



Blue Shield TotalDual Plan (HMO D-SNP)

# 2025 Formulary

(List of Covered Drugs  
or "Drug List")

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

Formulary ID 25355

This formulary was updated on 07/22/2025 . For more recent information or other questions, please contact Blue Shield TotalDual Plan Customer Service, at (800) 452-4413 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, or visit [blueshieldca.com/medformulary2025](http://blueshieldca.com/medformulary2025).

Blue Shield of California is an independent member of the Blue Shield Association.

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**Note to existing members:** This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us", or "our," it means Blue Shield of California. When it refers to "plan" or "our plan," it means Blue Shield TotalDual Plan.

This document includes Drug List (formulary) for our plan which is current as of 07/22/2025 . An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025 and from time to time during the year.

## **What is the Blue Shield TotalDual Plan formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the formulary change?**

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: blueshieldca.com/medformulary2025.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below entitled "How do I request an exception to the Blue Shield TotalDual Plan's Formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Blue Shield TotalDual Plan's Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 07/22/2025 . To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, the changes will be posted on our website at [blueshieldca.com/medformulary2025](http://blueshieldca.com/medformulary2025).

## **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 101 . The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## **What are original biological products and how are they related to biosimilars?**

On the formulary, 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 alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

## **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Plan's formulary?" on page vi for information about how to request an exception.

## **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Blue Shield TotalDual Plan's Formulary?**

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue Shield TotalDual Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

## **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Our transition policy applies to members who are stabilized on:

- Part D drugs not on the plan formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the plan formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a contract year,

- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a contract year,
- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

Members continuing coverage into a new plan year and experiencing negative formulary changes will have coverage continued for selected drugs in the new plan year, as determined by our plan and in accordance with the Centers for Medicare and Medicaid Services (CMS) guidance for Part D drugs. Plan members on drugs that were not selected for automatic continued coverage will be provided a transition process consistent with the transition process required for new members beginning in the new plan year. The transition policy will be extended across plan years if a member enrolls in a plan with an effective enrollment date of either November 1 or December 1 and needs access to a transition supply.

During the transitional stage, members may talk to their prescribers to decide whether they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug, if it is not on our formulary or has restrictions such as step therapy or prior authorization. Members may contact our plan Customer Service for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website, and are also provided upon request to members and prescribers, via mail, email or fax.

Per our transition policy, in conjunction with network pharmacies, a temporary supply of non-formulary Part D drugs or formulary drugs with coverage restrictions will be provided in order to prevent interruptions in continuing therapy. This temporary supply also provides sufficient time for members to work with their prescribers to switch to a therapeutically equivalent formulary medication, or to complete a formulary exception request based on medical necessity. Requests for prior authorization of formulary drugs are reviewed against the CMS approved coverage criteria and formulary exception requests are reviewed for medical necessity by Blue Shield pharmacy technicians, pharmacists and/or physicians. If a formulary exception request is denied, we will provide the prescriber a list of appropriate therapeutic alternatives. A letter will also be sent to you providing instructions on how to appeal the decision.

The transitional supply is a one-time, 30-day temporary supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a total of 30 days of medication) of the non-formulary drug at a retail pharmacy during the first 90 days of new membership beginning on your effective date of coverage in our plan. Refills may be provided for transition prescriptions dispensed for less than the written amount, due to a plan quantity limit edit for safety or drug utilization edits that are based on approved product labeling, and for up to a total of a 30-day supply. If you are affected by a negative formulary change from one year to the next, we will provide up to a 30-day temporary supply of the non-formulary drug, if you need a refill for the drug during the first 90 days of the new plan year.

Retail and LTC pharmacies have the ability to provide a point-of-sale override for coverage of a transition supply of a drug that is non-formulary, requires prior authorization or step therapy unless the drug is subject to review for Part B vs. Part D determination, limits to prevent coverage of non-Part D drugs or limits that promote safe utilization of a Part D drug. We will cover a 30-day supply (unless the prescription is written for fewer days in which case we will cover multiple fills to provide up to a

total of 30 days of medication). The cost-sharing for low-income subsidy (LIS) eligible members for a temporary supply of drugs provided under the transition process will not exceed the statutory maximum co-payment amounts for LIS eligible members. For all other members (non-LIS members), we will apply the same cost-sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception and the same cost-sharing for formulary drugs subject to utilization management edits provided during the transition that would apply once the utilization management criteria are met. Members will not be required to pay additional cost-sharing associated with multiple fills of lesser quantities of Part D drugs based upon quantity limits for safety once the originally prescribed doses of Part D drugs have been determined to be medically necessary after an exception process has been completed.

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will send written notice within 3 business days of the transitional fill after we cover the temporary supply. This notice will contain an explanation of the temporary nature of the transition supply received, instructions for working with us and the prescriber to identify appropriate therapeutic alternatives that are on our formulary, an explanation of your right to request a formulary exception, and a description of the procedures for requesting a formulary exception. If a transition supply has been provided once and you are currently in the process of receiving a coverage determination, the transition supply may be extended by one additional 30-day prescription fill beyond the initial 30-day supply, unless you present with a prescription written for less than 30 days. The extension of the transition period is on a case-by-case basis, to the extent that your exception request or appeal has not been processed by the end of the minimum day transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

If you are a resident of a long-term-care facility (like a nursing home), we will cover supplies of Part D drugs in increments of 14 days or less for a temporary 31-day transition supply unless the prescription is written for fewer days during the first 90 days you are enrolled in our Plan, beginning on your effective date of coverage.

Please note that our transition policy applies only to those drugs that are "Part D drugs" and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out of network, unless you qualify for out-of-network access.

## **For more information**

For more detailed information about your plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800- MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## **Plan Formulary**

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 101 .

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Copayments/Coinsurance in the Initial Coverage Stage for members of Blue Shield TotalDual Plan in Orange and San Bernardino Counties:

TIER	SUPPLY	COST SHARE
		Orange and San Bernardino Counties
<b>1: Preferred Generic Drugs</b>	Standard retail cost-sharing (in-network) (30-day supply)	\$0 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$0 Copay
<b>2: Generic Drugs</b>	Standard retail cost-sharing (in-network) (30-day supply)	\$0, \$1.60, \$4.90 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$0, \$1.60, \$4.90 Copay
<b>3: Preferred Brand Drugs</b>	Standard retail cost-sharing (in-network) (30-day supply)	\$0, \$4.80, \$12.15 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$0, \$4.80, \$12.15 Copay
<b>4: Non-Preferred Drugs</b>	Standard retail cost-sharing (in-network) (30-day supply)	\$0, \$4.80, \$12.15 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	\$0, \$4.80, \$12.15 Copay
<b>5: Specialty Tier Drugs</b>	Standard retail cost-sharing (in-network) (30-day supply)	\$0, \$4.80, \$12.15 Copay
	Standard retail cost-sharing (in-network) or the plan's home delivery cost-sharing (up to 100-day supply)	A long-term supply is not available for drugs in Tier 5

- Cost-sharing for drugs obtained from out-of-network pharmacies (30-day supply) is the same as the in-network standard retail cost-sharing (30-day supply).
- Cost-sharing for drugs on Tiers 1 through 5 obtained from network long-term care pharmacies (31- day supply) is the same as the in-network standard retail cost-sharing (30-day supply).

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**LEGEND**

TIER	NAME	
1	Preferred Generic Drugs	
2	Generic Drugs	
3	Preferred Brand Drugs	
4	Non-Preferred Drugs	
5	Specialty Tier Drugs	
SYMBOL	NAME	DESCRIPTION
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Service.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
INS	Covered Insulin	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
VAC	\$0 Vaccine	Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANALGESICS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
<i>cataflam 50 mg tab</i>	TIER 2	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	TIER 2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr)</i>	TIER 2	
<i>diclofenac sodium 1.5 % solution</i>	TIER 3	
<i>diclofenac sodium 3 % gel</i>	TIER 4	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium 75 mg tab dr</i>	TIER 1	
<i>diclofenac sodium er 100 mg tab er 24h</i>	TIER 2	
<i>diflunisal 500 mg tab</i>	TIER 3	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>etodolac (200 mg cap, 300 mg cap)</i>	TIER 3	
<i>etodolac (400 mg tab, 500 mg tab)</i>	TIER 2	
<i>etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)</i>	TIER 3	
<i>FLURBIPROFEN (50 MG TAB, 100 MG TAB)</i>	TIER 2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	TIER 2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 2	
<i>indomethacin er 75 mg cap er</i>	TIER 3	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	TIER 1	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
naproxen dr 500 mg tab dr	TIER 2	
naproxen sodium (275 mg tab, 550 mg tab)	TIER 3	
oxaprozin 600 mg tab	TIER 4	
piroxicam (10 mg cap, 20 mg cap)	TIER 3	
relafen (500 mg tab, 750 mg tab)	TIER 2	
sulindac (150 mg tab, 200 mg tab)	TIER 2	

## **OPIOID ANALGESICS, LONG-ACTING**

buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)	TIER 4	PA, QL (4 PER 28 OVER TIME), NDS
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	TIER 3	PA, QL (10 PER 30 OVER TIME), NDS
methadone hcl 10 mg tab	TIER 4	PA, QL (90 PER 30 OVER TIME), NDS
methadone hcl 10 mg/5ml solution	TIER 4	PA, QL (450 PER 30 OVER TIME), NDS
methadone hcl 10 mg/ml solution	TIER 4	PA, NDS
methadone hcl 5 mg tab	TIER 4	PA, QL (180 PER 30 OVER TIME), NDS
methadone hcl 5 mg/5ml solution	TIER 4	PA, QL (900 PER 30 OVER TIME), NDS
morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)	TIER 4	QL (60 PER 30 OVER TIME), NDS
morphine sulfate er 15 mg tab er	TIER 4	QL (180 PER 30 OVER TIME), NDS
morphine sulfate er 30 mg tab er	TIER 4	QL (90 PER 30 OVER TIME), NDS
tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)	TIER 4	PA, QL (1 PER 1 DAYS), NDS

## **OPIOID ANALGESICS, SHORT-ACTING**

acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)	TIER 2	QL (1800 PER 30 OVER TIME), NDS
acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)	TIER 2	QL (12 PER 1 DAYS), NDS
acetaminophen-codeine 300-60 mg tab	TIER 2	QL (6 PER 1 DAYS), NDS
butorphanol tartrate 10 mg/ml solution	TIER 3	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	TIER 4	QL (336 PER 30 OVER TIME), NDS
codeine sulfate 30 mg tab	TIER 4	QL (168 PER 30 OVER TIME), NDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CODEINE SULFATE 60 MG TAB	TIER 4	QL (84 PER 30 OVER TIME), NDS
endocet (2.5-325 mg tab, 5-325 mg tab)	TIER 3	QL (168 PER 30 OVER TIME), NDS
endocet 10-325 mg tab	TIER 3	QL (84 PER 30 OVER TIME), NDS
endocet 7.5-325 mg tab	TIER 3	QL (112 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)	TIER 4	QL (2520 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)	TIER 2	QL (8 PER 1 DAYS), NDS
hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)	TIER 2	QL (6 PER 1 DAYS), NDS
hydromorphone hcl 2 mg tab	TIER 3	QL (154 PER 30 OVER TIME), NDS
hydromorphone hcl 4 mg tab	TIER 3	QL (84 PER 30 OVER TIME), NDS
hydromorphone hcl 8 mg tab	TIER 3	QL (42 PER 30 OVER TIME), NDS
morphine sulfate (15 mg tab, 30 mg tab)	TIER 3	QL (120 PER 30 OVER TIME), NDS
morphine sulfate (concentrate) ((concentrate) 20 mg/ml solution, (concentrate) 100 mg/5ml solution)	TIER 3	QL (70 PER 30 OVER TIME), NDS
morphine sulfate 10 mg/5ml solution	TIER 3	QL (630 PER 30 OVER TIME), NDS
morphine sulfate 20 mg/5ml solution	TIER 3	QL (315 PER 30 OVER TIME), NDS
oxycodone hcl (15 mg tab, 30 mg tab)	TIER 3	QL (56 PER 30 OVER TIME), NDS
oxycodone hcl 10 mg tab	TIER 3	QL (84 PER 30 OVER TIME), NDS
oxycodone hcl 100 mg/5ml conc	TIER 4	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl 20 mg tab	TIER 3	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl 5 mg tab	TIER 3	QL (168 PER 30 OVER TIME), NDS
oxycodone hcl 5 mg/5ml solution	TIER 3	QL (840 PER 30 OVER TIME), NDS
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)	TIER 3	QL (168 PER 30 OVER TIME), NDS
oxycodone-acetaminophen 10-325 mg tab	TIER 3	QL (84 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	TIER 3	QL (1000 PER 30 OVER TIME), NDS
oxycodone-acetaminophen 7.5-325 mg tab	TIER 3	QL (112 PER 30 OVER TIME), NDS
tramadol hcl 50 mg tab	TIER 2	QL (8 PER 1 DAYS), NDS
tramadol-acetaminophen 37.5-325 mg tab	TIER 2	QL (112 PER 30 OVER TIME), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine 5 % ointment</i>	TIER 4	QL (50 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>lidocaine hcl 4 % solution</i>	TIER 2	
<i>lidocaine viscous hcl 2 % solution</i>	TIER 2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	TIER 3	QL (30 PER 30 DAYS)
<i>lidocan 5 % patch</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<b>NAYZILAM 5 MG/0.1ML SOLUTION</b>	TIER 4	QL (10 PER 30 DAYS)
<i>premium lidocaine 5 % ointment</i>	TIER 4	QL (50 PER 30 DAYS)
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
<i>acamprosate calcium 333 mg tab dr</i>	TIER 4	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	TIER 2	
<b>OPIOID DEPENDENCE</b>		
<i>buprenorphine hcl 2 mg sl tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film)</i>	TIER 2	QL (5 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (8-2 mg film, 8-2 mg sl tab)</i>	TIER 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	TIER 2	QL (2 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	TIER 2	QL (12 PER 1 DAYS)
<b>OPIOID REVERSAL AGENTS</b>		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	TIER 2	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	TIER 2	QL (2 PER 30 OVER TIME)
<i>naltrexone hcl 50 mg tab</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>SMOKING CESSATION AGENTS</b>		
bupropion hcl er (smoking det) 150 mg tab er 12h	TIER 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	TIER 4	
NICOTROL NS 10 MG/ML SOLUTION	TIER 4	
varenicline tartrate (0.5 mg tab, 1 mg tab)	TIER 4	QL (2 PER 1 DAYS)
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	TIER 4	QL (53 PER 30 OVER TIME)
varenicline tartrate(continue) 1 mg tab	TIER 4	QL (2 PER 1 DAYS)

## ANTIBACTERIALS

### AMINOGLYCOSIDES

amikacin sulfate 500 mg/2ml solution	TIER 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	TIER 5	PA, LA, QL (235.2 PER 28 DAYS)
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	TIER 2	
gentamicin sulfate 40 mg/ml solution	TIER 4	
neomycin sulfate 500 mg tab	TIER 2	
STREPTOMYCYIN SULFATE 1 GM RECON SOLN	TIER 4	
tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)	TIER 4	

### ANTIBACTERIALS, OTHER

aztreonam (1 gm recon soln, 2 gm recon soln)	TIER 4	
CAYSTON 75 MG RECON SOLN	TIER 5	PA, LA, QL (84 PER 28 DAYS)
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	TIER 2	
clindamycin palmitate hcl 75 mg/5ml recon soln	TIER 4	
clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)	TIER 4	
clindamycin phosphate 2 % cream	TIER 2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clindamycin phosphate in d5w ( 300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	TIER 4	
<i>CLINDAMYCIN PHOSPHATE IN NACL ( 300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)</i>	TIER 4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	TIER 4	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	TIER 5	
<i>lincomycin hcl 300 mg/ml solution</i>	TIER 4	
<i>linezolid 100 mg/5ml recon susp</i>	TIER 5	PA
<i>linezolid 600 mg tab</i>	TIER 4	PA
<i>linezolid 600 mg/300ml solution</i>	TIER 4	
<i>LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION</i>	TIER 5	
<i>methenamine hippurate 1 gm tab</i>	TIER 4	
<i>metronidazole (0.75 % cream, 0.75 % lotion)</i>	TIER 3	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>metronidazole (1 % gel, 500 mg/100ml solution)</i>	TIER 4	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 2	
<i>polymyxin b sulfate 500000 unit recon soln</i>	TIER 4	
<i>rosadan 0.75 % cream</i>	TIER 3	
<i>rosadan 0.75 % gel</i>	TIER 2	
<i>tigecycline 50 mg recon soln</i>	TIER 5	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 4	
<i>trimethoprim 100 mg tab</i>	TIER 2	
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 125 mg cap, 250 mg cap, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i>	TIER 4	
<i>vancomycin hcl 5 gm recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VANDAZOLE 0.75 % GEL	TIER 3	
XIFAXAN 200 MG TAB	TIER 4	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	TIER 2	
cefadroxil (1 gm tab, 500 mg cap)	TIER 2	
cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)	TIER 3	
cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)	TIER 4	
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)	TIER 3	
cefdinir 300 mg cap	TIER 2	
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	TIER 4	
cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)	TIER 4	
cefotetan disodium (1 gm recon soln, 2 gm recon soln)	TIER 4	
cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	TIER 4	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB)	TIER 4	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	TIER 2	
CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	TIER 4	
ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)	TIER 4	
cefuroxime axetil (250 mg tab, 500 mg tab)	TIER 2	
cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)	TIER 4	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	TIER 4	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	TIER 5	
<b>BETA-LACTAM, PENICILLINS</b>		
amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)	TIER 2	
amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)	TIER 2	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	TIER 4	
ampicillin 500 mg cap	TIER 2	
ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)	TIER 4	
ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)	TIER 4	
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	TIER 4	
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	TIER 4	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	TIER 4	
dicloxacillin sodium (250 mg cap, 500 mg cap)	TIER 2	
nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)	TIER 4	
penicillin g potassium (5000000 recon soln, 20000000 recon soln)	TIER 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	TIER 4	
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	TIER 2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pfsizerpen (5000000 recon soln, 20000000 recon soln)</i>	TIER 4	
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 13.5 (12-1.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i>	TIER 4	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium 1 gm recon soln</i>	TIER 3	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	TIER 4	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	TIER 4	
<b>MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)</b>	TIER 4	
<b>MACROLIDES</b>		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	TIER 2	
<b>AZITHROMYCIN 1 GM PACKET</b>	TIER 3	
<i>azithromycin 500 mg recon soln</i>	TIER 4	
<b>CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)</b>	TIER 4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>clarithromycin er 500 mg tab er 24h</i>	TIER 4	
<b>DIFICID 200 MG TAB</b>	TIER 5	PA, QL (20 PER 10 OVER TIME)
<b>DIFICID 40 MG/ML RECON SUSP</b>	TIER 5	PA, QL (136 PER 10 OVER TIME)
<i>e.e.s. 400 400 mg tab</i>	TIER 4	
<i>erythrococin lactobionate 500 mg recon soln</i>	TIER 4	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i>	TIER 4	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	TIER 4	
<i>erythromycin lactobionate 500 mg recon soln</i>	TIER 4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>QUINOLONES</b>		
BESIVANCE 0.6 % SUSPENSION	TIER 3	
CILOXAN 0.3 % OINTMENT	TIER 4	
ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)	TIER 4	
ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)	TIER 2	
ciprofloxacin in d5w 200 mg/100ml solution	TIER 4	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	TIER 2	
levofloxacin 25 mg/ml solution	TIER 4	
levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)	TIER 4	
moxifloxacin hcl 400 mg tab	TIER 3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<b>SULFONAMIDES</b>		
sulfadiazine 500 mg tab	TIER 3	
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	TIER 2	
sulfamethoxazole-trimethoprim 400-80 mg/5ml solution	TIER 4	
<b>TETRACYCLINES</b>		
avidoxy 100 mg tab	TIER 3	
doxy 100 100 mg recon soln	TIER 4	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	TIER 2	
doxycycline hyclate 100 mg recon soln	TIER 4	
doxycycline monohydrate (50 mg cap, 100 mg cap)	TIER 2	
doxycycline monohydrate (50 mg tab, 75 mg tab, 100 mg tab)	TIER 3	
minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)	TIER 2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>monodoxine nl 100 mg cap</i>	TIER 2	
<i>morgidox 100 mg cap</i>	TIER 2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 4	

## **ANTICONVULSANTS**

### **ANTICONVULSANTS, OTHER**

<i>BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)</i>	TIER 5	ST, QL (2 PER 1 DAYS)
<i>BRIVIACT 10 MG/ML SOLUTION</i>	TIER 5	ST, QL (20 PER 1 DAYS)
<i>DIACOMIT (250 MG CAP, 250 MG PACKET)</i>	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>DIACOMIT (500 MG CAP, 500 MG PACKET)</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)</i>	TIER 2	
<i>EPIDIOLEX 100 MG/ML SOLUTION</i>	TIER 5	LA, PA - FOR NEW STARTS ONLY
<i>EPRONTIA 25 MG/ML SOLUTION</i>	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	TIER 4	
<i>FINTEPLA 2.2 MG/ML SOLUTION</i>	TIER 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)</i>	TIER 5	QL (1 PER 1 DAYS)
<i>FYCOMPA 0.5 MG/ML SUSPENSION</i>	TIER 4	QL (24 PER 1 DAYS)
<i>FYCOMPA 2 MG TAB</i>	TIER 4	QL (3 PER 1 DAYS)
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	TIER 2	
<i>levetiracetam er 500 mg tab er 24h</i>	TIER 2	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab er 24h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>perampanel 2 mg tab</i>	TIER 4	QL (3 PER 1 DAYS)
<i>roweepra 500 mg tab</i>	TIER 2	
<i>SPRITAM (250 MG TAB, 500 MG TAB)</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>SPRITAM 1000 MG TAB</i>	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>SPRITAM 750 MG TAB</i>	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
<i>topiramate 25 mg/ml solution</i>	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>TOPIRAMATE 50 MG CAP SPRINK</i>	TIER 2	QL (8 PER 1 DAYS)
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	TIER 4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	TIER 2	
<i>XCOPRI (150 MG TAB, 200 MG TAB)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## **CALCIUM CHANNEL MODIFYING AGENTS**

