Blue Shield Inspire (HMO)

2021 Formulary

(List of Covered Drugs)

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

Formulary ID 21411, Version **24**

This formulary was updated on **11/22/2021** . For more recent information or other questions, please contact Blue Shield of California Customer Care, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30, or visit blueshieldca.com/medFormulary2021.

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 Inspire.

This document includes a list of the drugs (formulary) for our plan which is current as of **11/22/2021** . For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2022 and from time to time during the year.

blue california

What is the Blue Shield Inspire Formulary?

A formulary is a list of covered drugs selected by Blue Shield Inspire 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. Blue Shield Inspire 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 (drug list) change?

Most changes in drug coverage happen on January 1, but Blue Shield Inspire may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. 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 Inspire Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. 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 Inspire Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **11/22/2021** . To get updated information about the drugs covered by Blue Shield Inspire, 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/medFormulary2021.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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 2. 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 85 . 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?

Blue Shield Inspire 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 cost less than brand name drugs.

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:** Blue Shield Inspire requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Shield Inspire before you fill your prescriptions. If you don't get approval, Blue Shield Inspire may not cover the drug.

- **Quantity Limits:** For certain drugs, Blue Shield Inspire limits the amount of the drug that Blue Shield Inspire 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, Blue Shield Inspire 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, Blue Shield Inspire may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Shield Inspire 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. 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 Blue Shield Inspire 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 Blue Shield Inspire's formulary?" on page iii 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 Care and ask if your drug is covered.

If you learn that Blue Shield Inspire does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Blue Shield Inspire. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- You can ask Blue Shield Inspire 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 Inspire Formulary?

You can ask Blue Shield Inspire 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue Shield Inspire 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.

Generally, Blue Shield Inspire will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, 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. 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 Blue Shield Inspire formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the Blue Shield Inspire 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 Blue Shield Inspire 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 Blue Shield Inspire Customer Care for assistance in initiating a prior authorization or exception request. Prior authorization or exception request forms are available on our website at blueshieldca.com/medFormulary2021 (select "prior authorization forms"), 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 Blue Shield Inspire. 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 Blue Shield Inspire prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue Shield Inspire, 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.

Blue Shield Inspire Formulary

The formulary below provides coverage information about the drugs covered by Blue Shield Inspire. If you have trouble finding your drug in the list, turn to the Index that begins on page 85 .

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 Blue Shield Inspire has any special requirements for coverage of your drug.

Copayments/Coinsurance in the Initial Coverage Stage for members of Blue Shield Inspire in Fresno, Madera, Alameda, Sacramento and San Mateo Counties:

TIER	SUPPLY	COST SHARE		
		Fresno, Madera, and Alameda Counties	Sacramento County	San Mateo County
1: **Preferred Generic Drugs**	Preferred retail cost-sharing (in-network) (30-day supply)	$0 Copay	$0 Copay	$0 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 100-day supply)	$0 Copay	$0 Copay	$0 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$5 Copay	$5 Copay	$5 Copay
	Standard retail cost-sharing (in-network) (up to 100-day supply)	$5 Copay	$5 Copay	$5 Copay
2: **Generic Drugs**	Preferred retail cost-sharing (in-network) (30-day supply)	$12 Copay	$12 Copay	$12 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	$18 Copay	$18 Copay	$18 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$20 Copay	$20 Copay	$20 Copay
	Standard retail cost-sharing (in-network) (up to 90-day supply)	$60 Copay	$60 Copay	$60 Copay
3: **Preferred Brand Drugs**	Preferred retail cost-sharing (in-network) (30-day supply)	$40 Copay	$40 Copay	$40 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	$100 Copay	$100 Copay	$100 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$47 Copay	$47 Copay	$47 Copay
	Standard retail cost-sharing (in-network) (up to 90-day supply)	$141 Copay	$141 Copay	$141 Copay

TIER	SUPPLY	COST SHARE		
		Fresno, Madera, and Alameda Counties	Sacramento County	San Mateo County
4: **Non-Preferred Drugs**	Preferred retail cost-sharing (in-network) (30-day supply)	$95 Copay	$95 Copay	$95 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	$237.50 Copay	$237.50 Copay	$237.50 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$100 Copay	$100 Copay	$100 Copay
	Standard retail cost-sharing (in-network) (up to 90-day supply)	$300 Copay	$300 Copay	$300 Copay
5: **Specialty Tier Drugs**	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network) (30-day supply)	33% coinsurance	30% coinsurance	31% coinsurance
	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's mail service cost-sharing (up to 90-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).

Copayments/Coinsurance in the Initial Coverage Stage for members of Blue Shield Inspire in Los Angeles, Orange, Santa Clara, San Joaquin, Stanislaus and Merced Counties:

TIER	SUPPLY	COST SHARE		
		Los Angeles and Orange Counties	Santa Clara County	San Joaquin, Stanislaus and Merced Counties
1: **Preferred Generic Drugs**	Preferred retail cost-sharing (in-network) (30-day supply)	$0 Copay	$0 Copay	$0 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 100-day supply)	$0 Copay	$0 Copay	$0 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$5 Copay	$5 Copay	$5 Copay
	Standard retail cost-sharing (in-network) (up to 100-day supply)	$5 Copay	$5 Copay	$5 Copay
2: **Generic Drugs**	Preferred retail cost-sharing (in-network) (30-day supply)	$3 Copay	$10 Copay	$10 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	$4.50 Copay	$15 Copay	$15 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$10 Copay	$18 Copay	$18 Copay
	Standard retail cost-sharing (in-network) (up to 90-day supply)	$30 Copay	$54 Copay	$54 Copay
3: **Preferred Brand Drugs**	Preferred retail cost-sharing (in-network) (30-day supply)	$35 Copay	$40 Copay	$40 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	$87.50 Copay	$100 Copay	$100 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$47 Copay	$47 Copay	$47 Copay
	Standard retail cost-sharing (in-network) (up to 90-day supply)	$141 Copay	$141 Copay	$141 Copay

TIER	SUPPLY	COST SHARE Los Angeles and Orange Counties	Santa Clara County	San Joaquin, Stanislaus and Merced Counties
4: **Non-Preferred Drugs**	Preferred retail cost-sharing (in-network) (30-day supply)	$95 Copay	$95 Copay	$95 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	$237.50 Copay	$237.50 Copay	$237.50 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	$100 Copay	$100 Copay	$100 Copay
	Standard retail cost-sharing (in-network) (up to 90-day supply)	$300 Copay	$300 Copay	$300 Copay
5: **Specialty Tier Drugs**	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network) (30-day supply)	33% coinsurance	33% coinsurance	33% coinsurance
	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's mail service cost-sharing (up to 90-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).

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
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.
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"
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Care number at (800) 776-4466 [TTY 711], 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30.
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	TIER 2	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-aspirin-caffeine cap 50-325-40 mg	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
celecoxib (cap 50 mg, cap 100 mg, cap 200 mg)	TIER 2	QL (2 PER 1 DAYS)
celecoxib cap 400 mg	TIER 2	QL (1 PER 1 DAYS)
diclofenac potassium tab 50 mg	TIER 2	
diclofenac sodium (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)	TIER 2	
diclofenac sodium gel 1%	TIER 4	
diflunisal	TIER 3	
etodolac (cap 200 mg, cap 300 mg, tab er 24hr 400 mg, tab er 24hr 500 mg, tab er 24hr 600 mg)	TIER 3	
etodolac (tab 400 mg, tab 500 mg)	TIER 2	
FLURBIPROFEN (50 MG TAB, TAB 50 MG, TAB 100 MG)	TIER 2	
ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)	TIER 2	
indomethacin (cap 25 mg, cap 50 mg)	TIER 2	PA
indomethacin cap er 75 mg	TIER 3	PA
ketoprofen (25 mg cap, 50 mg cap, cap 50 mg, 75 mg cap, cap 75 mg)	TIER 2	
MECLOFENAMATE SODIUM	TIER 4	
meloxicam (tab 7.5 mg, tab 15 mg)	TIER 2	
nabumetone	TIER 2	
naproxen (tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)	TIER 2	
oxaprozin	TIER 4	
piroxicam	TIER 3	
sulindac	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine (5 mcg/hr patch wk, td patch weekly 5 mcg/hr, td patch weekly 7.5 mcg/hr, 10 mcg/hr patch wk, td patch weekly 10 mcg/hr, 15 mcg/hr patch wk, td patch weekly 15 mcg/hr, 20 mcg/hr patch wk, td patch weekly 20 mcg/hr)	TIER 4	PA, QL (4 PER 28 OVER TIME), NDS
fentanyl (patch 72hr 100 mcg/hr, patch 72hr 12 mcg/hr, patch 72hr 25 mcg/hr, patch 72hr 50 mcg/hr, patch 72hr 75 mcg/hr)	TIER 3	PA, QL (10 PER 30 OVER TIME), NDS
methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)	TIER 4	PA, QL (450 PER 30 OVER TIME), NDS
methadone hcl (10 mg/ml solution, inj 10 mg/ml)	TIER 4	PA, NDS
METHADONE HCL (5 MG/5ML SOLUTION, SOLN 5 MG/5ML)	TIER 4	PA, QL (900 PER 30 OVER TIME), NDS
methadone hcl tab 10 mg	TIER 4	PA, QL (90 PER 30 OVER TIME), NDS
methadone hcl tab 5 mg	TIER 4	PA, QL (180 PER 30 OVER TIME), NDS
morphine sulfate (tab er 60 mg, tab er 100 mg, tab er 200 mg)	TIER 3	QL (60 PER 30 OVER TIME), NDS
morphine sulfate tab er 15 mg	TIER 3	QL (180 PER 30 OVER TIME), NDS
morphine sulfate tab er 30 mg	TIER 3	QL (90 PER 30 OVER TIME), NDS
OXYCODONE HCL ER	TIER 4	PA, QL (2 PER 1 DAYS), NDS
OXYCONTIN (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER)	TIER 4	PA, QL (2 PER 1 DAYS), NDS
tramadol hcl (tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 300 mg)	TIER 4	PA, QL (1 PER 1 DAYS), NDS
tramadol hcl (tab er 24hr 100 mg, tab er 24hr 200 mg, tab er 24hr 300 mg)	TIER 3	PA, QL (1 PER 1 DAYS), NDS
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine (w/ tab 300-15 mg, w/ tab 300-30 mg)	TIER 2	QL (12 PER 1 DAYS), NDS
acetaminophen w/ codeine soln 120-12 mg/5ml	TIER 2	QL (1800 PER 30 OVER TIME), NDS
acetaminophen w/ codeine tab 300-60 mg	TIER 2	QL (6 PER 1 DAYS), NDS
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-aspirin-caffeine w/cod	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
butorphanol tartrate nasal soln 10 mg/ml	TIER 3	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE (30 MG TAB, TAB 30 MG)	TIER 4	QL (168 PER 30 OVER TIME), NDS
codeine sulfate (60 mg tab, tab 60 mg)	TIER 4	QL (84 PER 30 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	TIER 4	QL (336 PER 30 OVER TIME), NDS
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, LOZENGE ON A HANDLE 200 MCG, 400 MCG TAB, LOZENGE ON A HANDLE 400 MCG, 600 MCG TAB, LOZENGE ON A HANDLE 600 MCG, 800 MCG TAB, LOZENGE ON A HANDLE 800 MCG, LOZENGE ON A HANDLE 1200 MCG, LOZENGE ON A HANDLE 1600 MCG)	TIER 5	PA, QL (120 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen (tab 7.5-325 mg, tab 10-325 mg)	TIER 2	QL (6 PER 1 DAYS), NDS
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	TIER 4	QL (2520 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen tab 5-325 mg	TIER 2	QL (8 PER 1 DAYS), NDS
hydromorphone hcl liqd 1 mg/ml	TIER 4	QL (675 PER 30 OVER TIME), NDS
hydromorphone hcl tab 2 mg	TIER 3	QL (154 PER 30 OVER TIME), NDS
hydromorphone hcl tab 4 mg	TIER 3	QL (84 PER 30 OVER TIME), NDS
hydromorphone hcl tab 8 mg	TIER 3	QL (42 PER 30 OVER TIME), NDS
morphine sulfate (15 mg tab, tab 15 mg, 30 mg tab, tab 30 mg)	TIER 3	QL (120 PER 30 OVER TIME), NDS
morphine sulfate oral soln 10 mg/5ml	TIER 3	QL (630 PER 30 OVER TIME), NDS
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	TIER 3	QL (70 PER 30 OVER TIME), NDS
morphine sulfate oral soln 20 mg/5ml	TIER 3	QL (315 PER 30 OVER TIME), NDS
oxycodone hcl (tab 15 mg, tab 30 mg)	TIER 3	QL (56 PER 30 OVER TIME), NDS
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	TIER 4	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl soln 5 mg/5ml	TIER 3	QL (840 PER 30 OVER TIME), NDS
oxycodone hcl tab 10 mg	TIER 3	QL (84 PER 30 OVER TIME), NDS
oxycodone hcl tab 20 mg	TIER 3	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl tab 5 mg	TIER 3	QL (168 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen (w/ tab 2.5-325 mg, w/ tab 5-325 mg)	TIER 3	QL (168 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen tab 10-325 mg	TIER 3	QL (84 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxycodone w/ acetaminophen tab 7.5-325 mg	TIER 3	QL (112 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	TIER 3	QL (840 PER 30 OVER TIME), NDS
oxycodone-aspirin (4.8355-325 mg tab, tab 4.8355-325 mg)	TIER 3	QL (168 PER 30 OVER TIME), NDS
tramadol hcl (tab 50 mg, 100 mg tab)	TIER 2	QL (4 PER 1 DAYS), NDS
tramadol-acetaminophen	TIER 2	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl (4 % solution, soln 4%)	TIER 2	
lidocaine hcl (mouth-throat)	TIER 2	
lidocaine oint 5%	TIER 4	QL (50 PER 30 OVER TIME)
lidocaine patch 5%	TIER 3	PA, QL (3 PER 1 DAYS)
lidocaine-prilocaine cream 2.5-2.5%	TIER 3	QL (30 PER 30 OVER TIME)
NAYZILAM	TIER 5	QL (10 PER 30 OVER TIME)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

