflu-d flu relief day 139
THERAFLU-D FLU RELIEF NIGHT 139
thera-gel 145
thera-m 284
therapeutic t plus 145
thera-tabs 284
THERATEARS 208
therems multivitamin 285
thiamine hcl (vitamin b1) 285
THINPRO INSULIN SYRINGE 189, 190
thioridazine 90
thiothixene 90
tiadylt er 112
tiagabine 52
TIBSOVO 43
ticagrelor 103
TICE BCG 43
TICOVAC 251
tigecycline 26
tilia fe 134
timolol 260
timolol maleate 111, 260
TINACTIN 69
tinidazole 82
tiopronin 230
tiotropium bromide 268
TIVDAK 43

TIVICAY 96
TIVICAY PD 96
tizanidine 270
TOBI PODHALER 18
tobramycin 18, 210
tobramycin in 0.225 % nacl 18
tobramycin sulfate 18
tobramycin-dexamethasone 211
tolnaftate 69
tolterodine 229
tolvaptan (polycys kidney dis) 115
TOPCARE CLICKFINE 190
TOPCARE ULTRA COMFORT 190
topiramate 52
toposar 43
toremifene 43
torpenz 44
torsemide 115
total allergy medicine 76
TOUJEO MAX U-300 SOLOSTAR 63
TOUJEO SOLOSTAR U-300 INSULIN 63
t-plus 145
TRADJENTA 61
tramadol 8
tramadol-acetaminophen 8
trandolapril 109
trandolapril-verapamil 109
tranexamic acid 103
TRANSPARENT DRESSINGS 255, 257
tranylcypromine 57
TRAVASOL 10 % 105
travel-ease (meclizine) 81
travoprost 260
TRAZIMERA 44
trazodone 57
TRECATOR 79
TRELEGY ELLIPTA 268
TRELSTAR 44
TREMFYA 244
TREMFYA PEN 244
TREMFYA PEN INDUCTION PK-CROHN 244
treprostinil sodium 272
TRESIBA FLEXTOUCH U-100 64
TRESIBA FLEXTOUCH U-200 64
TRESIBA U-100 INSULIN 64
tretinoin 152
tretinoin (antineoplastic) 44
tri femynor 134
TRIAD WOUND DRESSING 257
triamcinolone acetonide 140, 151, 152, 213, 234
triamterene-hydrochlorothiazid 115
triazolam 18
tricitrates 264
trientine 230
tri-estarylla 134
trifluoperazine 90
trifluridine 211
trihexyphenidyl 84
TRIJARDY XR 61
TRIKAFTA 269, 270
tri-legest fe 134
tri-linyah 134
tri-lo-estarylla 134
tri-lo-marzia 135
tri-lo-mili 135
tri-lo-sprintec 135
trimazole 69
trimethoprim 19
tri-mili 135
trimipramine 58
TRINTELLIX 58
tri-nymyo 135
triple antibiotic 147
tri-previfem (28) 135
tri-sprintec (28) 135
TRIUMEQ 96
TRIUMEQ PD 97
TRI-VI-SOL 285
trivora (28) 135
tri-vylibra 135
tri-vylibra lo 135
TRIZIVIR 97
TROGARZO 97
TROPHAMINE 10 % 105
trospium 229
TRUE COMFORT INSULIN SYRINGE 191
TRUE COMFORT PEN NEEDLE 191
TRUE COMFORT PRO INS SYRINGE 190, 191, 192
TRUE COMFORT SAFE INSULIN SYRG 190, 191, 192
TRUE COMFORT SAFETY PEN NEEDLE 190
trueplus glucose 105
TRUEPLUS INSULIN 192, 193
TRUEPLUS PEN NEEDLE 192
TRULICITY 61
TRUMENBA 251
TRUQAP 44
TRUXIMA 44
TUKYSA 44
TURALIO 44
turqoz (28) 135
tussin 137
tussin cough-chest congestion 138
tussin dm 138
tussin dm clear 137
tussin dm max 138