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	TIER 2
<i>methsuximide 300 mg cap</i>	TIER 3

## **GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS**

<i>clobazam 10 mg tab</i>	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	TIER 4	QL (20 PER 30 DAYS)
<i>DIAZEPAM 2.5 MG GEL</i>	TIER 4	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	TIER 4	QL (40 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	TIER 3	QL (72 PER 1 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>gabapentin 100 mg cap</i>	TIER 2	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg cap</i>	TIER 2	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	TIER 2	
<i>SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	TIER 4	
<i>VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID</i>	TIER 5	QL (10 PER 30 DAYS)
<i>VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK</i>	TIER 5	QL (10 PER 30 DAYS)
<i>VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK</i>	TIER 5	QL (10 PER 30 DAYS)
<i>VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID</i>	TIER 5	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadroner 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadroner 500 mg tab</i>	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>VIGAFYDE 100 MG/ML SOLUTION</i>	TIER 5	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>ZTALMY 50 MG/ML SUSPENSION</i>	TIER 5	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## SODIUM CHANNEL AGENTS

<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	TIER 2
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>	
<i>carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)</i>	TIER 3		
<i>epitol 200 mg tab</i>	TIER 2		
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)	
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	TIER 4	QL (40 PER 1 DAYS)	
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)	
<i>lacosamide 200 mg/20ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	TIER 2		
<i>oxcarbazepine 300 mg/5ml suspension</i>	TIER 4		
<i>phenytek (200 mg cap, 300 mg cap)</i>	TIER 2		
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 2		
<i>phenytoin infatabs 50 mg chew tab</i>	TIER 2		
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 2		
<i>rufinamide 200 mg tab</i>	TIER 4	ST, QL (16 PER 1 DAYS)	
<i>rufinamide 40 mg/ml suspension</i>	TIER 5	ST, QL (80 PER 1 DAYS)	
<i>rufinamide 400 mg tab</i>	TIER 4	ST, QL (8 PER 1 DAYS)	
<i>XCOPRI (250 MG DAILY DOSE) 100 &amp; 150 MG TAB THPK</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY	
<i>XCOPRI (350 MG DAILY DOSE) 150 &amp; 200 MG TAB THPK</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY	
<i>XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)</i>	TIER 5	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY	
<i>XCOPRI 14 X 12.5 MG &amp; 14 X 25 MG TAB THPK</i>	TIER 4	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY	
<i>ZONISADE 100 MG/5ML SUSPENSION</i>	TIER 4		
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 2		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIDEMENTIA AGENTS</b>		
<b>ANTIDEMENTIA AGENTS, OTHER</b>		
ERGOLOID MESYLATES 1 MG TAB	TIER 3	
<b>CHOLINESTERASE INHIBITORS</b>		
donepezil hcl (5 mg tab, 10 mg tab)	TIER 1	
donepezil hcl 23 mg tab	TIER 4	ST
donepezil hydrochloride orally disintegrating tab 10 mg	TIER 2	
donepezil hydrochloride orally disintegrating tab 5 mg	TIER 2	
galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)	TIER 2	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	TIER 4	
galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)	TIER 2	QL (1 PER 1 DAYS)
rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)	TIER 4	QL (30 PER 30 DAYS)
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	TIER 3	
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
memantine hcl (2 mg/ml solution, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)	TIER 3	
memantine hcl (5 mg tab, 10 mg tab)	TIER 2	
memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)	TIER 4	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
AUVELITY 45-105 MG TAB ER	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bupropion hcl 100 mg tab	TIER 2	QL (4 PER 1 DAYS)
bupropion hcl 75 mg tab	TIER 2	QL (6 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bupropion hcl er (sr) 100 mg tab er 12h	TIER 2	QL (4 PER 1 DAYS)
bupropion hcl er (sr) 150 mg tab er 12h	TIER 2	QL (3 PER 1 DAYS)
bupropion hcl er (sr) 200 mg tab er 12h	TIER 2	QL (2 PER 1 DAYS)
bupropion hcl er (xl) 150 mg tab er 24h	TIER 2	QL (3 PER 1 DAYS)
bupropion hcl er (xl) 300 mg tab er 24h	TIER 2	QL (1 PER 1 DAYS)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
mirtazapine (15 mg tab, 30 mg tab)	TIER 1	
mirtazapine (7.5 mg tab, 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp)	TIER 2	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	TIER 4	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	TIER 5	QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	TIER 5	QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY

## MONOAMINE OXIDASE INHIBITORS

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	TIER 5	PA - FOR NEW STARTS ONLY
MARPLAN 10 MG TAB	TIER 4	
phenelzine sulfate 15 mg tab	TIER 2	
tranylcypromine sulfate 10 mg tab	TIER 4	

## SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)	TIER 3	
desvenlafaxine succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h)	TIER 3	QL (1 PER 1 DAYS)
desvenlafaxine succinate er 100 mg tab er 24h	TIER 3	QL (4 PER 1 DAYS)
escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)	TIER 1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	TIER 2	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	TIER 4	QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	TIER 2	
FLUOXETINE HCL 90 MG CAP DR	TIER 4	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	TIER 3	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
PAROXETINE HCL 10 MG/5ML SUSPENSION	TIER 4	QL (30 PER 1 DAYS)
<i>paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)</i>	TIER 4	
RALDESY 10 MG/ML SOLUTION	TIER 5	QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>sertraline hcl 20 mg/ml conc</i>	TIER 3	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>trazodone hcl 300 mg tab</i>	TIER 3	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	TIER 4	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 2	
<i>venlafaxine hcl er (er 37.5 mg cap er 24h, er 150 mg cap er 24h)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>venlafaxine hcl er 75 mg cap er 24h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 4	ST, QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>TRICYCLICS</b>		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	TIER 2	PA - FOR NEW STARTS ONLY
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	TIER 2	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	TIER 4	PA - FOR NEW STARTS ONLY
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	TIER 4	
doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	TIER 2	PA - FOR NEW STARTS ONLY
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	TIER 2	PA - FOR NEW STARTS ONLY
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	TIER 2	
nortriptyline hcl 10 mg/5ml solution	TIER 4	
protriptyline hcl (5 mg tab, 10 mg tab)	TIER 4	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	TIER 4	PA - FOR NEW STARTS ONLY
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS, OTHER</b>		
compro 25 mg suppos	TIER 4	
meclizine hcl (12.5 mg tab, 25 mg tab)	TIER 2	
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	TIER 2	
metoclopramide hcl 5 mg/ml solution	TIER 4	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	TIER 2	
prochlorperazine 25 mg suppos	TIER 4	
prochlorperazine maleate (5 mg tab, 10 mg tab)	TIER 2	
promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)	TIER 2	PA
scopolamine 1 mg/3days patch 72hr	TIER 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
aprepitant (80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap, 125 mg cap)	TIER 4	PA - PART B VS D DETERMINATION
aprepitant 40 mg cap	TIER 4	PA, QL (1 PER 30 DAYS)
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	TIER 4	PA, QL (6 PER 1 DAYS)
granisetron hcl 1 mg tab	TIER 4	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 4 mg tab disp	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 8 mg tab disp	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
ONDANSETRON HCL 24 MG TAB	TIER 2	QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
ondansetron hcl 4 mg tab	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron hcl 4 mg/5ml solution	TIER 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron hcl 8 mg tab	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
<b>ANTIFUNGALS</b>		
ABELCET 5 MG/ML SUSPENSION	TIER 4	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
caspofungin acetate (50 mg recon soln, 70 mg recon soln)	TIER 4	PA
clotrimazole (1 % cream, 1 % solution, 10 mg troche)	TIER 2	
econazole nitrate 1 % cream	TIER 4	
fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	TIER 2	
fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)	TIER 4	
flucytosine (250 mg cap, 500 mg cap)	TIER 5	
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	TIER 4	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	TIER 4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>itraconazole 10 mg/ml solution</i>	TIER 4	PA
<i>itraconazole 100 mg cap</i>	TIER 4	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	TIER 2	
<i>micafungin sodium (50 mg recon soln, 100 mg recon soln)</i>	TIER 4	
<b>MICONAZOLE 3 200 MG SUPPOS</b>	TIER 3	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)</i>	TIER 2	
<i>posaconazole 100 mg tab dr</i>	TIER 5	PA, QL (3 PER 1 DAYS)
<i>terbinafine hcl 250 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	TIER 3	
<i>terconazole 80 mg suppos</i>	TIER 4	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	TIER 4	PA
<i>voriconazole 200 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION

## **ANTIGOUT AGENTS**

<i>allopurinol (100 mg tab, 300 mg tab)</i>	TIER 1	
<i>colchicine 0.6 mg tab</i>	TIER 3	QL (4 PER 1 DAYS)
<i>colchicine-probenecid 0.5-500 mg tab</i>	TIER 2	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	TIER 4	ST, QL (1 PER 1 DAYS)
<i>probenecid 500 mg tab</i>	TIER 2	

## **ANTIMIGRAINE AGENTS**

### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS**

<i>AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)</i>	TIER 3	PA, QL (1 PER 28 DAYS)
<i>NURTEC 75 MG TAB DISP</i>	TIER 5	PA, QL (16 PER 30 DAYS)
<i>UBRELVY (50 MG TAB, 100 MG TAB)</i>	TIER 5	PA, QL (16 PER 30 DAYS)

## **ERGOT ALKALOIDS**

<i>dihydroergotamine mesylate 4 mg/ml solution</i>	TIER 5	PA, QL (8 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MIGERGOT 2-100 MG SUPPOS	TIER 4	QL (20 PER 30 DAYS)
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 3	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	TIER 2	QL (24 PER 30 OVER TIME)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	TIER 4	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	TIER 4	QL (8 PER 30 OVER TIME)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	TIER 4	QL (8 PER 30 DAYS)
<i>sumatriptan succinate refill (4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart)</i>	TIER 4	QL (8 PER 30 OVER TIME)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	TIER 4	QL (18 PER 30 OVER TIME)

## ANTIMYASTHENIC AGENTS

### PARASYMPATHOMIMETICS

<i>pyridostigmine bromide 60 mg tab</i>	TIER 2
<i>pyridostigmine bromide 60 mg/5ml solution</i>	TIER 4
<i>pyridostigmine bromide er 180 mg tab er</i>	TIER 4

## ANTIMYCOBACTERIALS

### ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tab, 100 mg tab)</i>	TIER 3
<i>rifabutin 150 mg cap</i>	TIER 4

## ANTITUBERCULARS

<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	TIER 2
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	TIER 2
<i>PRIFTIN 150 MG TAB</i>	TIER 4
<i>pyrazinamide 500 mg tab</i>	TIER 2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
rifampin (150 mg cap, 300 mg cap)	TIER 2	
rifampin 600 mg recon soln	TIER 4	
SIRTURO (20 MG TAB, 100 MG TAB)	TIER 5	PA
TRECATOR 250 MG TAB	TIER 4	

## ANTINEOPLASTICS

### ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	TIER 3	PA - PART B VS D DETERMINATION
GLEOSTINE (10 MG CAP, 40 MG CAP)	TIER 4	
GLEOSTINE 100 MG CAP	TIER 5	
LEUKERAN 2 MG TAB	TIER 4	
MATULANE 50 MG CAP	TIER 5	LA
thiotepa (15 mg recon soln, 100 mg recon soln)	TIER 5	PA - PART B VS D DETERMINATION

### ANTIANDROGENS

abiraterone acetate 250 mg tab	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abiraterone acetate 500 mg tab	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abirtega 250 mg tab	TIER 2	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bicalutamide 50 mg tab	TIER 2	
ERLEADA 240 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EULEXIN 125 MG CAP	TIER 3	
FLUTAMIDE 125 MG CAP	TIER 3	
nilutamide 150 mg tab	TIER 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XTANDI 40 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## ANTIANGIOGENIC AGENTS

<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (50 MG CAP, 100 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## ANTIESTROGENS/MODIFIERS

<i>fulvestrant 250 mg/5ml soln prsyr</i>	TIER 5	
SOLTAMOX 10 MG/5ML SOLUTION	TIER 5	PA - FOR NEW STARTS ONLY
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>toremifene citrate 60 mg tab</i>	TIER 4	

## ANTIMETABOLITES

<i>mercaptopurine 2000 mg/100ml suspension</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	TIER 2	
ONUREG (200 MG TAB, 300 MG TAB)	TIER 5	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TABLOID 40 MG TAB	TIER 3	

## ANTINEOPLASTICS, OTHER

AKEEGA (50-500 MG TAB, 100-500 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FRUZAQLA 5 MG CAP	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	TIER 2	
INQOVI 35-100 MG TAB	TIER 5	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i>	TIER 4	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	TIER 2	
LONSURF 15-6.14 MG TAB	TIER 5	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	TIER 5	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	TIER 5	
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole 1 mg tab</i>	TIER 2
<i>exemestane 25 mg tab</i>	TIER 4
<i>letrozole 2.5 mg tab</i>	TIER 2

## ENZYME INHIBITORS

LAZCLUZE 240 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

## MOLECULAR TARGET INHIBITORS

ALECensa 150 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ALUNBRIG 30 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	TIER 5	LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	TIER 5	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	TIER 5	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dasatinib (100 mg tab, 140 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib 20 mg tab</i>	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib 50 mg tab</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<b>DAURISMO 100 MG TAB</b>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<b>DAURISMO 25 MG TAB</b>	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<b>ERIVEDGE 150 MG CAP</b>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<b>FOTIVDA (0.89 MG CAP, 1.34 MG CAP)</b>	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<b>GAVRETO 100 MG CAP</b>	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<b>GILOTrif (20 MG TAB, 30 MG TAB, 40 MG TAB)</b>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<b>GOMEKLI 1 MG CAP</b>	TIER 5	QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<b>GOMEKLI 1 MG TAB SOL</b>	TIER 5	QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<b>GOMEKLI 2 MG CAP</b>	TIER 5	QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<b>IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)</b>	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<b>IBRANCE 100 MG CAP</b>	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 140 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	TIER 5	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	TIER 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 3 MG TAB	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 9 MG TAB	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	TIER 5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 MG TAB THPK	TIER 5	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	TIER 5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 240 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	TIER 5	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	TIER 5	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	TIER 5	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 100 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	TIER 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	TIER 5	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
RETEVMO 80 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 110 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 160 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 25 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	TIER 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	TIER 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	TIER 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 25 mg cap</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TAFINLAR (50 MG CAP, 75 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	TIER 5	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSO (40 MG TAB, 80 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	TIER 5	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	TIER 5	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	TIER 3	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	TIER 5	LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
VERZENIO (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 200 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VITRAKVI 20 MG/ML SOLUTION	TIER 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 10 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI 150 MG CAP SPRINK	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	TIER 5	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	TIER 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	TIER 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>RETINOIDS</b>		
bexarotene 1 % gel	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
bexarotene 75 mg cap	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY
tretinoin 10 mg cap	TIER 5	
<b>TREATMENT ADJUNCTS</b>		
HEMADY 20 MG TAB	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
mesna 100 mg/ml solution	TIER 4	
mesna 400 mg tab	TIER 4	
VONJO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTHICS</b>		
albendazole 200 mg tab	TIER 4	
ivermectin 3 mg tab	TIER 2	
praziquantel 600 mg tab	TIER 3	
<b>ANTIPROTOZOALS</b>		
atovaquone 750 mg/5ml suspension	TIER 4	PA
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	TIER 2	
BENZNIDAZOLE 100 MG TAB	TIER 4	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	TIER 4	QL (720 PER 365 OVER TIME)
chloroquine phosphate 250 mg tab	TIER 2	QL (50 PER 30 DAYS)
chloroquine phosphate 500 mg tab	TIER 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	TIER 4	QL (24 PER 2 OVER TIME)
hydroxychloroquine sulfate 100 mg tab	TIER 2	QL (4 PER 1 DAYS)
hydroxychloroquine sulfate 200 mg tab	TIER 2	QL (3 PER 1 DAYS)
hydroxychloroquine sulfate 300 mg tab	TIER 2	QL (2 PER 1 DAYS)
hydroxychloroquine sulfate 400 mg tab	TIER 2	QL (1 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>mefloquine hcl 250 mg tab</i>	TIER 2	
<i>nitazoxanide 500 mg tab</i>	TIER 5	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	TIER 2	
<i>pyrimethamine 25 mg tab</i>	TIER 5	PA
<i>quinine sulfate 324 mg cap</i>	TIER 3	PA, QL (6 PER 1 DAYS)

## **ANTIPARKINSON AGENTS**

### **ANTICHOLINERGICS**

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2
<i>benztropine mesylate 1 mg/ml solution</i>	TIER 4
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	TIER 2

### **ANTIPARKINSON AGENTS, OTHER**

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	TIER 2
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	TIER 4
<i>entacapone 200 mg tab</i>	TIER 4

### **DOPAMINE AGONISTS**

<i>apomorphine hcl 30 mg/3ml soln cart</i>	TIER 5	PA
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	TIER 4	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	TIER 2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	TIER 2	
<i>ropinirole hcl er (er 2 mg tab er 24h, er 4 mg tab er 24h, er 6 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>ropinirole hcl er 12 mg tab er 24h</i>	TIER 4	QL (2 PER 1 DAYS)
<i>ropinirole hcl er 8 mg tab er 24h</i>	TIER 4	QL (3 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa 25 mg tab</i>	TIER 4	
CARBIDOPA-LEVODOPA (10-100 MG TAB DISP, 25-100 MG TAB DISP, 25-250 MG TAB DISP)	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	TIER 2	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	TIER 2	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	TIER 2	
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	TIER 4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	TIER 4	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	TIER 4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	TIER 3	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	TIER 3	
<i>loxpipine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 2	
MOLINDONE HCL 10 MG TAB	TIER 4	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	TIER 4	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	TIER 4	QL (12 PER 1 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	TIER 3	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 3	PA - FOR NEW STARTS ONLY

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	TIER 3	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	TIER 2	
<b>2ND GENERATION/ATYPICAL</b>		
ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR)	TIER 5	PA - PART B VS D DETERMINATION
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	TIER 5	PA - PART B VS D DETERMINATION
ariPIPRAZOLE (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	TIER 4	QL (1 PER 1 DAYS)
ariPIPRAZOLE (5 mg tab, 10 mg tab disp, 15 mg tab disp)	TIER 4	QL (2 PER 1 DAYS)
ariPIPRAZOLE 1 mg/ml solution	TIER 4	QL (25 PER 1 DAYS)
ariPIPRAZOLE 2 mg tab	TIER 4	QL (4 PER 1 DAYS)
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	TIER 5	PA - PART B VS D DETERMINATION
ARISTADA INITIO 675 MG/2.4ML PRSYR	TIER 5	QL (2.4 PER 42 OVER TIME), PA - PART B VS D DETERMINATION
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	TIER 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	TIER 4	QL (12 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	TIER 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	TIER 5	QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	TIER 5	QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	TIER 5	QL (0.75 PER 28 DAYS), PA - PART B VS D DETERMINATION

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 5	QL (1.5 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 4	QL (0.25 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 5	QL (0.5 PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	TIER 5	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	TIER 5	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	TIER 5	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	TIER 5	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>lurasidone hcl (80 mg tab, 120 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	TIER 2	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	TIER 4	
OPIPZA (5 MG FILM, 10 MG FILM)	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 9 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab er 24h</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	TIER 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	TIER 2	
<i>quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)</i>	TIER 4	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
REXULTI (0.25 MG TAB, 1 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REXULTI (0.5 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	TIER 4	
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	TIER 2	
<i>risperidone 1 mg/ml solution</i>	TIER 3	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	TIER 5	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	TIER 4	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	TIER 3	
<i>ziprasidone mesylate 20 mg recon soln</i>	TIER 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION

## **ANTIPSYCHOTICS, OTHER**

COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	TIER 5	QL (112 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY

## **TREATMENT-RESISTANT**

<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	TIER 4	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
VERSACLOZ 50 MG/ML SUSPENSION	TIER 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen 10 mg tab</i>	TIER 2	QL (8 PER 1 DAYS)
<i>baclofen 15 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>baclofen 20 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>baclofen 5 mg tab</i>	TIER 2	QL (16 PER 1 DAYS)
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 3	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	TIER 2	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
LIVTENCITY 200 MG TAB	TIER 5	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	TIER 5	QL (4 PER 1 DAYS)
PREVYMIS 240 MG TAB	TIER 5	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	TIER 5	QL (100 PER 365 OVER TIME)
<i>valganciclovir hcl 450 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	TIER 4	QL (18 PER 1 DAYS)
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil 10 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	TIER 5	QL (21 PER 1 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	TIER 3	
<i>lamivudine 100 mg tab</i>	TIER 3	
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
MAVYRET 100-40 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	TIER 5	PA, QL (6 PER 1 DAYS)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	TIER 2	
<i>ribavirin 6 gm recon soln</i>	TIER 5	PA - PART B VS D DETERMINATION
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOVATO 50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	TIER 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	TIER 5	QL (2 PER 1 DAYS)
ISENTRESS 25 MG CHEW TAB	TIER 3	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TAB	TIER 5	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	TIER 5	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	TIER 5	QL (2 PER 1 DAYS)
TIVICAY 10 MG TAB	TIER 4	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	TIER 4	QL (6 PER 1 DAYS)

## ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

COMPLERA 200-25-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
DELSTRIGO 100-300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	TIER 5	QL (2 PER 1 DAYS)
EDURANT PED 2.5 MG TAB SOL	TIER 5	QL (6 PER 1 DAYS)
EFAVIRENZ 200 MG CAP	TIER 4	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	TIER 4	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS)
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
<i>etravirine 100 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
<i>etravirine 200 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	TIER 4	QL (12 PER 1 DAYS)
<i>nevirapine 200 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 4	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	TIER 4	QL (3 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nevirapine er 400 mg tab er 24h	TIER 4	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	TIER 5	QL (2 PER 1 DAYS)

## ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

abacavir sulfate 20 mg/ml solution	TIER 4	QL (30 PER 1 DAYS)
abacavir sulfate 300 mg tab	TIER 4	QL (2 PER 1 DAYS)
abacavir sulfate-lamivudine 600-300 mg tab	TIER 4	QL (1 PER 1 DAYS)
abacavir-lamivudine-zidovudine 300-150-300 mg tab	TIER 5	QL (2 PER 1 DAYS)
CIMDUO 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
emtricitabine 200 mg cap	TIER 4	QL (1 PER 1 DAYS)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)	TIER 5	QL (1 PER 1 DAYS)
emtricitabine-tenofovir df 200-300 mg tab	TIER 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (24 PER 1 DAYS)
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	TIER 3	QL (30 PER 1 DAYS)
lamivudine 150 mg tab	TIER 3	QL (2 PER 1 DAYS)
lamivudine 300 mg tab	TIER 3	QL (1 PER 1 DAYS)
lamivudine-zidovudine 150-300 mg tab	TIER 4	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	TIER 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
tenofovir disoproxil fumarate 300 mg tab	TIER 4	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	TIER 4	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	TIER 4	QL (240 PER 30 DAYS)
zidovudine 100 mg cap	TIER 2	QL (6 PER 1 DAYS)
zidovudine 300 mg tab	TIER 2	QL (2 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>zidovudine 50 mg/5ml syrup</i>	TIER 2	QL (60 PER 1 DAYS)
<b>ANTI-HIV AGENTS, OTHER</b>		
CABENUVA 400 & 600 MG/2ML SUSP	TIER 5	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	TIER 5	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>maraviroc 150 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
<i>maraviroc 300 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	TIER 5	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	TIER 5	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	TIER 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	TIER 5	QL (8 PER 1 DAYS)
SUNLENCA 300 MG TAB	TIER 5	LA, QL (24 PER 168 OVER TIME)
SUNLENCA 4 X 300 MG TAB THPK	TIER 5	QL (4 PER 180 OVER TIME)
SUNLENCA 463.5 MG/1.5ML SOLUTION	TIER 5	QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	TIER 5	QL (5 PER 180 OVER TIME)
TYBOST 150 MG TAB	TIER 3	QL (1 PER 1 DAYS)
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
APTIVUS 250 MG CAP	TIER 5	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	TIER 4	QL (13 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	TIER 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	TIER 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	TIER 4	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	TIER 4	
NORVIR 100 MG PACKET	TIER 4	QL (12 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORVIR 80 MG/ML SOLUTION	TIER 4	QL (15 PER 1 DAYS)
PREZCOBIX 800-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	TIER 5	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	TIER 3	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	TIER 3	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	TIER 5	QL (8 PER 1 DAYS)
<i>ritonavir 100 mg tab</i>	TIER 3	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	TIER 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	TIER 5	QL (4 PER 1 DAYS)

## ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg cap</i>	TIER 3	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	TIER 3	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	TIER 3	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phosphate 75 mg cap</i>	TIER 3	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	TIER 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	TIER 4	
XOFLUZA (40 MG DOSE) 1X 40 MG TAB THPK	TIER 4	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1X 80 MG TAB THPK	TIER 4	QL (1 PER 30 OVER TIME)

## ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	TIER 4	
<i>acyclovir sodium 50 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	TIER 2	

## ANTIVIRAL, CORONAVIRUS AGENTS

PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	TIER 2	QL (20 PER 30 OVER TIME)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	TIER 2	QL (30 PER 30 OVER TIME)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	TIER 2	QL (11 PER 30 OVER TIME)
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	TIER 2	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	TIER 4	
<b>BENZODIAZEPINES</b>		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>alprazolam 2 mg tab</i>	TIER 2	QL (5 PER 1 DAYS)
<i>alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 3 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>alprazolam er 2 mg tab er 24h</i>	TIER 4	QL (5 PER 1 DAYS)
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 3 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>alprazolam xr 2 mg tab er 24h</i>	TIER 4	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)</i>	TIER 3	QL (40 PER 1 DAYS)
<i>clonazepam 0.5 mg tab</i>	TIER 2	QL (40 PER 1 DAYS)
<i>clonazepam 1 mg tab</i>	TIER 2	QL (20 PER 1 DAYS)
<i>clonazepam 1 mg tab disp</i>	TIER 3	QL (20 PER 1 DAYS)
<i>clonazepam 2 mg tab</i>	TIER 2	QL (10 PER 1 DAYS)
<i>clonazepam 2 mg tab disp</i>	TIER 3	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	TIER 3	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	TIER 3	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	TIER 3	QL (12 PER 1 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	TIER 2	QL (12 PER 1 DAYS)
<i>diazepam 10 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>diazepam 2 mg tab</i>	TIER 2	QL (30 PER 1 DAYS)
<i>diazepam 5 mg/5ml solution</i>	TIER 2	QL (60 PER 1 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	TIER 2	QL (12 PER 1 DAYS)
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	TIER 2	QL (5 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lorazepam 0.5 mg tab</i>	TIER 2	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tab</i>	TIER 2	QL (10 PER 1 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	TIER 2	QL (5 PER 1 DAYS)

## BIPOLAR AGENTS

### MOOD STABILIZERS

<i>lithium 8 meq/5ml solution</i>	TIER 2
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	TIER 2
<i>lithium carbonate er (er 300 mg tab er, er 450 mg tab er)</i>	TIER 2

## BLOOD GLUCOSE REGULATORS

### ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	
<i>glipizide (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	
<i>glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)</i>	TIER 1	
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	TIER 1	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	TIER 1	
<i>GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)</i>	TIER 1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1	
<i>GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>JANUMET (50-1000 MG TAB, 50-500 MG TAB)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>JANUMET XR 50-1000 MG TAB ER 24H</i>	TIER 3	QL (2 PER 1 DAYS)
<i>JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB)</i>	TIER 3	QL (1 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i>	TIER 1	
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 4	QL (3 PER 1 DAYS)
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	TIER 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	TIER 1	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	TIER 1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 3	PA, QL (1 PER 1 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	TIER 3	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	TIER 3	QL (1 PER 1 DAYS)
<b>GLYCEMIC AGENTS</b>		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 OVER TIME)
<i>diazoxide 50 mg/ml suspension</i>	TIER 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	TIER 3	QL (2 PER 2 OVER TIME)
<i>glucagon emergency 1 mg kit</i>	TIER 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	TIER 3	QL (2 PER 2 OVER TIME)
<b>INSULINS</b>		
HUMALOG 100 UNIT/ML SOLN CART	TIER 3	INS
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	INS
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	TIER 3	INS
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN N 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN R 100 UNIT/ML SOLUTION	TIER 3	INS
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION, INS
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	TIER 3	INS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 3	INS
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	TIER 3	INS
LANTUS 100 UNIT/ML SOLUTION	TIER 3	QL (40 PER 30 DAYS), INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 3	QL (45 PER 30 DAYS), INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS), INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS), INS
TRESIBA 100 UNIT/ML SOLUTION	TIER 3	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	QL (30 PER 30 DAYS), INS
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 3	QL (27 PER 30 DAYS), INS

## BLOOD PRODUCTS AND MODIFIERS

### ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 150 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>ELIQUIS (2.5 MG TAB, 5 MG TAB)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK</i>	TIER 3	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr)</i>	TIER 4	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	TIER 4	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	TIER 4	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	TIER 4	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	TIER 5	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	TIER 4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	TIER 5	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	TIER 5	QL (18 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
heparin sodium (porcine) ((porcine) 1000 unit/ml solution, (porcine) 5000 unit/ml solution, (porcine) 10000 unit/ml solution, (porcine) 20000 unit/ml solution)	TIER 2	PA - PART B VS D DETERMINATION
heparin sodium (porcine) pf 1000 unit/ml solution	TIER 2	PA - PART B VS D DETERMINATION
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	TIER 1	
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	TIER 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	TIER 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	TIER 3	QL (51 PER 180 OVER TIME)

## BLOOD PRODUCTS AND MODIFIERS, OTHER

anagrelide hcl (0.5 mg cap, 1 mg cap)	TIER 3	
ARANESP (ALBUMIN FREE) (FREE) 10 MCG/0.4ML SOLN PRSYR, (FREE) 25 MCG/0.42ML SOLN PRSYR, (FREE) 25 MCG/ML SOLUTION, (FREE) 40 MCG/0.4ML SOLN PRSYR, (FREE) 40 MCG/ML SOLUTION, (FREE) 60 MCG/ML SOLUTION, (FREE) 100 MCG/ML SOLUTION)	TIER 4	PA
ARANESP (ALBUMIN FREE) (FREE) 60 MCG/0.3ML SOLN PRSYR, (FREE) 100 MCG/0.5ML SOLN PRSYR, (FREE) 150 MCG/0.3ML SOLN PRSYR, (FREE) 200 MCG/0.4ML SOLN PRSYR, (FREE) 200 MCG/ML SOLUTION, (FREE) 300 MCG/0.6ML SOLN PRSYR)	TIER 5	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	TIER 5	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	TIER 5	PA
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	TIER 5	PA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	TIER 5	PA, LA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TAB, 50 MG TAB)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	TIER 5	PA, LA, QL (6 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMACTA 75 MG TAB	TIER 5	PA, LA, QL (2 PER 1 DAYS)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	TIER 4	PA
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	TIER 5	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	TIER 5	PA

## HEMOSTASIS AGENTS

<i>tranexamic acid 650 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
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## PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	TIER 4	
<i>cilostazol (50 mg tab, 100 mg tab)</i>	TIER 2	
<i>clopidogrel bisulfate 75 mg tab</i>	TIER 1	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	TIER 3	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	TIER 3	QL (2 PER 1 DAYS)

## CARDIOVASCULAR AGENTS

### ALPHA-ADRENERGIC AGONISTS

<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	TIER 3	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 1	
<i>droxidopa 100 mg cap</i>	TIER 5	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa 200 mg cap</i>	TIER 5	PA, QL (120 PER 30 DAYS)
<i>droxidopa 300 mg cap</i>	TIER 5	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	TIER 2	
<i>METHYLDOPA (250 MG TAB, 500 MG TAB)</i>	TIER 2	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 2	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	TIER 2	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 1	
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	TIER 1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	TIER 1	
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIARRHYTHMICS</b>		
amiodarone hcl (100 mg tab, 400 mg tab)	TIER 4	
amiodarone hcl 200 mg tab	TIER 2	
digitek (125 mcg tab, 250 mcg tab)	TIER 2	QL (1 PER 1 DAYS)
digox (125 mcg tab, 250 mcg tab)	TIER 2	QL (1 PER 1 DAYS)
digoxin (125 mcg tab, 250 mcg tab)	TIER 2	QL (1 PER 1 DAYS)
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	TIER 4	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	TIER 2	
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	TIER 2	
MULTAQ 400 MG TAB	TIER 3	QL (2 PER 1 DAYS)
pacerone (100 mg tab, 400 mg tab)	TIER 4	
pacerone 200 mg tab	TIER 2	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	TIER 2	
quinidine sulfate (200 mg tab, 300 mg tab)	TIER 2	
sorine (80 mg tab, 120 mg tab, 160 mg tab)	TIER 2	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	TIER 2	
sotalol hcl (af) ((af) 80 mg tab, (af) 120 mg tab, (af) 160 mg tab)	TIER 2	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
acebutolol hcl (200 mg cap, 400 mg cap)	TIER 2	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
betaxolol hcl (10 mg tab, 20 mg tab)	TIER 2	
bisoprolol fumarate (5 mg tab, 10 mg tab)	TIER 2	
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	TIER 1	
carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)	TIER 4	ST
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)	TIER 1	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	TIER 2	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	TIER 3	
pindolol (5 mg tab, 10 mg tab)	TIER 2	
propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	TIER 2	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	TIER 3	
propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)	TIER 2	
timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)	TIER 4	

## CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 1	
felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)	TIER 2	
isradipine (2.5 mg cap, 5 mg cap)	TIER 3	
nicardipine hcl (20 mg cap, 30 mg cap)	TIER 2	
nifedipine (10 mg cap, 20 mg cap)	TIER 2	
nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)	TIER 2	
nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)	TIER 2	
nimodipine 30 mg cap	TIER 4	
NYMALIZE 6 MG/ML SOLUTION	TIER 5	QL (1260 PER 21 DAYS)

## CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	TIER 2	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	TIER 2	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	TIER 2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
diltiazem hcl 120 mg extended release 24hr capsule	TIER 2	
diltiazem hcl 180 mg extended release 24hr capsule	TIER 2	
diltiazem hcl 240 mg extended release 24hr capsule	TIER 2	
diltiazem hcl 300 mg extended release 24hr capsule	TIER 2	
diltiazem hcl 360 mg extended release 24hr capsule	TIER 2	
diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)	TIER 2	
diltiazem hcl er beads 420 mg cap er 24h	TIER 2	
matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)	TIER 2	
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	TIER 2	
tiadylt er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h, er 420 mg cap er 24h)	TIER 2	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	TIER 1	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	TIER 4	
verapamil hcl er (er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 240 mg tab er)	TIER 2	

## CARDIOVASCULAR AGENTS, OTHER

acetazolamide (125 mg tab, 250 mg tab)	TIER 2
aliskiren fumarate (150 mg tab, 300 mg tab)	TIER 4
amiloride-hydrochlorothiazide 5-50 mg tab	TIER 2

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	TIER 1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	TIER 1	
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 3	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	TIER 1	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	TIER 1	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	TIER 1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	TIER 1	
<i>CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)</i>	TIER 1	
<i>CORLANOR 5 MG/5ML SOLUTION</i>	TIER 4	PA, QL (20 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
<i>ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)</i>	TIER 3	QL (8 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	TIER 1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	TIER 1	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	TIER 4	QL (6 PER 1 DAYS)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	TIER 1	
METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB)	TIER 3	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 2	
<i>metyrosine 250 mg cap</i>	TIER 5	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	TIER 1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	TIER 1	
<i>pentoxifylline er 400 mg tab er</i>	TIER 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	TIER 2	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	TIER 2	
<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	TIER 1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	TIER 1	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	TIER 1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	TIER 1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	TIER 1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)

## DIURETICS, LOOP

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2
<i>bumetanide 0.25 mg/ml solution</i>	TIER 4
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1
<i>furosemide 10 mg/ml solution</i>	TIER 4

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FUROSEMIDE 8 MG/ML SOLUTION	TIER 2	
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	TIER 2	
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl 5 mg tab</i>	TIER 2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	TIER 3	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	TIER 2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	TIER 2	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	TIER 2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	TIER 2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	TIER 3	
<i>gemfibrozil 600 mg tab</i>	TIER 2	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluvastatin sodium er 80 mg tab er 24h</i>	TIER 2	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>DYSLIPIDEMICS, OTHER</b>		
cholestyramine (4 gm packet, 4 gm/dose powder)	TIER 3	
cholestyramine light (4 gm packet, 4 gm/dose powder)	TIER 3	
colesevelam hcl (3.75 gm packet, 625 mg tab)	TIER 4	
colestipol hcl (5 gm granules, 5 gm packet)	TIER 3	
colestipol hcl 1 gm tab	TIER 2	
ezetimibe 10 mg tab	TIER 2	
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	TIER 2	
icosapent ethyl 0.5 gm cap	TIER 4	QL (8 PER 1 DAYS)
icosapent ethyl 1 gm cap	TIER 4	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 4	
niacin er (antihyperlipidemic) (er (antihyperlipidemic) 750 mg tab er, er (antihyperlipidemic) 1000 mg tab er)	TIER 3	QL (2 PER 1 DAYS)
niacin er (antihyperlipidemic) 500 mg tab er	TIER 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	TIER 4	
omega-3-acid ethyl esters 1 gm cap	TIER 3	QL (4 PER 1 DAYS)
prevalite (4 gm packet, 4 gm/dose powder)	TIER 3	
REPATHA 140 MG/ML SOLN PRSYR	TIER 3	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	TIER 3	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	TIER 3	PA
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>		
FARXIGA (5 MG TAB, 10 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	TIER 2	
minoxidil (2.5 mg tab, 10 mg tab)	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	TIER 2	
isosorbide mononitrate (10 mg tab, 20 mg tab)	TIER 2	
isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)	TIER 2	
minitran (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)	TIER 2	
NITRO-BID 2 % OINTMENT	TIER 3	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)	TIER 2	
nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.6 mg sl tab)	TIER 3	
nitroglycerin 0.4 % ointment	TIER 4	QL (30 PER 30 DAYS)
nitroglycerin 0.4 mg/spray solution	TIER 4	
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	TIER 3	

## CENTRAL NERVOUS SYSTEM AGENTS

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

amphetamine-dextroamphetamine (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)	TIER 4	QL (2 PER 1 DAYS)
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)	TIER 2	QL (4 PER 1 DAYS)
amphetamine-dextroamphetamine 12.5 mg tab	TIER 2	QL (5 PER 1 DAYS)
amphetamine-dextroamphetamine 20 mg tab	TIER 2	QL (3 PER 1 DAYS)
amphetamine-dextroamphetamine 30 mg tab	TIER 2	QL (2 PER 1 DAYS)
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	TIER 4	QL (6 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextroamphetamine sulfate 15 mg tab	TIER 4	QL (4 PER 1 DAYS)
dextroamphetamine sulfate 20 mg tab	TIER 4	QL (3 PER 1 DAYS)
dextroamphetamine sulfate 30 mg tab	TIER 4	QL (2 PER 1 DAYS)
lisdexamfetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)	TIER 4	QL (1 PER 1 DAYS)

## ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)	TIER 3	QL (4 PER 1 DAYS)
atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)	TIER 3	QL (1 PER 1 DAYS)
atomoxetine hcl 40 mg cap	TIER 3	QL (2 PER 1 DAYS)
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 2	QL (2 PER 1 DAYS)
guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)	TIER 3	QL (1 PER 1 DAYS)
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)	TIER 4	QL (3 PER 1 DAYS)
methylphenidate hcl 10 mg chew tab	TIER 4	QL (6 PER 1 DAYS)
methylphenidate hcl 10 mg tab	TIER 2	QL (6 PER 1 DAYS)
methylphenidate hcl 20 mg tab	TIER 2	QL (3 PER 1 DAYS)
methylphenidate hcl 5 mg tab	TIER 2	QL (12 PER 1 DAYS)
methylphenidate hcl er 10 mg tab er	TIER 3	QL (6 PER 1 DAYS)
methylphenidate hcl er 20 mg tab er	TIER 3	QL (3 PER 1 DAYS)

## CENTRAL NERVOUS SYSTEM, OTHER

bac (butalbital-acetamin-caff) 50-325-40 mg tab	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-apap-caffeine 50-325-40 mg tab	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
riluzole 50 mg tab	TIER 3	
tetrabenazine 12.5 mg tab	TIER 5	PA, LA, QL (8 PER 1 DAYS)
tetrabenazine 25 mg tab	TIER 5	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>FIBROMYALGIA AGENTS</b>		
DRIZALMA SPRINKLE 20 MG CAP DR	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP DR	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 40 MG CAP DR	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP DR	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg cp dr part, 60 mg cp dr part)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	TIER 2	QL (3 PER 1 DAYS)
<i>duloxetine hcl 40 mg cp dr part</i>	TIER 4	QL (2 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 3	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	TIER 3	QL (30 PER 1 DAYS)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON 0.3 MG KIT	TIER 5	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er 10 mg tab er 12h</i>	TIER 3	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 &amp; 240 mg cpdr thpk</i>	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	TIER 5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	TIER 5	PA, QL (12 PER 28 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<b>DENTAL AND ORAL AGENTS</b>		
<i>cevimeline hcl 30 mg cap</i>	TIER 4	
<i>chlorhexidine gluconate 0.12 % solution</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
kourzeq 0.1 % paste	TIER 3	
oralone 0.1 % paste	TIER 3	
periogard 0.12 % solution	TIER 2	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	TIER 3	
triamcinolone acetonide 0.1 % paste	TIER 3	

## DERMATOLOGICAL AGENTS

### ACNE AND ROSACEA AGENTS

accutane (10 mg cap, 20 mg cap, 40 mg cap)	TIER 4	
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	TIER 4	
adapalene 0.1 % cream	TIER 4	PA
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	TIER 4	
benzoyl peroxide-erythromycin 5-3 % gel	TIER 4	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	TIER 4	
clindamycin phos-benzoyl perox 1-5 % gel	TIER 4	
clindamycin phos-benzoyl perox 1.2-5 % gel	TIER 3	
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	TIER 4	
myorisan (10 mg cap, 20 mg cap, 40 mg cap)	TIER 4	
sulfacetamide sodium (acne) 10 % lotion	TIER 3	
tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)	TIER 4	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)	TIER 4	PA
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	TIER 4	