acamprosate calcium	TIER 4	
disulfiram	TIER 2	

OPIOID DEPENDENCE

buprenorphine hcl sl tab 2 mg (base equiv)	TIER 2	QL (84 PER 90 OVER TIME)
buprenorphine hcl sl tab 8 mg (base equiv)	TIER 2	QL (21 PER 90 OVER TIME)
buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 2-0.5 mg equiv), -naloxone sl film 4-1 mg equiv))	TIER 2	QL (5 PER 1 DAYS)
buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 8-2 mg equiv), -naloxone sl tab 8-2 mg equiv))	TIER 2	QL (3 PER 1 DAYS)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	TIER 2	QL (2 PER 1 DAYS)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	TIER 2	QL (12 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)	TIER 4	QL (3 PER 1 DAYS)
ZUBSOLV (2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB)	TIER 4	QL (1 PER 1 DAYS)
ZUBSOLV 8.6-2.1 MG SL TAB	TIER 4	QL (2 PER 1 DAYS)
OPIOID REVERSAL AGENTS		
naloxone hcl (inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)	TIER 2	
NALOXONE HCL 0.4 MG/ML SOLN CART	TIER 2	QL (2 PER 30 OVER TIME)
naltrexone hcl	TIER 2	
NARCAN	TIER 3	QL (2 PER 30 OVER TIME)
SMOKING CESSATION AGENTS		
bupropion hcl (smoking deterrent)	TIER 2	QL (2 PER 1 DAYS)
CHANTIX STARTING MONTH PAK	TIER 4	QL (60 PER 30 OVER TIME)
NICOTROL	TIER 4	
NICOTROL NS	TIER 4	
VARENICLINE TARTRATE	TIER 4	QL (2 PER 1 DAYS)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	TIER 4	
gentamicin sulfate cream 0.1%	TIER 3	
gentamicin sulfate inj 40 mg/ml	TIER 4	
gentamicin sulfate oint 0.1%	TIER 2	
neomycin sulfate	TIER 2	
paromomycin sulfate	TIER 4	
STREPTOMYCIN SULFATE	TIER 4	
tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), 2 gm/50ml solution, 10 mg/ml solution, inj 80 mg/2ml (40 mg/ml) (base equiv))	TIER 4	
ANTIBACTERIALS, OTHER		
acetic acid (otic)	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AEMCOLO	TIER 4	PA, QL (12 PER 30 OVER TIME)
aztreonam	TIER 5	
CHLORAMPHENICOL SOD SUCCINATE	TIER 4	
CLEOCIN 100 MG SUPPOS	TIER 3	
clindamycin hcl	TIER 2	
clindamycin palmitate hydrochloride	TIER 3	
clindamycin phosphate	TIER 4	
clindamycin phosphate in d5w	TIER 4	
CLINDAMYCIN PHOSPHATE IN NACL	TIER 4	
clindamycin phosphate swab 1%	TIER 2	
clindamycin phosphate vaginal	TIER 2	
colistimethate sodium	TIER 4	
daptomycin (350 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)	TIER 5	
fosfomycin tromethamine	TIER 4	QL (1 PER 30 OVER TIME)
lincomycin hcl	TIER 4	
linezolid for susp 100 mg/5ml	TIER 5	PA
LINEZOLID IN SODIUM CHLORIDE	TIER 5	
linezolid iv soln 600 mg/300ml (2 mg/ml)	TIER 5	
linezolid tab 600 mg	TIER 4	PA
methenamine hippurate	TIER 4	
metronidazole (tab 250 mg, tab 500 mg)	TIER 2	
metronidazole (topical) (cream, lotion)	TIER 3	
METRONIDAZOLE 5 MG/ML SOLUTION	TIER 4	
metronidazole gel 0.75%	TIER 2	
metronidazole gel 1%	TIER 4	
metronidazole in nacl (0.74% soln 500 mg/100ml, 0.79% soln 500 mg/100ml)	TIER 4	
metronidazole vaginal	TIER 3	
nitrofurantoin macrocrystal	TIER 2	
nitrofurantoin monohyd macro	TIER 2	
ORBACTIV	TIER 5	PA, QL (9 PER 30 OVER TIME)
polymyxin b sulfate	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNERCID	TIER 5	
tigecycline (50 mg recon soln, for iv soln 50 mg)	TIER 5	
tinidazole	TIER 4	
TRIMETHOPRIM (100 MG TAB, TAB 100 MG)	TIER 2	
VANCOMYCIN HCL (1.25 GM RECON SOLN, 1.5 GM RECON SOLN, CAP 125 MG (BASE EQUIVALENT), CAP 250 MG (BASE EQUIVALENT), FOR IV SOLN 1 GM (BASE EQUIVALENT), FOR IV SOLN 10 GM (BASE EQUIVALENT), 100 GM RECON SOLN, 250 MG RECON SOLN, FOR IV SOLN 500 MG (BASE EQUIVALENT), 750 MG RECON SOLN, FOR IV SOLN 750 MG (BASE EQUIVALENT))	TIER 4	
XIFAXAN 200 MG TAB	TIER 5	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, cap 250 mg, 375 mg/5ml recon susp, 500 mg cap, cap 500 mg)	TIER 2	
cefadroxil (1 gm tab, cap 500 mg, tab 1 gm)	TIER 2	
cefadroxil (susp 250 mg/5ml, susp 500 mg/5ml)	TIER 3	
CEFAZOLIN SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, FOR INJ 10 GM, 20 GM RECON SOLN, 100 GM RECON SOLN, 300 GM RECON SOLN, FOR INJ 500 MG)	TIER 4	
cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	TIER 2	
cefepime hcl (1 gm/50ml solution, for inj 1 gm, 2 gm/100ml solution, for inj 2 gm)	TIER 4	
cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)	TIER 4	
CEFOTAXIME SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, 10 GM RECON SOLN, 500 MG RECON SOLN)	TIER 4	
cefotetan disodium (inj 1 gm, inj 2 gm)	TIER 4	
cefoxitin sodium	TIER 4	
cefpodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)	TIER 2	
ceftazidime	TIER 4	
ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)	TIER 4	
cefuroxime axetil	TIER 2	
cefuroxime sodium	TIER 4	
cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	TIER 2	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	TIER 4	
TAZICEF (1 GM RECON SOLN, 6 GM RECON SOLN)	TIER 4	
TEFLARO	TIER 5	
BETA-LACTAM, PENICILLINS		
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	TIER 4	
amoxicillin & pot clavulanate (for susp 200-28.5 mg/5ml, for susp 250-62.5 mg/5ml, for susp 400-57 mg/5ml, for susp 600-42.9 mg/5ml, tab 250-125 mg, tab 500-125 mg, tab 875-125 mg)	TIER 2	
amoxicillin (125 mg chew tab, (trihydrate) cap 250 mg, (trihydrate) cap 500 mg, (trihydrate) for susp 125 mg/5ml, (trihydrate) for susp 200 mg/5ml, (trihydrate) for susp 250 mg/5ml, 250 mg chew tab, (trihydrate) for susp 400 mg/5ml, (trihydrate) tab 500 mg, (trihydrate) tab 875 mg)	TIER 2	
AMOXICILLIN-POT CLAVULANATE	TIER 2	
AMOXICILLIN-POT CLAVULANATE ER	TIER 4	
AMPICILLIN	TIER 2	
ampicillin & sulbactam sodium	TIER 4	
AMPICILLIN SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, FOR INJ 2 GM, 125 MG RECON SOLN, FOR INJ 250 MG, FOR INJ 500 MG, FOR IV SOLN 2 GM, FOR IV SOLN 10 GM)	TIER 4	
AMPICILLIN-SULBACTAM SODIUM	TIER 4	
BICILLIN C-R	TIER 4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BICILLIN C-R 900/300	TIER 4	
BICILLIN L-A	TIER 4	
dicloxacillin sodium	TIER 2	
NAFCILLIN SODIUM (1 GM RECON SOLN, FOR INJ 1 GM, 2 GM RECON SOLN, FOR INJ 2 GM)	TIER 4	
nafcillin sodium for iv soln 10 gm	TIER 5	
penicillin g potassium	TIER 4	
PENICILLIN G SODIUM	TIER 4	
penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)	TIER 2	
PFIZERPEN	TIER 4	
piperacillin sodium-tazobactam sodium	TIER 4	
CARBAPENEMS		
ertapenem sodium	TIER 4	
imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)	TIER 4	
meropenem	TIER 4	
MEROPENEM-SODIUM CHLORIDE	TIER 4	
MACROLIDES		
azithromycin (for susp 100 mg/5ml, for susp 200 mg/5ml, tab 250 mg, tab 500 mg, tab 600 mg)	TIER 2	
AZITHROMYCIN 1 GM PACKET	TIER 3	
azithromycin iv for soln 500 mg	TIER 4	
clarithromycin (tab 250 mg, tab 500 mg)	TIER 2	
clarithromycin (tab er 24hr 500 mg, 125 mg/5ml recon susp, 250 mg/5ml recon susp)	TIER 4	
E.E.S. 400	TIER 4	
ERYTHROCIN LACTOBIONATE	TIER 4	
erythromycin base (base 250 mg cp dr part, tab 250 mg, tab 500 mg, w/ delayed release particles cap 250 mg)	TIER 4	
erythromycin ethylsuccinate (for susp 200 mg/5ml, 400 mg tab, for susp 400 mg/5ml)	TIER 4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZMAX	TIER 4	QL (60 PER 30 OVER TIME)
QUINOLONES		
BESIVANCE	TIER 3	
CILOXAN 0.3 % OINTMENT	TIER 4	
CIPROFLOXACIN (FOR ORAL SUSP 250 MG/5ML (5%) (5 GM/100ML), 400 MG/40ML SOLUTION, FOR ORAL SUSP 500 MG/5ML (10%) (10 GM/100ML))	TIER 4	
ciprofloxacin 200 mg/100ml in d5w	TIER 4	
ciprofloxacin hcl (100 mg tab, tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))	TIER 2	
ciprofloxacin hcl (ophth)	TIER 2	
CIPROFLOXACIN-CIPROFLOX HCL ER	TIER 3	
levofloxacin (tab 250 mg, tab 500 mg, tab 750 mg)	TIER 2	
levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)	TIER 4	
levofloxacin iv soln 25 mg/ml	TIER 4	
levofloxacin oral soln 25 mg/ml	TIER 3	
moxifloxacin hcl tab 400 mg (base equiv)	TIER 3	
OFLOXACIN (300 MG TAB, TAB 400 MG)	TIER 2	
SULFONAMIDES		
sulfacetamide sodium (acne)	TIER 3	
SULFADIAZINE	TIER 3	
sulfamethoxazole-trimethoprim (susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)	TIER 2	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	TIER 4	
TETRACYCLINES		
doxycycline (monohydrate) (cap 50 mg, cap 100 mg)	TIER 2	
doxycycline (monohydrate) (tab 50 mg, tab 75 mg, tab 100 mg)	TIER 3	
doxycycline hyclate (cap 50 mg, cap 100 mg, tab 20 mg, tab 100 mg)	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
doxycycline hyclate for inj 100 mg	TIER 4	
minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg)	TIER 2	
minocycline hcl (tab 50 mg, tab 75 mg, tab 100 mg)	TIER 4	
tetracycline hcl	TIER 4	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	TIER 5	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	TIER 4	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
DIACOMIT (500 MG CAP, 500 MG PACKET)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
divalproex sodium	TIER 2	
EPIDIOLEX	TIER 5	PA - FOR NEW STARTS ONLY, LA
felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)	TIER 4	
FINTEPLA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (12 PER 1 DAYS)
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	ST, QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	TIER 4	ST, QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	TIER 4	ST, QL (3 PER 1 DAYS)
lamotrigine (tab 25 mg, tab 100 mg, tab 150 mg, tab 200 mg, tab chewable dispersible 5 mg, tab chewable dispersible 25 mg)	TIER 2	
levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg)	TIER 2	
levetiracetam tab er 24hr 500 mg	TIER 2	QL (6 PER 1 DAYS)
levetiracetam tab er 24hr 750 mg	TIER 2	QL (4 PER 1 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	TIER 4	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
SPRITAM 1000 MG TAB	TIER 4	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPRITAM 750 MG TAB	TIER 4	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
topiramate (cap er 24hr 100 mg, cap er 24hr 150 mg, cap er 24hr 200 mg, cap er 24hr 25 mg, cap er 24hr 50 mg)	TIER 4	PA - FOR NEW STARTS ONLY
topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)	TIER 2	
valproate sodium inj 100 mg/ml	TIER 4	
valproate sodium oral soln 250 mg/5ml (base equiv)	TIER 2	
valproic acid	TIER 2	
XCOPRI (150 MG TAB, 200 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
XCOPRI (350 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
XCOPRI (50 MG TAB, 100 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	TIER 5	PA - FOR NEW STARTS ONLY, QL (28 PER 28 OVER TIME)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	TIER 4	PA - FOR NEW STARTS ONLY, QL (28 PER 28 OVER TIME)

CALCIUM CHANNEL MODIFYING AGENTS

CELONTIN	TIER 3	
ethosuximide (cap 250 mg, soln 250 mg/5ml)	TIER 2	

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
gabapentin (tab 600 mg, tab 800 mg)	TIER 2	QL (4 PER 1 DAYS)
gabapentin cap 100 mg	TIER 2	QL (12 PER 1 DAYS)
gabapentin cap 300 mg	TIER 2	QL (8 PER 1 DAYS)
gabapentin cap 400 mg	TIER 2	QL (6 PER 1 DAYS)
gabapentin oral soln 250 mg/5ml	TIER 3	QL (72 PER 1 DAYS)
phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)	TIER 2	PA - FOR NEW STARTS ONLY
primidone	TIER 2	
SYMPAZAN	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
tiagabine hcl	TIER 4	PA - FOR NEW STARTS ONLY
VALTOCO 10 MG DOSE	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE	TIER 5	QL (10 PER 30 DAYS)
vigabatrin	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TAB, 400 MG TAB)	TIER 5	ST, QL (1 PER 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	TIER 5	ST, QL (2 PER 1 DAYS)
carbamazepine (cap er 100 mg, cap er 200 mg, cap er 300 mg, tab er 100 mg, tab er 200 mg, tab er 400 mg)	TIER 3	
carbamazepine (chew tab 100 mg, susp 100 mg/5ml, tab 200 mg)	TIER 2	
DILANTIN 125 MG/5ML SUSPENSION	TIER 4	
oxcarbazepine (tab 150 mg, tab 300 mg, tab 600 mg)	TIER 2	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	TIER 4	
PEGANONE	TIER 4	
PHENYTEK	TIER 4	
phenytoin (chew tab 50 mg, susp 125 mg/5ml)	TIER 2	
phenytoin sodium extended	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
rufinamide susp 40 mg/ml	TIER 5	ST, QL (80 PER 1 DAYS)
rufinamide tab 200 mg	TIER 4	ST, QL (16 PER 1 DAYS)
rufinamide tab 400 mg	TIER 4	ST, QL (8 PER 1 DAYS)
VIMPAT (100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	ST, QL (2 PER 1 DAYS)
VIMPAT 10 MG/ML SOLUTION	TIER 4	ST, QL (40 PER 1 DAYS)
VIMPAT 200 MG/20ML SOLUTION	TIER 4	PA - FOR NEW STARTS ONLY
VIMPAT 50 MG TAB	TIER 4	ST, QL (2 PER 1 DAYS)
zonisamide	TIER 2	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES	TIER 4	
NAMZARIC (7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	TIER 4	QL (1 PER 1 DAYS)
NAMZARIC 7 & 14 & 21 &28 -10 MG CP24 THPK	TIER 4	QL (28 PER 28 OVER TIME)

CHOLINESTERASE INHIBITORS

donepezil hydrochloride (tab 5 mg, tab 10 mg)	TIER 1	
donepezil hydrochloride orally disintegrating tab 10 mg	TIER 2	
donepezil hydrochloride orally disintegrating tab 5 mg	TIER 2	
donepezil hydrochloride tab 23 mg	TIER 4	ST
GALANTAMINE HYDROBROMIDE (4 MG/ML SOLUTION, TAB 4 MG, TAB 8 MG, TAB 12 MG)	TIER 4	
galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg)	TIER 4	QL (1 PER 1 DAYS)
rivastigmine	TIER 4	QL (30 PER 30 OVER TIME)
rivastigmine tartrate	TIER 3	

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg)	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
memantine hcl (oral solution 2 mg/ml, tab 28 5 mg & 21 10 mg titration pack)	TIER 3	
memantine hcl (tab 5 mg, tab 10 mg)	TIER 2	

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

bupropion hcl (tab 100 mg, tab er 12hr 100 mg)	TIER 2	QL (4 PER 1 DAYS)
bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)	TIER 2	QL (3 PER 1 DAYS)
bupropion hcl tab 75 mg	TIER 2	QL (6 PER 1 DAYS)
bupropion hcl tab er 12hr 200 mg	TIER 2	QL (2 PER 1 DAYS)
bupropion hcl tab er 24hr 300 mg	TIER 2	QL (1 PER 1 DAYS)
LYBALVI	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
MAPROTILINE HCL	TIER 2	
mirtazapine	TIER 2	
olanzapine-fluoxetine hcl (cap 6-25 mg, cap 6-50 mg, cap 12-25 mg, cap 12-50 mg)	TIER 4	
PERPHENAZINE-AMITRIPTYLINE	TIER 4	PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

EMSAM	TIER 5	PA - FOR NEW STARTS ONLY
MARPLAN	TIER 3	
phenelzine sulfate	TIER 2	
tranylcypromine sulfate	TIER 4	

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

citalopram hydrobromide (tab 10 mg equiv), tab 20 mg equiv), tab 40 mg equiv))	TIER 1	
citalopram hydrobromide oral soln 10 mg/5ml	TIER 2	
DESVENLAFAXINE ER	TIER 4	ST, QL (1 PER 1 DAYS)
desvenlafaxine succinate (tab er 24hr 25 mg equiv), tab er 24hr 50 mg equiv))	TIER 3	QL (1 PER 1 DAYS)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	TIER 3	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
escitalopram oxalate (tab 5 mg equiv), tab 10 mg equiv), tab 20 mg equiv))	TIER 1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	TIER 2	
FETZIMA	TIER 4	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
FETZIMA TITRATION	TIER 4	PA - FOR NEW STARTS ONLY, QL (28 PER 30 OVER TIME)
fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml)	TIER 2	
FLUOXETINE HCL (PMDD) ((PMDD) 10 MG CAP, (PMDD) 20 MG CAP)	TIER 2	
FLUOXETINE HCL 90 MG CAP DR	TIER 4	QL (4 PER 28 OVER TIME)
fluvoxamine maleate (tab 25 mg, tab 50 mg, tab 100 mg)	TIER 2	
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 3	
NEFAZODONE HCL (50 MG TAB, TAB 50 MG, 250 MG TAB, TAB 250 MG)	TIER 2	
paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)	TIER 1	
paroxetine hcl (tab er 24hr 12.5 mg, tab er 24hr 25 mg, tab er 24hr 37.5 mg)	TIER 4	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	TIER 4	QL (30 PER 1 DAYS)
PAXIL 10 MG/5ML SUSPENSION	TIER 4	QL (30 PER 1 DAYS)
sertraline hcl (tab 25 mg, tab 50 mg, tab 100 mg)	TIER 1	
sertraline hcl oral concentrate for solution 20 mg/ml	TIER 3	
trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg)	TIER 2	
trazodone hcl tab 300 mg	TIER 3	
TRINTELLIX	TIER 4	ST, QL (1 PER 1 DAYS)
venlafaxine hcl (cap er 24hr 150 mg equivalent), cap er 24hr 37.5 mg equivalent))	TIER 2	QL (2 PER 1 DAYS)
venlafaxine hcl (tab 25 mg equivalent), tab 37.5 mg equivalent), tab 50 mg equivalent), tab 75 mg equivalent), tab 100 mg equivalent))	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	TIER 2	QL (3 PER 1 DAYS)
VIIBRYD	TIER 4	ST, QL (1 PER 1 DAYS)
VIIBRYD STARTER PACK	TIER 4	ST, QL (30 PER 30 OVER TIME)

