



Blue Shield AdvantageOptimum Plan (HMO)
and
Blue Shield AdvantageOptimum Plan 1 (HMO)

2024 Formulary

(List of Covered Drugs)

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

Formulary ID 24332, Version **18**

This formulary was updated on **06/20/2024**. For more recent information or other questions, please contact Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1 Customer Service, at **(800) 776-4466** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week, or visit **blueshieldca.com/medformulary2024**.

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

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Shield of California. When it refers to “plan” or “our plan,” it means Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1.

This document includes a list of the drugs (formulary) for our plan which is current as of **06/20/2024**. 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, 2025 and from time to time during the year.

What is the Blue Shield AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1 Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but our plan 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 AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1’s 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 the 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 AdvantageOptimum Plan and Blue Shield AdvantageOptimum Plan 1’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 **06/20/2024** . To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make any other negative formulary changes during the year, the changes will be posted on our website at blueshieldca.com/medformulary2024.

How do I use the Formulary?

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

Medical Condition

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

that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 98. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per 30-day prescription for *sumatriptan* (generic for IMITREX). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Blue Shield Advantage Optimum Plan and Blue Shield Advantage Optimum Plan 1's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or 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 plan formulary, or
- Part D drugs previously covered by exception upon expiration of the exception, or
- Part D drugs on the plan formulary with a prior authorization, step therapy or a quantity limit requirement, or
- Part D drugs as listed above, where a distinction cannot be made at point of service whether it is a new or ongoing prescription drug

And are members in any of the following scenarios:

- new members following the annual coordinated election period,
- newly eligible members transitioning from other coverage at the beginning of a contract year,
- transitioning individuals who switch from one Blue Shield plan to another after the beginning of a contract year,
- members residing in long-term care (LTC) facilities, or
- in some cases, current members affected by formulary changes from one plan year to the next.

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Plan Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 98 .

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

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

Copayments/Coinsurance in the Initial Coverage Stage for members of Blue Shield AdvantageOptimum Plan in Los Angeles and Orange Counties and Blue Shield AdvantageOptimum Plan 1 in San Diego County:

TIER	SUPPLY	COST SHARE Blue Shield AdvantageOptimum Plan in Los Angeles and Orange Counties	COST SHARE Blue Shield AdvantageOptimum Plan 1 in San Diego County
1: Preferred Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$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
	Standard retail cost-sharing (in-network) (30-day supply)	\$5 Copay	\$3 Copay
	Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 100-day supply)	\$5 Copay	\$3 Copay
2: Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$3 Copay	\$5 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	\$7.50 Copay	\$12.50 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$10 Copay	\$10 Copay
	Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	\$25 Copay	\$25 Copay
3: Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$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
	Standard retail cost-sharing (in-network) (30-day supply)	\$47 Copay	\$47 Copay

TIER	SUPPLY	COST SHARE	
		Blue Shield AdvantageOptimum Plan in Los Angeles and Orange Counties	Blue Shield AdvantageOptimum Plan 1 in San Diego County
3: Preferred Brand Drugs	Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	\$117.50 Copay	\$117.50 Copay
3: Covered Insulins	Preferred retail cost-sharing (in-network) (30-day supply)	\$35 Copay	\$35 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	\$100 Copay	\$100 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$35 Copay	\$35 Copay
	Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-	\$105 Copay	\$105 Copay
4: Non-Preferred Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$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
	Standard retail cost-sharing (in-network) (30-day supply)	\$100 Copay	\$100 Copay
	Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	\$250 Copay	\$250 Copay
4: Covered Insulins	Preferred retail cost-sharing (in-network) (30-day supply)	\$35 Copay	\$35 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	\$105 Copay	\$105 Copay

TIER	SUPPLY	COST SHARE Blue Shield AdvantageOptimum Plan in Los Angeles and Orange Counties	COST SHARE Blue Shield AdvantageOptimum Plan 1 in San Diego County
4: Covered Insulins	Standard retail cost-sharing (in-network) (30-day supply)	\$35 Copay	\$35 Copay
	Standard retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-	\$105 Copay	\$105 Copay
5: Specialty Tier Drugs	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network) (30-day supply)	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.	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	
3	Covered Insulins	
4	Non-Preferred Drugs	
4	Covered Insulins	
5	Specialty Tier Drugs	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ANALGESICS

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

<i>cataflam 50 mg tab</i>	TIER 2	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	TIER 2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	TIER 2	
<i>diclofenac sodium 1 % gel</i>	TIER 3	
<i>diclofenac sodium er 100 mg tab er 24h</i>	TIER 2	
<i>diflunisal 500 mg tab</i>	TIER 3	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>etodolac (400 mg tab, 500 mg tab)</i>	TIER 2	
<i>etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)</i>	TIER 4	
<i>flurbiprofen 100 mg tab</i>	TIER 2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 2	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 2	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	TIER 2	
<i>naproxen dr 500 mg tab dr</i>	TIER 2	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	TIER 3	
<i>relafen (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	TIER 2	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	TIER 3	PA, QL (10 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg tab</i>	TIER 4	PA, QL (90 PER 30 OVER TIME), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methadone hcl 10 mg/5ml solution</i>	TIER 4	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/ml solution</i>	TIER 4	PA, NDS
<i>methadone hcl 5 mg tab</i>	TIER 4	PA, QL (180 PER 30 OVER TIME), NDS
<i>methadone hcl 5 mg/5ml solution</i>	TIER 4	PA, QL (900 PER 30 OVER TIME), NDS
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 3	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate er 15 mg tab er</i>	TIER 3	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate er 30 mg tab er</i>	TIER 3	QL (90 PER 30 OVER TIME), NDS

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	TIER 2	QL (12 PER 1 DAYS), NDS
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	TIER 2	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	TIER 4	PA, QL (48 PER 30 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	TIER 3	QL (336 PER 30 OVER TIME), NDS
<i>codeine sulfate 30 mg tab</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE 60 MG TAB	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>endocet 10-325 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>endocet 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS
<i>fentanyl citrate (400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	TIER 5	PA, QL (120 PER 30 OVER TIME), NDS
<i>fentanyl citrate 200 mcg loz handle</i>	TIER 4	PA, QL (120 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	TIER 3	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>hydromorphone hcl 1 mg/ml liquid</i>	TIER 4	QL (675 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 2 mg tab</i>	TIER 3	QL (154 PER 30 OVER TIME), NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl 4 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 8 mg tab</i>	TIER 3	QL (42 PER 30 OVER TIME), NDS
<i>lorcet 5-325 mg tab</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>lorcet hd 10-325 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>lorcet plus 7.5-325 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	TIER 3	QL (120 PER 30 OVER TIME), NDS
<i>morphine sulfate (concentrate) ((concentrate) 20 mg/ml solution, (concentrate) 100 mg/5ml solution)</i>	TIER 3	QL (70 PER 30 OVER TIME), NDS
<i>morphine sulfate 10 mg/5ml solution</i>	TIER 3	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate 20 mg/5ml solution</i>	TIER 3	QL (315 PER 30 OVER TIME), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	TIER 3	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl 10 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl 20 mg tab</i>	TIER 3	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg tab</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	TIER 3	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS
<i>tramadol hcl 50 mg tab</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	TIER 2	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine 5 % ointment</i>	TIER 4	QL (50 PER 30 OVER TIME)
<i>lidocaine 5 % patch</i>	TIER 4	PA, QL (3 PER 1 DAYS)
<i>lidocaine hcl 4 % solution</i>	TIER 2	
<i>lidocaine viscous hcl 2 % solution</i>	TIER 2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	TIER 3	QL (30 PER 30 OVER TIME)
<i>lidocan 5 % patch</i>	TIER 4	PA, QL (3 PER 1 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	TIER 5	QL (10 PER 30 OVER TIME)
<i>premium lidocaine 5 % ointment</i>	TIER 4	QL (50 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	TIER 4	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	TIER 2	
OPIOID DEPENDENCE		
<i>buprenorphine hcl 2 mg sl tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>buprenorphine hcl 8 mg sl tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (-naloxone 2-0.5 mg film, -naloxone 4-1 mg film)</i>	TIER 2	QL (5 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl (-naloxone 8-2 mg film, -naloxone 8-2 mg sl tab)</i>	TIER 2	QL (3 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	TIER 2	QL (2 PER 1 DAYS)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	TIER 2	QL (12 PER 1 DAYS)
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		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	TIER 2	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	TIER 2	QL (2 PER 30 OVER TIME)
<i>naltrexone hcl 50 mg tab</i>	TIER 2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	TIER 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	TIER 3	
NICOTROL NS 10 MG/ML SOLUTION	TIER 4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	TIER 4	QL (53 PER 30 OVER TIME)
<i>varenicline tartrate(continue) 1 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate 500 mg/2ml solution</i>	TIER 4	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	TIER 2	
<i>gentamicin sulfate 40 mg/ml solution</i>	TIER 4	
<i>neomycin sulfate 500 mg tab</i>	TIER 2	
<i>paromomycin sulfate 250 mg cap</i>	TIER 4	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	TIER 4	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	TIER 4	
ANTIBACTERIALS, OTHER		
<i>acetic acid 2 % solution</i>	TIER 2	
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	TIER 4	
<i>clindacin etz 1 % swab</i>	TIER 2	
<i>clindacin-p 1 % swab</i>	TIER 2	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	TIER 2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	TIER 4	
<i>clindamycin phosphate (1 % swab, 2 % cream)</i>	TIER 2	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	TIER 4	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	TIER 4	
CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	TIER 4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	TIER 4	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	TIER 5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>linezolid 100 mg/5ml recon susp</i>	TIER 5	PA
<i>linezolid 600 mg tab</i>	TIER 4	PA
<i>linezolid 600 mg/300ml solution</i>	TIER 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	TIER 5	
<i>methenamine hippurate 1 gm tab</i>	TIER 2	
<i>metronidazole (0.75 % cream, 0.75 % lotion)</i>	TIER 3	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>metronidazole (1 % gel, 500 mg/100ml solution)</i>	TIER 4	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	TIER 3	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 2	
<i>rosadan 0.75 % cream</i>	TIER 3	
<i>rosadan 0.75 % gel</i>	TIER 2	
SYNERCID 150-350 MG RECON SOLN	TIER 5	
<i>tigecycline 50 mg recon soln</i>	TIER 5	
<i>trimethoprim 100 mg tab</i>	TIER 2	
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 125 mg cap, 250 mg cap, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i>	TIER 4	
VANDAZOLE 0.75 % GEL	TIER 3	
XIFAXAN 200 MG TAB	TIER 4	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)