### DERMATITIS AND PRURITUS AGENTS

ala-cort (1 % cream, 2.5 % cream)	TIER 2	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	TIER 2	
ammonium lactate (12 % cream, 12 % lotion)	TIER 2	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	TIER 2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
betamethasone dipropionate aug (0.05 % gel, 0.05 % lotion, 0.05 % ointment)	TIER 3	
betamethasone dipropionate aug 0.05 % cream	TIER 2	
betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)	TIER 2	
clobetasol prop emollient base 0.05 % cream	TIER 4	
clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)	TIER 4	
clobetasol propionate e 0.05 % cream	TIER 4	
desonide (0.05 % cream, 0.05 % ointment)	TIER 4	
desoximetasone (0.25 % cream, 0.25 % ointment)	TIER 3	
fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)	TIER 3	
fluocinolone acetonide body 0.01 % oil	TIER 4	
fluocinolone acetonide scalp 0.01 % oil	TIER 4	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)	TIER 3	
fluocinonide emulsified base 0.05 % cream	TIER 3	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	TIER 2	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	TIER 3	QL (200 PER 28 DAYS)
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	TIER 2	
hydrocortisone (perianal) ((perianal) 1 % cream, (perianal) 2.5 % cream)	TIER 2	
hydrocortisone butyrate 0.1 % ointment	TIER 4	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	TIER 2	
procto-med hc 2.5 % cream	TIER 2	
procto-pak 1 % cream	TIER 2	
proctosol hc 2.5 % cream	TIER 2	
proctozone-hc 2.5 % cream	TIER 2	
selenium sulfide 2.5 % lotion	TIER 2	
tacrolimus (0.03 % ointment, 0.1 % ointment)	TIER 4	QL (100 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)	TIER 2	
triderm (0.1 % cream, 0.5 % cream)	TIER 2	
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
alcohol wipes 70 % misc	TIER 2	
calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)	TIER 3	
calcitrene 0.005 % ointment	TIER 3	
CALCITRIOL 3 MCG/GM OINTMENT	TIER 4	QL (800 PER 28 OVER TIME)
clotrimazole-betamethasone 1-0.05 % cream	TIER 2	
clotrimazole-betamethasone 1-0.05 % lotion	TIER 4	
cvs isopropyl alcohol wipes 70 % misc	TIER 2	
fluorouracil (2 % solution, 5 % solution)	TIER 2	
fluorouracil 5 % cream	TIER 3	
imiquimod 5 % cream	TIER 2	QL (24 PER 30 DAYS)
isopropyl alcohol 70 % misc	TIER 2	
isopropyl alcohol wipes 70 % misc	TIER 2	
medpura alcohol pads 70 % misc	TIER 2	
METHOXSALEN RAPID 10 MG CAP	TIER 5	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	TIER 4	
OTEZLA (20 MG TAB, 30 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
podofilox 0.5 % solution	TIER 2	
qc alcohol 70 % misc	TIER 2	
ra isopropyl alcohol wipes 70 % misc	TIER 2	
SANTYL 250 UNIT/GM OINTMENT	TIER 4	QL (180 PER 30 DAYS)
silver sulfadiazine 1 % cream	TIER 2	
ssd 1 % cream	TIER 2	
TOLAK 4 % CREAM	TIER 3	
VALCHLOR 0.016 % GEL	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>PEDICULICIDES/SCABICIDES</b>		
<i>malathion 0.5 % lotion</i>	TIER 4	
<i>permethrin 5 % cream</i>	TIER 2	
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>acyclovir 5 % ointment</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	TIER 2	
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	TIER 4	
<i>ciclopirox 8 % solution</i>	TIER 2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	TIER 2	
<i>clindamycin phos (once-daily) 1 % gel</i>	TIER 2	
<i>clindamycin phos (twice-daily) 1 % gel</i>	TIER 2	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	TIER 2	
<i>ERY 2 % PAD</i>	TIER 3	
<i>erythromycin 2 % gel</i>	TIER 4	
<i>erythromycin 2 % solution</i>	TIER 2	
<i>mupirocin 2 % ointment</i>	TIER 2	
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
<b>ELECTROLYTE/MINERAL REPLACEMENT</b>		
<i>dextrose (5 % solution, 10 % solution)</i>	TIER 4	
<i>dextrose in lactated ringers 5 % solution</i>	TIER 4	
<i>DEXTROSE-NACL 5-0.9 % SOLUTION</i>	TIER 4	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	TIER 4	
<i>kcl in dextrose-nacl ( 20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	TIER 4	
<i>KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION</i>	TIER 4	
<i>klor-con 10 10 meq tab er</i>	TIER 2	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
klor-con 8 meq tab er	TIER 2	
klor-con m10 10 meq tab er	TIER 2	
klor-con m15 15 meq tab er	TIER 2	
klor-con m20 20 meq tab er	TIER 2	
lactated ringers solution	TIER 4	
magnesium sulfate 50 % solution	TIER 4	
nafrinse 2.2 (1 f) mg chew tab	TIER 2	
PNV 27-CA/FE/FA 60-1 MG TAB	TIER 3	
potassium chloride (2 meq/ml solution, 10 % solution, 10 meq/100ml solution, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)	TIER 4	
potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)	TIER 2	
potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 15 tab er, er 20 tab er)	TIER 2	
potassium chloride in dextrose 20-5 meq/l-% solution	TIER 4	
potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)	TIER 4	
potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)	TIER 3	
PREMASOL 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
prenatal vitamins	TIER 3	
ringers solution	TIER 4	
sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)	TIER 4	
sodium chloride (pf) 0.9 % solution	TIER 4	
sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)	TIER 2	
TPN ELECTROLYTES CONC	TIER 4	PA - PART B VS D DETERMINATION

## **ELECTROLYTE/MINERAL/METAL MODIFIERS**

CHEMET 100 MG CAP	TIER 5	
clovique 250 mg cap	TIER 5	PA, QL (8 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
deferasirox (250 mg tab sol, 500 mg tab sol)	TIER 5	
deferasirox 125 mg tab sol	TIER 3	
trientine hcl 250 mg cap	TIER 5	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	TIER 5	PA, QL (4 PER 1 DAYS)

## **POTASSIUM BINDERS**

kionex 15 gm/60ml suspension	TIER 2
LOKELMA (5 GM PACKET, 10 GM PACKET)	TIER 3
sodium polystyrene sulfonate powder	TIER 2
SPS (SODIUM POLYSTYRENE SULF) (SULF) 15 GM/60ML SUSPENSION, (SULF) 30 GM/120ML SUSPENSION)	TIER 2

## **GASTROINTESTINAL AGENTS**

### **ANTI-CONSTIPATION AGENTS**

constulose 10 gm/15ml solution	TIER 2	
enulose 10 gm/15ml solution	TIER 2	
gavilyte-n with flavor pack 420 gm recon soln	TIER 2	
generlac 10 gm/15ml solution	TIER 2	
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	TIER 2	
lactulose encephalopathy 10 gm/15ml solution	TIER 2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	TIER 3	QL (1 PER 1 DAYS)
lubiprostone (8 mcg cap, 24 mcg cap)	TIER 3	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	TIER 3	
NULYTELY LEMON-LIME 420 GM RECON SOLN	TIER 3	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	TIER 2	
PLENVU 140 GM RECON SOLN	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTI-DIARRHEAL AGENTS</b>		
alosetron hcl (0.5 mg tab, 1 mg tab)	TIER 4	PA
diphenoxylate-atropine 2.5-0.025 mg tab	TIER 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	TIER 4	
loperamide hcl 2 mg cap	TIER 2	
XERMELO 250 MG TAB	TIER 5	PA, LA, QL (3 PER 1 DAYS)
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
dicyclomine hcl (10 mg cap, 20 mg tab)	TIER 2	PA
dicyclomine hcl 10 mg/5ml solution	TIER 4	PA
glycopyrrolate (1 mg tab, 2 mg tab)	TIER 2	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	TIER 4	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
cromolyn sodium 100 mg/5ml conc	TIER 4	
GAVILYTE-C 240 GM RECON SOLN	TIER 2	
gavilyte-g 236 gm recon soln	TIER 2	
GOLYTELY 236 GM RECON SOLN	TIER 3	
OMNITROPE 10 MG/1.5ML SOLN CART	TIER 5	PA
peg-3350/electrolytes 236 gm recon soln	TIER 2	
ursodiol (250 mg tab, 500 mg tab)	TIER 3	
ursodiol 300 mg cap	TIER 4	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	TIER 2	
famotidine (20 mg tab, 40 mg tab)	TIER 1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	TIER 2	
<b>PROTECTANTS</b>		
misoprostol (100 mcg tab, 200 mcg tab)	TIER 2	
sucralfate 1 gm tab	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium 20 mg cap dr</i>	TIER 4	
<i>esomeprazole magnesium 40 mg cap dr</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lansoprazole 15 mg cap dr</i>	TIER 2	
<i>lansoprazole 30 mg cap dr</i>	TIER 2	QL (2 PER 1 DAYS)
<i>omeprazole 10 mg cap dr</i>	TIER 2	
<i>omeprazole 20 mg cap dr</i>	TIER 1	
<i>omeprazole 40 mg cap dr</i>	TIER 1	QL (2 PER 1 DAYS)
<i>pantoprazole sodium 20 mg tab dr</i>	TIER 1	
<i>pantoprazole sodium 40 mg recon soln</i>	TIER 4	
<i>pantoprazole sodium 40 mg tab dr</i>	TIER 1	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	TIER 3	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
ALDURAZYME 2.9 MG/5ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	TIER 5	
<i>carglumic acid 200 mg tab sol</i>	TIER 5	PA, LA
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	TIER 3	
CYSTAGON (50 MG CAP, 150 MG CAP)	TIER 4	PA, LA
CYSTARAN 0.44 % SOLUTION	TIER 5	PA, LA, QL (60 PER 28 DAYS)
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	TIER 3	
ELAPRASE 6 MG/3ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>levocarnitine 330 mg tab</i>	TIER 2	
NAGLAZYME 1 MG/ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 5	PA
PROLASTIN-C 1000 MG RECON SOLN	TIER 5	LA, PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROLASTIN-C 1000 MG/20ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	TIER 5	PA
sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)	TIER 5	PA

## GENITOURINARY AGENTS

### ANTISPASMODICS, URINARY

flavoxate hcl 100 mg tab	TIER 3	
GEMTESA 75 MG TAB	TIER 4	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	TIER 3	
MYRBETRIQ 8 MG/ML SRER	TIER 3	QL (10 PER 1 DAYS)
oxybutynin chloride 5 mg tab	TIER 2	
oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)	TIER 2	
solifenacain succinate (5 mg tab, 10 mg tab)	TIER 2	QL (1 PER 1 DAYS)
tolterodine tartrate (1 mg tab, 2 mg tab)	TIER 4	ST
tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)	TIER 4	ST
trospium chloride 20 mg tab	TIER 2	

### BENIGN PROSTATIC HYPERPLASIA AGENTS

alfuzosin hcl er 10 mg tab er 24h	TIER 2	
dutasteride 0.5 mg cap	TIER 2	QL (1 PER 1 DAYS)
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	TIER 4	QL (1 PER 1 DAYS)
finasteride 5 mg tab	TIER 1	
silodosin (4 mg cap, 8 mg cap)	TIER 3	QL (1 PER 1 DAYS)
tadalafil 2.5 mg tab	TIER 4	PA, QL (2 PER 1 DAYS)
tadalafil 5 mg tab	TIER 4	PA, QL (1 PER 1 DAYS)
tamsulosin hcl 0.4 mg cap	TIER 1	

### GENITOURINARY AGENTS, OTHER

bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	TIER 2
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
penicillamine 250 mg tab	TIER 5	PA
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
CORTISONE ACETATE 25 MG TAB	TIER 4	
CORTROPHIN 80 UNIT/ML GEL	TIER 5	PA, LA
decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)	TIER 2	
dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)	TIER 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	TIER 4	
dexamethasone sod phosphate pf 10 mg/ml solution	TIER 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	TIER 4	
fludrocortisone acetate 0.1 mg tab	TIER 2	
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	TIER 2	
methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)	TIER 4	
methylprednisolone sodium succ 125 mg recon soln	TIER 4	PA - PART B VS D DETERMINATION
methylprednisolone sodium succ 40 mg recon soln	TIER 4	
prednisolone 15 mg/5ml solution	TIER 2	
prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)	TIER 2	
prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)	TIER 2	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 3	

## **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)**

desmopressin ace spray refrig 0.01 % solution	TIER 4
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 3	
<i>desmopressin acetate 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate spray 0.01 % solution</i>	TIER 4	
INCRELEX 40 MG/4ML SOLUTION	TIER 5	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	TIER 5	PA

## **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)**

### **ANDROGENS**

<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 4	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	TIER 3	
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	TIER 4	PA, QL (150 PER 30 DAYS)
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	TIER 3	PA, QL (300 PER 30 DAYS)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	TIER 4	PA, QL (37.5 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	TIER 3	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 4	QL (5 PER 30 DAYS)

### **ESTROGENS**

<i>afirmelle 0.1-20 mg-mcg tab</i>	TIER 3
<i>altavera 0.15-30 mg-mcg tab</i>	TIER 3
<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 3
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3
<i>amethia 0.15-0.03 &amp;0.01 mg tab</i>	TIER 4
<i>apri 0.15-30 mg-mcg tab</i>	TIER 3
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3
<i>ashlyna 0.15-0.03 &amp;0.01 mg tab</i>	TIER 4
<i>aubra 0.1-20 mg-mcg tab</i>	TIER 3

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>aubra eq 0.1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aviane 0.1-20 mg-mcg tab</i>	TIER 3	
<i>ayuna 0.15-30 mg-mcg tab</i>	TIER 3	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>balziva 0.4-35 mg-mcg tab</i>	TIER 3	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>briellyn 0.4-35 mg-mcg tab</i>	TIER 3	
<i>camrese 0.15-0.03 &amp; 0.01 mg tab</i>	TIER 4	
<i>camrese lo 0.1-0.02 &amp; 0.01 mg tab</i>	TIER 3	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	TIER 3	
<i>chateal 0.15-30 mg-mcg tab</i>	TIER 3	
<i>chateal eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	TIER 3	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>cyred 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cyred eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>daysee 0.15-0.03 &amp; 0.01 mg tab</i>	TIER 4	
<i>delyla 0.1-20 mg-mcg tab</i>	TIER 3	
<i>DEPO-ESTRADIOL 5 MG/ML OIL</i>	TIER 4	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 3	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	TIER 3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
elonest 0.3-30 mg-mcg tab	TIER 3	
eluryng 0.12-0.015 mg/24hr ring	TIER 3	
emoquette 0.15-30 mg-mcg tab	TIER 3	
enilloring 0.12-0.015 mg/24hr ring	TIER 3	
enpresse-28 50-30/75-40/ 125-30 mcg tab	TIER 3	
enskyce 0.15-30 mg-mcg tab	TIER 3	
estarylla 0.25-35 mg-mcg tab	TIER 3	
estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)	TIER 3	QL (16 PER 28 DAYS)
estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)	TIER 3	QL (8 PER 28 DAYS)
estradiol (0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab)	TIER 2	
estradiol 10 mcg tab	TIER 3	
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	TIER 4	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	TIER 3	QL (1 PER 84 OVER TIME)
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	TIER 3	
etonogestrel-ethynodiol estradiol 0.12-0.015 mg/24hr ring	TIER 3	
falmina 0.1-20 mg-mcg tab	TIER 3	
feirza 1.5/30 1.5-30 mg-mcg tab	TIER 3	
feirza 1/20 1-20 mg-mcg tab	TIER 3	
femynor 0.25-35 mg-mcg tab	TIER 3	
fyavolv (0.5-2.5 tab, 1-5 tab)	TIER 4	
hailey 1.5/30 1.5-30 mg-mcg tab	TIER 3	
hailey fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
hailey fe 1/20 1-20 mg-mcg tab	TIER 3	
haloette 0.12-0.015 mg/24hr ring	TIER 3	
iclevia 0.15-0.03 mg tab	TIER 3	
introvale 0.15-0.03 mg tab	TIER 3	
isibloom 0.15-30 mg-mcg tab	TIER 3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
jaimiess 0.15-0.03 &0.01 mg tab	TIER 4	
jasmiel 3-0.02 mg tab	TIER 3	
jinteli 1-5 mg-mcg tab	TIER 4	
jolessa 0.15-0.03 mg tab	TIER 3	
joyeaux 0.1-20 mg-mcg(21) tab	TIER 3	
juleber 0.15-30 mg-mcg tab	TIER 3	
junel 1.5/30 1.5-30 mg-mcg tab	TIER 3	
junel 1/20 1-20 mg-mcg tab	TIER 3	
junel fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
junel fe 1/20 1-20 mg-mcg tab	TIER 3	
kalliga 0.15-30 mg-mcg tab	TIER 3	
kariva 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
kelnor 1/35 1-35 mg-mcg tab	TIER 3	
kelnor 1/50 1-50 mg-mcg tab	TIER 3	
kurvelo 0.15-30 mg-mcg tab	TIER 3	
larin 1.5/30 1.5-30 mg-mcg tab	TIER 3	
larin 1/20 1-20 mg-mcg tab	TIER 3	
larin fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
larin fe 1/20 1-20 mg-mcg tab	TIER 3	
larissa 0.1-20 mg-mcg tab	TIER 3	
leena 0.5/1/0.5-35 mg-mcg tab	TIER 3	
lessina 0.1-20 mg-mcg tab	TIER 3	
levonest 50-30/75-40/ 125-30 mcg tab	TIER 3	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	TIER 3	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)	TIER 3	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	TIER 4	
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	TIER 3	
levonorgestrel-ethynodiol-estradiol (0.1-20 tab, 0.15-30 tab)	TIER 3	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	TIER 3	
lillow 0.15-30 mg-mcg tab	TIER 3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lo-zumandimine 3-0.02 mg tab</i>	TIER 3	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>lojaimiess 0.1-0.02 &amp; 0.01 mg tab</i>	TIER 3	
<i>loryna 3-0.02 mg tab</i>	TIER 3	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	TIER 3	
<i>lutera 0.1-20 mg-mcg tab</i>	TIER 3	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)
<i>marlissa 0.15-30 mg-mcg tab</i>	TIER 3	
<i>MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)</i>	TIER 4	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>mili 0.25-35 mg-mcg tab</i>	TIER 3	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>mono-lyniah 0.25-35 mg-mcg tab</i>	TIER 3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nikki 3-0.02 mg tab</i>	TIER 3	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>norethindrone acet-ethynodiol est (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
norgestimate-eth estradiol 0.25-35 mg-mcg tab	TIER 3	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	TIER 3	
nortrel 1/35 (21) 1-35 mg-mcg tab	TIER 3	
nortrel 1/35 (28) 1-35 mg-mcg tab	TIER 3	
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
nylia 1/35 1-35 mg-mcg tab	TIER 3	
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
nymyo 0.25-35 mg-mcg tab	TIER 3	
ocella 3-0.03 mg tab	TIER 3	
orsythia 0.1-20 mg-mcg tab	TIER 3	
philith 0.4-35 mg-mcg tab	TIER 3	
pimtrea 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
pirmella 1/35 1-35 mg-mcg tab	TIER 3	
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
portia-28 0.15-30 mg-mcg tab	TIER 3	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	TIER 4	
PREMARIN 0.625 MG/GM CREAM	TIER 3	
previfem 0.25-35 mg-mcg tab	TIER 3	
reclipsen 0.15-30 mg-mcg tab	TIER 3	
setlakin 0.15-0.03 mg tab	TIER 3	
simliya 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
simpesse 0.15-0.03 &0.01 mg tab	TIER 4	
sprintec 28 0.25-35 mg-mcg tab	TIER 3	
sronyx 0.1-20 mg-mcg tab	TIER 3	
syeda 3-0.03 mg tab	TIER 3	
tarina fe 1/20 1-20 mg-mcg tab	TIER 3	
tarina fe 1/20 eq 1-20 mg-mcg tab	TIER 3	
tri femynor 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-estarrylla 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-previfem 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
trivora (28) 50-30/75-40/125-30 mcg tab	TIER 3	
turqoz 0.3-30 mg-mcg tab	TIER 3	
valtya 1/50 1-50 mg-mcg tab	TIER 3	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	TIER 3	
vestura 3-0.02 mg tab	TIER 3	
vienna 0.1-20 mg-mcg tab	TIER 3	
viorele 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
volnea 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
vyfemla 0.4-35 mg-mcg tab	TIER 3	
vylibra 0.25-35 mg-mcg tab	TIER 3	
wera 0.5-35 mg-mcg tab	TIER 3	
wymzya fe 0.4-35 mg-mcg chew tab	TIER 3	
xelria fe 0.4-35 mg-mcg chew tab	TIER 3	
xulane 150-35 mcg/24hr patch wk	TIER 3	
yuvafem 10 mcg tab	TIER 3	
zafemy 150-35 mcg/24hr patch wk	TIER 3	
zovia 1/35 (28) 1-35 mg-mcg tab	TIER 3	
zovia 1/35e (28) 1-35 mg-mcg tab	TIER 3	
zumandimine 3-0.03 mg tab	TIER 3	