TRICYCLICS

amitriptyline hcl	TIER 2	PA - FOR NEW STARTS ONLY
AMOXAPINE	TIER 2	
clomipramine hcl	TIER 4	PA - FOR NEW STARTS ONLY
desipramine hcl	TIER 4	
doxepin hcl (cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, conc 10 mg/ml, 150 mg cap)	TIER 2	PA - FOR NEW STARTS ONLY
imipramine hcl	TIER 2	PA - FOR NEW STARTS ONLY
imipramine pamoate	TIER 4	PA - FOR NEW STARTS ONLY
nortriptyline hcl (10 mg/5ml solution, cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg, soln 10 mg/5ml)	TIER 2	
nortriptyline oral solution (unit dose)	TIER 2	
protriptyline hcl	TIER 4	
trimipramine maleate	TIER 4	PA - FOR NEW STARTS ONLY

ANTIEMETICS

ANTIEMETICS, OTHER

meclizine hcl (tab 12.5 mg, tab 25 mg)	TIER 2	
metoclopramide hcl (soln 5 mg/5ml (10 mg/10ml) equiv), tab 5 mg equivalent), tab 10 mg equivalent))	TIER 2	
metoclopramide hcl inj 5 mg/ml (base equivalent)	TIER 4	
perphenazine	TIER 2	
prochlorperazine	TIER 2	
prochlorperazine edisylate inj 10 mg/2ml	TIER 4	
prochlorperazine maleate	TIER 2	
promethazine hcl (suppos 50 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)	TIER 2	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
scopolamine	TIER 4	PA
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (capsule 80 mg, capsule 125 mg, capsule therapy pack 80 & 125 mg)	TIER 4	PA - Part B vs D Determination
aprepitant capsule 40 mg	TIER 4	PA, QL (1 PER 30 OVER TIME)
dronabinol	TIER 4	PA, QL (6 PER 1 DAYS)
granisetron hcl (0.1 mg/ml solution, inj 1 mg/ml, inj 4 mg/4ml (1 mg/ml))	TIER 4	PA - Part B vs D Determination
granisetron hcl tab 1 mg	TIER 3	PA - Part B vs D Determination, QL (2 PER 1 DAYS)
ondansetron	TIER 2	PA - Part B vs D Determination, QL (3 PER 1 DAYS)
ondansetron hcl (24 mg tab, tab 24 mg)	TIER 2	PA - Part B vs D Determination, QL (15 PER 30 OVER TIME)
ondansetron hcl (tab 4 mg, tab 8 mg)	TIER 2	PA - Part B vs D Determination, QL (3 PER 1 DAYS)
ondansetron hcl oral soln 4 mg/5ml	TIER 3	PA - Part B vs D Determination, QL (30 PER 1 DAYS)
ANTIFUNGALS		
ABELCET	TIER 4	PA - Part B vs D Determination
AMBISOME	TIER 5	PA - Part B vs D Determination
AMPHOTERICIN B	TIER 4	PA - Part B vs D Determination
caspofungin acetate (50 mg recon soln, for iv soln 50 mg, 70 mg recon soln, for iv soln 70 mg)	TIER 5	PA
ciclopirox olamine (cream equiv), susp equiv))	TIER 2	
clotrimazole	TIER 2	
clotrimazole (topical) (cream, soln)	TIER 2	
CRESEMBA	TIER 5	PA
econazole nitrate	TIER 4	
fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)	TIER 2	
fluconazole in dextrose	TIER 4	
fluconazole in nacl	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
flucytosine	TIER 5	
griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)	TIER 4	
griseofulvin ultramicrosize	TIER 4	
itraconazole cap 100 mg	TIER 4	PA
itraconazole oral soln 10 mg/ml	TIER 5	PA
ketoconazole	TIER 2	
ketoconazole (topical) (cream, shampoo)	TIER 2	
micafungin sodium (soln 50 mg, soln 100 mg)	TIER 5	
MICONAZOLE 3	TIER 2	
nystatin (mouth-throat)	TIER 2	
nystatin (topical)	TIER 2	
nystatin tab 500000 unit	TIER 2	
posaconazole	TIER 5	PA, QL (3 PER 1 DAYS)
terbinafine hcl	TIER 2	QL (1 PER 1 DAYS)
terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)	TIER 2	
voriconazole (tab 50 mg, tab 200 mg)	TIER 4	PA
voriconazole for inj 200 mg	TIER 5	
voriconazole for susp 40 mg/ml	TIER 5	PA

ANTIGOUT AGENTS

allopurinol	TIER 2	
COLCHICINE (0.6 MG CAP, TAB 0.6 MG)	TIER 3	QL (4 PER 1 DAYS)
colchicine w/ probenecid	TIER 2	
COLCRYS	TIER 3	QL (4 PER 1 DAYS)
febuxostat	TIER 3	ST, QL (1 PER 1 DAYS)
KRYSTEXXA	TIER 5	PA, LA
probenecid	TIER 2	

ANTIMIGRAINE AGENTS

ERGOT ALKALOIDS

dihydroergotamine mesylate inj 1 mg/ml	TIER 4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dihydroergotamine mesylate nasal spray 4 mg/ml	TIER 5	PA, QL (8 PER 30 OVER TIME)
MIGERGOT	TIER 4	QL (20 PER 30 OVER TIME)
PROPHYLACTIC		
AIMOVIG	TIER 3	PA, QL (1 PER 28 OVER TIME)
AIMOVIG (140 MG DOSE)	TIER 3	PA, QL (1 PER 28 OVER TIME)
timolol maleate (tab 5 mg, 10 mg tab, tab 10 mg, tab 20 mg)	TIER 4	
SEROTONIN (5-HT) RECEPTOR AGONIST		
naratriptan hcl	TIER 2	QL (18 PER 30 OVER TIME)
rizatriptan benzoate	TIER 2	QL (24 PER 30 OVER TIME)
sumatriptan	TIER 4	QL (18 PER 30 OVER TIME)
SUMATRIPTAN SUCCINATE (INJ 6 MG/0.5ML, SOLUTION AUTO-INJECTOR 4 MG/0.5ML, SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML SOLN PRSYR, SOLUTION AUTO-INJECTOR 6 MG/0.5ML, SOLUTION CARTRIDGE 6 MG/0.5ML)	TIER 4	QL (8 PER 30 OVER TIME)
sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)	TIER 2	QL (18 PER 30 OVER TIME)
zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)	TIER 3	QL (18 PER 30 OVER TIME)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
GUANIDINE HCL	TIER 2	
pyridostigmine bromide oral soln 60 mg/5ml	TIER 4	QL (1500 PER 30 OVER TIME)
pyridostigmine bromide tab 60 mg	TIER 2	QL (25 PER 1 DAYS)
pyridostigmine bromide tab er 180 mg	TIER 4	QL (6 PER 1 DAYS)
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone (tab 25 mg, tab 100 mg)	TIER 3	
rifabutin	TIER 4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTITUBERCULARS		
CAPASTAT SULFATE	TIER 4	
ethambutol hcl	TIER 2	
ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, TAB 100 MG, TAB 300 MG)	TIER 2	
ISONIAZID 100 MG/ML SOLUTION	TIER 4	
PASER	TIER 4	
PRIFTIN	TIER 3	
pyrazinamide	TIER 2	
rifampin (cap 150 mg, cap 300 mg)	TIER 2	
rifampin for inj 600 mg	TIER 4	
RIFATER	TIER 4	
SIRTURO 100 MG TAB	TIER 5	PA, QL (24 PER 28 OVER TIME)
SIRTURO 20 MG TAB	TIER 5	PA, QL (120 PER 28 OVER TIME)
TRECATOR	TIER 4	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, CAP 25 MG, 50 MG CAP, 50 MG TAB, CAP 50 MG)	TIER 3	PA - Part B vs D Determination
GLEOSTINE (40 MG CAP, 100 MG CAP)	TIER 5	
GLEOSTINE 10 MG CAP	TIER 4	
HEXALEN	TIER 5	
LEUKERAN	TIER 4	
MATULANE	TIER 5	LA
VALCHLOR	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (60 PER 30 OVER TIME)
ANTIANDROGENS		
abiraterone acetate tab 250 mg	TIER 5	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
abiraterone acetate tab 500 mg	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
bicalutamide	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERLEADA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
FLUTAMIDE (125 MG CAP, CAP 125 MG)	TIER 3	
nilutamide	TIER 5	QL (1 PER 1 DAYS)
NUBEQA	TIER 5	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
XTANDI 80 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
ANTIANGIOGENIC AGENTS		
POMALYST	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
REVLIMID	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
THALOMID (150 MG CAP, 200 MG CAP)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
THALOMID (50 MG CAP, 100 MG CAP)	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
ANTIESTROGENS/MODIFIERS		
EMCYT	TIER 4	
fulvestrant (250 mg/5ml solution, inj 250 mg/5ml)	TIER 5	
SOLTAMOX	TIER 4	PA - FOR NEW STARTS ONLY
tamoxifen citrate	TIER 2	
toremifene citrate	TIER 5	
ANTIMETABOLITES		
DROXIA	TIER 3	
hydroxyurea	TIER 2	
INQOVI	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (5 PER 28 OVER TIME)
mercaptopurine	TIER 2	
PURIXAN	TIER 5	PA - FOR NEW STARTS ONLY, LA
TABLOID	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTICS, OTHER		
AYVAKIT	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
BRUKINSA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
EXKIVITY	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
FOTIVDA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 OVER TIME)
IDHIFA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
INREBIC	TIER 5	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
KISQALI FEMARA (400 MG DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (70 PER 28 OVER TIME)
KISQALI FEMARA (600 MG DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (91 PER 28 OVER TIME)
KISQALI FEMARA(200 MG DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (49 PER 28 OVER TIME)
KOSELUGO 10 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
KOSELUGO 25 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
leucovorin calcium (inj 100 mg, inj 350 mg)	TIER 4	
leucovorin calcium (tab 5 mg, tab 10 mg, tab 15 mg, tab 25 mg)	TIER 2	
levoleucovorin calcium (for inj 50 mg equ), soln pf 175 mg/17.5ml equ), soln pf 250 mg/25ml equ))	TIER 4	PA - FOR NEW STARTS ONLY
LONSURF 15-6.14 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (100 PER 28 OVER TIME)
LONSURF 20-8.19 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (80 PER 28 OVER TIME)
LUMAKRAS	TIER 5	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
LYSODREN	TIER 5	
NINLARO	TIER 5	PA - FOR NEW STARTS ONLY, QL (3 PER 21 OVER TIME)
ONUREG	TIER 5	PA - FOR NEW STARTS ONLY, QL (14 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QINLOCK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
RETEVMO 40 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
RETEVMO 80 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
ROZLYTREK 100 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, QL (5 PER 1 DAYS)
ROZLYTREK 200 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
SYNRIBO	TIER 5	PA - Part B vs D Determination
TABRECTA	TIER 5	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
TAZVERIK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
WELIREG	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (20 PER 28 OVER TIME)
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (16 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (12 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 28 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (24 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (16 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 28 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (32 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOLINZA	TIER 5	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole	TIER 2	
exemestane	TIER 4	
letrozole	TIER 2	
ENZYME INHIBITORS		
GAVRETO	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
MOLECULAR TARGET INHIBITORS		
AFINITOR 10 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
AFINITOR DISPERZ	TIER 5	PA - FOR NEW STARTS ONLY
ALECENSA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
ALUNBRIG (90 MG TAB, 180 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
ALUNBRIG 30 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (30 PER 30 OVER TIME)
BALVERSA 3 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
BALVERSA 4 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
BALVERSA 5 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
BOSULIF 100 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
BRAFTOVI 50 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
BRAFTOVI 75 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
CABOMETYX	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
CALQUENCE	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CAPRELSA 100 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
CAPRELSA 300 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
COMETRIQ (100 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
COMETRIQ (140 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
COMETRIQ (60 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
COPIKTRA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (56 PER 28 OVER TIME)
COTELLIC	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 28 OVER TIME)
DAURISMO 100 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
DAURISMO 25 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
ERIVEDGE	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
erlotinib hcl (tab 100 mg equivalent), tab 150 mg equivalent))	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
erlotinib hcl tab 25 mg (base equivalent)	TIER 5	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
everolimus (tab 2.5 mg, tab 5 mg)	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
everolimus (tab 7.5 mg, tab 10 mg)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
everolimus (tab susp 2 mg, tab susp 3 mg, tab susp 5 mg)	TIER 5	PA - FOR NEW STARTS ONLY
FARYDAK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 21 OVER TIME)
GILOTRIF	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
IBRANCE	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 OVER TIME)
ICLUSIG (10 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
ICLUSIG 15 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
imatinib mesylate tab 100 mg (base equivalent)	TIER 5	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
imatinib mesylate tab 400 mg (base equivalent)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
IMBRUVICA 140 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
INLYTA 1 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
INLYTA 5 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
IRESSA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
JAKAFI	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
KISQALI (200 MG DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (21 PER 28 OVER TIME)
KISQALI (400 MG DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (42 PER 28 OVER TIME)
KISQALI (600 MG DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (63 PER 28 OVER TIME)
lapatinib ditosylate	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
LENVIMA (10 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
LENVIMA (12 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
LENVIMA (14 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
LENVIMA (18 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
LENVIMA (20 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
LENVIMA (24 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
LENVIMA (4 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
LENVIMA (8 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
LORBRENA 100 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
LORBRENA 25 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYNPARZA (100 MG TAB, 150 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
MEKINIST 0.5 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
MEKINIST 2 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
MEKTOVI	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
NERLYNX	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
NEXAVAR	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
ODOMZO	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
PEMAZYRE	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (14 PER 21 OVER TIME)
PIQRAY (200 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
PIQRAY (250 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
PIQRAY (300 MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
RUBRACA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
RYDAPT	TIER 5	PA - FOR NEW STARTS ONLY, QL (8 PER 1 DAYS)
SPRYCEL (100 MG TAB, 140 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
SPRYCEL (70 MG TAB, 80 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
SPRYCEL 20 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, QL (6 PER 1 DAYS)
SPRYCEL 50 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
STIVARGA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
sunitinib malate (cap 37.5 mg equivalent), cap 50 mg equivalent))	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
sunitinib malate cap 12.5 mg (base equivalent)	TIER 5	PA - FOR NEW STARTS ONLY, QL (7 PER 1 DAYS)
sunitinib malate cap 25 mg (base equivalent)	TIER 5	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAFINLAR	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
TAGRISSO	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
TALZENNA 0.25 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
TALZENNA 1 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
TASIGNA	TIER 5	PA - FOR NEW STARTS ONLY, QL (4 PER 1 DAYS)
TEPMETKO	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
TIBSOVO	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
TRUSELTIQ (100MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (21 PER 28 DAYS)
TRUSELTIQ (125MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (50MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (75MG DAILY DOSE)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (63 PER 28 OVER TIME)
TUKYSA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
TURALIO	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
UKONIQ	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
VENCLEXTA 10 MG TAB	TIER 3	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
VENCLEXTA 100 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
VENCLEXTA 50 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
VENCLEXTA STARTING PACK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (84 PER 365 OVER TIME)
VERZENIO	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
VITRAKVI 100 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
VITRAKVI 20 MG/ML SOLUTION	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (10 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITRAKVI 25 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (6 PER 1 DAYS)
VIZIMPRO	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
VOTRIENT	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (4 PER 1 DAYS)
XALKORI	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
XOSPATA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
ZEJULA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
ZELBORAF	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (8 PER 1 DAYS)
ZYDELIG	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
ZYKADIA 150 MG CAP	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)
ZYKADIA 150 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
RETINOIDS		
bexarotene	TIER 5	PA - FOR NEW STARTS ONLY, QL (10 PER 1 DAYS)
PANRETIN	TIER 5	PA - FOR NEW STARTS ONLY
TARGRETIN 1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY, QL (60 PER 30 OVER TIME)
tretinoin (chemotherapy)	TIER 5	
TREATMENT ADJUNCTS		
mesna	TIER 4	
MESNEX 100 MG/ML SOLUTION	TIER 4	
MESNEX 400 MG TAB	TIER 5	
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole	TIER 4	
ivermectin tab 3 mg	TIER 2	QL (16 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
praziquantel	TIER 3	