BETA-LACTAM, CEPHALOSPORINS

CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)	TIER 2	
<i>cefadroxil (1 gm tab, 500 mg cap)</i>	TIER 2	
<i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	TIER 3	
<i>cefazolin sodium (1 gm recon soln, 2 gm recon soln, 3 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	TIER 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	TIER 3	
<i>cefdinir 300 mg cap</i>	TIER 2	
<i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i>	TIER 4	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	TIER 4	
CEFOTAXIME SODIUM 1 GM RECON SOLN	TIER 4	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i>	TIER 4	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	TIER 4	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	TIER 4	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	TIER 2	
<i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	TIER 4	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	TIER 4	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	TIER 4	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	TIER 2	
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	TIER 4	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	TIER 5	

BETA-LACTAM, PENICILLINS

<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	TIER 2	
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	TIER 2	
<i>ampicillin 500 mg cap</i>	TIER 2	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	TIER 4	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	TIER 4	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	TIER 4	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	TIER 2	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>	TIER 4	
<i>nafcillin sodium 10 gm recon soln</i>	TIER 5	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	TIER 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	TIER 4	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	TIER 2	
PFIZERPEN (5000000 RECON SOLN, 20000000 RECON SOLN)	TIER 4	
<i>piperacillin sod-tazobactam so (d-tazobactam 2.25 (2-0.25) gm recon ln, d-tazobactam 3-0.375 gm recon ln, d-tazobactam 3.375 (3-0.375) gm recon ln, d-tazobactam 4-0.5 gm recon ln, d-tazobactam 4.5 (4-0.5) gm recon ln, d-tazobactam 13.5 (12-1.5) gm recon ln, d-tazobactam 40.5 (36-4.5) gm recon ln)</i>	TIER 4	

CARBAPENEMS

<i>ertapenem sodium 1 gm recon soln</i>	TIER 4
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	TIER 4
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	TIER 4

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MACROLIDES		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	TIER 2	
AZITHROMYCIN 1 GM PACKET	TIER 3	
<i>azithromycin 500 mg recon soln</i>	TIER 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	TIER 4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>clarithromycin er 500 mg tab er 24h</i>	TIER 3	
DIFICID 200 MG TAB	TIER 5	PA, QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML RECON SUSP	TIER 5	PA, QL (136 PER 10 OVER TIME)
E.E.S. 400 400 MG TAB	TIER 4	
<i>erythrocin lactobionate 500 mg recon soln</i>	TIER 4	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i>	TIER 4	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	TIER 4	
<i>erythromycin lactobionate 500 mg recon soln</i>	TIER 4	
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	TIER 3	
CILOXAN 0.3 % OINTMENT	TIER 4	
<i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i>	TIER 4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
CIPROFLOXACIN HCL 100 MG TAB	TIER 4	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	TIER 4	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>levofloxacin 25 mg/ml solution</i>	TIER 4	
<i>levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)</i>	TIER 4	
<i>moxifloxacin hcl 400 mg tab</i>	TIER 4	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOXIFLOXACIN HCL IN NACL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	TIER 3	

SULFONAMIDES

<i>sulfacetamide sodium (acne) 10 % lotion</i>	TIER 3	
<i>sulfadiazine 500 mg tab</i>	TIER 3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	TIER 2	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	TIER 4	

TETRACYCLINES

<i>avidoxy 100 mg tab</i>	TIER 2	
<i>doxy 100 100 mg recon soln</i>	TIER 4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	TIER 2	
<i>doxycycline hyclate 100 mg recon soln</i>	TIER 4	
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	TIER 2	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	TIER 2	
<i>mondoxylene nl 100 mg cap</i>	TIER 2	
<i>morgidox 100 mg cap</i>	TIER 2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 4	

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

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 5	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)</i>	TIER 2	
EPIDIOLEX 100 MG/ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
EPRONTIA 25 MG/ML SOLUTION	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	TIER 4	
FINTEPLA 2.2 MG/ML SOLUTION	TIER 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FYCOMPA (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	TIER 4	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	TIER 4	QL (3 PER 1 DAYS)
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	TIER 2	
<i>levetiracetam er 500 mg tab er 24h</i>	TIER 2	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab er 24h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>roweepra (500 mg tab, 750 mg tab, 1000 mg tab)</i>	TIER 2	
<i>roweepra xr 500 mg tab er 24h</i>	TIER 2	QL (6 PER 1 DAYS)
<i>roweepra xr 750 mg tab er 24h</i>	TIER 2	QL (4 PER 1 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	TIER 4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI (150 MG TAB, 200 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (250 MG DAILY DOSE) (MG DOSE) 50 200 MG TAB THPK, (MG DOSE) 100 150 MG TAB THPK)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	TIER 5	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	TIER 4	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	TIER 5	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY

CALCIUM CHANNEL MODIFYING AGENTS

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

GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS

<i>clobazam 10 mg tab</i>	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	TIER 4	QL (20 PER 30 OVER TIME)
DIAZEPAM 2.5 MG GEL	TIER 4	QL (5 PER 30 OVER TIME)
<i>diazepam 20 mg gel</i>	TIER 4	QL (40 PER 30 OVER TIME)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	TIER 3	QL (72 PER 1 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>gabapentin 100 mg cap</i>	TIER 2	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg cap</i>	TIER 2	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 20 mg/5ml solution, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	TIER 2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	TIER 4	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	TIER 5	QL (10 PER 30 OVER TIME)
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	TIER 5	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	TIER 5	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	TIER 5	QL (10 PER 30 OVER TIME)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

SODIUM CHANNEL AGENTS

APTIOM (200 MG TAB, 400 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	TIER 5	QL (2 PER 1 DAYS)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab)</i>	TIER 2	
<i>carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)</i>	TIER 3	
DILANTIN (30 MG CAP, 100 MG CAP)	TIER 3	
DILANTIN INFATABS 50 MG CHEW TAB	TIER 3	
<i>epitol 200 mg tab</i>	TIER 2	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	TIER 4	QL (40 PER 1 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lacosamide 200 mg/20ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	TIER 2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	TIER 4	
PEGANONE 250 MG TAB	TIER 4	
<i>phenytek (200 mg cap, 300 mg cap)</i>	TIER 2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 2	
<i>phenytoin infatabs 50 mg chew tab</i>	TIER 2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 2	
<i>rufinamide 200 mg tab</i>	TIER 4	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	TIER 5	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	TIER 4	ST, QL (8 PER 1 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	TIER 4	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 2	

ANTIDEMENTIA AGENTS

CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	TIER 2	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	TIER 2	
<i>rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	TIER 4	QL (30 PER 30 OVER TIME)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	TIER 2	

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

<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	TIER 4	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	TIER 3	
<i>memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)</i>	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	TIER 2	QL (2 PER 1 DAYS)
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	TIER 2	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	TIER 2	QL (1 PER 1 DAYS)
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB)	TIER 4	
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	TIER 2	
ZURZUVAE (20 MG CAP, 25 MG CAP)	TIER 5	QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	TIER 5	QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