TWINRIX (PF) 251
TYBOST 257
TYENNE 245
TYENNE AUTOINJECTOR 244
TYMLOS 254
TYPHIM VI 251
TYVASO 272
UBRELVY 78

ULTICARE.....194, 195
ULTICARE INSULIN SYRINGE.....193
ULTICARE INSULN SYR(HALF UNIT).....193
ULTICARE PEN NEEDLE.....194
ULTICARE SAFETY PEN NEEDLE.....194
ULTIGUARD SAFEPACK-INSULIN SYR.....195
ULTIGUARD SAFEPACK-PEN NEEDLE.....195
ULTILET INSULIN SYRINGE 174, 195, 196
ULTILET PEN NEEDLE.....196
ULTRA CMFT INS SYR (HALF UNIT).....172, 186
ULTRA COMFORT INSULIN SYRINGE.....166, 172, 196
ULTRA FLO INSUL SYR(HALF UNIT).....196
ULTRA FLO INSULIN SYRINGE.....197
ULTRA FLO PEN NEEDLE 196, 197
ultra strength antacid.....218
ULTRA THIN PEN NEEDLE.197
ULTRACARE INSULIN SYRINGE.....197, 198
ULTRACARE PEN NEEDLE.198
ULTRA-FINE INS SYR (HALF UNIT).....198
ULTRA-FINE INSULIN SYRINGE.....198
ULTRA-FINE PEN NEEDLE..198
ULTRA-THIN II (SHORT) INS SYR.....199
ULTRA-THIN II (SHORT) PEN NDL.....199
ULTRA-THIN II INS PEN NEEDLES.....199
ULTRA-THIN II INSULIN SYRINGE.....199
UNIFINE OTC PEN NEEDLE 199
UNIFINE PEN NEEDLE..... 199
UNIFINE PENTIPS..181, 199, 200
UNIFINE PENTIPS MAXFLOW.....200
UNIFINE PENTIPS PLUS.....200
UNIFINE PENTIPS PLUS MAXFLOW.....200
UNIFINE PROTECT.....200
UNIFINE SAFECONTROL PEN NEEDLE..... 201
UNIFINE ULTRA PEN NEEDLE.....201
UPTRAVI.....272
ursodiol.....222
UZEDY.....90, 91
VAGINAL CONTRACEPTIVE FILM.....135
valacyclovir.....99
VALCHLOR.....145
valganciclovir..... 99
valproate sodium..... 52
valproic acid..... 52
valproic acid (as sodium salt).....52
valsartan..... 107
valsartan-hydrochlorothiazide. 107
VALTOCO..... 53
valtya.....135
VANATAB DM..... 139
vancomycin..... 19, 20
VANFLYTA.....44
vanicream hc.....152
VANISHPOINT INSULIN SYRINGE.....201
VANISHPOINT SYRINGE..... 201
VAQTA (PF)..... 251, 252
varenicline tartrate..... 16
VARIVAX (PF).....252
VASELINE.....145
VAXCHORA VACCINE.....252
VEGZELMA..... 44
velivet triphasic regimen (28)...135
VELTASSA.....222
VEMLIDY.....97
VENCLEXTA..... 44
VENCLEXTA STARTING PACK.....44
venlafaxine.....58
venlafaxine besylate.....58
VEOZAH.....257
verapamil..... 112
VERIFINE INSULIN SYRINGE.....201, 202
VERIFINE PEN NEEDLE 201, 202
VERIFINE PLUS PEN NEEDLE.....202
VERIFINE PLUS PEN NEEDLE-SHARP.....202
VERQUVO.....113
VERSACLOZ.....91
verticalm..... 81
VERZENIO..... 45
vestura (28).....135
V-GO 20..... 202
V-GO 30..... 202
V-GO 40..... 202
vicks sinex ultra fine mist 12.....208
vienva.....135
vigabatrin.....53
vigadrone..... 53
vigpoder..... 53
vilazodone.....58
VIMKUNYA.....252
vinblastine.....45
vincasar pfs.....45