ANTIPROTOZOALS

ALINIA	TIER 4	PA, QL (180 PER 3 OVER TIME)
atovaquone	TIER 5	PA
atovaquone-proguanil hcl	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 (500 MG TAB, TAB 500 MG)	TIER 2	QL (25 PER 30 OVER TIME)
chloroquine phosphate tab 250 mg	TIER 2	QL (50 PER 30 OVER TIME)
COARTEM	TIER 4	QL (24 PER 2 OVER TIME)
HYDROXYCHLOROQUINE SULFATE 100 MG TAB	TIER 2	QL (4 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)
hydroxychloroquine sulfate tab 200 mg	TIER 2	QL (3 PER 1 DAYS)
KRINTAFEL	TIER 4	QL (4 PER 28 OVER TIME)
mefloquine hcl	TIER 2	
nitazoxanide	TIER 5	PA, QL (6 PER 3 OVER TIME)
pentamidine isethionate for nebulization soln 300 mg	TIER 4	PA - Part B vs D Determination
pentamidine isethionate for soln 300 mg	TIER 3	
primaquine phosphate (26.3 base) mg tab, tab 26.3 mg mg base))	TIER 2	
pyrimethamine	TIER 5	PA
quinine sulfate	TIER 3	PA, QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

benztropine mesylate (tab 0.5 mg, tab 1 mg, tab 2 mg)	TIER 2	
benztropine mesylate inj 1 mg/ml	TIER 4	
trihexyphenidyl hcl (oral soln 0.4 mg/ml, tab 2 mg, tab 5 mg)	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (cap 100 mg, soln 50 mg/5ml, syrup 50 mg/5ml, tab 100 mg)	TIER 2	
CARBIDOPA-LEVODOPA-ENTACAPONE	TIER 4	
entacapone	TIER 4	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
APOKYN	TIER 5	PA, LA
bromocriptine mesylate	TIER 4	
NEUPRO	TIER 4	QL (30 PER 30 OVER TIME)
pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)	TIER 2	
ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)	TIER 2	
ropinirole hydrochloride (tab er 24hr 2 mg equivalent), tab er 24hr 4 mg equivalent), tab er 24hr 6 mg equivalent))	TIER 4	QL (1 PER 1 DAYS)
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	TIER 4	QL (2 PER 1 DAYS)
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	TIER 4	QL (3 PER 1 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa	TIER 5	
CARBIDOPA-LEVODOPA (CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	TIER 4	
carbidopa-levodopa (tab 10-100 mg, tab 25-100 mg, tab 25-250 mg, tab er 25-100 mg, tab er 50-200 mg)	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate	TIER 4	QL (1 PER 1 DAYS)
selegiline hcl (5 mg tab, cap 5 mg, tab 5 mg)	TIER 2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
chlorpromazine hcl (inj 25 mg/ml, tab 10 mg, tab 25 mg, 30 mg/ml conc, 50 mg/2ml solution, tab 50 mg, 100 mg/ml conc, tab 100 mg, tab 200 mg)	TIER 4	
fluphenazine decanoate	TIER 4	
fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)	TIER 4	
haloperidol	TIER 2	
haloperidol decanoate	TIER 3	
haloperidol lactate	TIER 3	
loxapine succinate	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	TIER 3	
thioridazine hcl	TIER 2	PA - FOR NEW STARTS ONLY
thiothixene	TIER 2	
trifluoperazine hcl	TIER 2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA	TIER 5	PA - FOR NEW STARTS ONLY
aripiprazole (tab 10 mg, tab 15 mg)	TIER 5	QL (2 PER 1 DAYS)
aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	TIER 4	QL (1 PER 1 DAYS)
aripiprazole oral solution 1 mg/ml	TIER 4	QL (25 PER 1 DAYS)
aripiprazole tab 2 mg	TIER 4	QL (4 PER 1 DAYS)
aripiprazole tab 5 mg	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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA	TIER 5	PA - FOR NEW STARTS ONLY
ARISTADA INITIO	TIER 5	PA - FOR NEW STARTS ONLY, QL (2.4 PER 42 OVER TIME)
asenapine maleate	TIER 4	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
CAPLYTA	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	TIER 4	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
FANAPT TITRATION PACK	TIER 4	PA - FOR NEW STARTS ONLY, QL (8 PER 30 OVER TIME)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	TIER 5	PA - FOR NEW STARTS ONLY, QL (3.5 PER 180 DAYS)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	TIER 5	PA - FOR NEW STARTS ONLY, QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	TIER 5	PA - FOR NEW STARTS ONLY, QL (0.75 PER 28 OVER TIME)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 5	PA - FOR NEW STARTS ONLY, QL (1.5 PER 28 OVER TIME)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 4	PA - FOR NEW STARTS ONLY, QL (0.25 PER 28 OVER TIME)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 5	PA - FOR NEW STARTS ONLY, QL (0.5 PER 28 OVER TIME)
INVEGA TRINZA	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 30 OVER TIME)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
LATUDA (80 MG TAB, 120 MG TAB)	TIER 5	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
NUPLAZID 17 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (2 PER 1 DAYS)
olanzapine (for im inj 10 mg, orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, orally disintegrating tab 20 mg)	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
olanzapine (tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 20 mg)	TIER 2	
paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)	TIER 4	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
paliperidone tab er 24hr 6 mg	TIER 4	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
PERSERIS	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 28 OVER TIME)
quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg, tab 300 mg, tab 400 mg)	TIER 2	
quetiapine fumarate (tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg)	TIER 3	
REXULTI	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
RISPERDAL CONSTA (25 MG, 37.5 MG, 50 MG)	TIER 5	
RISPERDAL CONSTA 12.5 MG SRER	TIER 4	
risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg)	TIER 4	
risperidone (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)	TIER 2	
risperidone soln 1 mg/ml	TIER 3	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	TIER 5	PA - FOR NEW STARTS ONLY, QL (1 PER 1 DAYS)
VRAYLAR 1.5 & 3 MG CAP THPK	TIER 4	PA - FOR NEW STARTS ONLY, QL (7 PER 30 OVER TIME)
ziprasidone hcl	TIER 3	
ziprasidone mesylate	TIER 4	
ZYPREXA RELPREVV	TIER 4	PA - FOR NEW STARTS ONLY
TREATMENT-RESISTANT		
CLOZAPINE (12.5 MG TAB DISP, ORALLY DISINTEGRATING TAB 25 MG, ORALLY DISINTEGRATING TAB 100 MG, 150 MG TAB DISP, 200 MG TAB DISP)	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clozapine (tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)	TIER 2	
VERSACLOZ	TIER 5	PA - FOR NEW STARTS ONLY, QL (18 PER 1 DAYS)

ANTISPASTICITY AGENTS

baclofen tab 10 mg	TIER 2	QL (8 PER 1 DAYS)
baclofen tab 20 mg	TIER 2	QL (4 PER 1 DAYS)
baclofen tab 5 mg	TIER 2	QL (3 PER 1 DAYS)
dantrolene sodium (cap 25 mg, cap 50 mg, cap 100 mg)	TIER 3	
tizanidine hcl (tab 2 mg equivalent), tab 4 mg equivalent))	TIER 2	

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

valganciclovir hcl for soln 50 mg/ml (base equiv)	TIER 5	QL (18 PER 1 DAYS)
valganciclovir hcl tab 450 mg (base equivalent)	TIER 5	QL (2 PER 1 DAYS)
ZIRGAN	TIER 4	QL (5 PER 30 OVER TIME)

ANTI-HEPATITIS B (HBV) AGENTS

adefovir dipivoxil	TIER 5	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	TIER 5	QL (21 PER 1 DAYS)
entecavir	TIER 5	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	TIER 3	
lamivudine (hbv)	TIER 3	

ANTI-HEPATITIS C (HCV) AGENTS

EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB)	TIER 5	PA, QL (1 PER 1 DAYS)
EPCLUSA 200-50 MG PACKET	TIER 5	PA, QL (2 PER 1 DAYS)
HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB)	TIER 5	PA, QL (1 PER 1 DAYS)
HARVONI 45-200 MG PACKET	TIER 5	PA, QL (2 PER 1 DAYS)
LEDIPASVIR-SOFOSBUVIR	TIER 5	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
PEGINTRON	TIER 5	
RIBASPHERE 600 MG TAB	TIER 2	
ribavirin (hepatitis c)	TIER 2	
SOFOSBUVIR-VELPATASVIR	TIER 5	PA, QL (1 PER 1 DAYS)
VOSEVI	TIER 5	PA, QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	TIER 5	QL (1 PER 1 DAYS)
DOVATO	TIER 5	QL (1 PER 1 DAYS)
GENVOYA	TIER 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	TIER 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	TIER 3	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	TIER 5	QL (2 PER 1 DAYS)
JULUCA	TIER 5	QL (1 PER 1 DAYS)
STRIBILD	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	TIER 4	QL (5 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	TIER 5	QL (1 PER 1 DAYS)
DELSTRIGO	TIER 5	QL (1 PER 1 DAYS)
EDURANT	TIER 5	QL (2 PER 1 DAYS)
efavirenz cap 200 mg	TIER 4	QL (3 PER 1 DAYS)
efavirenz cap 50 mg	TIER 4	QL (6 PER 1 DAYS)
efavirenz tab 600 mg	TIER 5	QL (1 PER 1 DAYS)
efavirenz-emtricitabine-tenofovir disoproxil fumarate	TIER 5	QL (1 PER 1 DAYS)
efavirenz-lamivudine-tenofovir disoproxil fumarate	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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
etravirine tab 100 mg	TIER 5	QL (4 PER 1 DAYS)
etravirine tab 200 mg	TIER 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	TIER 4	QL (12 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 4	QL (40 PER 1 DAYS)
NEVIRAPINE ER	TIER 4	QL (3 PER 1 DAYS)
nevirapine tab 200 mg	TIER 2	QL (2 PER 1 DAYS)
nevirapine tab er 24hr 100 mg	TIER 4	QL (3 PER 1 DAYS)
nevirapine tab er 24hr 400 mg	TIER 4	QL (1 PER 1 DAYS)
ODEFSEY	TIER 5	QL (1 PER 1 DAYS)
PIFELTRO	TIER 5	QL (2 PER 1 DAYS)
RESCRIPTOR 100 MG TAB	TIER 4	QL (12 PER 1 DAYS)
RESCRIPTOR 200 MG TAB	TIER 4	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate soln 20 mg/ml (base equiv)	TIER 4	QL (30 PER 1 DAYS)
abacavir sulfate tab 300 mg (base equiv)	TIER 4	QL (2 PER 1 DAYS)
abacavir sulfate-lamivudine	TIER 4	QL (1 PER 1 DAYS)
abacavir sulfate-lamivudine-zidovudine	TIER 5	QL (2 PER 1 DAYS)
CIMDUO	TIER 5	QL (1 PER 1 DAYS)
DESCOVY	TIER 5	QL (1 PER 1 DAYS)
DIDANOSINE (200 MG CAP DR, DELAYED RELEASE CAPSULE 200 MG, 250 MG CAP DR, DELAYED RELEASE CAPSULE 250 MG, 400 MG CAP DR, DELAYED RELEASE CAPSULE 400 MG)	TIER 3	QL (1 PER 1 DAYS)
emtricitabine	TIER 4	QL (1 PER 1 DAYS)
emtricitabine-tenofovir disoproxil fumarate	TIER 5	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (24 PER 1 DAYS)
lamivudine oral soln 10 mg/ml	TIER 3	QL (30 PER 1 DAYS)
lamivudine tab 150 mg	TIER 3	QL (2 PER 1 DAYS)
lamivudine tab 300 mg	TIER 3	QL (1 PER 1 DAYS)
lamivudine-zidovudine	TIER 4	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, CAP 15 MG, 20 MG CAP, CAP 20 MG, 30 MG CAP, CAP 30 MG, 40 MG CAP, CAP 40 MG)	TIER 2	QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEMIXYS	TIER 5	QL (1 PER 1 DAYS)
tenofovir disoproxil fumarate	TIER 4	QL (1 PER 1 DAYS)
TRIUMEQ	TIER 5	QL (1 PER 1 DAYS)
VIDEX	TIER 3	
VIDEX EC 125 MG CAP DR	TIER 3	QL (1 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 OVER TIME)
ZERIT 1 MG/ML RECON SOLN	TIER 3	QL (80 PER 1 DAYS)
zidovudine cap 100 mg	TIER 2	QL (6 PER 1 DAYS)
zidovudine syrup 10 mg/ml	TIER 2	QL (60 PER 1 DAYS)
zidovudine tab 300 mg	TIER 2	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	TIER 5	PA - Part B vs D Determination, QL (4 PER 30 OVER TIME)
CABENUVA 600 & 900 MG/3ML SUSP	TIER 5	PA - Part B vs D Determination, QL (6 PER 30 OVER TIME)
FUZEON	TIER 5	QL (60 PER 30 OVER TIME)
RUKOBIA	TIER 5	QL (2 PER 1 DAYS)
SELZENTRY (75 MG TAB, 150 MG TAB)	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 300 MG TAB	TIER 5	QL (4 PER 1 DAYS)
TYBOST	TIER 3	QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 100 MG/ML SOLUTION	TIER 5	QL (10 PER 1 DAYS)
APTIVUS 250 MG CAP	TIER 5	QL (4 PER 1 DAYS)
atazanavir sulfate (cap 150 mg equiv), cap 200 mg equiv))	TIER 4	QL (2 PER 1 DAYS)
atazanavir sulfate cap 300 mg (base equiv)	TIER 4	QL (1 PER 1 DAYS)
CRIXIVAN 200 MG CAP	TIER 3	QL (9 PER 1 DAYS)
CRIXIVAN 400 MG CAP	TIER 3	QL (6 PER 1 DAYS)
EVOTAZ	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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fosamprenavir calcium	TIER 5	QL (4 PER 1 DAYS)
INVIRASE 200 MG CAP	TIER 5	QL (10 PER 1 DAYS)
INVIRASE 500 MG TAB	TIER 5	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	TIER 4	QL (56 PER 1 DAYS)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	TIER 4	QL (13 PER 1 DAYS)
lopinavir-ritonavir tab 100-25 mg	TIER 4	QL (10 PER 1 DAYS)
lopinavir-ritonavir tab 200-50 mg	TIER 4	QL (4 PER 1 DAYS)
NORVIR (100 MG CAP, 100 MG PACKET)	TIER 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	TIER 4	QL (15 PER 1 DAYS)
PREZCOBIX	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 600 MG TAB	TIER 5	QL (2 PER 1 DAYS)
PREZISTA 75 MG TAB	TIER 3	QL (2 PER 1 DAYS)
PREZISTA 800 MG TAB	TIER 5	QL (1 PER 1 DAYS)
REYATAZ 50 MG PACKET	TIER 5	QL (8 PER 1 DAYS)
ritonavir	TIER 3	QL (12 PER 1 DAYS)
SYMTUZA	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		
oseltamivir phosphate cap 30 mg (base equiv)	TIER 3	QL (120 PER 180 OVER TIME)
oseltamivir phosphate cap 45 mg (base equiv)	TIER 3	QL (42 PER 180 OVER TIME)
oseltamivir phosphate cap 75 mg (base equiv)	TIER 3	QL (60 PER 180 OVER TIME)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	TIER 4	QL (1080 PER 365 OVER TIME)
RELENZA DISKHALER	TIER 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL	TIER 4	
XOFLUZA (40 MG DOSE)	TIER 4	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	TIER 4	QL (1 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	TIER 4	QL (2 PER 30 OVER TIME)
ANTIHERPETIC AGENTS		
acyclovir (cap 200 mg, tab 400 mg, tab 800 mg)	TIER 2	
acyclovir sodium iv soln 50 mg/ml	TIER 4	PA - Part B vs D Determination
acyclovir susp 200 mg/5ml	TIER 4	
famciclovir	TIER 2	
trifluridine (1 % solution, ophth soln 1%)	TIER 3	
valacyclovir hcl	TIER 2	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone hcl	TIER 2	
meprobamate	TIER 4	PA
BENZODIAZEPINES		
alprazolam (tab 0.25 mg, tab 0.5 mg, tab 1 mg)	TIER 2	QL (4 PER 1 DAYS)
alprazolam (tab er 24hr 0.5 mg, tab er 24hr 1 mg, tab er 24hr 3 mg)	TIER 4	QL (1 PER 1 DAYS)
alprazolam tab 2 mg	TIER 2	QL (5 PER 1 DAYS)
alprazolam tab er 24hr 2 mg	TIER 4	QL (5 PER 1 DAYS)
chlordiazepoxide hcl cap 10 mg	TIER 2	PA, QL (30 PER 1 DAYS)
chlordiazepoxide hcl cap 25 mg	TIER 2	PA, QL (12 PER 1 DAYS)
chlordiazepoxide hcl cap 5 mg	TIER 2	PA, QL (60 PER 1 DAYS)
clonazepam (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg)	TIER 3	QL (40 PER 1 DAYS)
clonazepam orally disintegrating tab 1 mg	TIER 3	QL (20 PER 1 DAYS)
clonazepam orally disintegrating tab 2 mg	TIER 3	QL (10 PER 1 DAYS)
clonazepam tab 0.5 mg	TIER 2	QL (40 PER 1 DAYS)
clonazepam tab 1 mg	TIER 2	QL (20 PER 1 DAYS)
clonazepam tab 2 mg	TIER 2	QL (10 PER 1 DAYS)
clorazepate dipotassium tab 15 mg	TIER 2	QL (6 PER 1 DAYS)
clorazepate dipotassium tab 3.75 mg	TIER 2	QL (24 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clorazepate dipotassium tab 7.5 mg	TIER 2	QL (12 PER 1 DAYS)
diazepam (conc 5 mg/ml, tab 5 mg)	TIER 2	QL (12 PER 1 DAYS)
diazepam oral soln 1 mg/ml	TIER 2	QL (60 PER 1 DAYS)
diazepam tab 10 mg	TIER 2	QL (6 PER 1 DAYS)
diazepam tab 2 mg	TIER 2	QL (30 PER 1 DAYS)
lorazepam (conc 2 mg/ml, tab 2 mg)	TIER 2	QL (5 PER 1 DAYS)
lorazepam tab 0.5 mg	TIER 2	QL (20 PER 1 DAYS)
lorazepam tab 1 mg	TIER 2	QL (10 PER 1 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