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

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

<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 2	
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRICYCLICS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 4	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 2	
<i>nortriptyline hcl 10 mg/5ml solution</i>	TIER 4	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	TIER 4	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro 25 mg suppos</i>	TIER 4	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	TIER 2	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	TIER 2	
<i>metoclopramide hcl 5 mg/ml solution</i>	TIER 4	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	TIER 2	
<i>prochlorperazine 25 mg suppos</i>	TIER 4	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA
<i>scopolamine 1 mg/3days patch 72hr</i>	TIER 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (80 & 125 mg cap, 80 & 125 mg misc, 80 mg cap, 125 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>aprepitant 40 mg cap</i>	TIER 4	PA, QL (1 PER 30 OVER TIME)
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 4	PA, QL (6 PER 1 DAYS)
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>granisetron hcl 1 mg tab</i>	TIER 4	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 4 mg tab disp</i>	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 8 mg tab disp</i>	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
ONDANSETRON HCL 24 MG TAB	TIER 2	QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	TIER 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	TIER 4	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>amphotericin b liposome 50 mg recon susp</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>caspofungin acetate 50 mg recon soln</i>	TIER 5	PA
<i>caspofungin acetate 70 mg recon soln</i>	TIER 4	PA
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	TIER 2	
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	TIER 2	
CRESEMBA (74.5 MG CAP, 186 MG CAP, 372 MG RECON SOLN)	TIER 5	PA
<i>econazole nitrate 1 % cream</i>	TIER 4	
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	TIER 4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 4	
<i>griseofulvin ultramicronize (125 mg tab, 250 mg tab)</i>	TIER 4	
<i>itraconazole 100 mg cap</i>	TIER 4	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	TIER 2	
<i>micafungin sodium (50 mg recon soln, 100 mg recon soln)</i>	TIER 5	
MICONAZOLE 3 200 MG SUPPOS	TIER 3	
<i>nyamyc 100000 unit/gm powder</i>	TIER 2	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i>	TIER 2	
<i>nystop 100000 unit/gm powder</i>	TIER 2	
<i>posaconazole 100 mg tab dr</i>	TIER 5	PA, QL (3 PER 1 DAYS)
<i>posaconazole 40 mg/ml suspension</i>	TIER 5	PA
<i>terbinafine hcl 250 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	TIER 3	
<i>terconazole 80 mg suppos</i>	TIER 4	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	TIER 4	PA
<i>voriconazole 200 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION

ANTIGOUT AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
NURTEC 75 MG TAB DISP	TIER 5	PA, QL (16 PER 30 OVER TIME)
UBRELVY (50 MG TAB, 100 MG TAB)	TIER 5	PA, QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	TIER 4	PA
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	TIER 5	PA, QL (8 PER 30 OVER TIME)
MIGERGOT 2-100 MG SUPPOS	TIER 4	QL (20 PER 30 OVER TIME)
PROPHYLACTIC		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	TIER 3	PA, QL (1 PER 28 OVER TIME)
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 3	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	TIER 2	QL (24 PER 30 OVER TIME)
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	TIER 4	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsyr, 6 mg/0.5ml solution)</i>	TIER 4	QL (8 PER 30 OVER TIME)
<i>sumatriptan succinate refill (4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart)</i>	TIER 4	QL (8 PER 30 OVER TIME)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	TIER 4	QL (18 PER 30 OVER TIME)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
GUANIDINE HCL 125 MG TAB	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pyridostigmine bromide 60 mg tab</i>	TIER 2	

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

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

ANTITUBERCULARS

<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	TIER 2	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	TIER 2	
ISONIAZID 100 MG/ML SOLUTION	TIER 4	
PASER 4 GM PACKET	TIER 4	
PRIFTIN 150 MG TAB	TIER 4	
<i>pyrazinamide 500 mg tab</i>	TIER 2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	TIER 2	
<i>rifampin 600 mg recon soln</i>	TIER 4	
RIFATER 50-120-300 MG TAB	TIER 4	
SIRTURO (20 MG TAB, 100 MG TAB)	TIER 5	PA
TRECTOR 250 MG TAB	TIER 4	

ANTINEOPLASTICS

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	TIER 3	PA - PART B VS D DETERMINATION
GLEOSTINE (40 MG CAP, 100 MG CAP)	TIER 5	
GLEOSTINE 10 MG CAP	TIER 4	
LEUKERAN 2 MG TAB	TIER 4	
MATULANE 50 MG CAP	TIER 5	LA
<i>thiotepa (15 mg recon soln, 100 mg recon soln)</i>	TIER 5	PA - PART B VS D DETERMINATION
VALCHLOR 0.016 % GEL	TIER 5	LA, QL (60 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	TIER 2	
ERLEADA 240 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>flutamide 125 mg cap</i>	TIER 3	
<i>nilutamide 150 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI (40 MG CAP, 40 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIANGIOGENIC AGENTS		
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (50 MG CAP, 100 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIESTROGENS/MODIFIERS		
EMCYT 140 MG CAP	TIER 4	
<i>fulvestrant 250 mg/5ml soln prsyr</i>	TIER 5	
SOLTAMOX 10 MG/5ML SOLUTION	TIER 5	PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>toremifene citrate 60 mg tab</i>	TIER 4	

ANTIMETABOLITES

DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	TIER 3	
<i>hydroxyurea 500 mg cap</i>	TIER 2	
INQOVI 35-100 MG TAB	TIER 5	LA, QL (5 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	TIER 2	
PURIXAN 2000 MG/100ML SUSPENSION	TIER 5	LA, PA - FOR NEW STARTS ONLY
TABLOID 40 MG TAB	TIER 3	

ANTINEOPLASTICS, OTHER

AKEEGA (50-500 MG TAB, 100-500 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	TIER 5	LA, QL (2 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EXKIVITY 40 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	TIER 5	LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (70 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (91 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	TIER 5	QL (49 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KOSELUGO 25 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i>	TIER 4	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	TIER 2	
LONSURF 15-6.14 MG TAB	TIER 5	LA, QL (100 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	TIER 5	LA, QL (80 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	TIER 5	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	QL (3 PER 21 OVER TIME), PA - FOR NEW STARTS ONLY
OGSIVEO 100 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ONUREG (200 MG TAB, 300 MG TAB)	TIER 5	QL (14 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	TIER 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	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 xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TABRECTA (150 MG TAB, 200 MG TAB)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	TIER 5	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (20 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	TIER 5	LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	TIER 5	LA, QL (4 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (16 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	TIER 5	LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (12 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	TIER 5	LA, QL (4 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (24 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (16 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	TIER 5	LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	TIER 5	LA, QL (32 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

AROMATASE INHIBITORS, 3RD GENERATION

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENZYME INHIBITORS		
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 200 MG TAB)	TIER 5	LA, QL (64 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	TIER 5	LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COPIKTRA (15 MG CAP, 25 MG CAP)	TIER 5	LA, QL (56 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	TIER 5	LA, QL (63 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	TIER 5	LA, QL (84 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	TIER 5	LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	TIER 5	LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 140 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMBRUVICA 70 MG/ML SUSPENSION	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	TIER 5	QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 MG TAB THPK	TIER 5	QL (42 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	TIER 5	QL (63 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	TIER 5	LA, QL (84 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	TIER 5	LA, QL (112 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	TIER 5	LA, QL (140 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	TIER 5	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	TIER 5	LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	TIER 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRYCEL (100 MG TAB, 140 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPRYCEL (70 MG TAB, 80 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRYCEL 20 MG TAB	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRYCEL 50 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	TIER 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 25 mg cap</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	TIER 5	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO (125 MG CAP, 200 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
UKONIQ 200 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	TIER 3	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	TIER 5	LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	TIER 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI 150 MG CAP SPRINK	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA 100 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

RETINOIDS

<i>bexarotene 1 % gel</i>	TIER 5	QL (60 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg cap</i>	TIER 5	

TREATMENT ADJUNCTS

<i>mesna 100 mg/ml solution</i>	TIER 4	
MESNEX 400 MG TAB	TIER 5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VONJO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTIPARASITICS

ANTHELMINTHICS

<i>albendazole 200 mg tab</i>	TIER 4	
<i>ivermectin 3 mg tab</i>	TIER 3	QL (16 PER 365 OVER TIME)
<i>praziquantel 600 mg tab</i>	TIER 3	

ANTIPROTOZOALS

<i>atovaquone 750 mg/5ml suspension</i>	TIER 4	PA
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	TIER 3	
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)
<i>chloroquine phosphate 250 mg tab</i>	TIER 2	QL (50 PER 30 OVER TIME)
<i>chloroquine phosphate 500 mg tab</i>	TIER 2	QL (25 PER 30 OVER TIME)
COARTEM 20-120 MG TAB	TIER 4	QL (24 PER 2 OVER TIME)
<i>hydroxychloroquine sulfate 100 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>hydroxychloroquine sulfate 300 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfate 400 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>mefloquine hcl 250 mg tab</i>	TIER 2	
<i>nitazoxanide 500 mg tab</i>	TIER 5	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	TIER 3	
<i>pyrimethamine 25 mg tab</i>	TIER 5	PA
<i>quinine sulfate 324 mg cap</i>	TIER 3	PA, QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	TIER 2	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	TIER 2	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	TIER 4	
<i>entacapone 200 mg tab</i>	TIER 3	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
<i>apomorphine hcl 30 mg/3ml soln cart</i>	TIER 5	PA
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	TIER 2	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	TIER 2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	TIER 2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	TIER 2	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	TIER 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	TIER 4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	TIER 4	
FLUPHENAZINE HCL (1 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC, 10 MG TAB)	TIER 4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	TIER 3	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	TIER 3	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 2	
MOLINDONE HCL 10 MG TAB	TIER 4	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	TIER 4	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	TIER 4	QL (12 PER 1 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	TIER 3	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 3	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 3	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	