vincristine..... 45
vinorelbine..... 45
viorele (28).....135
VIRACEPT.....97
VIREAD..... 97
vision.....285

vision plus lutein 285
vit a palmitate-vit c-vit d3 .278, 281
vitafol 285
vitalets 285
vitamin a 285
vitamin a and d 145
vitamin b complex 222, 272, 283, 285
vitamin b complex-folic acid 285
vitamin b-1 274
vitamin b-6 286
vitamin c 278, 283, 286
vitamin c with rose hips 274, 285
vitamin d3 286
vitamin k 286
vitamin k1 286
vitamins b complex 273, 285
vitamins for hair 286
vitatrum 286
VITRAKVI 45
vitrum senior 286
VIVIMUSTA 45
VIVOTIF 252
VIZIMPRO 45
VOCABRIA 97
volnea (28) 136
VONJO 45
VORANIGO 45
voriconazole 69, 70
VOSEVI 98
votriza-al 70
VOWST 257
VRAYLAR 91
VUMERITY 124
VYALEV 84
vyfemla (28) 136
vylibra 136
VYLOY 45
VYZULTA 260
wal-act d cold and allergy 76
wal-dram 2 81
wal-dryl allergy 76
wal-fex allergy 76
wal-finate-d 76
walgreens dry skin treatment 143
wal-itin 71, 76
wal-itin d 76
wal-itin d 12 hour 76
WAL-MUCIL FIBER (ASPARTAME) 228
WAL-MUCIL FIBER (SUGAR) 228
wal-phed 76, 139
wal-phed d 139
wal-phed pe 106
wal-profen 12, 13
wal-proxen 13
wal-tussin 140
wal-tussin dm clear 140
wal-zyr (cetirizine) 76
wal-zyr (ketotifen) 208
wal-zyr d 76
warfarin 100
WELIREG 45
WHITE PETROLATUM ..143, 145
WHITE PETROLATUM (BULK) 144
WHITE PETROLEUM JELLY 145
WINREVAIR 270
wixela inhub 266
women's laxative (bisacodyl) 228
wound wash saline 143
XALKORI 45, 46
xarah fe 136
XARELTO 101
XARELTO DVT-PE TREAT 30D START 101
XATMEP 46
XCOPRI 53
XCOPRI MAINTENANCE PACK 53
XCOPRI TITRATION PACK 53
XDEMVY 211
XELJANZ 245
XELJANZ XR 245
XERMELO 222
XGEVA 254
XIFAXAN 20
XIGDUO XR 61
XIIDRA 214
XOLAIR 270
XOSPATA 46
XPOVIO 46
XTANDI 46
xulane 136
XULTOPHY 100/3.6 64
XYOSTED 231
xyzbac 287
yargesa 204
YERVOY 46
YESINTEK 245
YF-VAX (PF) 252
YONSA 46
YUFLYMA(CF) 245
YUFLYMA(CF) AI CROHN'S-UC-HS 245
YUFLYMA(CF) AUTOINJECTOR 245
yuvafem 233
zafemy 136
zafirlukast 266
zaleplon 271
zantac-360 (famotidine) 217
ZARXIO 102
zeasorb af 70
zebutal 9
ZEGALOGUE AUTOINJECTOR 258
ZEGALOGUE SYRINGE 258
ZEJULA 46
ZELBORAF 47
zenatane 145
ZENPEP 204
zephrex-d 140
zidovudine 97
ZIIHERA 47

zinc oxide 145
zinc oxide diaper cream 143
ziprasidone hcl 91
ziprasidone mesylate 91
ZIRABEV 47
ZIRGAN 211
ZOLADEX 47
ZOLINZA 47
zolmitriptan 78
zolpidem 271
ZONISADE 53
zonisamide 53
zostrix-hp 146
zostrix-hp foot 146
zovia 1/35e (28) 136
zovia 1-35 (28) 136
ZTALMY 53
ZTLIDO 14
zumandimine (28) 136
ZURZUVAE 58
ZYDELIG 47
ZYKADIA 47
ZYLET 211
ZYMFENTRA 258
ZYNLONTA 47
ZYNYZ 47
ZYPREXA RELPREVV 91, 92
ZYRTEC 76
zyvit 287