LITHIUM	TIER 2	
lithium carbonate (150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg, 600 mg cap)	TIER 2	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

acarbose	TIER 2	
AVANDIA	TIER 4	PA
BYETTA 10 MCG PEN	TIER 4	QL (2.4 PER 28 OVER TIME)
BYETTA 5 MCG PEN	TIER 4	QL (1.2 PER 28 OVER TIME)
glimepiride	TIER 1	
glipizide	TIER 1	
glipizide-metformin hcl	TIER 1	
glyburide	TIER 1	PA
glyburide micronized	TIER 1	PA
glyburide-metformin	TIER 1	PA
GLYXAMBI	TIER 3	QL (1 PER 1 DAYS)
INVOKAMET (50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
INVOKAMET 50-500 MG TAB	TIER 3	QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVOKAMET XR	TIER 3	QL (2 PER 1 DAYS)
INVOKANA 100 MG TAB	TIER 3	QL (2 PER 1 DAYS)
INVOKANA 300 MG TAB	TIER 3	QL (1 PER 1 DAYS)
JANUMET	TIER 3	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	TIER 3	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JANUVIA	TIER 3	QL (1 PER 1 DAYS)
JARDIANCE	TIER 3	QL (1 PER 1 DAYS)
JENTADUETO	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)
metformin hcl (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)	TIER 1	
miglitol	TIER 4	QL (3 PER 1 DAYS)
nateglinide	TIER 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	TIER 3	QL (1.5 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE)	TIER 3	QL (3 PER 28 OVER TIME)
pioglitazone hcl	TIER 1	
pioglitazone hcl-glimepiride	TIER 1	QL (1 PER 1 DAYS)
pioglitazone hcl-metformin hcl	TIER 1	
repaglinide	TIER 1	
RYBELSUS	TIER 3	QL (1 PER 1 DAYS)
SYMLINPEN 120	TIER 5	PA, QL (10.8 PER 28 OVER TIME)
SYMLINPEN 60	TIER 5	PA, QL (12 PER 28 OVER TIME)
SYNJARDY	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)
TOLAZAMIDE	TIER 1	
TOLBUTAMIDE	TIER 1	
TRADJENTA	TIER 3	QL (1 PER 1 DAYS)
TRULICITY	TIER 3	QL (2 PER 30 OVER TIME)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VICTOZA	TIER 3	QL (9 PER 30 OVER TIME)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK	TIER 3	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK	TIER 3	QL (2 PER 30 OVER TIME)
diazoxide	TIER 4	
GLUCAGEN HYPOKIT	TIER 3	QL (2 PER 2 OVER TIME)
glucagon (rdna)	TIER 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY	TIER 3	QL (2 PER 2 OVER TIME)
INSULINS		
HUMALOG	TIER 3	
HUMALOG JUNIOR KWIKPEN	TIER 3	
HUMALOG KWIKPEN	TIER 3	
HUMALOG MIX 50/50	TIER 3	
HUMALOG MIX 50/50 KWIKPEN	TIER 3	
HUMALOG MIX 75/25	TIER 3	
HUMALOG MIX 75/25 KWIKPEN	TIER 3	
HUMULIN R U-500 (CONCENTRATED)	TIER 3	
HUMULIN R U-500 KWIKPEN	TIER 3	
LANTUS	TIER 3	QL (40 PER 30 OVER TIME)
LANTUS SOLOSTAR	TIER 3	QL (45 PER 30 OVER TIME)
LEVEMIR	TIER 3	QL (40 PER 30 OVER TIME)
LEVEMIR FLEXTOUCH	TIER 3	QL (45 PER 30 OVER TIME)
TOUJEO MAX SOLOSTAR	TIER 3	QL (18 PER 28 OVER TIME)
TOUJEO SOLOSTAR	TIER 3	QL (18 PER 28 OVER TIME)
TRESIBA	TIER 3	QL (30 PER 30 OVER TIME)
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	QL (30 PER 30 OVER TIME)
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 3	QL (27 PER 30 OVER TIME)
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ELIQUIS 2.5 MG TAB	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIQUIS 5 MG TAB	TIER 3	QL (60 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK	TIER 3	QL (74 PER 180 OVER TIME)
enoxaparin sodium (inj 100 mg/ml, inj 150 mg/ml, inj 300 mg/3ml)	TIER 4	QL (60 PER 30 OVER TIME)
enoxaparin sodium (inj 80 mg/0.8ml, inj 120 mg/0.8ml)	TIER 4	QL (48 PER 30 OVER TIME)
enoxaparin sodium inj 30 mg/0.3ml	TIER 4	QL (18 PER 30 OVER TIME)
enoxaparin sodium inj 40 mg/0.4ml	TIER 4	QL (24 PER 30 OVER TIME)
enoxaparin sodium inj 60 mg/0.6ml	TIER 4	QL (36 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	TIER 5	QL (24 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	TIER 4	QL (15 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	TIER 5	QL (12 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	TIER 5	QL (18 PER 30 OVER TIME)
heparin sodium (porcine) ((porcine) inj 1000 unit/ml, (porcine) inj 5000 unit/ml, (porcine) inj 10000 unit/ml, (porcine) inj 20000 unit/ml)	TIER 2	PA - Part B vs D Determination
IPRIVASK	TIER 5	QL (24 PER 68 OVER TIME)
PRADAXA	TIER 4	QL (2 PER 1 DAYS)
warfarin sodium	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
XARELTO 2.5 MG TAB	TIER 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK	TIER 3	QL (51 PER 180 OVER TIME)
ZONTIVITY	TIER 4	QL (1 PER 1 DAYS)

BLOOD PRODUCTS AND MODIFIERS, OTHER

anagrelide hcl	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/0.3ML SOLN PRSYR, FREE) 60 MCG/ML SOLUTION)	TIER 4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP (ALBUMIN FREE) (FREE) 100 MCG/0.5ML SOLN PRSYR, FREE) 100 MCG/ML SOLUTION, 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, FREE) 300 MCG/ML SOLUTION, FREE) 500 MCG/ML SOLN PRSYR)	TIER 5	PA
LEUKINE	TIER 5	PA
MOZOBIL	TIER 5	PA, LA
NEULASTA	TIER 5	PA
NEULASTA ONPRO	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)
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)	TIER 4	PA
RETACRIT 40000 UNIT/ML SOLUTION	TIER 5	PA
ZARXIO	TIER 5	PA
HEMOSTASIS AGENTS		
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	TIER 4	
tranexamic acid tab 650 mg	TIER 3	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole	TIER 4	
BRILINTA	TIER 3	QL (2 PER 1 DAYS)
CABLIVI	TIER 5	PA, LA, QL (1 PER 1 DAYS)
cilostazol	TIER 2	
clopidogrel bisulfate tab 75 mg (base equiv)	TIER 2	QL (1 PER 1 DAYS)
dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)	TIER 2	PA
OXBRYTA	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prasugrel hcl	TIER 3	QL (1 PER 1 DAYS)
TAVALISSE	TIER 5	PA, LA, QL (2 PER 1 DAYS)

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

clonidine	TIER 3	
clonidine hcl	TIER 1	
droxidopa cap 100 mg	TIER 5	PA, QL (252 PER 90 OVER TIME)
droxidopa cap 200 mg	TIER 5	PA, QL (120 PER 30 OVER TIME)
droxidopa cap 300 mg	TIER 5	PA, QL (84 PER 90 OVER TIME)
guanfacine hcl	TIER 2	
methyldopa (250 mg tab, tab 250 mg, 500 mg tab, tab 500 mg)	TIER 2	
midodrine hcl	TIER 3	

ALPHA-ADRENERGIC BLOCKING AGENTS

doxazosin mesylate	TIER 2	
prazosin hcl	TIER 2	
terazosin hcl	TIER 1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan cilexetil	TIER 1	
EPROSARTAN MESYLATE	TIER 1	QL (1 PER 1 DAYS)
irbesartan	TIER 1	
losartan potassium	TIER 1	
olmesartan medoxomil	TIER 1	
telmisartan	TIER 1	
valsartan	TIER 1	

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

benazepril hcl	TIER 1	
captopril	TIER 1	
enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)	TIER 1	
fosinopril sodium	TIER 1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lisinopril	TIER 1	
moexipril hcl	TIER 1	
perindopril erbumine	TIER 1	
quinapril hcl	TIER 1	
ramipril	TIER 1	
trandolapril	TIER 1	
ANTIARRHYTHMICS		
amiodarone hcl (tab 100 mg, tab 400 mg)	TIER 4	
amiodarone hcl tab 200 mg	TIER 2	
disopyramide phosphate	TIER 4	
dofetilide	TIER 4	
flecainide acetate	TIER 2	
mexiletine hcl	TIER 2	
MULTAQ	TIER 3	QL (2 PER 1 DAYS)
propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)	TIER 2	
quinidine gluconate tab er 324 mg	TIER 4	
QUINIDINE SULFATE	TIER 2	
sotalol hcl	TIER 2	
sotalol hcl (afib/afl)	TIER 2	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	TIER 2	
atenolol	TIER 1	
betaxolol hcl	TIER 2	
bisoprolol fumarate	TIER 2	
carvedilol	TIER 1	
carvedilol phosphate	TIER 4	ST
labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)	TIER 2	
metoprolol succinate	TIER 2	
metoprolol tartrate (tab 25 mg, tab 37.5 mg, tab 50 mg, tab 75 mg, tab 100 mg)	TIER 1	
nadolol	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nebivolol hcl	TIER 3	
pindolol	TIER 2	
propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)	TIER 2	
propranolol hcl (oral soln 20 mg/5ml, 40 mg/5ml solution)	TIER 3	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate	TIER 1	
felodipine	TIER 2	
isradipine	TIER 3	
nicardipine hcl (cap 20 mg, cap 30 mg)	TIER 2	
nifedipine	TIER 2	
nimodipine	TIER 4	
NYMALIZE 6 MG/ML SOLUTION	TIER 5	QL (1260 PER 21 OVER TIME)
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)	TIER 2	
diltiazem hcl coated beads	TIER 2	
diltiazem hcl extended release beads	TIER 2	
verapamil hcl (cap er 24hr 100 mg, cap er 24hr 200 mg, cap er 24hr 300 mg)	TIER 4	
verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg)	TIER 3	
verapamil hcl (tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)	TIER 2	
VERAPAMIL HCL ER	TIER 4	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (tab 125 mg, tab 250 mg)	TIER 2	
aliskiren fumarate	TIER 4	PA
amiloride & hydrochlorothiazide	TIER 2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amlodipine besylate-atorvastatin calcium	TIER 4	
amlodipine besylate-benazepril hcl	TIER 1	
amlodipine besylate-olmesartan medoxomil	TIER 1	
amlodipine besylate-valsartan	TIER 1	
amlodipine-valsartan-hydrochlorothiazide	TIER 1	
atenolol & chlorthalidone	TIER 1	
benazepril & hydrochlorothiazide	TIER 1	
BENAZEPRIL-HYDROCHLOROTHIAZIDE	TIER 1	
BIDIL	TIER 4	QL (6 PER 1 DAYS)
bisoprolol & hydrochlorothiazide	TIER 1	
candesartan cilexetil-hydrochlorothiazide	TIER 1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	TIER 1	
CORLANOR (5 MG TAB, 7.5 MG TAB)	TIER 4	PA, QL (2 PER 1 DAYS)
CORLANOR 5 MG/5ML SOLUTION	TIER 4	PA, QL (20 PER 1 DAYS)
digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)	TIER 2	
digoxin tab 125 mcg (0.125 mg)	TIER 2	QL (1 PER 1 DAYS)
digoxin tab 250 mcg (0.25 mg)	TIER 2	PA, QL (1 PER 1 DAYS)
enalapril maleate & hydrochlorothiazide	TIER 1	
ENTRESTO	TIER 3	QL (2 PER 1 DAYS)
fosinopril sodium & hydrochlorothiazide	TIER 1	
irbesartan-hydrochlorothiazide	TIER 1	
lisinopril & hydrochlorothiazide	TIER 1	
losartan potassium & hydrochlorothiazide	TIER 1	
METHYLDOPA-HYDROCHLOROTHIAZIDE	TIER 3	
metoprolol & hydrochlorothiazide	TIER 2	
METOPROLOL-HYDROCHLOROTHIAZIDE	TIER 2	
metyrosine	TIER 5	
moexipril-hydrochlorothiazide	TIER 1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	TIER 1	
olmesartan medoxomil-hydrochlorothiazide	TIER 1	
pentoxifylline	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROPRANOLOL-HCTZ	TIER 2	
quinapril-hydrochlorothiazide	TIER 1	
ranolazine	TIER 4	PA, QL (2 PER 1 DAYS)
spironolactone & hydrochlorothiazide	TIER 2	
telmisartan-amlodipine	TIER 1	
telmisartan-hydrochlorothiazide	TIER 1	
trandolapril-verapamil hcl	TIER 1	
TRANDOLAPRIL-VERAPAMIL HCL ER	TIER 1	
triamterene & hydrochlorothiazide (tab 37.5-25 mg, tab 75-50 mg)	TIER 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	TIER 2	
valsartan-hydrochlorothiazide	TIER 1	
VYNDAMAX	TIER 5	PA, LA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)	TIER 2	
bumetanide inj 0.25 mg/ml	TIER 4	
furosemide (8 mg/ml solution, oral soln 10 mg/ml)	TIER 2	
furosemide (tab 20 mg, tab 40 mg, tab 80 mg)	TIER 1	
furosemide inj 10 mg/ml	TIER 4	
torsemide	TIER 2	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl	TIER 2	
eplerenone	TIER 3	
spironolactone	TIER 2	
DIURETICS, THIAZIDE		
CHLOROTHIAZIDE (250 MG TAB, 500 MG TAB, TAB 500 MG)	TIER 2	
chlorthalidone	TIER 2	
DIURIL	TIER 4	
hydrochlorothiazide	TIER 1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
indapamide	TIER 2	
metolazone	TIER 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
choline fenofibrate	TIER 3	
fenofibrate (tab 48 mg, tab 54 mg, tab 145 mg, tab 160 mg)	TIER 2	
fenofibrate micronized (cap 43 mg, cap 130 mg)	TIER 3	ST
fenofibrate micronized (cap 67 mg, cap 134 mg, cap 200 mg)	TIER 2	
FENOFIBRIC ACID	TIER 3	
gemfibrozil	TIER 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium	TIER 1	
fluvastatin sodium (cap 20 mg equivalent), cap 40 mg equivalent))	TIER 1	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	TIER 2	
lovastatin	TIER 1	
pravastatin sodium	TIER 1	
rosuvastatin calcium	TIER 1	
simvastatin	TIER 1	
DYSLIPIDEMICS, OTHER		
cholestyramine (powder 4 gm/dose, powder packets 4 gm)	TIER 2	
cholestyramine light (powder 4 gm/dose, powder packets 4 gm)	TIER 2	
colesevelam hcl	TIER 4	
colestipol hcl (granule packets 5 gm, granules 5 gm)	TIER 3	
colestipol hcl tab 1 gm	TIER 2	
ezetimibe	TIER 2	
ezetimibe-simvastatin	TIER 4	
icosapent ethyl	TIER 4	
JUXTAPID	TIER 5	PA, LA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
niacin (antihyperlipidemic) (tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))	TIER 3	QL (2 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 3	
niacin tab er 500 mg (antihyperlipidemic)	TIER 3	QL (4 PER 1 DAYS)
NIACOR	TIER 3	
omega-3-acid ethyl esters	TIER 3	
REPATHA	TIER 4	PA, QL (2 PER 28 OVER TIME)
REPATHA PUSHTRONEX SYSTEM	TIER 4	PA, QL (3.5 PER 28 OVER TIME)
REPATHA SURECLICK	TIER 4	PA, QL (2 PER 28 OVER TIME)
VASCEPA 0.5 GM CAP	TIER 4	