2ND GENERATION/ATYPICAL

ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR)	TIER 5	PA - PART B VS D DETERMINATION
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	TIER 5	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	TIER 4	QL (25 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aripiprazole 2 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>aripiprazole 5 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	TIER 5	PA - PART B VS D DETERMINATION
ARISTADA INITIO 675 MG/2.4ML PRSYR	TIER 5	QL (2.4 PER 42 OVER TIME), PA - PART B VS D DETERMINATION
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	TIER 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	TIER 5	QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	TIER 5	QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	TIER 5	QL (0.75 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 5	QL (1 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 5	QL (1.5 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 4	QL (0.25 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 5	QL (0.5 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	TIER 5	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	TIER 5	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	TIER 5	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	TIER 5	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lurasidone hcl (80 mg tab, 120 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	TIER 2	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	TIER 4	
<i>paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 9 mg tab er 24h)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab er 24h</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	TIER 5	QL (1 PER 28 OVER TIME), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	TIER 2	
<i>quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)</i>	TIER 3	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	TIER 4	
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	TIER 2	
<i>risperidone 1 mg/ml solution</i>	TIER 3	
<i>risperidone microspheres er (er 25 mg, er 37.5 mg, er 50 mg)</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er 12.5 mg srer</i>	TIER 4	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	TIER 4	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	TIER 2	
<i>ziprasidone mesylate 20 mg recon soln</i>	TIER 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION

TREATMENT-RESISTANT

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

ANTISPASTICITY AGENTS

<i>baclofen 10 mg tab</i>	TIER 2	QL (8 PER 1 DAYS)
BACLOFEN 15 MG TAB	TIER 2	QL (6 PER 1 DAYS)
<i>baclofen 20 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>baclofen 5 mg tab</i>	TIER 2	QL (16 PER 1 DAYS)
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 3	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	TIER 2	

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

PREVYMIS 240 MG TAB	TIER 5	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	TIER 5	QL (100 PER 365 OVER TIME)
<i>valganciclovir hcl 450 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	TIER 5	QL (18 PER 1 DAYS)
ZIRGAN 0.15 % GEL	TIER 4	QL (5 PER 30 OVER TIME)

ANTI-HEPATITIS B (HBV) AGENTS

<i>adefovir dipivoxil 10 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	TIER 5	QL (21 PER 1 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	TIER 3	
<i>lamivudine 100 mg tab</i>	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VEMLIDY 25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
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 90-400 MG TAB	TIER 5	PA, QL (1 PER 1 DAYS)
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)
<i>ribavirin (200 mg cap, 200 mg tab)</i>	TIER 2	
SOFOBUVIR-VELPATASVIR 400-100 MG TAB	TIER 5	PA, QL (1 PER 1 DAYS)
VOSEVI 400-100-100 MG TAB	TIER 5	PA, QL (1 PER 1 DAYS)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

APRETUDE 600 MG/3ML SUSP	TIER 5	QL (21 PER 365 OVER TIME), PA - PART B VS D DETERMINATION
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	TIER 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	TIER 5	QL (2 PER 1 DAYS)
ISENTRESS 25 MG CHEW TAB	TIER 3	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TAB	TIER 5	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	TIER 5	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	TIER 5	QL (2 PER 1 DAYS)
TIVICAY 10 MG TAB	TIER 4	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	TIER 4	QL (6 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

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

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

<i>abacavir sulfate 20 mg/ml solution</i>	TIER 4	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
CIMDUO 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
DIDANOSINE (200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR)	TIER 2	QL (1 PER 1 DAYS)
<i>emtricitabine 200 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (24 PER 1 DAYS)
<i>lamivudine 10 mg/ml solution</i>	TIER 3	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	TIER 5	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	TIER 4	QL (240 PER 30 OVER TIME)
<i>zidovudine 100 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	TIER 2	QL (60 PER 1 DAYS)

ANTI-HIV AGENTS, OTHER

CABENUVA 400 & 600 MG/2ML SUSP	TIER 5	QL (4 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	TIER 5	QL (6 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
FUZEON 90 MG RECON SOLN	TIER 5	QL (60 PER 30 OVER TIME)
<i>maraviroc 150 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
<i>maraviroc 300 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	TIER 5	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	TIER 5	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	TIER 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	TIER 5	QL (8 PER 1 DAYS)
SUNLENCA 4 X 300 MG TAB THPK	TIER 5	QL (4 PER 180 OVER TIME)
SUNLENCA 463.5 MG/1.5ML SOLUTION	TIER 5	QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUNLENCA 5 X 300 MG TAB THPK	TIER 5	QL (5 PER 180 OVER TIME)
TYBOST 150 MG TAB	TIER 3	QL (1 PER 1 DAYS)

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)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
CRIXIVAN 200 MG CAP	TIER 3	QL (9 PER 1 DAYS)
CRIXIVAN 400 MG CAP	TIER 3	QL (6 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	TIER 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	TIER 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	TIER 4	QL (13 PER 1 DAYS)
NORVIR (100 MG CAP, 100 MG PACKET)	TIER 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	TIER 4	QL (15 PER 1 DAYS)
PREZCOBIX 800-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	TIER 5	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	TIER 3	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	TIER 3	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	TIER 5	QL (8 PER 1 DAYS)
<i>ritonavir 100 mg tab</i>	TIER 3	QL (12 PER 1 DAYS)
SYM TUZA 800-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	TIER 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	TIER 5	QL (4 PER 1 DAYS)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg cap</i>	TIER 2	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	TIER 2	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	TIER 4	QL (1080 PER 365 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oseltamivir phosphate 75 mg cap</i>	TIER 2	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	TIER 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	TIER 2	
XOFLUZA (40 MG DOSE) (OFLUZA MG DOSE) 1 40 MG TAB THPK, OFLUZA MG DOSE) 2 20 MG TAB THPK)	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)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	TIER 4	QL (2 PER 30 OVER TIME)

ANTIHERPETIC AGENTS

<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>acyclovir 200 mg/5ml suspension</i>	TIER 4	
<i>acyclovir sodium 50 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	TIER 3	
TRIFLURIDINE 1% SOLUTION	TIER 2	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	TIER 2	

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>bupirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	TIER 2	
<i>meprobamate (200 mg tab, 400 mg tab)</i>	TIER 4	

BENZODIAZEPINES

<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>alprazolam 2 mg tab</i>	TIER 2	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)</i>	TIER 2	QL (40 PER 1 DAYS)
<i>clonazepam (1 mg tab, 1 mg tab disp)</i>	TIER 2	QL (20 PER 1 DAYS)
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	TIER 2	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	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 xii.

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

BIPOLAR AGENTS

MOOD STABILIZERS

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

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	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 (25 MG TAB, 50 MG TAB, 100 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i>	TIER 1	
<i>miglitol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 4	QL (3 PER 1 DAYS)
MOUNJARO (2.5 MG/0.5ML SOLN PEN, 5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN)	TIER 3	PA, QL (2 PER 28 OVER TIME)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	TIER 2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	TIER 3	PA, QL (1.5 PER 28 OVER TIME)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE) (MG/DOSE) 2 MG/1.5ML SOLN PEN, (MG/DOSE) 4 MG/3ML SOLN PEN)	TIER 3	PA, QL (3 PER 28 OVER TIME)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 OVER TIME)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 2	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 3	PA, QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	TIER 3	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	TIER 3	PA, QL (2 PER 28 OVER TIME)
VICTOZA 18 MG/3ML SOLN PEN	TIER 3	PA, QL (9 PER 30 OVER TIME)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	TIER 3	QL (1 PER 1 DAYS)

GLYCEMIC AGENTS

BAQSIMI ONE PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 OVER TIME)
<i>diazoxide 50 mg/ml suspension</i>	TIER 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	TIER 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	TIER 3	QL (2 PER 2 OVER TIME)