## **PROGESTINS**

camila 0.35 mg tab	TIER 3
deblitane 0.35 mg tab	TIER 3
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	TIER 3
emzahh 0.35 mg tab	TIER 3
errin 0.35 mg tab	TIER 3
gallifrey 5 mg tab	TIER 2
heather 0.35 mg tab	TIER 3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>incassia</i> 0.35 mg tab	TIER 3	
<i>jencycla</i> 0.35 mg tab	TIER 3	
LILETTA (52 MG) 20.1 MCG/DAY IUD	TIER 3	PA - PART B VS D DETERMINATION
<i>lyleq</i> 0.35 mg tab	TIER 3	
<i>lyza</i> 0.35 mg tab	TIER 3	
<i>medroxyprogesterone acetate</i> (150 mg/ml susp prsyr, 150 mg/ml suspension)	TIER 3	
<i>medroxyprogesterone acetate</i> (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 2	
<i>megestrol acetate</i> (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	TIER 2	PA - FOR NEW STARTS ONLY
<i>meleya</i> 0.35 mg tab	TIER 3	
NEXPLANON 68 MG IMPLANT	TIER 3	
<i>nora-be</i> 0.35 mg tab	TIER 3	
<i>norethindrone</i> 0.35 mg tab	TIER 3	
<i>norethindrone acetate</i> 5 mg tab	TIER 2	
<i>norlyda</i> 0.35 mg tab	TIER 3	
<i>norlyroc</i> 0.35 mg tab	TIER 3	
<i>orquidea</i> 0.35 mg tab	TIER 3	
<i>progesterone</i> (100 mg cap, 200 mg cap)	TIER 2	
<i>sharobel</i> 0.35 mg tab	TIER 3	
<i>tulana</i> 0.35 mg tab	TIER 3	

## SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

OSPHENA 60 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl</i> 60 mg tab	TIER 3	QL (1 PER 1 DAYS)

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

<i>euthyrox</i> (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	TIER 1
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 1	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 2	
<i>SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)</i>	TIER 3	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	

## **HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)**

<i>cabergoline 0.5 mg tab</i>	TIER 3	
<i>FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN</i>	TIER 5	
<i>FIRMAGON 80 MG RECON SOLN</i>	TIER 4	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	TIER 4	
<i>LUPRON DEPOT (1-MONTH) ((1-MONTH) 3.75 MG KIT, (1-MONTH) 7.5 MG KIT)</i>	TIER 5	
<i>LUPRON DEPOT (3-MONTH) ((3-MONTH) 11.25 MG KIT, (3-MONTH) 22.5 MG KIT)</i>	TIER 5	
<i>LUPRON DEPOT (4-MONTH) 30 MG KIT</i>	TIER 5	
<i>LUPRON DEPOT (6-MONTH) 45 MG KIT</i>	TIER 5	
<i>mifepristone 300 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	TIER 4	PA
<i>OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR</i>	TIER 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORGOVYX 120 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	TIER 5	PA, LA, QL (60 PER 30 DAYS)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	TIER 5	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	TIER 5	
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

### ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>propylthiouracil 50 mg tab</i>	TIER 2	

### IMMUNOLOGICAL AGENTS

#### ANGIOEDEMA AGENTS

HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	TIER 5	PA, LA
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	TIER 5	PA, QL (36 PER 60 OVER TIME)
<i>sajazir 30 mg/3ml soln prsyr</i>	TIER 5	PA, QL (36 PER 60 OVER TIME)

#### IMMUNOGLOBULINS

GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	TIER 5	PA
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	TIER 5	PA, LA

#### IMMUNOLOGICAL AGENTS, OTHER

ARCALYST 220 MG RECON SOLN	TIER 5	PA, LA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (4 PER 28 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	TIER 5	PA, LA
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	TIER 5	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	TIER 5	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	TIER 5	PA, LA
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA
OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	TIER 5	PA, QL (55 PER 28 OVER TIME)
REZUROCK 200 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	TIER 5	PA, QL (168 PER 365 OVER TIME)
RINVOQ LQ 1 MG/ML SOLUTION	TIER 5	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	TIER 5	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	TIER 5	PA, QL (2.4 PER 56 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	TIER 5	PA, QL (30 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, QL (6 PER 365 OVER TIME)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	TIER 5	PA, QL (0.5 PER 28 DAYS)
STELARA 130 MG/26ML SOLUTION	TIER 5	PA, QL (104 PER 365 OVER TIME)
STELARA 90 MG/ML SOLN PRSYR	TIER 5	PA, QL (1 PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	TIER 5	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
XOLAIR (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XOLAIR 150 MG/ML SOLN A-INJ	TIER 5	PA, QL (2 PER 28 DAYS)
XOLAIR 150 MG/ML SOLN PRSYR	TIER 5	PA, LA, QL (2 PER 28 DAYS)
XOLAIR 75 MG/0.5ML SOLN A-INJ	TIER 5	PA, QL (5 PER 28 DAYS)
XOLAIR 75 MG/0.5ML SOLN PRSYR	TIER 5	PA, LA, QL (5 PER 28 DAYS)

## **IMMUNOSTIMULANTS**

ACTIMMUNE 100 MCG/0.5ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	TIER 5	LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	TIER 5	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	TIER 5	PA, QL (4 PER 30 DAYS)

## **IMMUNOSUPPRESSANTS**

azathioprine 50 mg tab	TIER 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)	TIER 4	PA - PART B VS D DETERMINATION
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	TIER 3	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	TIER 5	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	TIER 5	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	TIER 5	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	TIER 5	PA, QL (8 PER 28 DAYS)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	TIER 4	PA - FOR NEW STARTS ONLY
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)	TIER 5	PA - PART B VS D DETERMINATION
genograf (25 mg cap, 100 mg cap, 100 mg/ml solution)	TIER 3	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	TIER 5	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	TIER 5	PA, QL (4.8 ML PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
leflunomide (10 mg tab, 20 mg tab)	TIER 2	
METHOTREXATE SODIUM (1 GM RECON SOLN, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	TIER 3	PA - PART B VS D DETERMINATION
methotrexate sodium (pf) ((pf) 1 gm/40ml solution, (pf) 50 mg/2ml solution, (pf) 250 mg/10ml solution, (pf) 1000 mg/40ml solution)	TIER 3	PA - PART B VS D DETERMINATION
methotrexate sodium 2.5 mg tab	TIER 2	
mycophenolate mofetil (200 mg/ml recon susp, 500 mg recon soln)	TIER 4	PA - PART B VS D DETERMINATION
mycophenolate mofetil (250 mg cap, 500 mg tab)	TIER 2	PA - PART B VS D DETERMINATION
mycophenolate mofetil hcl 500 mg recon soln	TIER 4	PA - PART B VS D DETERMINATION
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	TIER 4	PA - PART B VS D DETERMINATION
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	TIER 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 4	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	TIER 5	PA, QL (2 PER 28 DAYS)
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	TIER 5	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	TIER 5	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	TIER 5	PA, QL (4 PER 28 DAYS)
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	TIER 4	PA - PART B VS D DETERMINATION
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	TIER 3	PA - PART B VS D DETERMINATION
TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB)	TIER 4	
XATMEP 2.5 MG/ML SOLUTION	TIER 4	PA - FOR NEW STARTS ONLY

## VACCINES

ABRYSVO 120 MCG/0.5ML RECON SOLN	TIER 3	VAC
ACTHIB RECON SOLN	TIER 3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	TIER 3	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	TIER 3	VAC
BCG VACCINE 50 MG RECON SOLN	TIER 3	VAC
BEXSERO SUSP PRSYR	TIER 3	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	TIER 3	VAC
DAPTACEL 23-15-5 SUSPENSION	TIER 3	
DENGVAXIA RECON SUSP	TIER 4	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	TIER 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	TIER 3	VAC
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	TIER 3	
HAVRIX 1440 EL U/ML SUSPENSION	TIER 3	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	TIER 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	TIER 3	VAC
INFANRIX 25-58-10 SUSPENSION	TIER 3	
IPOL INJECTABLE	TIER 3	VAC
IXCHIQ RECON SOLN	TIER 4	
IXIARO SUSPENSION	TIER 4	VAC
JYNNEOS 0.5 ML SUSPENSION	TIER 3	VAC
KINRIX 0.5 ML SUSP PRSYR	TIER 3	
M-M-R II RECON SOLN	TIER 3	VAC
MENACTRA SOLUTION	TIER 3	VAC
MENQUADFI SOLUTION	TIER 3	VAC
MENVEO (RECON SOLN, SOLUTION)	TIER 3	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	TIER 3	VAC
PEDIARIX SUSP PRSYR	TIER 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	TIER 3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PENTACEL RECON SUSP	TIER 3	
PRIORIX RECON SUSP	TIER 3	VAC
PROQUAD RECON SUSP	TIER 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
RABAVERT RECON SUSP	TIER 3	VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC
ROTARIX (RECON SUSP, SUSPENSION)	TIER 3	
ROTATEQ SOLUTION	TIER 3	
SHINGRIX 50 MCG/0.5ML RECON SUSP	TIER 3	QL (2 PER 365 OVER TIME), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	TIER 3	VAC
TENIVAC 5-2 LFU INJECTABLE	TIER 3	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	TIER 3	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	TIER 3	VAC
TRUMENBA SUSP PRSYR	TIER 3	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	TIER 4	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	TIER 3	
VAQTA 50 UNIT/ML SUSPENSION	TIER 3	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	TIER 3	VAC
VAXCHORA RECON SUSP	TIER 4	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	TIER 4	
VIVOTIF CAP DR	TIER 4	
YF-VAX INJECTABLE	TIER 4	VAC

## **INFLAMMATORY BOWEL DISEASE AGENTS**

### **AMINOSALICYLATES**

<i>balsalazide disodium 750 mg cap</i>	TIER 3	
DIPENTUM 250 MG CAP	TIER 5	PA
<i>mesalamine 1.2 gm tab dr</i>	TIER 4	QL (4 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mesalamine 1000 mg suppos	TIER 4	
mesalamine 4 gm enema	TIER 2	
mesalamine er 0.375 gm cap er 24h	TIER 3	QL (4 PER 1 DAYS)
sulfasalazine (500 mg tab, 500 mg tab dr)	TIER 2	

## GLUCOCORTICOIDS

budesonide 3 mg cp dr part	TIER 4	PA, QL (3 PER 1 DAYS)
budesonide er 9 mg tab er 24h	TIER 4	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 % FOAM	TIER 4	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	TIER 2	
hydrocortisone 100 mg/60ml enema	TIER 3	

## METABOLIC BONE DISEASE AGENTS

alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	TIER 1	
ALENDRONATE SODIUM 5 MG TAB	TIER 2	
alendronate sodium 70 mg/75ml solution	TIER 4	
calcitonin (salmon) 200 unit/act solution	TIER 2	QL (3.7 PER 30 DAYS)
calcitriol (0.25 mcg cap, 0.5 mcg cap)	TIER 2	PA - PART B VS D DETERMINATION
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
calcitriol 1 mcg/ml solution	TIER 3	PA - PART B VS D DETERMINATION
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	TIER 4	PA - PART B VS D DETERMINATION
doxercalciferol 4 mcg/2ml solution	TIER 4	PA - PART B VS D DETERMINATION
ibandronate sodium 150 mg tab	TIER 1	
ibandronate sodium 3 mg/3ml solution	TIER 4	PA - PART B VS D DETERMINATION
paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)	TIER 4	PA - PART B VS D DETERMINATION
PROLIA 60 MG/ML SOLN PRSYR	TIER 4	PA
risedronate sodium (5 mg tab, 35 mg tab, 150 mg tab)	TIER 4	
teriparatide 560 mcg/2.24ml soln pen	TIER 5	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	TIER 5	PA, QL (1.56 PER 28 DAYS)
XGEVA 120 MG/1.7ML SOLUTION	TIER 5	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)	TIER 4	PA - PART B VS D DETERMINATION
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	TIER 3	
ALCOHOL 70% PADS	TIER 2	
ALCOHOL PREP PAD	TIER 2	
ALCOHOL PREP PADS 70 % PAD	TIER 2	
ALCOHOL SWABS 70 % PAD	TIER 2	
ALCOHOL SWABSTICK PAD	TIER 2	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3	
<i>argyle sterile water solution</i>	TIER 2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	TIER 3	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	TIER 3	
AUM ALCOHOL PREP PADS 70 % PAD	TIER 2	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	TIER 3	
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC)	TIER 3	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	TIER 3	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 3	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 3	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 3	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 3	
BIOGUARD GAUZE SPONGES 2"X2" PAD	TIER 2	
CARETOUCH ALCOHOL PREP 70 % PAD	TIER 2	
COMFORT EZ INSULIN SYRINGE (15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC)	TIER 3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	TIER 3	
CVS ALCOHOL PREP PADS 70 % PAD	TIER 2	
CVS ANTIBACTERIAL GAUZE 2"X2" PAD	TIER 2	
DROPLET INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
DROPLET MICRON 34G X 3.5 MM MISC	TIER 3	
DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	TIER 3	
DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC)	TIER 3	
EASY COMFORT INSULIN SYRINGE (29G 5/16" 0.5 ML MISC, 29G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC)	TIER 3	
EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC)	TIER 3	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	TIER 3	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	TIER 3	
EMBECTA INS SYR U/F 1/2 UNIT (U/F 1/2 15/64" 0.3 ML MISC, U/F 1/2 5/16" 0.3 ML MISC)	TIER 3	
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	
EMBECTA INSULIN SYRINGE U-100 (27G 5/8" 1 ML MISC, 28G 1/2" 1 ML MISC)	TIER 3	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	TIER 3	
EMBECTA INSULIN SYRINGE U/F (U/F 30G 1/2" 0.3 ML MISC, U/F 30G 1/2" 0.5 ML MISC, U/F 30G 1/2" 1 ML MISC, U/F 31G 15/64" 0.3 ML MISC, U/F 31G 15/64" 0.5 ML MISC, U/F 31G 15/64" 1 ML MISC, U/F 31G 5/16" 0.3 ML MISC, U/F 31G 5/16" 0.5 ML MISC, U/F 31G 5/16" 1 ML MISC)	TIER 3	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	TIER 3	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	TIER 3	
EMBECTA PEN NEEDLE U/F (PEN U/F 29G 12.7MM MISC, PEN U/F 31G 5 MM MISC, PEN U/F 31G 8 MM MISC, PEN U/F 32G 6 MM MISC)	TIER 3	
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	TIER 3	
gauze pads 2	TIER 2	
GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	TIER 3	
GOODSENSE ALCOHOL SWABS 70 % PAD	TIER 2	
INSULIN PEN NEEDLES	TIER 3	
INSULIN PEN NEEDLES	TIER 3	
INSULIN PEN NEEDLES	TIER 3	
INSULIN SYRINGE 0.3 ML	TIER 3	
INSULIN SYRINGE 0.5 ML	TIER 3	
INSULIN SYRINGE 1 ML	TIER 3	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
INSUPEN32G EXTR3ME 32G X 6 MM MISC	TIER 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 4	PA - PART B VS D DETERMINATION

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lactated ringers solution</i>	TIER 2	
<i>methergine 0.2 mg tab</i>	TIER 4	
<i>methylergonovine maleate 0.2 mg tab</i>	TIER 4	
NOVOFINE 32G X 6 MM MISC	TIER 3	
NOVOTWIST 32G X 5 MM MISC	TIER 3	
NUTRILIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
OPVEE 2.7 MG/0.1ML SOLUTION	TIER 4	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC	TIER 3	
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
PENBRAYA RECON SUSP	TIER 3	VAC
PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC)	TIER 3	
<i>ringers irrigation solution</i>	TIER 2	
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	
SILIGENTLE FOAM DRESSING 2"X2" PAD	TIER 2	
SMOFLIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
<i>sterile water for irrigation solution</i>	TIER 2	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	TIER 3	
<i>tis-u-sol solution</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	TIER 3	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC	TIER 3	
TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	TIER 3	
UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3	
UNIFINE PENTIPS 32G X 4 MM MISC	TIER 3	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	TIER 3	
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	TIER 3	
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	TIER 3	
VERIFINE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
VOWST CAP	TIER 5	PA, LA, QL (12 PER 30 DAYS)
WEBCOL ALCOHOL PREP LARGE 70 % PAD	TIER 2	

## OPHTHALMIC AGENTS

### OPHTHALMIC AGENTS, OTHER

ak-poly-bac 500-10000 unit/gm ointment	TIER 2
atropine sulfate 1 % solution	TIER 3
bacitrac-neomycin-polymyxin-hc 1 % ointment	TIER 2

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
bacitracin-polymyxin b 500-10000 unit/gm ointment	TIER 2	
brimonidine tartrate-timolol 0.2-0.5 % solution	TIER 3	
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	TIER 2	
dorzolamide hcl-timolol mal pf 2-0.5 % solution	TIER 3	
neo-polycin 3.5-400-10000 ointment	TIER 2	
neo-polycin hc 1% ointment	TIER 2	
neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)	TIER 2	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	TIER 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	TIER 2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	TIER 4	
polycin 500-10000 unit/gm ointment	TIER 2	
RESTASIS 0.05 % EMULSION	TIER 3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05 % EMULSION	TIER 3	QL (5.5 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	TIER 4	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	TIER 2	
tobramycin-dexamethasone 0.3-0.1 % suspension	TIER 2	
XDEMVY 0.25 % SOLUTION	TIER 5	PA, QL (10 PER 30 DAYS)
XXIDRA 5 % SOLUTION	TIER 3	
ZYLET 0.5-0.3 % SUSPENSION	TIER 3	

## **OPHTHALMIC ANTI-ALLERGY AGENTS**

azelastine hcl 0.05 % solution	TIER 2
cromolyn sodium 4 % solution	TIER 2

## **OPHTHALMIC ANTI-INFECTIVES**

BACITRACIN 500 UNIT/GM OINTMENT	TIER 4
erythromycin 5 mg/gm ointment	TIER 2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENTAK 0.3 % OINTMENT	TIER 2	
<i>gentamicin sulfate 0.3 % solution</i>	TIER 2	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	TIER 3	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	TIER 2	
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 2	
NATACYN 5 % SUSPENSION	TIER 3	
<i>ofloxacin 0.3 % solution</i>	TIER 2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 2	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	TIER 2	
<i>tobramycin 0.3 % solution</i>	TIER 2	
TRIFLURIDINE 1 % SOLUTION	TIER 3	
ZIRGAN 0.15 % GEL	TIER 4	QL (5 PER 30 DAYS)

## OPHTHALMIC ANTI-INFLAMMATORIES

DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 2	
<i>diclofenac sodium 0.1 % solution</i>	TIER 2	
<i>difluprednate 0.05 % emulsion</i>	TIER 4	
<i>fluorometholone 0.1 % suspension</i>	TIER 2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 2	
FML 0.1 % OINTMENT	TIER 4	
FML FORTE 0.25 % SUSPENSION	TIER 4	
ILEVRO 0.3 % SUSPENSION	TIER 3	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	TIER 2	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % suspension)</i>	TIER 3	
MAXIDEX 0.1 % SUSPENSION	TIER 4	
<i>prednisolone acetate 1 % suspension</i>	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>betaxolol hcl 0.5 % solution</i>	TIER 2	
CARTEOLOL HCL 1 % SOLUTION	TIER 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 2	
<i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i>	TIER 3	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	TIER 1	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>acetazolamide er 500 mg cap er 12h</i>	TIER 2	
<i>apraclonidine hcl 0.5 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.1 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.15 % solution</i>	TIER 4	
<i>brimonidine tartrate 0.2 % solution</i>	TIER 2	
<i>brinzolamide 1 % suspension</i>	TIER 3	
<i>dorzolamide hcl 2 % solution</i>	TIER 2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 4	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	TIER 2	
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	TIER 3	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>bimatoprost 0.03 % solution</i>	TIER 4	ST, QL (5 PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	TIER 1	
LUMIGAN 0.01 % SOLUTION	TIER 3	QL (5 PER 30 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	TIER 3	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	TIER 4	
<b>OTIC AGENTS</b>		
<i>acetic acid 2 % solution</i>	TIER 2	
CIPRO HC 0.2-1% SUSPENSION	TIER 4	
<i>ciprofloxacin hcl 0.2 % solution</i>	TIER 3	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	TIER 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC 0.01 % OIL	TIER 3	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	TIER 3	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	TIER 2	
<i>ofloxacin 0.3 % solution</i>	TIER 2	

## RESPIRATORY TRACT/PULMONARY AGENTS

### ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	TIER 3	QL (30 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	TIER 4	PA - PART B VS D DETERMINATION
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	TIER 3	QL (2 PER 30 DAYS)

### ANTIHISTAMINES

<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	TIER 2	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	TIER 2	
<i>ciproheptadine hcl 4 mg tab</i>	TIER 3	PA
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 4	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	TIER 1	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i>	TIER 2	PA