VASODILATORS, DIRECT-ACTING ARTERIAL

hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)	TIER 2	
minoxidil	TIER 2	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

isosorbide dinitrate	TIER 2	
ISOSORBIDE DINITRATE ER	TIER 2	
isosorbide mononitrate	TIER 2	
NITRO-BID	TIER 3	
nitroglycerin (patch 24hr 0.1 mg/hr, patch 24hr 0.2 mg/hr, patch 24hr 0.4 mg/hr, patch 24hr 0.6 mg/hr)	TIER 2	
nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg)	TIER 3	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	TIER 4	
NITROSTAT	TIER 3	
RECTIV	TIER 4	PA, QL (30 PER 30 OVER TIME)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg)	TIER 4	QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amphetamine-dextroamphetamine (tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg)	TIER 2	QL (4 PER 1 DAYS)
amphetamine-dextroamphetamine tab 12.5 mg	TIER 2	QL (5 PER 1 DAYS)
amphetamine-dextroamphetamine tab 20 mg	TIER 2	QL (3 PER 1 DAYS)
amphetamine-dextroamphetamine tab 30 mg	TIER 2	QL (2 PER 1 DAYS)
dextroamphetamine sulfate (tab 5 mg, tab 10 mg)	TIER 4	QL (6 PER 1 DAYS)
dextroamphetamine sulfate tab 15 mg	TIER 4	QL (4 PER 1 DAYS)
dextroamphetamine sulfate tab 20 mg	TIER 4	QL (3 PER 1 DAYS)
dextroamphetamine sulfate tab 30 mg	TIER 4	QL (2 PER 1 DAYS)
VYVANSE	TIER 4	QL (1 PER 1 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl (cap 10 mg equiv), cap 18 mg equiv), cap 25 mg equiv))	TIER 3	QL (4 PER 1 DAYS)
atomoxetine hcl (cap 60 mg equiv), cap 80 mg equiv), cap 100 mg equiv))	TIER 3	QL (1 PER 1 DAYS)
atomoxetine hcl cap 40 mg (base equiv)	TIER 3	QL (2 PER 1 DAYS)
dexmethylphenidate hcl (tab 2.5 mg, tab 5 mg, tab 10 mg)	TIER 2	QL (2 PER 1 DAYS)
guanfacine hcl (adhd)	TIER 3	QL (1 PER 1 DAYS)
methylphenidate hcl (chew tab 2.5 mg, chew tab 5 mg)	TIER 4	QL (3 PER 1 DAYS)
methylphenidate hcl chew tab 10 mg	TIER 4	QL (6 PER 1 DAYS)
methylphenidate hcl tab 10 mg	TIER 2	QL (6 PER 1 DAYS)
methylphenidate hcl tab 20 mg	TIER 2	QL (3 PER 1 DAYS)
methylphenidate hcl tab 5 mg	TIER 2	QL (12 PER 1 DAYS)
methylphenidate hcl tab er 10 mg	TIER 3	QL (6 PER 1 DAYS)
methylphenidate hcl tab er 20 mg	TIER 3	QL (3 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
butalbital-acetaminophen (50-300 mg cap, cap 50-300 mg)	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-acetaminophen-caffeine cap 50-325-40 mg	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
butalbital-acetaminophen-caffeine tab 50-325-40 mg	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
FIRDAPSE	TIER 5	PA, LA, QL (8 PER 1 DAYS)
riluzole	TIER 3	
tetrabenazine tab 12.5 mg	TIER 5	PA, LA, QL (8 PER 1 DAYS)
tetrabenazine tab 25 mg	TIER 5	PA, LA, QL (4 PER 1 DAYS)
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR)	TIER 4	PA - FOR NEW STARTS ONLY, QL (3 PER 1 DAYS)
DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR)	TIER 4	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
duloxetine hcl (cap 20 mg eq), cap 60 mg eq))	TIER 2	QL (2 PER 1 DAYS)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	TIER 2	QL (3 PER 1 DAYS)
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	TIER 4	QL (2 PER 1 DAYS)
pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)	TIER 3	QL (2 PER 1 DAYS)
pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg)	TIER 3	QL (3 PER 1 DAYS)
pregabalin soln 20 mg/ml	TIER 3	QL (30 PER 1 DAYS)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	TIER 5	PA, LA, QL (1 PER 1 DAYS)
BETASERON	TIER 5	PA, QL (15 PER 30 OVER TIME)
COPAXONE 20 MG/ML SOLN PRSYR	TIER 5	PA, QL (30 PER 30 OVER TIME)
COPAXONE 40 MG/ML SOLN PRSYR	TIER 5	PA, QL (12 PER 28 OVER TIME)
dalfampridine	TIER 3	PA, QL (2 PER 1 DAYS)
dimethyl fumarate	TIER 5	PA, QL (2 PER 1 DAYS)
GILENYA 0.5 MG CAP	TIER 5	PA, QL (1 PER 1 DAYS)
TYSABRI	TIER 5	PA, LA
DENTAL AND ORAL AGENTS		
cevimeline hcl	TIER 3	
chlorhexidine gluconate (mouth-throat)	TIER 2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KEPIVANCE	TIER 5	PA - Part B vs D Determination
pilocarpine hcl (oral)	TIER 3	
triamcinolone acetonide (mouth)	TIER 3	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

acitretin	TIER 4	
adapalene cream 0.1%	TIER 4	
adapalene gel 0.1%	TIER 3	
benzoyl peroxide-erythromycin	TIER 4	
clindamycin phosphate-benzoyl peroxide (refrigerate)	TIER 3	
clindamycin phosphate-benzoyl peroxide gel 1-5%	TIER 4	
isotretinoin (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg)	TIER 4	
tazarotene cream 0.1%	TIER 4	
TAZORAC 0.05 % CREAM	TIER 4	
tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%)	TIER 3	PA

DERMATITIS AND PRURITUS AGENTS

alclometasone dipropionate oint 0.05%	TIER 2	
ANUSOL-HC	TIER 2	
betamethasone dipropionate (topical) (cream, lotion)	TIER 2	
BETAMETHASONE DIPROPIONATE AUG	TIER 4	
betamethasone dipropionate augmented oint 0.05%	TIER 4	
betamethasone valerate (cream equivalent), lotion equivalent), oint equivalent))	TIER 2	
CAPEX	TIER 4	
clobetasol propionate (cream, soln)	TIER 2	
clobetasol propionate (gel, oint)	TIER 3	
clobetasol propionate emollient base	TIER 3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
desonide (cream, oint)	TIER 3	ST
desoximetasone (cream, oint)	TIER 3	
fluocinolone acetonide (cream 0.01%, cream 0.025%, oint 0.025%)	TIER 2	
fluocinolone acetonide (oil (body oil), oil (scalp oil))	TIER 4	
fluocinonide (cream, gel, oint, soln)	TIER 2	
fluocinonide emulsified base	TIER 2	
fluticasone propionate (cream 0.05%, oint 0.005%)	TIER 2	
halobetasol propionate (cream, oint)	TIER 3	QL (200 PER 28 OVER TIME)
hydrocortisone (rectal)	TIER 2	
hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)	TIER 2	
HYDROCORTISONE BUTYRATE (0.1 % SOLUTION, SOLN 0.1%)	TIER 4	ST
hydrocortisone valerate cream 0.2%	TIER 3	ST
lactic acid (ammonium lactate) (lactate) cream, lactate) lotion)	TIER 2	
mometasone furoate solution 0.1% (lotion)	TIER 2	
selenium sulfide lotion 2.5%	TIER 2	
tacrolimus (topical)	TIER 3	ST, QL (100 PER 30 OVER TIME)
triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)	TIER 2	
triamcinolone acetonide lotion 0.025%	TIER 3	
DERMATOLOGICAL AGENTS, OTHER		
bimatoprost (topical)	TIER 4	ST, QL (5 PER 30 DAYS)
calcipotriene (cream, oint, soln (50 mcg/ml))	TIER 3	
CALCITRIOL 3 MCG/GM OINTMENT	TIER 4	
clotrimazole w/ betamethasone cream 1-0.05%	TIER 2	
clotrimazole w/ betamethasone lotion 1-0.05%	TIER 4	
CONDYLOX	TIER 4	
diclofenac sodium (actinic keratoses)	TIER 5	PA, QL (300 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUOBRII	TIER 5	PA, QL (200 PER 28 OVER TIME)
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	TIER 2	
fluorouracil (topical)	TIER 3	
imiquimod cream 5%	TIER 2	QL (24 PER 30 OVER TIME)
METHOXSALEN RAPID (10 MG CAP, CAP 10 MG)	TIER 5	
nystatin-triamcinolone	TIER 4	
podofilox	TIER 2	
REGRANEX	TIER 5	PA, QL (15 PER 2 OVER TIME)
SANTYL	TIER 3	QL (180 PER 30 OVER TIME)
silver sulfadiazine	TIER 2	
TOLAK	TIER 3	
PEDICULICIDES/SCABICIDES		
LINDANE	TIER 4	
malathion	TIER 4	
permethrin	TIER 2	
TOPICAL ANTI-INFECTIVES		
acyclovir oint 5%	TIER 4	PA, QL (30 PER 30 OVER TIME)
BACTROBAN NASAL	TIER 4	
ciclopirox (gel 0.77%, shampoo 1%)	TIER 4	
ciclopirox solution 8%	TIER 2	
clindamycin phosphate (topical) (gel, lotion, soln)	TIER 2	
DENAVIR	TIER 5	PA, QL (5 PER 30 OVER TIME)
ERY	TIER 3	
erythromycin gel 2%	TIER 4	
erythromycin pads 2%	TIER 3	
erythromycin soln 2%	TIER 2	
mupirocin	TIER 2	
SULFAMYLON 85 MG/GM CREAM	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
amino acid electrolyte infusion	TIER 4	PA - Part B vs D Determination
amino acid infusion	TIER 4	PA - Part B vs D Determination
AMINOSYN	TIER 4	PA - Part B vs D Determination
AMINOSYN II	TIER 4	PA - Part B vs D Determination
AMINOSYN-HBC	TIER 4	PA - Part B vs D Determination
AMINOSYN-PF	TIER 4	PA - Part B vs D Determination
AMINOSYN-RF	TIER 4	PA - Part B vs D Determination
AMINOSYN/ELECTROLYTES	TIER 4	PA - Part B vs D Determination
CARBAGLU	TIER 5	PA, LA
CRYSVITA 10 MG/ML SOLUTION	TIER 5	PA, LA, QL (2 PER 28 OVER TIME)
CRYSVITA 20 MG/ML SOLUTION	TIER 5	PA, LA, QL (8 PER 28 OVER TIME)
CRYSVITA 30 MG/ML SOLUTION	TIER 5	PA, LA, QL (6 PER 28 OVER TIME)
HEPATAMINE	TIER 4	PA - Part B vs D Determination
INTRALIPID	TIER 4	PA - Part B vs D Determination
KCL IN DEXTROSE-NACL	TIER 4	
NORMOSOL-M IN D5W	TIER 4	
NUTRILIPID	TIER 4	PA - Part B vs D Determination
potassium chloride (cap er 8, cap er 10, tab er 8 (600 mg), tab er 10, tab er 20 (1500 mg))	TIER 2	
POTASSIUM CHLORIDE (INJ 2 MEQ/ML, 10 MEQ/100ML SOLUTION, INJ 10 MEQ/100ML, ORAL SOLN 10% (20 MEQ/15ML), 20 MEQ/100ML SOLUTION, INJ 20 MEQ/100ML, ORAL SOLN 20% (40 MEQ/15ML), 40 MEQ/100ML SOLUTION, INJ 40 MEQ/100ML)	TIER 4	
POTASSIUM CHLORIDE ER	TIER 2	
potassium chloride in dextrose & sodium chloride (20 meq/l (0.1)0.2% inj, 20 meq/l (0.1)0.33% inj, 20 meq/l (0.1)0.4inj, 20 meq/l (0.1)0.9% inj)	TIER 4	
potassium chloride in nacl (kcl 20 meq/l (0.15%)0.9% inj, kcl 40 meq/l (0.3%)0.9% inj, potassium chloride40-0.9 meq/l-% solution)	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
potassium chloride microencapsulated crystals er	TIER 2	
potassium citrate (alkalinizer) (tab er 5 (540 mg), tab er 10 (1080 mg))	TIER 2	
potassium citrate tab er 15 meq (1620 mg)	TIER 3	
PREMASOL	TIER 4	PA - Part B vs D Determination
sodium chloride (0.9 % solution, inj 2.5 meq/ml (14.6%), iv soln 0.45%, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)	TIER 4	
sodium fluoride (chew tab 0.25 mg f 0.55 mg naf), chew tab 0.5 mg f 1.1 mg naf), chew tab 1 mg f 2.2 mg naf))	TIER 1	

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET	TIER 4	
deferasirox (tab 90 mg, tab 180 mg, tab 360 mg, tab for oral susp 125 mg, tab for oral susp 250 mg, tab for oral susp 500 mg)	TIER 5	
deferiprone	TIER 5	PA, LA
FERRIPROX (100 MG/ML SOLUTION, 1000 MG TAB)	TIER 5	PA, LA
FERRIPROX TWICE-A-DAY	TIER 5	PA, LA
trientine hcl	TIER 5	PA, QL (8 PER 1 DAYS)

PHOSPHATE BINDERS

AURYXIA	TIER 5	PA, QL (12 PER 1 DAYS)
calcium acetate (phosphate binder)	TIER 2	
lanthanum carbonate	TIER 5	
sevelamer carbonate (packet 0.8 gm, packet 2.4 gm)	TIER 5	
sevelamer carbonate tab 800 mg	TIER 2	

POTASSIUM BINDERS

*sodium polystyrene sulfonate (*sodium powder**, sodium oral susp 15 gm/60ml)*	TIER 2	
SPS	TIER 2	
VELTASSA	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITAMINS		
dextrose (inj 5%, inj 10%)	TIER 4	
dextrose in lactated ringers	TIER 4	
dextrose w/ sodium chloride	TIER 4	
DEXTROSE-NACL	TIER 4	
KCL-LACTATED RINGERS-D5W	TIER 4	
lactated ringer's	TIER 4	
lactated ringer's (irrigation)	TIER 2	
LACTATED RINGERS	TIER 4	
levocarnitine tab 330 mg	TIER 2	
NEONATAL PLUS	TIER 3	
potassium chloride in dextrose (20 meq/l (0.15%)5% inj, 40-5 meq/l-% solution)	TIER 4	
prenatal vitamins	TIER 3	
ringer's	TIER 4	
ringer's irrigation	TIER 2	
SMOFLIPID	TIER 4	PA - Part B vs D Determination
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	TIER 1	
TPN ELECTROLYTES	TIER 4	PA - Part B vs D Determination
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
AMITIZA	TIER 3	QL (2 PER 1 DAYS)
lactulose (encephalopathy)	TIER 2	
lactulose solution 10 gm/15ml	TIER 2	
LINZESS	TIER 3	QL (1 PER 1 DAYS)
MOVANTIK	TIER 3	QL (1 PER 1 DAYS)
peg 3350-potassium chloride-sod bicarbonate-sod chloride	TIER 2	
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION)	TIER 5	PA
SUPREP BOWEL PREP KIT	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-DIARRHEAL AGENTS		
alosetron hcl	TIER 5	PA
diphenoxylate w/ atropine	TIER 2	
DIPHENOXYLATE-ATROPINE	TIER 2	
loperamide hcl	TIER 2	
ANTISPASMODICS, GASTROINTESTINAL		
ATROPINE SULFATE (0.5 MG/5ML SOLN PRSYR, SOLN PREFILL SYR 0.5 MG/5ML (0.1 MG/ML), 1 MG/10ML SOLN PRSYR, SOLN PREFILL SYR 1 MG/10ML (0.1 MG/ML))	TIER 4	
dicyclomine hcl (cap 10 mg, tab 20 mg)	TIER 2	PA
dicyclomine hcl oral soln 10 mg/5ml	TIER 4	PA
glycopyrrolate (tab 1 mg, tab 2 mg)	TIER 2	
methscopolamine bromide	TIER 4	
GASTROINTESTINAL AGENTS, OTHER		
GATTEX	TIER 5	PA, LA
GAVILYTE-C	TIER 2	
MYALEPT	TIER 5	PA, LA, QL (60 PER 30 OVER TIME)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	TIER 2	
ursodiol (tab 250 mg, tab 500 mg)	TIER 3	
ursodiol cap 300 mg	TIER 4	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine	TIER 2	
CIMETIDINE HCL (300 MG/5ML SOLUTION, SOLN 300 MG/5ML)	TIER 2	
famotidine (tab 20 mg, tab 40 mg)	TIER 2	
NIZATIDINE (150 MG CAP, CAP 150 MG, 300 MG CAP, CAP 300 MG)	TIER 2	
PROTECTANTS		
misoprostol	TIER 2	
sucralfate tab 1 gm	TIER 2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTON PUMP INHIBITORS		
DEXILANT	TIER 3	ST, QL (1 PER 1 DAYS)
esomeprazole magnesium (cap 20 mg eq), cap 40 mg eq))	TIER 3	
lansoprazole (cap 15 mg, cap 30 mg)	TIER 2	
omeprazole	TIER 2	
pantoprazole sodium (ec tab 20 mg equiv), ec tab 40 mg equiv))	TIER 2	
pantoprazole sodium for iv soln 40 mg (base equiv)	TIER 4	
rabeprazole sodium ec tab 20 mg	TIER 3	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME	TIER 5	PA - Part B vs D Determination, LA
ARALAST NP	TIER 5	PA - Part B vs D Determination, LA
BYLVAY (PELLETS) 200 MCG CAP SPRINK	TIER 5	PA, LA, QL (30 PER 1 DAYS)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	TIER 5	PA, LA, QL (10 PER 1 DAYS)
BYLVAY 1200 MCG CAP	TIER 5	PA, LA, QL (5 PER 1 DAYS)
BYLVAY 400 MCG CAP	TIER 5	PA, LA, QL (15 PER 1 DAYS)
CERDELGA	TIER 5	PA, LA, QL (2 PER 1 DAYS)
CEREZYME	TIER 5	PA, LA
CHOLBAM 250 MG CAP	TIER 5	PA, QL (5 PER 1 DAYS)
CHOLBAM 50 MG CAP	TIER 5	PA, QL (4 PER 1 DAYS)
CREON	TIER 3	
cromolyn sodium (mastocytosis)	TIER 4	
CYSTADANE	TIER 5	LA
CYSTAGON	TIER 4	PA, LA
CYSTARAN	TIER 5	PA, LA, QL (60 PER 28 OVER TIME)
ELAPRASE	TIER 5	PA - Part B vs D Determination, LA
FABRAZYME	TIER 5	PA - Part B vs D Determination, LA
GLASSIA	TIER 5	LA
LUMIZYME	TIER 5	PA - Part B vs D Determination, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
miglustat	TIER 5	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME	TIER 5	PA - Part B vs D Determination, LA
nitisinone	TIER 5	PA
NITYR	TIER 5	PA, LA
PROCYSBI	TIER 5	PA, LA
PROLASTIN-C	TIER 5	PA - Part B vs D Determination, LA
RAVICTI	TIER 5	PA, LA, QL (525 PER 30 OVER TIME)
sapropterin dihydrochloride	TIER 5	PA
sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)	TIER 5	PA
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION)	TIER 5	PA, LA
STRENSIQ 80 MG/0.8ML SOLUTION	TIER 5	PA, LA, QL (38.4 PER 28 OVER TIME)
SUCRAID	TIER 5	PA, LA
VYNDAQEL	TIER 5	PA, LA, QL (4 PER 1 DAYS)
ZENPEP	TIER 4	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

flavoxate hcl	TIER 2	
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	TIER 4	
oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)	TIER 2	
solifenacin succinate	TIER 3	QL (1 PER 1 DAYS)
tolterodine tartrate	TIER 4	ST
trospium chloride tab 20 mg	TIER 2	