INSULINS

HUMALOG 100 UNIT/ML SOLN CART	TIER 3	INS
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	INS
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	TIER 3	INS
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 3	INS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN N 100 UNIT/ML SUSPENSION	TIER 3	INS
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	TIER 3	INS
HUMULIN R 100 UNIT/ML SOLUTION	TIER 3	INS
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION, INS
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 3	INS
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	INS
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	TIER 3	INS
LANTUS 100 UNIT/ML SOLUTION	TIER 3	QL (40 PER 30 OVER TIME), INS
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 3	QL (45 PER 30 OVER TIME), INS
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 3	INS
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	TIER 3	INS
NOVOLIN N 100 UNIT/ML SUSPENSION	TIER 3	INS
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	TIER 3	INS
NOVOLIN R 100 UNIT/ML SOLUTION	TIER 3	INS
NOVOLIN R RELION 100 UNIT/ML SOLUTION	TIER 3	INS
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 OVER TIME), INS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 OVER TIME), INS

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIQUIS (2.5 MG TAB, 5 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	TIER 3	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (100 mg/ml soln prsy, 150 mg/ml soln prsy, 300 mg/3ml solution)</i>	TIER 3	QL (60 PER 30 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8ml soln prsy, 120 mg/0.8ml soln prsy)</i>	TIER 3	QL (48 PER 30 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	TIER 3	QL (18 PER 30 OVER TIME)
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	TIER 3	QL (24 PER 30 OVER TIME)
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	TIER 3	QL (36 PER 30 OVER TIME)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	TIER 5	QL (24 PER 30 OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	TIER 4	QL (15 PER 30 OVER TIME)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	TIER 5	QL (12 PER 30 OVER TIME)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	TIER 5	QL (18 PER 30 OVER TIME)
<i>heparin sodium (porcine) ((porcine) 1000 unit/ml solution, (porcine) 5000 unit/ml solution, (porcine) 10000 unit/ml solution, (porcine) 20000 unit/ml solution)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 2	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 2	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	TIER 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	TIER 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	TIER 3	QL (51 PER 180 OVER TIME)

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	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) 100 MCG/ML SOLUTION)	TIER 4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP (ALBUMIN FREE) (FREE) 60 MCG/0.3ML SOLN PRSYR, FREE) 60 MCG/ML SOLUTION, FREE) 100 MCG/0.5ML SOLN PRSYR, FREE) 150 MCG/0.3ML SOLN PRSYR, FREE) 200 MCG/0.4ML SOLN PRSYR, FREE) 200 MCG/ML SOLUTION, FREE) 300 MCG/0.6ML SOLN PRSYR, FREE) 500 MCG/ML SOLN PRSYR)	TIER 5	PA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	TIER 5	PA, LA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TAB, 50 MG TAB)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	TIER 5	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	TIER 5	PA, LA, QL (2 PER 1 DAYS)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	TIER 4	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	TIER 5	PA

HEMOSTASIS AGENTS

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

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

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	TIER 4	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 2	
<i>droxidopa 100 mg cap</i>	TIER 5	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa 200 mg cap</i>	TIER 5	PA, QL (120 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>droxidopa 300 mg cap</i>	TIER 5	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	TIER 2	
<i>methyldopa (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 2	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	TIER 2	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 2	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 2	
EPROSARTAN MESYLATE 600 MG TAB	TIER 1	QL (1 PER 1 DAYS)
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	TIER 1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 2	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	TIER 1	

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	TIER 1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	TIER 1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	

ANTIARRHYTHMICS

<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>amiodarone hcl 200 mg tab</i>	TIER 2	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	TIER 4	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	TIER 2	
MULTAQ 400 MG TAB	TIER 4	QL (2 PER 1 DAYS)
<i>pacerone (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>pacerone 200 mg tab</i>	TIER 2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	TIER 2	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	TIER 2	
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 2	
<i>sotalol hcl (af) ((af) 80 mg tab, (af) 120 mg tab, (af) 160 mg tab)</i>	TIER 2	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	TIER 2	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	TIER 1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	TIER 2	

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

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

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

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

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	TIER 2	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	TIER 2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 2	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg tab er 24h, er 180 mg tab er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	TIER 2	
<i>diltiazem hcl er beads 420 mg cap er 24h</i>	TIER 2	
<i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	TIER 2	
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	TIER 2	
<i>tiadylt er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h, er 420 mg cap er 24h)</i>	TIER 2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	TIER 2	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	TIER 4	
<i>verapamil hcl er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h)</i>	TIER 3	
<i>verapamil hcl er (er 120 mg tab er, er 180 mg tab er, er 240 mg tab er)</i>	TIER 2	

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide (125 mg tab, 250 mg tab)</i>	TIER 2	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	TIER 3	PA
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	TIER 2	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	TIER 1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	TIER 1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	TIER 2	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	TIER 2	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	TIER 2	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	TIER 2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	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)
<i>digitek (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>digox (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	TIER 1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	TIER 1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 2	
<i>metyrosine 250 mg cap</i>	TIER 5	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	TIER 2	
<i>pentoxifylline er 400 mg tab er</i>	TIER 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	TIER 2	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	TIER 2	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	TIER 1	
<i>triamterene-hctz (37.5-25 mg tab, 75-50 mg tab)</i>	TIER 2	
<i>triamterene-hctz 37.5-25 mg cap</i>	TIER 1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	TIER 1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)

DIURETICS, LOOP

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
<i>bumetanide 0.25 mg/ml solution</i>	TIER 4	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>furosemide 10 mg/ml solution</i>	TIER 4	
FUROSEMIDE 8 MG/ML SOLUTION	TIER 2	
<i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	TIER 2	

DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl 5 mg tab</i>	TIER 2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	TIER 4	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	

DIURETICS, THIAZIDE

<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	TIER 2	
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	TIER 2	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES

<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	TIER 2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	TIER 2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	TIER 3	
<i>gemfibrozil 600 mg tab</i>	TIER 2	

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluvastatin sodium er 80 mg tab er 24h</i>	TIER 2	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	

DYSLIPIDEMICS, OTHER

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	TIER 4	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	TIER 2	
<i>ezetimibe 10 mg tab</i>	TIER 2	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 2	
<i>icosapent ethyl 0.5 gm cap</i>	TIER 4	QL (8 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>icosapent ethyl 1 gm cap</i>	TIER 4	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERTENSIVE) 500 MG TAB	TIER 4	
<i>niacin er (antihyperlipidemic) (er (antihyperlipidemic) 750 mg tab er, er (antihyperlipidemic) 1000 mg tab er)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	TIER 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	TIER 4	
<i>omega-3-acid ethyl esters 1 gm cap</i>	TIER 3	QL (4 PER 1 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
REPATHA 140 MG/ML SOLN PRSYR	TIER 3	PA, QL (2 PER 28 OVER TIME)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	TIER 3	PA, QL (3.5 PER 28 OVER TIME)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	TIER 3	PA, QL (2 PER 28 OVER TIME)

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	TIER 2

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)</i>	TIER 2	
<i>minitran (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	TIER 2	
NITRO-BID 2 % OINTMENT	TIER 3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	TIER 2	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.6 mg sl tab)</i>	TIER 3	
<i>nitroglycerin 0.4 % ointment</i>	TIER 4	QL (30 PER 30 OVER TIME)
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	TIER 2	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	TIER 2	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate 15 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate 20 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate 30 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate er 10 mg cap er 24h</i>	TIER 2	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	TIER 2	QL (12 PER 1 DAYS)
<i>zenzedi (5 mg tab, 10 mg tab)</i>	TIER 2	QL (6 PER 1 DAYS)
<i>zenzedi 15 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>zenzedi 20 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>zenzedi 30 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	TIER 3	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	TIER 3	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atomoxetine hcl 40 mg cap</i>	TIER 3	QL (2 PER 1 DAYS)
<i>clonidine hcl er 0.1 mg tab er 12h</i>	TIER 3	
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>methylphenidate hcl 10 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 20 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>methylphenidate hcl er 10 mg tab er</i>	TIER 3	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er 20 mg tab er</i>	TIER 3	QL (3 PER 1 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

AUSTEDO (9 MG TAB, 12 MG TAB)	TIER 5	PA, QL (4 PER 1 DAYS)
AUSTEDO 6 MG TAB	TIER 5	PA, QL (8 PER 1 DAYS)
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
AUSTEDO XR 24 MG TAB ER 24H	TIER 5	PA, QL (2 PER 1 DAYS)
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	TIER 5	PA, QL (42 PER 30 OVER TIME)
<i>bac 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
INGREZZA (60 MG CAP, 80 MG CAP)	TIER 5	PA, LA, QL (1 PER 1 DAYS)
INGREZZA 40 & 80 MG CAP THPK	TIER 5	PA, LA, QL (28 PER 28 OVER TIME)
INGREZZA 40 MG CAP	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>riluzole 50 mg tab</i>	TIER 3	
<i>tetrabenazine 12.5 mg tab</i>	TIER 5	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR)	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg cp dr part, 60 mg cp dr part)</i>	TIER 2	QL (2 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>duloxetine hcl 30 mg cp dr part</i>	TIER 2	QL (3 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 3	QL (3 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	TIER 3	QL (30 PER 1 DAYS)