### ANTILEUKOTRIENES

<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>montelukast sodium 10 mg tab</i>	TIER 1	QL (1 PER 1 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
ATROVENT HFA 17 MCG/ACT AERO SOLN	TIER 4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	TIER 3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>ipratropium bromide 0.03 % solution</i>	TIER 2	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	TIER 2	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	TIER 3	QL (4 PER 30 DAYS)
<i>tiotropium bromide monohydrate 18 mcg cap</i>	TIER 3	QL (30 PER 30 DAYS)
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol 90mcg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	TIER 2	QL (13.4 PER 30 DAYS)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	TIER 2	QL (36 PER 30 DAYS)
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	TIER 4	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	TIER 2	QL (17 PER 30 DAYS)
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	TIER 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	TIER 2	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACCLICK)	TIER 3	QL (24 PER 365 OVER TIME)
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	TIER 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 3	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	TIER 5	PA, LA, QL (2 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMOZYME 2.5 MG/2.5ML SOLUTION	TIER 5	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
tobramycin 300 mg/4ml nebu soln	TIER 5	PA, QL (224 PER 28 DAYS)
tobramycin 300 mg/5ml nebu soln	TIER 5	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
<b>MAST CELL STABILIZERS</b>		
cromolyn sodium 20 mg/2ml nebu soln	TIER 3	PA - PART B VS D DETERMINATION
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>		
roflumilast 250 mcg tab	TIER 4	PA, QL (28 PER 180 OVER TIME)
roflumilast 500 mcg tab	TIER 4	PA, QL (1 PER 1 DAYS)
theophylline er (er 100 mg tab er 12h, er 200 mg tab er 12h, er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)	TIER 3	
<b>PULMONARY ANTIHYPERTENSIVES</b>		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
alyq 20 mg tab	TIER 5	PA, QL (2 PER 1 DAYS)
ambrisentan (5 mg tab, 10 mg tab)	TIER 5	PA, LA, QL (1 PER 1 DAYS)
bosentan 125 mg tab	TIER 5	PA, LA, QL (2 PER 1 DAYS)
bosentan 62.5 mg tab	TIER 5	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	TIER 5	PA, LA, QL (1 PER 1 DAYS)
sildenafil citrate 10 mg/ml recon susp	TIER 5	PA, QL (12 PER 1 DAYS)
sildenafil citrate 20 mg tab	TIER 3	PA, QL (12 PER 1 DAYS)
tadalafil (pah) 20 mg tab	TIER 5	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV (100 MG CAP, 150 MG CAP)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
pirfenidone (267 mg cap, 267 mg tab)	TIER 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	TIER 5	PA, QL (5 PER 1 DAYS)
pirfenidone 801 mg tab	TIER 5	PA, QL (3 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
acetylcysteine (10 % solution, 20 % solution)	TIER 2	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	TIER 3	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
breyna (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	TIER 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	TIER 3	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	TIER 3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 4	QL (4 PER 30 DAYS)
flunisolide 25 mcg/act (0.025%) solution	TIER 2	QL (50 PER 30 DAYS)
fluticasone propionate 50 mcg/act suspension	TIER 2	QL (16 PER 30 DAYS)
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	TIER 2	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	TIER 2	QL (1 PER 30 DAYS)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	TIER 2	PA - PART B VS D DETERMINATION
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	TIER 3	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
wixela inhba (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	TIER 2	QL (60 PER 30 DAYS)
<b>SKELETAL MUSCLE RELAXANTS</b>		
carisoprodol 350 mg tab	TIER 2	PA, QL (4 PER 1 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
cyclobenzaprine hcl (5 mg tab, 10 mg tab)	TIER 2	PA
methocarbamol (500 mg tab, 750 mg tab)	TIER 3	PA
vanadom 350 mg tab	TIER 2	PA, QL (4 PER 1 DAYS)

## SLEEP DISORDER AGENTS

### SLEEP PROMOTING AGENTS

eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	TIER 3	QL (1 PER 1 DAYS)
ramelteon 8 mg tab	TIER 2	QL (1 PER 1 DAYS)
tasimelteon 20 mg cap	TIER 5	PA, QL (1 PER 1 DAYS)
temazepam 15 mg cap	TIER 2	QL (2 PER 1 DAYS)
temazepam 30 mg cap	TIER 2	QL (1 PER 1 DAYS)
triazolam 0.125 mg tab	TIER 4	QL (4 PER 1 DAYS)
triazolam 0.25 mg tab	TIER 4	QL (2 PER 1 DAYS)
zaleplon 10 mg cap	TIER 2	QL (2 PER 1 DAYS)
zaleplon 5 mg cap	TIER 2	QL (4 PER 1 DAYS)
zolpidem tartrate 10 mg tab	TIER 2	QL (1 PER 1 DAYS)
zolpidem tartrate 5 mg tab	TIER 2	QL (2 PER 1 DAYS)
zolpidem tartrate er 12.5 mg tab er	TIER 3	QL (1 PER 1 DAYS)
zolpidem tartrate er 6.25 mg tab er	TIER 3	QL (2 PER 1 DAYS)

### WAKEFULNESS PROMOTING AGENTS

armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	TIER 4	PA, QL (1 PER 1 DAYS)
modafinil 100 mg tab	TIER 3	PA, QL (3 PER 1 DAYS)
modafinil 200 mg tab	TIER 3	PA, QL (2 PER 1 DAYS)
SODIUM OXYBATE 500 MG/ML SOLUTION	TIER 5	PA, LA, QL (540 PER 30 DAYS)

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

# Index of Drugs

## A

abacavir sulfate.....	52
abacavir sulfate-lamivudine.....	52
abacavir-lamivudine-zidovudine.....	52
ABELCET.....	30
ABILIFY ASIMTUFII.....	47
ABILIFY MAINTENA.....	47
abiraterone acetate.....	33
abirtega.....	33
ABRYSVO.....	95
acamprosate calcium.....	15
acarbose.....	56
accutane.....	73
acebutolol hcl.....	63
acetaminophen-codeine.....	13
acetazolamide.....	65
acetazolamide er.....	106
acetic acid.....	106
acetylcysteine.....	110
acitretin.....	73
ACTHIB.....	95
ACTIMMUNE.....	94
acyclovir.....	54,76
acyclovir sodium.....	54
ADACEL.....	96
adapalene.....	73
adefovir dipivoxil.....	50
ADEMPAS.....	109
ADVAIR HFA.....	110
ADVOCATE INSULIN PEN NEEDLE.....	99
afirmelle.....	83
AIMOVIG.....	31
ak-poly-bac.....	103
AKEEGA.....	34
ala-cort.....	73
albendazole.....	44
albuterol 90mcg hfa inhaler (generic proair).....	108
albuterol 90mg hfa inhaler (generic proair).....	108
albuterol 90mg hfa inhaler (generic proventil).....	108

ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN).....	108
albuterol sulfate.....	108
albuterol sulfate hfa.....	108
alclometasone dipropionate.....	73
ALCOHOL 70% PADS.....	99
ALCOHOL PREP.....	99
ALCOHOL PREP PADS.....	99
ALCOHOL SWABS.....	99
ALCOHOL SWABSTICK.....	99
alcohol wipes.....	75
ALDURAZYME.....	80
ALECENSA.....	35
alendronate sodium.....	98
ALENDRONATE SODIUM.....	98
alfuzosin hcl er.....	81
aliskiren fumarate.....	65
allopurinol.....	31
alosetron hcl.....	79
alprazolam.....	55
alprazolam er.....	55
alprazolam xr.....	55
altavera.....	83
ALUNBRIG.....	35,36
alyacen 1/35.....	83
alyacen 7/7/7.....	83
alyq.....	109
amantadine hcl.....	45
ambisentan.....	109
amethia.....	83
amikacin sulfate.....	16
amiloride hcl.....	68
amiloride-hydrochlorothiazide.....	65
amiodarone hcl.....	63
amitriptyline hcl.....	29
amlodipine besy-benazepril hcl.....	66
amlodipine besylate.....	64
amlodipine besylate-valsartan.....	66
amlodipine-atorvastatin.....	66
amlodipine-olmesartan.....	66
amlodipine-valsartan-hctz.....	66

ammonium lactate.....	73	atomoxetine hcl.....	71
amnesteem.....	73	atorvastatin calcium.....	68
amoxapine.....	29	atovaquone.....	44
amoxicillin.....	19	atovaquone-proguanil hcl.....	44
amoxicillin-pot clavulanate.....	19	atropine sulfate.....	103
AMOXICILLIN-POT CLAVULANATE ER.....	19	ATROVENT HFA.....	108
amphetamine-dextroamphetamine.....	70	aubra.....	83
amphetamine-dextroamphetamine.....	70	aubra eq.....	84
AMPHOTERICIN B.....	30	AUGTYRO.....	34
ampicillin.....	19	AUM ALCOHOL PREP PADS.....	99
ampicillin sodium.....	19	AUM INSULIN SAFETY PEN NEEDLE.....	99
ampicillin-sulbactam sodium.....	19	AUM PEN NEEDLE.....	99
anagrelide hcl.....	60	aurovela 1.5/30.....	84
anastrozole.....	35	aurovela 1/20.....	84
ANORO ELLIPTA.....	110	aurovela fe 1.5/30.....	84
apomorphine hcl.....	45	aurovela fe 1/20.....	84
apraclonidine hcl.....	106	AUVELITY.....	26
aprepitant.....	30	aviane.....	84
apri.....	83	avidoxy.....	21
APTIVUS.....	53	ayuna.....	84
AQ INSULIN SYRINGE.....	99	AYVAKIT.....	36
AQINJECT PEN NEEDLE.....	99	azathioprine.....	94
aranelle.....	83	AZATHIOPRINE SODIUM.....	94
ARANESP (ALBUMIN FREE).....	60	azelastine hcl.....	104,107
ARCALYST.....	92	azithromycin.....	20
AREXVY.....	96	AZITHROMYCIN.....	20
argyle sterile water.....	99	aztreonam.....	16
ARIKAYCE.....	16	azurette.....	84
ariPIPRAZOLE.....	47		
ARISTADA.....	47	<b>B</b>	
ARISTADA INITIO.....	47	bac (butalbital-acetamin-caff).....	71
armodafinil.....	111	bacitra-neomycin-polymyxin-hc.....	103
ARNUITY ELLIPTA.....	107	BACITRACIN.....	104
asenapine maleate.....	47	bacitracin-polymyxin b.....	104
ashlyna.....	83	baclofen.....	50
aspirin-dipyridamole er.....	61	balsalazide disodium.....	97
ASSURE ID DUO PRO PEN NEEDLES.....	99	BALVERSA.....	36
ASSURE ID PRO PEN NEEDLES.....	99	balziva.....	84
atazanavir sulfate.....	53	BAQSIMI ONE PACK.....	58
atenolol.....	63	BAQSIMI TWO PACK.....	58
atenolol-chlorthalidone.....	66	BARACLUDE.....	50

BCG VACCINE	96	BREO ELLIPTA	110
BD INSULIN SYRINGE	99	breyyna	110
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC99		BREZTRI AEROSPHERE	110
BD PEN NEEDLE NANO U/F 32G X 4 MM		briellyn	84
MISC	99	brimonidine tartrate	106
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM		brimonidine tartrate-timolol	104
MISC	99	brinzolamide	106
BD PEN NEEDLE SHORT U/F 31G X 8 MM		BRIVIACT	22
MISC	99	bromocriptine mesylate	45
benazepril hcl	62	BRUKINSA	36
benazepril-hydrochlorothiazide	66	budesonide	98,107
BENLYSTA	92	budesonide er	98
BENZNIDAZOLE	44	budesonide-formoterol fumarate	110
benzoyl peroxide-erythromycin	73	bumetanide	67
benztropine mesylate	45	buprenorphine	13
BESIVANCE	21	buprenorphine hcl	15
BESREMI	94	buprenorphine hcl-naloxone hcl	15
betaine	80	bupropion hcl	26
betamethasone dipropionate	73	bupropion hcl er (smoking det)	16
betamethasone dipropionate aug	74	bupropion hcl er (sr)	27
betamethasone valerate	74	bupropion hcl er (xl)	27
BETASERON	72	buspirone hcl	55
betaxolol hcl	63,106	butalbital-apap-caffeine	71
bethanechol chloride	81	butalbital-aspirin-caffeine	12
bexarotene	44	butorphanol tartrate	13
BEXZERO	96		
bicalutamide	33	<b>C</b>	
BICILLIN C-R	19	CABENUVA	53
BICILLIN C-R 900/300	19	cabergoline	91
BICILLIN L-A	19	CABOMETYX	36
BIKTARVY	50	calcipotriene	75
bimatoprost	106	calcitonin (salmon)	98
BIOGUARD GAUZE SPONGES	99	calcitrene	75
bisoprolol fumarate	63	CALCITRIOL	75,98
bisoprolol-hydrochlorothiazide	66	calcitriol	98
blisovi fe 1.5/30	84	CALQUENCE	36
blisovi fe 1/20	84	camila	89
BOOSTRIX	96	camrese	84
bosentan	109	camrese lo	84
BOSULIF	36	candesartan cilexetil	62
BRAFTOVI	36	candesartan cilexetil-hctz	66

CAPLYTA	47	chateal eq.	84
CAPRELSA	36	CHEMET	77
captopril	62	chlorhexidine gluconate	72
CAPTOPRIL-HYDROCHLOROTHIAZIDE	66	chloroquine phosphate	44
carbamazepine	24	chlorpromazine hcl	46
carbamazepine er	25	chlorthalidone	68
carbidopa	46	cholestyramine	69
CARBIDOPA-LEVODOPA	46	cholestyramine light	69
carbidopa-levodopa	46	cycladan	76
carbidopa-levodopa er	46	ciclopirox	76
carbidopa-levodopa-entacapone	45	ciclopirox olamine	76
CARETOUCH ALCOHOL PREP	99	cilostazol	61
carglumic acid	80	CILOXAN	21
carisoprodol	110	CIMDUO	52
CARTEOLOL HCL	106	cimetidine	79
cartia xt	64	cinacalcet hcl	98
carvedilol	63	CIPRO HC	106
carvedilol phosphate er	63	ciprofloxacin	21
caspofungin acetate	30	ciprofloxacin hcl	21,106
cataflam	12	ciprofloxacin in d5w	21
CAYSTON	16	ciprofloxacin-dexamethasone	106
caziant	84	citalopram hydrobromide	27
CEFACLOR	18	claravis	73
cefadroxil	18	CLARITHROMYCIN	20
cefazolin sodium	18	clarithromycin	20
cefdinir	18	clarithromycin er	20
CEFEPIME HCL	18	clindamycin hcl	16
cefixime	18	clindamycin palmitate hcl	16
cefotetan disodium	18	clindamycin phos (once-daily)	76
cefoxitin sodium	18	clindamycin phos (twice-daily)	76
CEFPODOXIME PROXETIL	18	clindamycin phos-benzoyl perox	73
cefprozil	18	clindamycin phosphate	16,76
CEFTAZIDIME	18	clindamycin phosphate in d5w	17
ceftriaxone sodium	18	CLINDAMYCIN PHOSPHATE IN NACL	17
cefuroxime axetil	18	clobazam	23
cefuroxime sodium	18	clobetasol prop emollient base	74
celecoxib	12	clobetasol propionate	74
cephalexin	18	clobetasol propionate e	74
cetirizine hcl	107	clomipramine hcl	29
cevimeline hcl	72	clonazepam	55
chateal	84	clonidine	61

clonidine hcl	61	CVS ALCOHOL PREP PADS	100
clopidogrel bisulfate	61	CVS ANTIBACTERIAL GAUZE	100
clorazepate dipotassium	55	cvs isopropyl alcohol wipes	75
clotrimazole	30	cyclafem 1/35	84
clotrimazole-betamethasone	75	cyclafem 7/7/7	84
clovique	77	cyclobenzaprine hcl	111
clozapine	49	CYCLOPHOSPHAMIDE	33
COARTEM	44	cyclosporine	94
COBENFY	49	cyclosporine modified	94
COBENFY STARTER PACK	49	cyproheptadine hcl	107
CODEINE SULFATE	13,14	cyred	84
codeine sulfate	13	cyred eq	84
colchicine	31	CYSTAGON	80
colchicine-probenecid	31	CYSTARAN	80
colesevelam hcl	69		
colestipol hcl	69		
colistimethate sodium (cba)	17		
COMBIVENT RESPIMAT	110		
COMETRIQ (100 MG DAILY DOSE)	36		
COMETRIQ (140 MG DAILY DOSE)	36		
COMETRIQ (60 MG DAILY DOSE)	36		
COMFORT EZ INSULIN SYRINGE	99		
COMFORT EZ PRO PEN NEEDLES	100		
COMPLERA	51		
compro	29		
constulose	78		
COPIKTRA	36		
CORLANOR	66		
CORTIFOAM	98		
CORTISONE ACETATE	82		
CORTISPORIN-TC	107		
CORTROPHIN	82		
COSENTYX	93		
COSENTYX (300 MG DOSE)	93		
COSENTYX SENSOREADY (300 MG)	93		
COSENTYX SENSOREADY PEN	93		
COSENTYX UNOREADY	93		
COTELLIC	36		
CREON	80		
cromolyn sodium	79,104,109		
cryselle-28	84		
		D	
		dabigatran etexilate mesylate	59
		dalfampridine er	72
		danazol	83
		dantrolene sodium	50
		dapsone	32
		DAPTACEL	96
		daptomycin	17
		darunavir	53
		dasatinib	37
		dasetta 1/35	84
		dasetta 7/7/7	84
		DAURISMO	37
		daysee	84
		deblitane	89
		decadron	82
		deferasirox	78
		DELSTRIGO	51
		delyla	84
		DENGVAXIA	96
		DEPO-ESTRADIOL	84
		DEPO-SUBQ PROVERA 104	89
		depo-testosterone	83
		DERMOTIC	107
		DESCOVY	52
		desipramine hcl	29

desmopressin ace spray refrig	82	diltiazem hcl 180 mg extended release 24hr capsule	65
desmopressin acetate	83	diltiazem hcl 240 mg extended release 24hr capsule	65
desmopressin acetate pf	83	diltiazem hcl 300 mg extended release 24hr capsule	65
desmopressin acetate spray	83	diltiazem hcl 360 mg extended release 24hr capsule	65
desogestrel-ethinyl estradiol	84	diltiazem hcl er	65
desonide	74	diltiazem hcl er beads	65
desoximetasone	74	dimethyl fumarate	72
desvenlafaxine succinate er	27	dimethyl fumarate starter pack	72
dexamethasone	82	DIPENTUM	97
DEXAMETHASONE SOD PHOS +RFID	82	diphenoxylate-atropine	79
dexamethasone sod phosphate pf	82	DIPHENOXYLATE-ATROPINE	79
<b>DEXAMETHASONE SODIUM</b>		DIPHTHERIA-TETANUS TOXOIDS DT	96
PHOSPHATE	82,105	dipyridamole	61
dexmethylphenidate hcl	71	disulfiram	15
dextroamphetamine sulfate	70,71	divalproex sodium	22
dextrose	76	divalproex sodium er	22
dextrose in lactated ringers	76	dofetilide	63
DEXTROSE-NACL	76	donepezil hcl	26
dextrose-sodium chloride	76	donepezil hydrochloride orally disintegrating tab 10 mg	26
DIACOMIT	22	donepezil hydrochloride orally disintegrating tab 5 mg	26
diazepam	23,55	dorzolamide hcl	106
DIAZEPAM	23	dorzolamide hcl-timolol mal	104
diazepam intensol	55	dorzolamide hcl-timolol mal pf	104
diazoxide	58	dotti	84
diclofenac potassium	12	DOVATO	51
diclofenac sodium	12,105	doxazosin mesylate	62
diclofenac sodium er	12	doxepin hcl	29
dicloxacillin sodium	19	doxercalciferol	98
dicyclomine hcl	79	doxy 100	21
DIFICID	20	doxycycline hyclate	21
diflunisal	12	doxycycline monohydrate	21
difluprednate	105	DRIZALMA SPRINKLE	72
digitek	63	dronabinol	30
digox	63	DROPLET INSULIN SYRINGE	100
digoxin	63	DROPLET MICRON	100
dihydroergotamine mesylate	31		
dilt-xr	64		
diltiazem hcl	64		
diltiazem hcl 120 mg extended release 24hr capsule	65		