BENIGN PROSTATIC HYPERTROPHY AGENTS

alfuzosin hcl	TIER 2	
dutasteride	TIER 3	QL (1 PER 1 DAYS)
dutasteride-tamsulosin hcl	TIER 4	PA, QL (1 PER 1 DAYS)
finasteride	TIER 2	
silodosin	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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tamsulosin hcl	TIER 2	

GENITOURINARY AGENTS, OTHER

bethanechol chloride	TIER 2	
penicillamine tab 250 mg	TIER 5	PA
THIOLA EC	TIER 5	PA, LA
tiopronin	TIER 5	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ACTHAR	TIER 5	PA, LA
alclometasone dipropionate cream 0.05%	TIER 2	
betamethasone dipropionate augmented (cream, lotion)	TIER 2	
betamethasone dipropionate oint 0.05%	TIER 2	
CORTISONE ACETATE	TIER 4	
DEXAMETHASONE (0.5 MG/5ML SOLUTION, ELIXIR 0.5 MG/5ML, TAB 0.5 MG, TAB 0.75 MG, 1 MG TAB, TAB 1.5 MG, 2 MG TAB, TAB 4 MG, TAB 6 MG)	TIER 2	
dexamethasone sodium phosphate (inj 4 mg/ml, inj 20 mg/5ml, inj 120 mg/30ml)	TIER 4	
dexamethasone sodium phosphate (sod preservative free inj 10 mg/ml, sodium inj 10 mg/ml, sodium inj 100 mg/10ml)	TIER 4	PA - Part B vs D Determination
fludrocortisone acetate	TIER 2	
HEMADY	TIER 4	PA - FOR NEW STARTS ONLY, QL (2 PER 1 DAYS)
hydrocortisone butyrate oint 0.1%	TIER 4	ST
hydrocortisone valerate oint 0.2%	TIER 3	
KORLYM	TIER 5	PA, LA, QL (4 PER 1 DAYS)
methylprednisolone	TIER 2	
methylprednisolone acetate (inj susp 40 mg/ml, inj susp 80 mg/ml)	TIER 4	
methylprednisolone sod succ (inj 40 mg equiv), inj 125 mg equiv))	TIER 4	
mometasone furoate (cream, oint)	TIER 2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREDNICARBATE (0.1 % CREAM, 0.1 % OINTMENT, CREAM 0.1%)	TIER 3	
prednisolone (15 mg/5ml solution, syrup 15 mg/5ml (usp solution equivalent))	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE (SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE), SODIUM PHOSPHATE 25 MG/5ML SOLUTION)	TIER 2	
prednisone (tab 1 mg, tab 2.5 mg, 5 mg/5ml solution, tab 5 mg, tab 10 mg, tab 20 mg, tab 50 mg, tab therapy pack 5 mg (21), tab therapy pack 5 mg (48), tab therapy pack 10 mg (21), tab therapy pack 10 mg (48))	TIER 2	
PREDNISONE INTENSOL	TIER 3	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

desmopressin acetate (inj 4 mcg/ml, preservative free (pf) inj 4 mcg/ml)	TIER 4	
desmopressin acetate (tab 0.1 mg, tab 0.2 mg)	TIER 3	
desmopressin acetate spray	TIER 4	
desmopressin acetate spray refrigerated	TIER 4	
EGRIFTA	TIER 5	PA, LA, QL (60 PER 30 OVER TIME)
EGRIFTA SV	TIER 5	PA, LA, QL (30 PER 30 OVER TIME)
INCRELEX	TIER 5	PA, LA
NORDITROPIN FLEXPRO	TIER 5	PA
SEROSTIM	TIER 5	PA, LA

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

ANABOLIC STEROIDS

ANADROL-50	TIER 5	
oxandrolone	TIER 3	PA

ANDROGENS

danazol	TIER 4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TESTOSTERONE (12.5 MG/ACT (1%) GEL, TD GEL 12.5 MG/ACT (1%), 25 MG/2.5GM (1%) GEL, TD GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%) GEL, TD GEL 50 MG/5GM (1%))	TIER 3	PA, QL (300 PER 30 OVER TIME)
testosterone (gel 20.25 mg/act (1.62%), gel 40.5 mg/2.5gm (1.62%))	TIER 4	PA, QL (150 PER 30 OVER TIME)
TESTOSTERONE CYPIONATE (IM INJ IN OIL 100 MG/ML, 200 MG/ML SOLUTION, IM INJ IN OIL 200 MG/ML)	TIER 3	
testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)	TIER 4	QL (5 PER 30 OVER TIME)
testosterone td gel 20.25 mg/1.25gm (1.62%)	TIER 4	PA, QL (37.5 PER 30 OVER TIME)
ESTROGENS		
DEPO-ESTRADIOL	TIER 4	
desogestrel & ethinyl estradiol	TIER 2	
desogestrel-ethinyl estradiol (biphasic)	TIER 2	
desogestrel-ethinyl estradiol (triphasic)	TIER 2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	TIER 3	
drospirenone-ethinyl estradiol tab 3-0.03 mg	TIER 2	
estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr (37.5 mcg/24hr), patch 0.05 mg/24hr, patch 0.06 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)	TIER 3	PA, QL (8 PER 28 OVER TIME)
estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr, patch 0.05 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)	TIER 2	PA, QL (16 PER 28 OVER TIME)
estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)	TIER 2	PA
estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)	TIER 2	
estradiol valerate	TIER 4	
ESTRING	TIER 3	QL (1 PER 84 OVER TIME)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	TIER 2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	TIER 3	
etonogestrel-ethinyl estradiol	TIER 2	QL (1 PER 28 OVER TIME)
FEMRING	TIER 4	QL (1 PER 84 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	TIER 4	
levonorgestrel & eth estradiol	TIER 2	
levonorgestrel-eth estradiol (triphasic)	TIER 2	
levonorgestrel-ethinyl estradiol (91-day) (levonorg-eth tab 0.1-0.02mg(84) eth tab 0.01mg(7), levonorgrel ethinyl radiol (91-day) tab 0.15-0.03 mg)	TIER 2	
MENEST	TIER 4	PA
norelgestromin-ethinyl estradiol	TIER 4	
norethin acet & estrad-fe (tab 1 mg-20 mcg, tab 1.5 mg-30 mcg)	TIER 2	
norethindrone & eth estradiol (tab 0.4 mcg, tab 1 mcg)	TIER 2	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	TIER 3	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	TIER 2	
norethindrone acet & eth estra	TIER 2	
norethindrone acetate-ethinyl estradiol	TIER 4	PA
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	TIER 2	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	TIER 3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	TIER 2	
norgestimate-ethinyl estradiol	TIER 2	
norgestrel & ethinyl estradiol	TIER 2	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	TIER 4	PA
PREMARIN 0.625 MG/GM CREAM	TIER 3	

PROGESTINS

DEPO-PROVERA 400 MG/ML SUSPENSION	TIER 4	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	TIER 5	
medroxyprogesterone acetate	TIER 2	
medroxyprogesterone acetate (contraceptive)	TIER 4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
megestrol acetate (appetite)	TIER 4	PA
megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)	TIER 2	PA - FOR NEW STARTS ONLY
norethindrone (contraceptive)	TIER 2	
norethindrone acetate	TIER 2	
progesterone (cap 100 mg, cap 200 mg)	TIER 2	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

OSPHENA	TIER 4	PA, QL (1 PER 1 DAYS)
raloxifene hcl	TIER 3	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

levothyroxine sodium (tab 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)	TIER 1	
liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)	TIER 2	
SYNTHROID	TIER 3	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

cabergoline	TIER 3	QL (16 PER 30 OVER TIME)
FIRMAGON	TIER 4	
FIRMAGON (240 MG DOSE)	TIER 5	
leuprolide acetate	TIER 5	
LUPRON DEPOT (1-MONTH)	TIER 5	
LUPRON DEPOT (3-MONTH)	TIER 5	
LUPRON DEPOT (4-MONTH)	TIER 5	
LUPRON DEPOT (6-MONTH)	TIER 5	
LUPRON DEPOT-PED (1-MONTH)	TIER 5	
LUPRON DEPOT-PED (3-MONTH)	TIER 5	
octreotide acetate (50 mcg/ml soln prsyr, inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml soln prsyr, inj 100 mcg/ml (0.1 mg/ml), 200 mcg/ml solution, inj 200 mcg/ml (0.2 mg/ml))	TIER 4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OCTREOTIDE ACETATE (500 MCG/ML SOLN PRSYR, INJ 500 MCG/ML (0.5 MG/ML), 1000 MCG/ML SOLUTION, INJ 1000 MCG/ML (1 MG/ML))	TIER 5	PA
ORGOVYX	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
SANDOSTATIN LAR DEPOT	TIER 5	PA
SIGNIFOR	TIER 5	PA, LA, QL (60 PER 30 OVER TIME)
SOMATULINE DEPOT	TIER 5	PA - FOR NEW STARTS ONLY
SOMAVERT	TIER 5	PA, QL (1 PER 1 DAYS)
SYNAREL	TIER 5	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

methimazole	TIER 2	
propylthiouracil	TIER 2	

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

BERINERT	TIER 5	PA, LA
CINRYZE	TIER 5	PA, LA
HAEGARDA	TIER 5	PA, LA
icatibant acetate	TIER 5	PA, QL (36 PER 60 OVER TIME)
RUCONEST	TIER 5	PA, LA

IMMUNOGLOBULINS

BIVIGAM	TIER 5	PA, LA
CARIMUNE NF	TIER 5	PA
FLEBOGAMMA DIF	TIER 5	PA
GAMMAGARD	TIER 5	PA
GAMMAGARD S/D LESS IGA	TIER 5	PA
GAMMAKED	TIER 5	PA
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	TIER 5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAPLEX 10 GM/200ML SOLUTION	TIER 5	PA
GAMUNEX-C	TIER 5	PA
HIZENTRA	TIER 5	PA, LA
PRIVIGEN	TIER 5	PA
VARIZIG	TIER 5	
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST	TIER 5	PA, LA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (4 PER 28 OVER TIME)
ILARIS (150 MG RECON SOLN, 150 MG/ML SOLUTION)	TIER 5	PA, LA
RIDAURA	TIER 5	
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	TIER 5	PA
TALTZ	TIER 5	PA, LA, QL (1 PER 28 OVER TIME)
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)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	TIER 5	PA, LA
IMMUNOSTIMULANTS		
ACTIMMUNE	TIER 5	PA - FOR NEW STARTS ONLY, LA
INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN)	TIER 5	LA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	TIER 5	PA, QL (2 PER 30 OVER TIME)
PEGASYS 180 MCG/ML SOLUTION	TIER 5	PA, QL (4 PER 30 OVER TIME)
PEGASYS PROCLICK	TIER 5	PA, QL (2 PER 30 OVER TIME)
SYLATRON (200 MCG KIT, 300 MCG KIT)	TIER 5	
SYLATRON 600 MCG KIT	TIER 5	LA
IMMUNOSUPPRESSANTS		
AZATHIOPRINE SODIUM	TIER 4	PA - Part B vs D Determination
azathioprine tab 50 mg	TIER 2	PA - Part B vs D Determination
cyclosporine (cap 25 mg, cap 100 mg, iv soln 50 mg/ml)	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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)	TIER 3	PA - Part B vs D Determination
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	TIER 5	PA
ENBREL SURECLICK	TIER 5	PA
ENVARSUS XR	TIER 4	PA - FOR NEW STARTS ONLY
everolimus (immunosuppressant) (tab 0.25 mg, tab 0.5 mg, tab 0.75 mg)	TIER 5	PA - FOR NEW STARTS ONLY
HUMIRA	TIER 5	PA
HUMIRA PEDIATRIC CROHNS START	TIER 5	PA
HUMIRA PEN	TIER 5	PA
HUMIRA PEN-CD/UC/HS STARTER	TIER 5	PA
HUMIRA PEN-PEDIATRIC UC START	TIER 5	PA
HUMIRA PEN-PS/UV/ADOL HS START	TIER 5	PA
HUMIRA PEN-PSOR/UVEIT STARTER	TIER 5	PA
leflunomide	TIER 2	
METHOTREXATE SODIUM (FOR INJ 1 GM, INJ 50 MG/2ML (25 MG/ML), INJ PF 50 MG/2ML (25 MG/ML), 250 MG/10ML SOLUTION, INJ PF 250 MG/10ML (25 MG/ML), INJ PF 1000 MG/40ML (25 MG/ML))	TIER 3	PA - Part B vs D Determination
methotrexate sodium tab 2.5 mg (base equiv)	TIER 2	
mycophenolate mofetil (cap 250 mg, tab 500 mg)	TIER 2	PA - Part B vs D Determination
mycophenolate mofetil for oral susp 200 mg/ml	TIER 5	PA - Part B vs D Determination
mycophenolate mofetil hcl	TIER 4	PA - Part B vs D Determination
mycophenolate sodium	TIER 4	PA - Part B vs D Determination
PROGRAF 0.2 MG PACKET	TIER 4	PA - FOR NEW STARTS ONLY
PROGRAF 1 MG PACKET	TIER 5	PA - FOR NEW STARTS ONLY
REZUROCK	TIER 5	PA - FOR NEW STARTS ONLY, LA, QL (1 PER 1 DAYS)
SANDIMMUNE 100 MG/ML SOLUTION	TIER 4	PA - Part B vs D Determination
sirolimus (oral soln 1 mg/ml, tab 2 mg)	TIER 5	PA - Part B vs D Determination
sirolimus (tab 0.5 mg, tab 1 mg)	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 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)	TIER 3	PA - Part B vs D Determination
TREXALL	TIER 4	
XATMEP	TIER 4	PA - FOR NEW STARTS ONLY
XELJANZ XR	TIER 5	PA, QL (1 PER 1 DAYS)
ZORTRESS 1 MG TAB	TIER 5	PA - FOR NEW STARTS ONLY
VACCINES		
ACTHIB	TIER 3	
ADACEL	TIER 3	
BCG VACCINE	TIER 3	
BEXSERO	TIER 3	
BOOSTRIX	TIER 3	
DAPTACEL	TIER 3	
DIPHTHERIA-TETANUS TOXOIDS DT	TIER 3	
ENGERIX-B	TIER 3	PA - Part B vs D Determination
GARDASIL 9	TIER 3	
HAVRIX	TIER 3	
HIBERIX	TIER 3	
IMOVAX RABIES	TIER 3	
INFANRIX	TIER 3	
IPOL	TIER 3	
IXIARO	TIER 4	
KINRIX	TIER 3	
M-M-R II	TIER 3	
MENACTRA	TIER 3	
MENQUADFI	TIER 3	
MENVEO	TIER 3	
PEDIARIX	TIER 3	
PEDVAX HIB	TIER 3	
PENTACEL	TIER 3	
PROQUAD	TIER 3	
QUADRACEL	TIER 3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RABAVERT	TIER 3	
RECOMBIVAX HB	TIER 3	PA - Part B vs D Determination
ROTARIX	TIER 3	
ROTATEQ	TIER 3	
SHINGRIX	TIER 3	QL (2 PER 365 OVER TIME)
TDVAX	TIER 3	
TENIVAC	TIER 3	
TICOVAC	TIER 3	
TRUMENBA	TIER 3	
TWINRIX	TIER 3	PA - Part B vs D Determination
TYPHIM VI	TIER 4	
VAQTA	TIER 3	
VARIVAX	TIER 3	
YF-VAX	TIER 4	
ZOSTAVAX	TIER 4	QL (1 PER 365 OVER TIME)