MULTIPLE SCLEROSIS AGENTS

AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	TIER 5	PA, QL (4 PER 28 OVER TIME)
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	TIER 5	PA, QL (4 PER 28 OVER TIME)
BETASERON 0.3 MG KIT	TIER 5	PA, QL (15 PER 30 OVER TIME)
<i>dalfampridine er 10 mg tab er 12h</i>	TIER 3	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	TIER 5	PA, QL (2 PER 1 DAYS)
EXTAVIA 0.3 MG KIT	TIER 5	PA, QL (15 PER 30 OVER TIME)
<i>fingolimod hcl 0.5 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsy</i>	TIER 5	PA, QL (30 PER 30 OVER TIME)
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	TIER 5	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PEN	TIER 5	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	TIER 5	PA, LA, QL (1 PER 28 OVER TIME)
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	TIER 5	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	TIER 5	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	TIER 5	PA, QL (4.2 PER 28 OVER TIME)
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	TIER 5	PA, QL (4.2 PER 28 OVER TIME)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)
TYSABRI 300 MG/15ML CONC	TIER 5	PA, LA

DENTAL AND ORAL AGENTS

<i>chlorhexidine gluconate 0.12 % solution</i>	TIER 2
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KEPIVANCE 6.25 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
<i>kourzeq 0.1 % paste</i>	TIER 3	
<i>oralone 0.1 % paste</i>	TIER 3	
<i>paroex 0.12 % solution</i>	TIER 2	
<i>periogard 0.12 % solution</i>	TIER 2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 2	
<i>triamcinolone acetonide 0.1 % paste</i>	TIER 3	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>acutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	TIER 4	
<i>adapalene 0.1 % gel</i>	TIER 4	PA
<i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4	
<i>avita (0.025 % cream, 0.025 % gel)</i>	TIER 3	PA
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>tazarotene 0.1 % cream</i>	TIER 4	
TAZORAC 0.05 % CREAM	TIER 4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	TIER 3	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	

DERMATITIS AND PRURITUS AGENTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>	TIER 3	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	TIER 2	
<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 4	
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 4	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	TIER 4	
<i>desoximetasone (0.25 % cream, 0.25 % ointment)</i>	TIER 4	
<i>fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i>	TIER 2	
<i>fluocinolone acetonide 0.01 % solution</i>	TIER 4	
<i>fluocinolone acetonide body 0.01 % oil</i>	TIER 4	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	TIER 4	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 3	
<i>fluocinonide emulsified base 0.05 % cream</i>	TIER 2	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	TIER 2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 2	QL (200 PER 28 OVER TIME)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	TIER 2	
<i>hydrocortisone (perianal) ((perianal) 1 % cream, (perianal) 2.5 % cream)</i>	TIER 2	
<i>hydrocortisone butyrate 0.1 % solution</i>	TIER 4	ST
<i>hydrocortisone valerate 0.2 % cream</i>	TIER 2	ST
<i>mometasone furoate 0.1 % solution</i>	TIER 2	
<i>procto-med hc 2.5 % cream</i>	TIER 2	
<i>procto-pak 1 % cream</i>	TIER 2	
<i>proctosol hc 2.5 % cream</i>	TIER 2	
<i>proctozone-hc 2.5 % cream</i>	TIER 2	
<i>selenium sulfide 2.5 % lotion</i>	TIER 2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	TIER 3	QL (100 PER 30 OVER TIME)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide 0.025 % lotion</i>	TIER 3	
<i>triderm (0.1 % cream, 0.5 % cream)</i>	TIER 2	

DERMATOLOGICAL AGENTS, OTHER

<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	TIER 4	
<i>calcipotriene 0.005 % solution</i>	TIER 3	
<i>calcitrene 0.005 % ointment</i>	TIER 4	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	TIER 2	
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	TIER 4	
<i>diclofenac sodium 3 % gel</i>	TIER 4	PA, QL (100 PER 30 OVER TIME)
<i>fluorouracil (2 % solution, 5 % cream, 5 % solution)</i>	TIER 2	
<i>imiquimod 5 % cream</i>	TIER 2	QL (24 PER 30 OVER TIME)
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	TIER 4	
OTEZLA 30 MG TAB	TIER 5	PA, QL (2 PER 1 DAYS)
<i>podofilox 0.5 % solution</i>	TIER 2	
REGRANEX 0.01 % GEL	TIER 5	PA, QL (15 PER 2 OVER TIME)
SANTYL 250 UNIT/GM OINTMENT	TIER 4	QL (180 PER 30 OVER TIME)
<i>silver sulfadiazine 1 % cream</i>	TIER 2	
SKYRIZI 600 MG/10ML SOLUTION	TIER 5	PA, QL (30 PER 365 OVER TIME)
<i>ssd 1 % cream</i>	TIER 2	
STELARA 130 MG/26ML SOLUTION	TIER 5	PA, QL (104 PER 365 OVER TIME)
TOLAK 4 % CREAM	TIER 3	

PEDICULICIDES/SCABICIDES

LINDANE 1 % SHAMPOO	TIER 4	
<i>malathion 0.5 % lotion</i>	TIER 4	
<i>permethrin 5 % cream</i>	TIER 2	

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	TIER 4	PA, QL (30 PER 30 OVER TIME)
<i>ciclodan 8 % solution</i>	TIER 2	
<i>ciclopirox 8 % solution</i>	TIER 2	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERY 2 % PAD	TIER 3	
<i>erythromycin 2 % gel</i>	TIER 4	
<i>erythromycin 2 % solution</i>	TIER 2	
<i>mupirocin 2 % ointment</i>	TIER 2	
SULFAMYLON 85 MG/GM CREAM	TIER 4	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

AMINOSYN II 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>carglumic acid 200 mg tab sol</i>	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)
FREAMINE III 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
HEPATAMINE 8 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 4	PA - PART B VS D DETERMINATION
<i>kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	TIER 4	
<i>klor-con 10 10 meq tab er</i>	TIER 2	
<i>klor-con 8 meq tab er</i>	TIER 2	
<i>klor-con m10 10 meq tab er</i>	TIER 2	
<i>klor-con m15 15 meq tab er</i>	TIER 2	
<i>klor-con m20 20 meq tab er</i>	TIER 2	
<i>klor-con sprinkle (8 cap er, 10 cap er)</i>	TIER 2	
<i>magnesium sulfate 50 % solution</i>	TIER 4	
NORMOSOL-M IN D5W SOLUTION	TIER 4	
NUTRILIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
<i>potassium chloride (2 meq/ml solution, 10 % solution, 10 meq/100ml solution, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)</i>	TIER 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)</i>	TIER 2	
<i>potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 20 tab er)</i>	TIER 2	
<i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	TIER 4	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	TIER 3	
PREMASOL 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	TIER 4	
<i>sodium chloride (pf) 0.9 % solution</i>	TIER 4	
SYNTHAMIN 17 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
TRAVASOL 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
TROPHAMINE 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION

ELECTROLYTE/MINERAL/METAL MODIFIERS

<i>clovique 250 mg cap</i>	TIER 5	PA, QL (8 PER 1 DAYS)
<i>deferasirox (180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i>	TIER 5	
<i>deferasirox 125 mg tab sol</i>	TIER 3	
<i>deferasirox 90 mg tab</i>	TIER 4	
<i>trientine hcl 250 mg cap</i>	TIER 5	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	TIER 5	PA, QL (4 PER 1 DAYS)

PHOSPHATE BINDERS

AURYXIA 1 GM 210 MG(Fe) TAB	TIER 4	PA, QL (12 PER 1 DAYS)
<i>calcium acetate (phos binder) (binder) 667 mg cap, binder) 667 mg tab)</i>	TIER 2	
<i>calcium acetate 667 mg tab</i>	TIER 2	
<i>sevelamer carbonate 800 mg tab</i>	TIER 3	

POTASSIUM BINDERS

<i>kionex 15 gm/60ml suspension</i>	TIER 2	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	TIER 2	
SPS 15 GM/60ML SUSPENSION	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	TIER 3	
VITAMINS		
<i>dextrose (5 % solution, 10 % solution)</i>	TIER 4	
<i>dextrose in lactated ringers 5 % solution</i>	TIER 4	
<i>dextrose-sodium chloride (2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.2 % solution, 10-0.45 % solution)</i>	TIER 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	TIER 4	
LACTATED RINGERS SOLUTION	TIER 4	
<i>lactated ringers solution</i>	TIER 2	
<i>levocarnitine 330 mg tab</i>	TIER 2	
<i>nafrinse 2.2 (1 f) mg chew tab</i>	TIER 2	
POTASSIUM CHLORIDE IN DEXTROSE (20-5 MEQ/L-% SOLUTION, 40-5 MEQ/L-% SOLUTION)	TIER 4	
<i>prenatal vitamins</i>	TIER 3	
<i>ringers solution</i>	TIER 4	
<i>ringers irrigation solution</i>	TIER 2	
SMOFLIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	TIER 2	
<i>tis-u-sol solution</i>	TIER 2	
TPN ELECTROLYTES CONC	TIER 4	PA - PART B VS D DETERMINATION