DROPLET PEN NEEDLES.....	100	emtricitabine.....	52
DROPSAFE SAFETY SYRINGE/NEEDLE .....	100	emtricitabine-tenofovir df.....	52
drospirenone-ethinyl estradiol.....	84	EMTRIVA.....	52
DROXIA.....	80	emzahh.....	89
droxidopa.....	61	enalapril maleate.....	62
duloxetine hcl.....	72	enalapril-hydrochlorothiazide.....	66
DUPIXENT.....	93	ENBREL.....	94
dutasteride.....	81	ENBREL MINI.....	94
dutasteride-tamsulosin hcl.....	81	ENBREL SURECLICK.....	94
<b>E</b>		endocet.....	14
e.e.s. 400.....	20	ENGERIX-B.....	96
EASY COMFORT INSULIN SYRINGE.....	100	enilloring.....	85
EASY COMFORT PEN NEEDLES.....	100	enoxaparin sodium.....	59
EASY TOUCH INSULIN BARRELS.....	100	enpresse-28.....	85
ec-naproxen.....	12	enskyce.....	85
econazole nitrate.....	30	entacapone.....	45
EDURANT.....	51	entecavir.....	50
EDURANT PED.....	51	ENTRESTO.....	66
EFAVIRENZ.....	51	enulose.....	78
efavirenz.....	51	ENVARSUS XR.....	94
efavirenz-emtricitab-tenofo df.....	51	EPIDIOLEX.....	22
efavirenz-lamivudine-tenofovir.....	51	epinephrine.....	108
ELAPRASE.....	80	EPINEPHRINE.....	108
elinest.....	85	EPINEPHRINE AUTOINJECTOR (GENERIC ADRENAClick).....	108
ELIQUIS.....	59	epitol.....	25
ELIQUIS DVT/PE STARTER PACK.....	59	EPIVIR HBV.....	50
eluryng.....	85	eplerenone.....	68
EMBECTA AUTOSHIELD DUO.....	100	EPRONTIA.....	22
EMBECTA INS SYR U/F 1/2 UNIT.....	100	ERGOLOID MESYLATES.....	26
EMBECTA INSULIN SYRINGE.....	100	ERIVEDGE.....	37
EMBECTA INSULIN SYRINGE U-100.....	100	ERLEADA.....	33
EMBECTA INSULIN SYRINGE U-500.....	101	erlotinib hcl.....	37
EMBECTA INSULIN SYRINGE U/F.....	101	errin.....	89
EMBECTA PEN NEEDLE NANO.....	101	ertapenem sodium.....	20
EMBECTA PEN NEEDLE NANO 2 GEN.....	101	ERY.....	76
EMBECTA PEN NEEDLE U/F.....	101	erythrocin lactobionate.....	20
EMBRACE PEN NEEDLES.....	101	erythromycin.....	76,104
emoquette.....	85	erythromycin base.....	20
EMSAM.....	27	erythromycin ethylsuccinate.....	20
emtricitab-rilpivir-tenofov df.....	51	erythromycin lactobionate.....	20

escitalopram oxalate.....	27,28	fentanyl.....	13
eslicarbazepine acetate.....	25	FETZIMA.....	28
esomeprazole magnesium.....	80	FETZIMA TITRATION.....	28
estarrylla.....	85	finasteride.....	81
estradiol.....	85	fingolimod hcl.....	72
estradiol valerate.....	85	FINTEPLA.....	22
ESTRING.....	85	FIRMAGON.....	91
eszopiclone.....	111	FIRMAGON (240 MG DOSE).....	91
ethambutol hcl.....	32	flavoxate hcl.....	81
ethosuximide.....	23	flecainide acetate.....	63
ethynodiol diac-eth estradiol.....	85	fluconazole.....	30
etodolac.....	12	fluconazole in sodium chloride.....	30
etodolac er.....	12	flucytosine.....	30
etonogestrel-ethinyl estradiol.....	85	fludrocortisone acetate.....	82
etravirine.....	51	flunisolide.....	110
EULEXIN.....	33	fluocinolone acetonide.....	74
euthyrox.....	90	fluocinolone acetonide body.....	74
everolimus.....	37,94	fluocinolone acetonide scalp.....	74
EVOTAZ.....	53	fluocinonide.....	74
exemestane.....	35	fluocinonide emulsified base.....	74
ezetimibe.....	69	fluorometholone.....	105
ezetimibe-simvastatin.....	69	fluorouracil.....	75
<b>F</b>		fluoxetine hcl.....	28
falmina.....	85	FLUOXETINE HCL.....	28
famciclovir.....	54	fluphenazine decanoate.....	46
famotidine.....	79	FLUPHENAZINE HCL.....	46
FANAPT.....	47	FLURBIPROFEN.....	12
FANAPT TITRATION PACK A.....	47	FLURBIPROFEN SODIUM.....	105
FANAPT TITRATION PACK B.....	47	FLUTAMIDE.....	33
FANAPT TITRATION PACK C.....	47	fluticasone propionate.....	74,110
FARXIGA.....	69	fluticasone-salmeterol.....	110
febuxostat.....	31	FLUTICASONE-SALMETEROL.....	110
feirza 1.5/30.....	85	fluvastatin sodium.....	68
feirza 1/20.....	85	fluvastatin sodium er.....	68
felbamate.....	22	fluvoxamine maleate.....	28
felodipine er.....	64	FML.....	105
femynor.....	85	FML FORTE.....	105
fenofibrate.....	68	fondaparinux sodium.....	59
fenofibrate micronized.....	68	fosamprenavir calcium.....	53
fenofibric acid.....	68	fosinopril sodium.....	62
		fosinopril sodium-hctz.....	66

FOTIVDA	37
FRUZAQLA	34,35
fulvestrant	34
furosemide	67
FUROSEMIDE	68
fyavolv	85
FYCOMPA	22

## G

gabapentin	24
galantamine hydrobromide	26
GALANTAMINE HYDROBROMIDE	26
galantamine hydrobromide er	26
gallifrey	89
GAMUNEX-C	92
GARDASIL 9	96
gauze pads 2	101
GAVILYTE-C	79
gavilyte-g	79
gavilyte-n with flavor pack	78
GAVRETO	37
gefitinib	37
gemfibrozil	68
GEMTESA	81
generlac	78
gengraf	94
GENTAK	105
gentamicin sulfate	16,105
GENVOYA	51
GILOTrif	37
glatiramer acetate	72
glatopa	72
GLEOSTINE	33
glimepiride	56
glipizide	56
glipizide er	56
glipizide xl	56
glipizide-metformin hcl	56
GLUCAGEN HYPOKIT	58
glucagon emergency	58
GLUCAGON EMERGENCY	58

glyburide	56
GLYBURIDE MICRONIZED	56
glyburide-metformin	56
glycopyrrolate	79
GLYXAMBI	56
GNP PEN NEEDLES	101
GOLYTELY	79
GOMEKLI	37
GOODSENSE ALCOHOL SWABS	101
granisetron hcl	30
griseofulvin microsize	30
griseofulvin ultramicrosize	30
guanfacine hcl	61
guanfacine hcl er	71

## H

HADLIMA	94
HADLIMA PUSHTOUCH	94
HAEGARDA	92
hailey 1.5/30	85
hailey fe 1.5/30	85
hailey fe 1/20	85
halobetasol propionate	74
haloette	85
haloperidol	46
haloperidol decanoate	46
haloperidol lactate	46
HAVRIX	96
heather	89
HEMADY	44
heparin sodium (porcine)	60
heparin sodium (porcine) pf	60
HEPLISAV-B	96
HIBERIX	96
HIZENTRA	92
HUMALOG	58
HUMALOG JUNIOR KWIKPEN	58
HUMALOG KWIKPEN	58
HUMALOG MIX 50/50 KWIKPEN	58
HUMALOG MIX 75/25	58
HUMALOG MIX 75/25 KWIKPEN	58

HUMULIN 70/30.....	58	indapamide.....	68
HUMULIN 70/30 KWIKPEN.....	58	indomethacin.....	12
HUMULIN N.....	58	indomethacin er.....	12
HUMULIN N KWIKPEN.....	58	INFANRIX.....	96
HUMULIN R.....	58	INLYTA.....	38
HUMULIN R U-500 (CONCENTRATED).....	58	INQOVI.....	35
HUMULIN R U-500 KWIKPEN.....	58	INREBIC.....	38
hydralazine hcl.....	69	INSULIN LISPRO.....	59
hydrochlorothiazide.....	68	INSULIN LISPRO (1 UNIT DIAL).....	58
hydrocodone-acetaminophen.....	14	INSULIN LISPRO JUNIOR KWIKPEN.....	59
hydrocortisone.....	74,98	INSULIN LISPRO PROT & LISPRO.....	59
hydrocortisone (perianal).....	74	INSULIN PEN NEEDLES.....	101
hydrocortisone butyrate.....	74	INSULIN PEN NEEDLES .....	101
hydrocortisone-acetic acid.....	107	INSULIN SYRINGE 0.3 ML.....	101
hydromorphone hcl.....	14	INSULIN SYRINGE 0.5 ML.....	101
hydroxychloroquine sulfate.....	44	INSULIN SYRINGE 1ML.....	101
hydroxyurea.....	35	INSULIN SYRINGE-NEEDLE U-100.....	101
hydroxyzine hcl.....	107	INSUPEN PEN NEEDLES.....	101
hydroxyzine pamoate.....	107	INSUPEN32G EXTR3ME.....	101
<b>I</b>		INTELENCE.....	51
ibandronate sodium.....	98	INTRALIPID.....	101
IBRANCE.....	37	introvale.....	85
ibu.....	12	INVEGA HAFYERA.....	47
ibuprofen.....	12	INVEGA SUSTENNA.....	47,48
icatibant acetate.....	92	INVEGA TRINZA.....	48
iclevia.....	85	IPOL.....	96
ICLUSIG.....	38	ipratropium bromide.....	108
icosapent ethyl.....	69	ipratropium-albuterol.....	110
IDHIFA.....	38	irbesartan.....	62
ILEVRO.....	105	irbesartan-hydrochlorothiazide.....	66
imatinib mesylate.....	38	ISENTRESS.....	51
IMBRUVICA.....	38	ISENTRESS HD.....	51
imipenem-cilastatin.....	20	isibloom.....	85
imipramine hcl.....	29	isoniazid.....	32
imiquimod.....	75	isopropyl alcohol.....	75
IMKELDI.....	38	isopropyl alcohol wipes.....	75
IMOVAX RABIES.....	96	isosorb dinitrate-hydralazine.....	66
incassia.....	90	isosorbide dinitrate.....	70
INCRELEX.....	83	isosorbide mononitrate.....	70
INCRUSE ELLIPTA.....	108	isosorbide mononitrate er.....	70
		isotretinoin.....	73

isradipine.....	64	kelnor 1/50.....	86
ITOVEBI.....	38	KERENDIA.....	57
itraconazole.....	31	ketoconazole.....	31
ivabradine hcl.....	66	ketorolac tromethamine.....	105
ivermectin.....	44	KINRIX.....	96
IWILFIN.....	35	kionex.....	78
IXCHIQ.....	96	KISQALI (200 MG DOSE).....	38
IXIARO.....	96	KISQALI (400 MG DOSE).....	38
K		KISQALI (600 MG DOSE).....	38
jaimiess.....	86	KISQALI FEMARA (200 MG DOSE).....	38
JAKAFI.....	38	KISQALI FEMARA (400 MG DOSE).....	38
jantoven.....	60	KISQALI FEMARA (600 MG DOSE).....	39
JANUMET.....	56	klor-con.....	77
JANUMET XR.....	56	klor-con 10.....	76
JANUVIA.....	56	klor-con m10.....	77
JARDIANCE.....	69	klor-con m15.....	77
jasmiel.....	86	klor-con m20.....	77
JAYPIRCA.....	38	KOSELUGO.....	39
jencycla.....	90	kourzeq.....	73
JENTADUETO.....	57	KRAZATI.....	39
JENTADUETO XR.....	57	kurvelo.....	86
jinteli.....	86	L	
jolessa.....	86	I-glutamine.....	80
joyeaux.....	86	labetalol hcl.....	63
juleber.....	86	lacosamide.....	25
JULUCA.....	51	lactated ringers.....	77,102
junel 1.5/30.....	86	lactulose.....	78
junel 1/20.....	86	lactulose encephalopathy.....	78
junel fe 1.5/30.....	86	lamivudine.....	50,52
junel fe 1/20.....	86	lamivudine-zidovudine.....	52
JYNNEOS.....	96	lamotrigine.....	22
K		lansoprazole.....	80
KALETRA.....	53	LANTUS.....	59
kalliga.....	86	LANTUS SOLOSTAR.....	59
KALYDECO.....	108	lapatinib ditosylate.....	39
kariva.....	86	larin 1.5/30.....	86
kcl in dextrose-nacl.....	76	larin 1/20.....	86
KCL-LACTATED RINGERS-D5W.....	76	larin fe 1.5/30.....	86
kelnor 1/35.....	86	larin fe 1/20.....	86
larissa.....			86

latanoprost.....	106	lidocaine-prilocaine.....	15
LAZCLUZE.....	35	lidocan.....	15
leena.....	86	LILETTA (52 MG).....	90
leflunomide.....	95	lillow.....	86
lenalidomide.....	34	lincomycin hcl.....	17
LENVIMA (10 MG DAILY DOSE).....	39	linezolid.....	17
LENVIMA (12 MG DAILY DOSE).....	39	LINEZOLID IN SODIUM CHLORIDE.....	17
LENVIMA (14 MG DAILY DOSE).....	39	LINZESS.....	78
LENVIMA (18 MG DAILY DOSE).....	39	liothyronine sodium.....	91
LENVIMA (20 MG DAILY DOSE).....	39	lisdexamfetamine dimesylate.....	71
LENVIMA (24 MG DAILY DOSE).....	39	lisinopril.....	62
LENVIMA (4 MG DAILY DOSE).....	39	lisinopril-hydrochlorothiazide.....	66
LENVIMA (8 MG DAILY DOSE).....	39	lithium.....	56
lessina.....	86	lithium carbonate.....	56
letrozole.....	35	lithium carbonate er.....	56
leucovorin calcium.....	35	LIVTENCITY.....	50
LEUKERAN.....	33	lo-zumandimine.....	87
leuprolide acetate.....	91	loestrin 1.5/30 (21).....	87
levalbuterol hcl.....	108	loestrin 1/20 (21).....	87
LEVALBUTEROL TARTRATE.....	108	loestrin fe 1.5/30.....	87
levetiracetam.....	22	loestrin fe 1/20.....	87
levetiracetam er.....	22	lojaimiess.....	87
levo-t.....	91	LOKELMA.....	78
LEVOBUNOLOL HCL.....	106	LONSURF.....	35
levocarnitine.....	80	loperamide hcl.....	79
levocetirizine dihydrochloride.....	107	lopinavir-ritonavir.....	53
levofloxacin.....	21	lorazepam.....	55,56
LEVOFLOXACIN.....	105	lorazepam intensol.....	56
levofloxacin in d5w.....	21	LORBRENA.....	39
levonest.....	86	loryna.....	87
levonorg-eth estrad triphasic.....	86	losartan potassium.....	62
levonorgest-eth estrad 91-day.....	86	losartan potassium-hctz.....	67
levonorgest-eth estradiol-iron.....	86	loteprednol etabonate.....	105
levonorgestrel-ethynodiol dihydrogenated.....	86	lovastatin.....	68
levora 0.15/30 (28).....	86	low-ogestrel.....	87
levothyroxine sodium.....	91	loxapine succinate.....	46
levoxyd.....	91	lubiprostone.....	78
LEXIVA.....	53	LUMAKRAS.....	39
lidocaine.....	15	LUMIGAN.....	106
lidocaine hcl.....	15	LUPRON DEPOT (1-MONTH).....	91
lidocaine viscous hcl.....	15	LUPRON DEPOT (3-MONTH).....	91

LUPRON DEPOT (4-MONTH).....	91
LUPRON DEPOT (6-MONTH).....	91
lurasidone hcl.....	48
lutera.....	87
LYBALVI.....	27
lyeq.....	90
lyllana.....	87
LYNPARZA.....	39
LYSODREN.....	35
LYTGOBI (12 MG DAILY DOSE).....	39
LYTGOBI (16 MG DAILY DOSE).....	39
LYTGOBI (20 MG DAILY DOSE).....	40
lyza.....	90

## M

M-M-R II.....	96
magnesium sulfate.....	77
malathion.....	76
maraviroc.....	53
marlissa.....	87
MARPLAN.....	27
MATULANE.....	33
matzim la.....	65
MAVYRET.....	50
MAXIDEX.....	105
meclizine hcl.....	29
medpura alcohol pads.....	75
medroxyprogesterone acetate.....	90
mefloquine hcl.....	45
megestrol acetate.....	90
MEKINIST.....	40
MEKTOVI.....	40
meleya.....	90
meloxicam.....	12
memantine hcl.....	26
memantine hcl er.....	26
MENACTRA.....	96
MENEST.....	87
MENQUADFI.....	96
MENVEO.....	96
meprobamate.....	55

mercaptopurine.....	34
meropenem.....	20
MEROOPENEM-SODIUM CHLORIDE.....	20
mesalamine.....	97,98
mesalamine er.....	98
mesna.....	44
metformin hcl.....	57
metformin hcl er.....	57
methadone hcl.....	13
methazolamide.....	106
methenamine hippurate.....	17
methergine.....	102
methimazole.....	92
methocarbamol.....	111
METHOTREXATE SODIUM.....	95
methotrexate sodium.....	95
methotrexate sodium (pf).....	95
METHOXSALEN RAPID.....	75
methscopolamine bromide.....	79
methsuximide.....	23
METHYLDOPA.....	61
METHYLDOPA-HYDROCHLOROTHIAZIDE.....	67
methylergonovine maleate.....	102
methylphenidate hcl.....	71
methylphenidate hcl er.....	71
methylprednisolone.....	82
methylprednisolone acetate.....	82
methylprednisolone sodium succ.....	82
metoclopramide hcl.....	29
metolazone.....	68
metoprolol succinate er.....	64
metoprolol tartrate.....	64
metoprolol-hydrochlorothiazide.....	67
metronidazole.....	17
metyrosine.....	67
mexiletine hcl.....	63
micafungin sodium.....	31
MICONAZOLE 3.....	31
microgestin 1.5/30.....	87
microgestin 1/20.....	87
microgestin fe 1.5/30.....	87

microgestin fe 1/20.....	87	nabumetone.....	12
midodrine hcl.....	61	nadolol.....	64
mifepristone.....	91	nafcillin sodium.....	19
MIGERGOT.....	32	nafrinse.....	77
miglitol.....	57	NAGLAZYME.....	80
mili.....	87	naloxone hcl.....	15
minitran.....	70	naltrexone hcl.....	15
minocycline hcl.....	21	naproxen.....	12
minoxidil.....	69	naproxen dr.....	13
minzoya.....	87	naproxen sodium.....	13
mirtazapine.....	27	naratriptan hcl.....	32
misoprostol.....	79	NATACYN.....	105
modafinil.....	111	nateglinide.....	57
moexipril hcl.....	62	NAYZILAM.....	15
MOLINDONE HCL.....	46	nebivolol hcl.....	64
mometasone furoate.....	74	necon 0.5/35 (28).....	87
monodoxine nl.....	22	NEFAZODONE HCL.....	28
mono-linyah.....	87	neo-polycin.....	104
montelukast sodium.....	107	neo-polycin hc.....	104
morgidox.....	22	neomycin sulfate.....	16
morphine sulfate.....	14	neomycin-bacitracin zn-polymyx.....	104
morphine sulfate (concentrate).....	14	neomycin-polymyxin-dexameth.....	104
morphine sulfate er.....	13	NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	104
MOUNJARO.....	57	NEOMYCIN-POLYMYXIN-HC.....	104
MOVANTIK.....	78	neomycin-polymyxin-hc.....	107
moxifloxacin hcl.....	21,105	NERLYNX.....	40
MOXIFLOXACIN HCL.....	21	nevirapine.....	51
MOXIFLOXACIN HCL (2X DAY).....	105	NEVIRAPINE.....	51
MOXIFLOXACIN HCL IN NACL.....	21	NEVIRAPINE ER.....	51
MRESVIA.....	96	nevirapine er.....	52
MULTAQ.....	63	NEXPLANON.....	90
mupirocin.....	76	NIACIN (ANTIHYPERLIPIDEMIC).....	69
mycophenolate mofetil.....	95	niacin er (antihyperlipidemic).....	69
mycophenolate mofetil hcl.....	95	NIACOR.....	69
mycophenolate sodium.....	95	nicardipine hcl.....	64
mycophenolic acid.....	95	NICOTROL.....	16
myorisan.....	73	NICOTROL NS.....	16
MYRBETRIQ.....	81	nifedipine.....	64
na sulfate-k sulfate-mg sulf.....	78	nifedipine er.....	64
		nifedipine er osmotic release.....	64
		nikki.....	87