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

balsalazide disodium	TIER 2	
DIPENTUM	TIER 5	PA
mesalamine cap er 24hr 0.375 gm	TIER 3	QL (4 PER 1 DAYS)
mesalamine enema 4 gm	TIER 2	
mesalamine suppos 1000 mg	TIER 5	
mesalamine tab delayed release 1.2 gm	TIER 4	QL (4 PER 1 DAYS)
sulfasalazine	TIER 2	

GLUCOCORTICOIDS

budesonide delayed release particles cap 3 mg	TIER 4	PA, QL (3 PER 1 DAYS)
budesonide tab er 24hr 9 mg	TIER 5	PA, QL (1 PER 1 DAYS)
CORTIFOAM	TIER 4	
hydrocortisone	TIER 2	
hydrocortisone (intrarectal)	TIER 3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (tab 5 mg, tab 10 mg, tab 35 mg, 40 mg tab, tab 70 mg)	TIER 2	
alendronate sodium oral soln 70 mg/75ml	TIER 4	
calcitonin (salmon) nasal soln 200 unit/act	TIER 2	QL (3.7 PER 30 OVER TIME)
calcitriol (cap 0.25 mcg, cap 0.5 mcg)	TIER 2	PA - Part B vs D Determination
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - Part B vs D Determination
calcitriol oral soln 1 mcg/ml	TIER 3	PA - Part B vs D Determination
cinacalcet hcl (tab 60 mg equiv), tab 90 mg equiv))	TIER 5	PA - Part B vs D Determination
cinacalcet hcl tab 30 mg (base equiv)	TIER 4	PA - Part B vs D Determination
doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg, inj 4 mcg/2ml (2 mcg/ml))	TIER 4	PA - Part B vs D Determination
ETIDRONATE DISODIUM	TIER 3	
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	TIER 4	PA
ibandronate sodium tab 150 mg (base equivalent)	TIER 2	
NATPARA	TIER 5	PA, LA, QL (2 PER 28 OVER TIME)
paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg, iv soln 2 mcg/ml, iv soln 5 mcg/ml)	TIER 4	PA - Part B vs D Determination
PROLIA	TIER 4	PA
TYMLOS	TIER 5	PA, QL (1.56 PER 28 OVER TIME)
XGEVA	TIER 5	PA - FOR NEW STARTS ONLY, QL (1.7 PER 28 OVER TIME)
zoledronic acid (4 mg recon soln, 4 mg/100ml solution, inj conc for iv infusion 4 mg/5ml, iv soln 5 mg/100ml)	TIER 4	PA - Part B vs D Determination
MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOH-WIPE	TIER 2	
ALCOHOL 70% PADS	TIER 2	
BIOGUARD GAUZE SPONGES 2"X2" PAD	TIER 2	
ESSENTRA WIPES 9X9"	TIER 2	
INSULIN PEN NEEDLES	TIER 3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN SYRINGE 0.3 ML	TIER 3	
INSULIN SYRINGE 0.5 ML	TIER 3	
INSULIN SYRINGE 1 ML	TIER 3	
methylergonovine maleate tab 0.2 mg	TIER 4	
RUZURGI	TIER 5	PA, LA, QL (10 PER 1 DAYS)
water for irrigation, sterile	TIER 2	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

ATROPINE SULFATE 1 % SOLUTION	TIER 2	
bacitracin-poly-neomycin-hc	TIER 2	
bacitracin-polymyxin b (ophth)	TIER 2	
COMBIGAN	TIER 3	
DORZOLAMIDE HCL-TIMOLOL MAL	TIER 2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	TIER 2	
neomycin-bacitracin zn-polymyxin	TIER 2	
neomycin-polymy-dexameth (oint, susp)	TIER 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	TIER 2	
NEOMYCIN-POLYMYXIN-HC	TIER 4	
RESTASIS	TIER 3	QL (60 PER 30 OVER TIME)
RESTASIS MULTIDOSE	TIER 3	QL (5.5 PER 30 OVER TIME)
sulfacetamide sod-prednisolone	TIER 2	
SULFACETAMIDE-PREDNISOLONE	TIER 2	
tobramycin-dexamethasone	TIER 2	
ZYLET	TIER 3	

OPHTHALMIC ANTI-ALLERGY AGENTS

azelastine hcl (ophth)	TIER 2	
bepotastine besilate	TIER 4	
cromolyn sodium (ophth)	TIER 2	
LASTACAFT	TIER 4	
olopatadine hcl ophth soln 0.1% (base equivalent)	TIER 2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
olopatadine hcl ophth soln 0.2% (base equivalent)	TIER 3	
PAZEO	TIER 3	QL (2.5 PER 30 OVER TIME)
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	TIER 4	
erythromycin (ophth)	TIER 2	
GENTAK	TIER 2	
gentamicin sulfate (ophth)	TIER 2	
levofloxacin (ophth)	TIER 2	
moxifloxacin hcl (ophth)	TIER 2	
NATACYN	TIER 3	
ofloxacin (ophth)	TIER 2	
polymyxin b-trimethoprim	TIER 2	
sulfacetamide sodium (ophth)	TIER 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	TIER 2	
tobramycin (ophth)	TIER 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	TIER 3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 2	
diclofenac sodium (ophth)	TIER 2	
difluprednate	TIER 3	
fluorometholone (ophth)	TIER 2	
flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)	TIER 2	
FML	TIER 4	
FML FORTE	TIER 4	
ILEVRO	TIER 3	QL (1.7 PER 30 OVER TIME)
ketorolac tromethamine (ophth)	TIER 2	
loteprednol etabonate ophth susp 0.5%	TIER 3	
MAXIDEX	TIER 4	
PREDNISOLONE ACETATE	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROLENSA	TIER 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl (ophth)	TIER 2	
CARTEOLOL HCL	TIER 2	
carteolol hcl (ophth)	TIER 2	
levobunolol hcl (0.5 % solution, ophth soln 0.5%)	TIER 2	
METIPRANOLOL	TIER 2	
TIMOLOL MALEATE (0.25 % GEL F SOLN, 0.5 % GEL F SOLN)	TIER 2	
timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, soln 0.25%, soln 0.5%)	TIER 2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide cap er 12hr 500 mg	TIER 4	
ALPHAGAN P 0.1 % SOLUTION	TIER 3	
apraclonidine hcl	TIER 3	
AZOPT	TIER 3	
brimonidine tartrate ophth soln 0.15%	TIER 4	
brimonidine tartrate ophth soln 0.2%	TIER 2	
brinzolamide	TIER 3	
dorzolamide hcl ophth soln 2%	TIER 2	
methazolamide	TIER 4	
PHOSPHOLINE IODIDE	TIER 4	
pilocarpine hcl	TIER 2	
SIMBRINZA	TIER 3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost	TIER 4	ST, QL (5 PER 30 DAYS)
latanoprost (0.005 % solution, ophth soln 0.005%)	TIER 2	
LUMIGAN	TIER 3	QL (5 PER 30 DAYS)
travoprost	TIER 3	QL (5 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTIC AGENTS		
CIPRO HC	TIER 4	
CIPROFLOXACIN HCL 0.2 % SOLUTION	TIER 3	
ciprofloxacin-dexamethasone	TIER 4	
COLY-MYCIN S	TIER 3	
CORTISPORIN-TC	TIER 3	
DERMOTIC	TIER 3	
hydrocortisone w/acetic acid	TIER 3	
neomycin-polymyxin-hc (otic)	TIER 2	
ofloxacin (otic)	TIER 2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA	TIER 3	QL (30 PER 30 DAYS)
budesonide (inhalation)	TIER 4	PA - Part B vs D Determination
FLOVENT DISKUS (50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
FLOVENT DISKUS 250 MCG/BLIST AER POW BA	TIER 3	QL (240 PER 30 DAYS)
FLOVENT HFA 110 MCG/ACT AEROSOL	TIER 3	QL (24 PER 30 OVER TIME)
FLOVENT HFA 220 MCG/ACT AEROSOL	TIER 3	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG/ACT AEROSOL	TIER 3	QL (22 PER 30 OVER TIME)
FLUNISOLIDE	TIER 2	ST, QL (50 PER 30 OVER TIME)
fluticasone propionate (nasal)	TIER 2	QL (16 PER 30 OVER TIME)
PULMICORT FLEXHALER 180 MCG/ACT AER POW BA	TIER 3	QL (2 PER 30 DAYS)
PULMICORT FLEXHALER 90 MCG/ACT AER POW BA	TIER 3	QL (2 PER 30 OVER TIME)
ANTIHISTAMINES		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	TIER 2	QL (30 PER 25 OVER TIME)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	TIER 3	QL (30 PER 25 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cetirizine hcl	TIER 2	
cyproheptadine hcl tab 4 mg	TIER 3	PA
hydroxyzine hcl (tab 10 mg, tab 25 mg, tab 50 mg)	TIER 2	PA
hydroxyzine pamoate (cap 25 mg, cap 50 mg, 100 mg cap)	TIER 4	PA
levocetirizine dihydrochloride tab 5 mg	TIER 2	
promethazine hcl (inj 25 mg/ml, inj 50 mg/ml, syrup 6.25 mg/5ml)	TIER 2	PA
ANTILEUKOTRIENES		
montelukast sodium	TIER 2	QL (1 PER 1 DAYS)
zafirlukast	TIER 4	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	TIER 4	QL (25.8 PER 30 OVER TIME)
INCRUSE ELLIPTA	TIER 3	QL (30 PER 30 DAYS)
ipratropium bromide	TIER 2	PA - Part B vs D Determination
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	TIER 2	QL (30 PER 30 OVER TIME)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	TIER 2	QL (45 PER 30 OVER TIME)
SPIRIVA HANDIHALER	TIER 3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	TIER 3	QL (4 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol 90mcg hfa inhaler (generic proair)	TIER 2	QL (17 PER 30 OVER TIME)
albuterol 90mg hfa inhaler (generic proair)	TIER 2	QL (17 PER 30 OVER TIME)
albuterol 90mg hfa inhaler (generic proventil)	TIER 2	QL (13.4 PER 30 OVER TIME)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	TIER 2	QL (36 PER 30 OVER TIME)
albuterol sulfate (soln nebu 0.083% (2.5 mg/3ml), soln nebu 0.5% (5 mg/ml), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv))	TIER 2	PA - Part B vs D Determination
albuterol sulfate (tab 2 mg, tab 4 mg)	TIER 4	
epinephrine (anaphylaxis) (solution 0.15 mg/0.3ml (1:2000), solution 0.3 mg/0.3ml (1:1000))	TIER 2	QL (24 PER 365 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	TIER 2	QL (24 PER 365 OVER TIME)
levalbuterol hcl (soln nebu 0.31 mg/3ml equiv), soln nebu 0.63 mg/3ml equiv), soln nebu 1.25 mg/3ml equiv), soln nebu conc 1.25 mg/0.5ml equiv))	TIER 4	PA
LEVALBUTEROL TARTRATE	TIER 3	QL (30 PER 30 OVER TIME)
SEREVENT DISKUS	TIER 3	QL (60 PER 30 DAYS)
terbutaline sulfate (tab 2.5 mg, tab 5 mg)	TIER 2	
terbutaline sulfate inj 1 mg/ml	TIER 4	
CYSTIC FIBROSIS AGENTS		
CAYSTON	TIER 5	PA, LA, QL (84 PER 28 OVER TIME)
KALYDECO	TIER 5	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME	TIER 5	PA - Part B vs D Determination, QL (150 PER 30 OVER TIME)
SYMDEKO	TIER 5	PA, LA, QL (2 PER 1 DAYS)
TOBI PODHALER	TIER 5	PA, LA, QL (224 PER 28 OVER TIME)
tobramycin nebu soln 300 mg/4ml	TIER 5	PA, QL (224 PER 28 OVER TIME)
tobramycin nebu soln 300 mg/5ml	TIER 5	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA	TIER 5	PA, LA, QL (3 PER 1 DAYS)
MAST CELL STABILIZERS		
cromolyn sodium	TIER 3	PA - Part B vs D Determination
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP 250 MCG TAB	TIER 4	PA, QL (28 PER 180 OVER TIME)
DALIRESP 500 MCG TAB	TIER 4	PA, QL (1 PER 1 DAYS)
THEOCHRON	TIER 2	
theophylline (tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)	TIER 2	
THEOPHYLLINE ER	TIER 2	
theophylline soln 80 mg/15ml	TIER 3	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	TIER 5	PA, LA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ambrisentan	TIER 5	PA, LA, QL (1 PER 1 DAYS)
bosentan tab 125 mg	TIER 5	PA, LA, QL (2 PER 1 DAYS)
bosentan tab 62.5 mg	TIER 5	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT	TIER 5	PA, LA, QL (1 PER 1 DAYS)
sildenafil citrate for suspension 10 mg/ml	TIER 5	PA, QL (6 PER 1 DAYS)
sildenafil citrate tab 20 mg	TIER 3	PA, QL (3 PER 1 DAYS)
tadalafil (pulmonary hypertension)	TIER 5	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	TIER 5	PA, LA, QL (4 PER 1 DAYS)
VENTAVIS 10 MCG/ML SOLUTION	TIER 5	PA - Part B vs D Determination, LA, QL (270 PER 30 OVER TIME)
VENTAVIS 20 MCG/ML SOLUTION	TIER 5	PA - Part B vs D Determination, LA, QL (90 PER 30 OVER TIME)
PULMONARY FIBROSIS AGENTS		
ESBRIET (267 MG CAP, 267 MG TAB)	TIER 5	PA, LA, QL (9 PER 1 DAYS)
ESBRIET 801 MG TAB	TIER 5	PA, LA, QL (3 PER 1 DAYS)
OFEV	TIER 5	PA, LA, QL (2 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine	TIER 2	PA - Part B vs D Determination
ANORO ELLIPTA	TIER 3	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE	TIER 3	QL (10.7 PER 28 DAYS)
BREO ELLIPTA	TIER 3	QL (60 PER 30 DAYS)
COMBIVENT RESPIMAT	TIER 4	QL (4 PER 30 OVER TIME)
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)
fluticasone-salmeterol (aer powder ba 100-50 mcg/dose, aer powder ba 250-50 mcg/dose, aer powder ba 500-50 mcg/dose)	TIER 2	QL (60 PER 30 DAYS)
ipratropium-albuterol	TIER 2	PA - Part B vs D Determination
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (3 PER 28 DAYS)
NUCALA 100 MG RECON SOLN	TIER 5	PA, LA, QL (3 PER 28 OVER TIME)
ribavirin	TIER 5	PA - Part B vs D Determination

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMBICORT	TIER 3	QL (10.2 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25 MCG/INH AER POW BA	TIER 3	QL (60 PER 30 DAYS)
TRELEGY ELLIPTA 200-62.5-25 MCG/INH AER POW BA	TIER 3	QL (60 PER 30 OVER TIME)

SKELETAL MUSCLE RELAXANTS

carisoprodol tab 350 mg	TIER 2	PA, QL (4 PER 1 DAYS)
cyclobenzaprine hcl (tab 5 mg, tab 10 mg)	TIER 2	PA
methocarbamol (tab 500 mg, tab 750 mg)	TIER 2	PA

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

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

WAKEFULNESS PROMOTING AGENTS

armodafinil	TIER 4	PA, QL (1 PER 1 DAYS)
modafinil tab 100 mg	TIER 3	QL (3 PER 1 DAYS)
modafinil tab 200 mg	TIER 3	QL (2 PER 1 DAYS)
XYREM	TIER 5	PA, LA, QL (540 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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Discrimination is Against the Law

Blue Shield of California complies with applicable state laws and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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Multi-Language Insert

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-776-4466 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-776-4466 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-776-4466 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-776-4466 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-776-4466 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-776-4466 (TTY: 711) 번으로 전화해 주십시오.

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-776-4466 (TTY (հեռատիպ)՝ 711).

توجه: (Farsi) رسی: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-776-4466 (TTY: 711) تماس بگیرید.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-776-4466 (телетайп: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-776-4466（TTY:711）まで、お電話にてご連絡ください。

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-776-4466 (رقم هاتف الصم والبكم: 711).

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-776-4466 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-776-4466 (TTY: 711)។

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Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-776-4466 (TTY: 711).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-776-4466 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-776-4466 (TTY: 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງ ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-776-4466 (TTY: 711).

blue california

This formulary was updated on **11/22/2021** . For more recent information or other questions, please contact Blue Shield of California Customer Care, at (800) 776-4466 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30, or visit blueshieldca.com/medFormulary2021.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻 狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

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