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>constulose 10 gm/15ml solution</i>	TIER 2
<i>enulose 10 gm/15ml solution</i>	TIER 2
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	TIER 2
<i>generlac 10 gm/15ml solution</i>	TIER 2
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	TIER 2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lactulose encephalopathy 10 gm/15ml solution</i>	TIER 2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	TIER 3	QL (1 PER 1 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	TIER 3	QL (2 PER 1 DAYS)
MOVANTI (12.5 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	TIER 3	
NULYTELY LEMON-LIME 420 GM RECON SOLN	TIER 3	
NULYTELY WITH FLAVOR PACKS 420 GM RECON SOLN	TIER 3	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	TIER 2	
PLENVU 140 GM RECON SOLN	TIER 3	
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION)	TIER 5	PA
<i>trilyte 420 gm recon soln</i>	TIER 2	

ANTI-DIARRHEAL AGENTS

<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	TIER 4	PA
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	TIER 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	TIER 4	
<i>loperamide hcl 2 mg cap</i>	TIER 2	
XERMELO 250 MG TAB	TIER 5	PA, LA, QL (3 PER 1 DAYS)

ANTISPASMODICS, GASTROINTESTINAL

<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	TIER 2	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 2	

GASTROINTESTINAL AGENTS, OTHER

GATTEX 5 MG KIT	TIER 5	PA, LA
GAVILYTE-C 240 GM RECON SOLN	TIER 2	
<i>gavilyte-g 236 gm recon soln</i>	TIER 2	
GOLYTELY 236 GM RECON SOLN	TIER 3	
MYALEPT 11.3 MG RECON SOLN	TIER 5	PA, LA, QL (60 PER 30 OVER TIME)
<i>peg-3350/electrolytes 236 gm recon soln</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYRIZI 180 MG/1.2ML SOLN CART	TIER 5	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	TIER 5	PA, QL (2.4 PER 56 OVER TIME)
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	TIER 2	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>cimetidine hcl (300 mg/5ml solution, 400 mg/6.67ml solution)</i>	TIER 2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	TIER 2	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	TIER 2	

PROTECTANTS

<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	TIER 2	
<i>sucralfate 1 gm tab</i>	TIER 2	

PROTON PUMP INHIBITORS

<i>lansoprazole 15 mg cap dr</i>	TIER 2	
<i>lansoprazole 30 mg cap dr</i>	TIER 2	QL (2 PER 1 DAYS)
<i>omeprazole (10 mg cap dr, 20 mg cap dr)</i>	TIER 2	
<i>omeprazole 40 mg cap dr</i>	TIER 2	QL (2 PER 1 DAYS)
<i>pantoprazole sodium 20 mg tab dr</i>	TIER 2	
<i>pantoprazole sodium 40 mg tab dr</i>	TIER 2	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	TIER 3	

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

ALDURAZYME 2.9 MG/5ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	TIER 5	
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 (6 PER 1 DAYS)
BYLVAY 400 MCG CAP	TIER 5	PA, LA, QL (18 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CERDELGA 84 MG CAP	TIER 5	PA, LA, QL (2 PER 1 DAYS)
CEREZYME 400 UNIT RECON SOLN	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 (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	TIER 3	
<i>cromolyn sodium 100 mg/5ml conc</i>	TIER 4	
CYSTAGON (50 MG CAP, 150 MG CAP)	TIER 4	PA, LA
CYSTARAN 0.44 % SOLUTION	TIER 5	PA, LA, QL (60 PER 28 OVER TIME)
ENDARI 5 GM PACKET	TIER 5	PA, LA, QL (6 PER 1 DAYS)
<i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>	TIER 5	PA
<i>miglustat 100 mg cap</i>	TIER 5	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME 1 MG/ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 5	PA
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	TIER 5	PA, LA
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	TIER 5	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	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)
<i>yargesa 100 mg cap</i>	TIER 5	PA, QL (3 PER 1 DAYS)
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	TIER 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

GEMTESA 75 MG TAB	TIER 4	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	TIER 4	
<i>oxybutynin chloride 5 mg tab</i>	TIER 2	
<i>oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)</i>	TIER 2	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	TIER 2	ST
<i>tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)</i>	TIER 2	ST
<i>tropium chloride 20 mg tab</i>	TIER 2	

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er 10 mg tab er 24h</i>	TIER 2	
<i>dutasteride 0.5 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>finasteride 5 mg tab</i>	TIER 2	
<i>silodosin (4 mg cap, 8 mg cap)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	TIER 2	

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	
<i>penicillamine 250 mg tab</i>	TIER 5	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

<i>alclometasone dipropionate 0.05 % cream</i>	TIER 2	
<i>betamethasone dipropionate 0.05 % ointment</i>	TIER 2	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion)</i>	TIER 2	
<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 4	
<i>clobetasol propionate e 0.05 % cream</i>	TIER 4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CORTISONE ACETATE 25 MG TAB	TIER 4	
CORTROPHIN 80 UNIT/ML GEL	TIER 5	PA, LA
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	TIER 2	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>dexamethasone sodium phosphate (10 mg/ml solution, 100 mg/10ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>dexamethasone sodium phosphate (4 mg/ml soln prsy, 4 mg/ml solution, 20 mg/5ml solution, 120 mg/30ml solution)</i>	TIER 4	
<i>fludrocortisone acetate 0.1 mg tab</i>	TIER 2	
HEMADY 20 MG TAB	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>hydrocortisone butyrate 0.1 % ointment</i>	TIER 4	ST
<i>hydrocortisone valerate 0.2 % ointment</i>	TIER 2	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 2	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	TIER 4	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	TIER 4	
<i>mifepristone 300 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>mometasone furoate (0.1 % cream, 0.1 % ointment)</i>	TIER 2	
<i>prednisolone 15 mg/5ml solution</i>	TIER 2	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	TIER 2	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab, 50 mg tab)</i>	TIER 2	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig 0.01 % solution</i>	TIER 4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 2	
<i>desmopressin acetate 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate spray 0.01 % solution</i>	TIER 4	
EGRIFTA 1 MG RECON SOLN	TIER 5	PA, LA, QL (60 PER 30 OVER TIME)
EGRIFTA SV 2 MG RECON SOLN	TIER 5	PA, LA, QL (30 PER 30 OVER TIME)
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	TIER 5	PA
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	TIER 5	PA
INCRELEX 40 MG/4ML SOLUTION	TIER 5	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	TIER 5	PA