## N

nilutamide.....	33
nimodipine.....	64
NINLARO.....	40
nitazoxanide.....	45
nitisinone.....	80
NITRO-BID.....	70
nitrofurantoin macrocrystal.....	17
nitrofurantoin monohyd macro.....	17
nitroglycerin.....	70
NITROSTAT.....	70
NIVESTYM.....	60
NIZATIDINE.....	79
nora-be.....	90
norelgestromin-eth estradiol.....	87
norethin ace-eth estrad-fe.....	87
norethin-eth estradiol-fe.....	87
norethindrone.....	90
norethindrone acet-ethynil est.....	87
norethindrone acetate.....	90
norethindrone-eth estradiol.....	87
norgestim-eth estrad triphasic.....	87
norgestimate-eth estradiol.....	88
norlyda.....	90
norlyroc.....	90
nortrel 0.5/35 (28).....	88
nortrel 1/35 (21).....	88
nortrel 1/35 (28).....	88
nortrel 7/7/7.....	88
nortriptyline hcl.....	29
NORVIR.....	53,54
NOVOFINE 32G X 6 MM MISC.....	102
NOVOTWIST 32G X 5 MM MISC.....	102
NUBEQA.....	33
NULYTELY LEMON-LIME.....	78
NUPLAZID.....	48
NURTEC.....	31
NUTRILIPID.....	102
nylia 1/35.....	88
nylia 7/7/7.....	88
NYMALIZE.....	64
nymyo.....	88
nystatin.....	31
nystatin-triamcinolone.....	75
NYVEPRIA.....	60
<b>O</b>	
ocella.....	88
octreotide acetate.....	91
OCTREOTIDE ACETATE.....	91
ODEFSEY.....	52
ODOMZO.....	40
OFEV.....	109
ofloxacin.....	105,107
OGSIVEO.....	40
OJEMDA.....	40
OJJAARA.....	35
olanzapine.....	48
olmesartan medoxomil.....	62
olmesartan medoxomil-hctz.....	67
olmesartan-amlodipine-hctz.....	67
omega-3-acid ethyl esters.....	69
omeprazole.....	80
OMNITROPE.....	79,83
ondansetron.....	30
ONDANSETRON HCL.....	30
ondansetron hcl.....	30
ONUREG.....	34
OPIPZA.....	48
OPSUMIT.....	109
OPVEE.....	102
oralone.....	73
ORGOVYX.....	92
orquidea.....	90
ORSERDU.....	33
orsythia.....	88
oseltamivir phosphate.....	54
OSPHENA.....	90
OTEZLA.....	75,93
oxaprozin.....	13
oxcarbazepine.....	25
oxybutynin chloride.....	81
oxybutynin chloride er.....	81

oxycodone hcl.....	14	PERPHENAZINE-AMITRIPTYLINE.....	27
oxycodone-acetaminophen.....	14	PERSERIS.....	48
OXYCODONE-ACETAMINOPHEN.....	14	pfizerpen.....	20
OZEMPIK (0.25 OR 0.5 MG/DOSE).....	57	phenelzine sulfate.....	27
OZEMPIK (1 MG/DOSE).....	57	phenobarbital.....	24
OZEMPIK (2 MG/DOSE).....	57	phenytek.....	25
<b>P</b>		phenytoin.....	25
pacerone.....	63	phenytoin infatabs.....	25
paliperidone er.....	48	phenytoin sodium extended.....	25
PANRETIN.....	44	philith.....	88
pantoprazole sodium.....	80	PIFELTRO.....	52
paricalcitol.....	98	pilocarpine hcl.....	73,106
paroxetine hcl.....	28	PIMOZIDE.....	46
PAROXETINE HCL.....	28	pimtrea.....	88
paroxetine hcl er.....	28	pindolol.....	64
PAXLOVID.....	55	pioglitazone hcl.....	57
PAXLOVID (150/100).....	54	pioglitazone hcl-glimepiride.....	57
PAXLOVID (300/100).....	54	pioglitazone hcl-metformin hcl.....	57
pazopanib hcl.....	40	piperacillin sod-tazobactam so.....	20
PEDIARIX.....	96	PIQRAY (200 MG DAILY DOSE).....	40
PEDVAX HIB.....	96	PIQRAY (250 MG DAILY DOSE).....	40
peg 3350-kcl-na bicarb-nacl.....	78	PIQRAY (300 MG DAILY DOSE).....	40
peg-3350/electrolytes.....	79	pirfenidone.....	109
PEGASYS.....	94	PIRFENIDONE.....	109
PEMAZYRE.....	40	pirmella 1/35.....	88
PEN NEEDLE/5-BEVEL TIP.....	102	pirmella 7/7/7.....	88
PEN NEEDLES.....	102	piroxicam.....	13
PENBRAYA.....	102	PLENVU.....	78
penicillamine.....	82	PNV 27-CA/FE/FA.....	77
penicillin g potassium.....	19	podofilox.....	75
PENICILLIN G SODIUM.....	19	polycin.....	104
penicillin v potassium.....	19	polymyxin b sulfate.....	17
PENTACEL.....	97	polymyxin b-trimethoprim.....	105
pentamidine isethionate.....	45	POMALYST.....	34
pentoxifylline er.....	67	portia-28.....	88
perampanel.....	22,23	posaconazole.....	31
perindopril erbumine.....	62	potassium chloride.....	77
periogard.....	73	potassium chloride crys er.....	77
permethrin.....	76	potassium chloride er.....	77
perphenazine.....	29	potassium chloride in dextrose.....	77
		potassium chloride in nacl.....	77

potassium citrate er.....	77	propranolol hcl.....	64
pramipexole dihydrochloride.....	45	PROPRANOLOL HCL.....	64
prasugrel hcl.....	61	propranolol hcl er.....	64
pravastatin sodium.....	68	PROPRANOLOL-HCTZ.....	67
praziquantel.....	44	propylthiouracil.....	92
prazosin hcl.....	62	PROQUAD.....	97
prednisolone.....	82	protriptyline hcl.....	29
prednisolone acetate.....	105	PULMICORT FLEXHALER.....	107
prednisolone sodium phosphate.....	82	PULMOZYME.....	109
PREDNISOLONE SODIUM PHOSPHATE.....	105	PURE COMFORT SAFETY PEN NEEDLE.....	102
prednisone.....	82	pyrazinamide.....	32
PREDNISONE INTENSOL.....	82	pyridostigmine bromide.....	32
pregabalin.....	72	pyridostigmine bromide er.....	32
PREMARIN.....	88	pyrimethamine.....	45
PREMASOL.....	77		
premium lidocaine.....	15		
prenatal vitamins.....	77		
prevalite.....	69		
previfem.....	88		
PREVYMIS.....	50		
PREZCOBIX.....	54		
PREZISTA.....	54		
PRIFTIN.....	32		
primaquine phosphate.....	45		
primidone.....	24		
PRIORIX.....	97		
PRO COMFORT INSULIN SYRINGE.....	102		
probenecid.....	31		
prochlorperazine.....	29		
prochlorperazine maleate.....	29		
procto-med hc.....	74		
procto-pak.....	74		
proctosol hc.....	74		
protozone-hc.....	74		
progesterone.....	90		
PROGRAF.....	95		
PROLASTIN-C.....	80,81		
PROLIA.....	.98		
PROMACTA.....	60,61		
promethazine hcl.....	29,107		
propafenone hcl.....	63		
		qc alcohol.....	75
		QINLOCK.....	35
		QUADRACEL.....	97
		quetiapine fumarate.....	48
		quetiapine fumarate er.....	48
		QUICK TOUCH INSULIN PEN NEEDLE.....	102
		quinapril hcl.....	62
		quinapril-hydrochlorothiazide.....	67
		quinidine sulfate.....	63
		quinine sulfate.....	45
		R	
		ra isopropyl alcohol wipes.....	75
		RABAVERT.....	97
		rabeprazole sodium.....	80
		RALDESY.....	28
		raloxifene hcl.....	90
		ramelteon.....	111
		ramipril.....	62
		ranolazine er.....	67
		rasagiline mesylate.....	46
		reclipsen.....	88
		RECOMBIVAX HB.....	97
		relafen.....	13
		RELENZA DISKHALER.....	54

repaglinide	57	roweepra	23
REPATHA	69	ROZLYTREK	41
REPATHA PUSHTRONEX SYSTEM	69	RUBRACA	41
REPATHA SURECLICK	69	rufinamide	25
RESTASIS	104	RUKOBIA	53
RESTASIS MULTIDOSE	104	RYBELSUS	57
RETACRIT	61	RYDAPT	41
RETEVMO	40,41		
REVLIMID	34		
REVUFORJ	41		
REXULTI	49	sajazir	92
REYATAZ	54	SANDIMMUNE	95
REZLIDHIA	41	SANTYL	75
REZUROCK	93	sapropterin dihydrochloride	81
RHOPRESSA	106	SCEMBLIX	41
RIBAVIRIN	50	scopolamine	29
ribavirin	50	SECUADO	49
rifabutin	32	SECURESAFE INSULIN SYRINGE	102
rifampin	33	selegiline hcl	46
riluzole	71	selenium sulfide	74
RIMANTADINE HCL	54	SELZENTRY	53
ringers	77	SEREVENT DISKUS	108
ringers irrigation	102	sertraline hcl	28
RINVOQ	93	setlakin	88
RINVOQ LQ	93	sharobel	90
risedronate sodium	98	SHINGRIX	97
risperidone	49	SIGNIFOR	92
risperidone microspheres er	49	sildenafil citrate	109
ritonavir	54	SILIGENTLE FOAM DRESSING	102
rivastigmine	26	silodosin	81
rivastigmine tartrate	26	silver sulfadiazine	75
rizatriptan benzoate	32	SIMBRINZA	106
ROCKLATAN	104	SIMLANDI (1 PEN)	95
roflumilast	109	SIMLANDI (1 SYRINGE)	95
ROMVIMZA	41	SIMLANDI (2 PEN)	95
ropinirole hcl	45	SIMLANDI (2 SYRINGE)	95
ropinirole hcl er	45	simliya	88
rosadan	17	simpesse	88
rosuvastatin calcium	68	simvastatin	68
ROTARIX	97	sirolimus	95
ROTATEQ	97	SIRTURO	33
		SKYRIZI	93

SKYRIZI (150 MG DOSE).....	93	sumatriptan succinate.....	32
SKYRIZI PEN.....	93	SUMATRIPTAN SUCCINATE.....	32
SMOFLIPID.....	102	sumatriptan succinate refill.....	32
sodium chloride.....	77	sunitinib malate.....	41
sodium chloride (pf).....	77	SUNLENCA.....	53
sodium fluoride.....	77	SURE COMFORT PEN NEEDLES.....	102
SODIUM OXYBATE.....	111	syeda.....	88
sodium phenylbutyrate.....	81	SYMPAZAN.....	24
sodium polystyrene sulfonate.....	78	SYMTUZA.....	54
solifenacin succinate.....	81	SYNAREL.....	92
SOLTAMOX.....	34	SYNJARDY.....	57
SOMAVERT.....	92	SYNJARDY XR.....	57
sorafenib tosylate.....	41	SYNRIBO.....	41
sorine.....	63	SYNTHROID.....	91
sotalol hcl.....	63		
sotalol hcl (af).....	63		
SPIRIVA RESPIMAT.....	108	<b>T</b>	
spironolactone.....	68	TABLOID.....	34
spironolactone-hctz.....	67	TABRECTA.....	41
sprintec 28.....	88	tacrolimus.....	74,95
SPRITAM.....	23	tadalafil.....	81
SPS (SODIUM POLYSTYRENE SULF).....	78	tadalafil (pah).....	109
sronyx.....	88	TAFINLAR.....	42
ssd.....	75	TAGRISSO.....	42
STAVUDINE.....	52	TALZENNA.....	42
STELARA.....	93	tamoxifen citrate.....	34
sterile water for irrigation.....	102	tamsulosin hcl.....	81
STIOLTO RESPIMAT.....	110	tarina fe 1/20.....	88
STIVARGA.....	41	tarina fe 1/20 eq.....	88
STREPTOMYCIN SULFATE.....	16	TASIGNA.....	42
STRIBILD.....	51	tasimelteon.....	111
subvenite.....	23	tazarotene.....	73
sucralfate.....	79	TAZICEF.....	19
sulfacetamide sodium.....	105	taztia xt.....	65
sulfacetamide sodium (acne).....	73	TAZVERIK.....	42
SULFACETAMIDE-PREDNISOLONE.....	104	TDVAX.....	97
sulfadiazine.....	21	TECHLITE PLUS PEN NEEDLES.....	102
sulfamethoxazole-trimethoprim.....	21	TEFLARO.....	19
sulfasalazine.....	98	telmisartan.....	62
sulindac.....	13	telmisartan-amlodipine.....	67
sumatriptan.....	32	telmisartan-hctz.....	67
		temazepam.....	111

TEMIXYS.....	52	torsemide.....	68
TENIVAC.....	97	TOUJEO MAX SOLOSTAR.....	59
tenofovir disoproxil fumarate.....	52	TOUJEO SOLOSTAR.....	59
TEPMETKO.....	42	TPN ELECTROLYTES.....	77
terazosin hcl.....	62	TRACLEER.....	109
terbinafine hcl.....	31	TRADJENTA.....	57
terconazole.....	31	tramadol hcl.....	14
teriflunomide.....	72	tramadol hcl er.....	13
teriparatide.....	98	tramadol-acetaminophen.....	14
testosterone.....	83	trandolapril.....	62
testosterone cypionate.....	83	TRANDOLAPRIL-VERAPAMIL HCL ER.....	67
TESTOSTERONE ENANTHATE.....	83	tranexamic acid.....	61
tetrabenazine.....	71	tranylcypromine sulfate.....	27
tetracycline hcl.....	22	travoprost (bak free).....	106
THALOMID.....	34	trazodone hcl.....	28
theophylline er.....	109	TRECATOR.....	33
thioridazine hcl.....	46	TRELEGY ELLIPTA.....	110
thiotepa.....	33	TRELSTAR MIXJECT.....	92
thiothixene.....	47	TRESIBA.....	59
tiadylt er.....	65	TRESIBA FLEXTOUCH.....	59
tiagabine hcl.....	24	tretinoin.....	44,73
TIBSOVO.....	42	TREXALL.....	95
ticagrelor.....	61	tri-femynor.....	88
TICOVAC.....	97	tri-estarrylla.....	88
tigecycline.....	17	tri-linyah.....	88
timolol maleate.....	64,106	tri-mili.....	88
tinidazole.....	17	tri-nymyo.....	89
tiotropium bromide monohydrate.....	108	tri-previfem.....	89
tis-u-sol.....	102	tri-sprintec.....	89
TIVICAY.....	51	tri-vylibra.....	89
TIVICAY PD.....	51	triamcinolone acetonide.....	73,75
tizanidine hcl.....	50	triamterene-hctz.....	67
tobramycin.....	105,109	triazolam.....	111
tobramycin sulfate.....	16	triderm.....	75
tobramycin-dexamethasone.....	104	trientine hcl.....	78
TOLAK.....	75	TRIENTINE HCL.....	78
tolterodine tartrate.....	81	trifluoperazine hcl.....	47
tolterodine tartrate er.....	81	TRIFLURIDINE.....	105
topiramate.....	23	trihexyphenidyl hcl.....	45
TOPIRAMATE.....	23	TRIKAFTA.....	109
toremifene citrate.....	34	trimethoprim.....	17

trimipramine maleate.....	29	valsartan-hydrochlorothiazide.....	67
TRINTELLIX.....	28	VALTOCO 10 MG DOSE.....	24
TRIUMEQ.....	52	VALTOCO 15 MG DOSE.....	24
TRIUMEQ PD.....	52	VALTOCO 20 MG DOSE.....	24
trivora (28).....	89	VALTOCO 5 MG DOSE.....	24
TRIZIVIR.....	52	valtya 1/50.....	89
trospium chloride.....	81	vanadom.....	111
TRUE COMFORT INSULIN SYRINGE.....	103	vancomycin hcl.....	17
TRUE COMFORT PEN NEEDLES.....	103	VANDAZOLE.....	18
TRUE COMFORT PRO PEN NEEDLES.....	103	VANFLYTA.....	42
TRUE COMFORT SAFETY PEN NEEDLE.....	103	VAQTA.....	97
TRULICITY.....	57	varenicline tartrate.....	16
TRUMENBA.....	97	varenicline tartrate (starter).....	16
TRUQAP.....	42	varenicline tartrate(continue).....	16
TUKYSA.....	42	VARIVAX.....	97
tulana.....	90	VAXCHORA.....	97
TURALIO.....	42	VELIVET.....	89
turqoz.....	89	VENCLEXTA.....	42
TWINRIX.....	97	VENCLEXTA STARTING PACK.....	42
TYBOST.....	53	venlafaxine hcl.....	28
TYMLOS.....	98	venlafaxine hcl er.....	28
TYPHIM VI.....	97	VEOZAH.....	71
<b>U</b>		verapamil hcl.....	65
UBRELVY.....	31	VERAPAMIL HCL ER.....	65
UDENYCA.....	61	verapamil hcl er.....	65
ULTIGUARD SAFEPACK PEN NEEDLE.....	103	VERIFINE INSULIN PEN NEEDLE.....	103
UNIFINE OTC PEN NEEDLES.....	103	VERIFINE INSULIN SYRINGE.....	103
UNIFINE PENTIPS.....	103	VERIFINE PLUS PEN NEEDLE.....	103
UNIFINE PROTECT PEN NEEDLE.....	103	VERQUVO.....	67
UNIFINE SAFECONTROL PEN NEEDLE.....	103	VERSACLOZ.....	49
unithroid.....	91	VERZENIO.....	42
ursodiol.....	79	vestura.....	89
<b>V</b>		vienna.....	89
valacyclovir hcl.....	54	vigabatrin.....	24
VALCHLOR.....	75	vigadrone.....	24
valganciclovir hcl.....	50	VIGAFYDE.....	24
valproate sodium.....	23	vigpoder.....	24
valproic acid.....	23	vilazodone hcl.....	28
valsartan.....	62	VIMKUNYA.....	97
		viorele.....	89
		VIRACEPT.....	54

VIREAD.....	52	XOLAIR.....	93,94
VITRAKVI.....	42,43	XOSPATA.....	43
VIVOTIF.....	97	XPOVIO (100 MG ONCE WEEKLY).....	43
VIZIMPRO.....	43	XPOVIO (40 MG ONCE WEEKLY).....	43
volnea.....	89	XPOVIO (40 MG TWICE WEEKLY).....	43
VONJO.....	44	XPOVIO (60 MG ONCE WEEKLY).....	43
VORANIGO.....	43	XPOVIO (60 MG TWICE WEEKLY).....	43
voriconazole.....	31	XPOVIO (80 MG ONCE WEEKLY).....	43
VOWST.....	103	XPOVIO (80 MG TWICE WEEKLY).....	43
VRAYLAR.....	49	XTANDI.....	34
vyfemla.....	89	xulane.....	89
vylibra.....	89		
VYZULTA.....	106		

## W

warfarin sodium.....	60
WEBCOL ALCOHOL PREP LARGE.....	103
WELIREG.....	35
wera.....	89
wixela inhub.....	110
wymzya fe.....	89

## X

XALKORI.....	43
XARELTO.....	60
XARELTO STARTER PACK.....	60
XATMEP.....	95
XCOPRI.....	23,25
XCOPRI (250 MG DAILY DOSE).....	25
XCOPRI (350 MG DAILY DOSE).....	25
XDEMVY.....	104
XELJANZ.....	93
XELJANZ XR.....	93
xelria fe.....	89
XERMELO.....	79
XGEVA.....	98
XIFAXAN.....	18
XIGDUO XR.....	58
XXIIDRA.....	104
XOFLUZA (40 MG DOSE).....	54
XOFLUZA (80 MG DOSE).....	54

XOLAIR.....	93,94
XOSPATA.....	43
XPOVIO (100 MG ONCE WEEKLY).....	43
XPOVIO (40 MG ONCE WEEKLY).....	43
XPOVIO (40 MG TWICE WEEKLY).....	43
XPOVIO (60 MG ONCE WEEKLY).....	43
XPOVIO (60 MG TWICE WEEKLY).....	43
XPOVIO (80 MG ONCE WEEKLY).....	43
XPOVIO (80 MG TWICE WEEKLY).....	43
XTANDI.....	34
xulane.....	89

## Y

YF-VAX.....	97
yuvafem.....	89

## Z

zafemy.....	89
zafirlukast.....	107
zaleplon.....	111
ZARXIO.....	61
ZEJULA.....	43
ZELBORAF.....	43
zenatane.....	73
zidovudine.....	52,53
ziprasidone hcl.....	49
ziprasidone mesylate.....	49
ZIRGAN.....	105
zoledronic acid.....	99
ZOLINZA.....	35
zolmitriptan.....	32
zolpidem tartrate.....	111
zolpidem tartrate er.....	111
ZONISADE.....	25
zonisamide.....	25
zovia 1/35 (28).....	89
zovia 1/35e (28).....	89
ZTALMY.....	24
zumandimine.....	89
ZURZUVAE.....	27
ZYDELIG.....	43

ZYKADIA.....	43
ZYLET.....	104
ZYPREXA RELPREVV.....	49



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Washington, D.C. 20201  
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**Multi-Language Insert**  
**Multi-Language Interpreter Services**

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**Navajo** Díí ats'íís baa áháyáéí doodago azee' bee aa áháyá bína'ídííkidgo éí ná ata' hodoolnihí hóló. Ata' halne'éé biniiyégo, kojjí 1-800-452-4413 béishee bee hodíílnih. Diné k'ehjí yáltí'i níká adoolwoł. Díí t'áá jíík'eh bee aná'áwo.

**Punjabi** ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਦੁਭਾਸੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਭਾਸੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫ਼ਤ ਸੇਵਾ ਹੈ।

**Khmer** យើងមានសេវាអ្នកបារក្របដៃជាល័យតំបន់ផ្ទះដីដើម្បីយសំណើនាយការ  
ដែលអ្នកអាចមានអំពីសុខភាព បុគ្គលិកធម្មរបស់យើង។ ដើម្បីទទួលបានអ្នកបារក្របដៃជាល័យអ្នកទាំងអស់  
អ្នកទទួលបានអ្នកបារក្របដៃជាល័យ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនឹងយកាសាធ្នាក់អ្នកបារក្របដៃជាល័យអ្នកទាំងអស់

**Mien** Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-452-4413. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

**Lao** ພວກເຮົາມິນາຍພາກໄດ້ລຶບລະອຽດວ່າມີຄົນທີ່ທ່ານອາດຈະມີກ່ຽວກັບສູຂະພາບ ຫຼື  
ແຜ່ນການໃຫຍ່ພວກເຮົາ. ແຜ່ນທີ່ໄດ້ຮັບນາຍພາກ, ແລ້ວຕໍ່ໃຫຍ່ພວກເຮົາທີ່ບໍ່ 1-800-452-4413. ມີຜູ້ຫຼັງການວ່າ  
ກໍານົດຊ່ວຍຫ່າງ. ນີ້ແມ່ນບໍລິການໄດ້ລຶບລະອຽດ.

**Armenian** Մեզ մոտ հասանելի են անվագար թարգմանչական ծառայություններ՝ մեր պողոսական կամ դեղերի պլանի հետ կապված Ձեր ցանկացած հարցին պատճենահանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հայերեն իմացող թարգմանիչը: Ծառայությունն անվագար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارد پاسخ دهیم. برای داشتن مترجم شفاهی، کافیست با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรา มีบริการล่ามฟรีเพื่อตอบค่าตอบแทนของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

This formulary was updated on 07/22/2025 . For more recent information or other questions, please contact Blue Shield of California Customer Service, at (800) 452-4413 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, or visit [blueshieldca.com/medformulary2025](http://blueshieldca.com/medformulary2025).

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