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

ANABOLIC STEROIDS

ANADROL-50 50 MG TAB	TIER 5	
<i>oxandrolone (2.5 mg tab, 10 mg tab)</i>	TIER 3	

ANDROGENS

<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 4	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	TIER 2	
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	TIER 3	PA, QL (300 PER 30 OVER TIME)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	TIER 2	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 4	QL (5 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ESTROGENS		
<i>afirmelle 0.1-20 mg-mcg tab</i>	TIER 2	
<i>altavera 0.15-30 mg-mcg tab</i>	TIER 2	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 2	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 2	
<i>apri 0.15-30 mg-mcg tab</i>	TIER 2	
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	
<i>aubra 0.1-20 mg-mcg tab</i>	TIER 2	
<i>aubra eq 0.1-20 mg-mcg tab</i>	TIER 2	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>aviane 0.1-20 mg-mcg tab</i>	TIER 2	
<i>ayuna 0.15-30 mg-mcg tab</i>	TIER 2	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 2	
<i>balziva 0.4-35 mg-mcg tab</i>	TIER 2	
<i>bekyree 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 2	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>briellyn 0.4-35 mg-mcg tab</i>	TIER 2	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	TIER 2	
<i>chateal 0.15-30 mg-mcg tab</i>	TIER 2	
<i>chateal eq 0.15-30 mg-mcg tab</i>	TIER 2	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	TIER 2	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	TIER 2	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 2	
<i>cyred 0.15-30 mg-mcg tab</i>	TIER 2	
<i>cyred eq 0.15-30 mg-mcg tab</i>	TIER 2	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	TIER 2	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 2	
<i>delyla 0.1-20 mg-mcg tab</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPO-ESTRADIOL 5 MG/ML OIL	TIER 4	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 2	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 OVER TIME)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	TIER 3	
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	TIER 2	
<i>elinest 0.3-30 mg-mcg tab</i>	TIER 2	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	TIER 4	QL (1 PER 28 OVER TIME)
<i>emoquette 0.15-30 mg-mcg tab</i>	TIER 2	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	TIER 4	QL (1 PER 28 OVER TIME)
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	TIER 2	
<i>enskyce 0.15-30 mg-mcg tab</i>	TIER 2	
<i>estarylla 0.25-35 mg-mcg tab</i>	TIER 2	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 OVER TIME)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	TIER 2	QL (8 PER 28 OVER TIME)
<i>estradiol (0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
<i>estradiol 10 mcg tab</i>	TIER 3	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	TIER 3	QL (1 PER 84 OVER TIME)
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	TIER 2	
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	TIER 3	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	TIER 4	QL (1 PER 28 OVER TIME)
<i>falmina 0.1-20 mg-mcg tab</i>	TIER 2	
<i>femynor 0.25-35 mg-mcg tab</i>	TIER 2	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>gianvi 3-0.02 mg tab</i>	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>haloette 0.12-0.015 mg/24hr ring</i>	TIER 4	QL (1 PER 28 OVER TIME)
<i>iclevia 0.15-0.03 mg tab</i>	TIER 2	
<i>introvale 0.15-0.03 mg tab</i>	TIER 2	
<i>isibloom 0.15-30 mg-mcg tab</i>	TIER 2	
<i>jasmiel 3-0.02 mg tab</i>	TIER 3	
<i>jinteli 1-5 mg-mcg tab</i>	TIER 4	
<i>jolessa 0.15-0.03 mg tab</i>	TIER 2	
<i>juleber 0.15-30 mg-mcg tab</i>	TIER 2	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>junel 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>kalliga 0.15-30 mg-mcg tab</i>	TIER 2	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 2	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	TIER 2	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	TIER 3	
<i>kurvelo 0.15-30 mg-mcg tab</i>	TIER 2	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>larin 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>larissia 0.1-20 mg-mcg tab</i>	TIER 2	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	
<i>lessina 0.1-20 mg-mcg tab</i>	TIER 2	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	TIER 2	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	TIER 2	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	TIER 2	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	TIER 2	
<i>lillow 0.15-30 mg-mcg tab</i>	TIER 2	
<i>lo-zumandimine 3-0.02 mg tab</i>	TIER 3	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	TIER 2	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	TIER 2	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>loryna 3-0.02 mg tab</i>	TIER 3	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	TIER 2	
<i>lutera 0.1-20 mg-mcg tab</i>	TIER 2	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 OVER TIME)
<i>marlissa 0.15-30 mg-mcg tab</i>	TIER 2	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	TIER 4	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 2	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>mili 0.25-35 mg-mcg tab</i>	TIER 2	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	TIER 2	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nikki 3-0.02 mg tab</i>	TIER 3	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	TIER 2	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	TIER 2	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	TIER 2	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 2	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	TIER 2	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	TIER 2	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 2	
<i>nylia 1/35 1-35 mg-mcg tab</i>	TIER 2	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 2	
<i>nymyo 0.25-35 mg-mcg tab</i>	TIER 2	
<i>ocella 3-0.03 mg tab</i>	TIER 2	
<i>orsythia 0.1-20 mg-mcg tab</i>	TIER 2	
<i>philith 0.4-35 mg-mcg tab</i>	TIER 2	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 2	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	TIER 2	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 2	
<i>portia-28 0.15-30 mg-mcg tab</i>	TIER 2	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	TIER 3	
PREMPHASE 0.625-5 MG TAB	TIER 4	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	TIER 4	
<i>previfem 0.25-35 mg-mcg tab</i>	TIER 2	
<i>reclipsen 0.15-30 mg-mcg tab</i>	TIER 2	
<i>setlakin 0.15-0.03 mg tab</i>	TIER 2	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 2	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	TIER 2	
<i>sronyx 0.1-20 mg-mcg tab</i>	TIER 2	
<i>syeda 3-0.03 mg tab</i>	TIER 2	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	TIER 2	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	TIER 2	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 2	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 2	
<i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 2	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 2	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 2	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 2	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 2	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	TIER 2	
<i>turqoz 0.3-30 mg-mcg tab</i>	TIER 2	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	TIER 2	
<i>vestura 3-0.02 mg tab</i>	TIER 3	
<i>vienva 0.1-20 mg-mcg tab</i>	TIER 2	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 2	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 2	
<i>vyfemla 0.4-35 mg-mcg tab</i>	TIER 2	
<i>vylibra 0.25-35 mg-mcg tab</i>	TIER 2	
<i>wera 0.5-35 mg-mcg tab</i>	TIER 3	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	TIER 2	
<i>yuvaferm 10 mcg tab</i>	TIER 3	
<i>zarah 3-0.03 mg tab</i>	TIER 2	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	TIER 2	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	TIER 2	
<i>zumandimine 3-0.03 mg tab</i>	TIER 2	

PROGESTINS

<i>camila 0.35 mg tab</i>	TIER 2	
<i>deblitane 0.35 mg tab</i>	TIER 2	
DEPO-PROVERA 400 MG/ML SUSPENSION	TIER 4	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	TIER 4	
<i>errin 0.35 mg tab</i>	TIER 2	
<i>heather 0.35 mg tab</i>	TIER 2	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	TIER 5	
<i>incassia 0.35 mg tab</i>	TIER 2	
<i>jencycla 0.35 mg tab</i>	TIER 2	
<i>lyleq 0.35 mg tab</i>	TIER 2	
<i>lyza 0.35 mg tab</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	TIER 4	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>megestrol acetate 625 mg/5ml suspension</i>	TIER 4	PA
<i>nora-be 0.35 mg tab</i>	TIER 2	
<i>norethindrone 0.35 mg tab</i>	TIER 2	
<i>norethindrone acetate 5 mg tab</i>	TIER 2	
<i>norlyda 0.35 mg tab</i>	TIER 2	
<i>norlyroc 0.35 mg tab</i>	TIER 2	
<i>progesterone (100 mg cap, 200 mg cap)</i>	TIER 2	
<i>sharobel 0.35 mg tab</i>	TIER 2	
<i>tulana 0.35 mg tab</i>	TIER 2	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

<i>OSPHENA 60 MG TAB</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl 60 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 2	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 2	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	TIER 3	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

<i>cabergoline 0.5 mg tab</i>	TIER 2	
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	TIER 5	
FIRMAGON 80 MG RECON SOLN	TIER 4	
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	TIER 5	PA - FOR NEW STARTS ONLY
<i>leuprolide acetate 1 mg/0.2ml kit</i>	TIER 5	
LUPRON DEPOT (1-MONTH) ((1-MONTH) 3.75 MG KIT, (1-MONTH) 7.5 MG KIT)	TIER 5	
LUPRON DEPOT (3-MONTH) ((3-MONTH) 11.25 MG KIT, (3-MONTH) 22.5 MG KIT)	TIER 5	
LUPRON DEPOT (4-MONTH) 30 MG KIT	TIER 5	
LUPRON DEPOT (6-MONTH) 45 MG KIT	TIER 5	
<i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	TIER 4	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	TIER 5	PA
ORGOVYX 120 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	TIER 5	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	TIER 5	PA, LA, QL (60 PER 30 OVER TIME)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	TIER 5	PA - FOR NEW STARTS ONLY
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	TIER 5	PA, QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNAREL 2 MG/ML SOLUTION	TIER 5	
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

IMMUNOGLOBULINS

BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	TIER 5	PA, LA
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	TIER 5	PA
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	TIER 5	PA
GAMMAGARD S/D LESS IGA (S/D 5 GM RECON SOLN, S/D 10 GM RECON SOLN)	TIER 5	PA
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	TIER 5	PA
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML 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 xii.

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

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST 220 MG RECON SOLN	TIER 5	PA, LA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (4 PER 28 OVER TIME)
BEYFORTUS (50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN PRSYR)	TIER 4	
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	TIER 5	PA
ILARIS 150 MG/ML SOLUTION	TIER 5	PA, LA
OTEZLA 10 & 20 & 30 MG TAB THPK	TIER 5	PA, QL (55 PER 28 OVER TIME)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	TIER 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, QL (6 PER 365 OVER TIME)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	TIER 5	PA, QL (0.5 PER 28 OVER TIME)
STELARA 90 MG/ML SOLN PRSYR	TIER 5	PA, QL (1 PER 28 OVER TIME)
TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	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 (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (8 PER 28 OVER TIME)
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOLAIR 75 MG/0.5ML SOLN A-INJ	TIER 5	PA, QL (2 PER 28 OVER TIME)
XOLAIR 75 MG/0.5ML SOLN PRSYR	TIER 5	PA, LA, QL (2 PER 28 OVER TIME)

IMMUNOSTIMULANTS

ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
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 180 MCG/0.5ML SOLN A-INJ	TIER 5	PA, QL (2 PER 30 OVER TIME)

IMMUNOSUPPRESSANTS

<i>azathioprine 50 mg tab</i>	TIER 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine 50 mg/ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 OVER TIME)
ENBREL 25 MG/0.5ML SOLN PRSYR	TIER 5	PA, QL (4.08 PER 28 OVER TIME)
ENBREL 25 MG/0.5ML SOLUTION	TIER 5	PA, QL (4 PER 28 OVER TIME)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	TIER 5	PA, QL (8 PER 28 OVER TIME)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	TIER 4	PA - FOR NEW STARTS ONLY
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT)	TIER 5	PA, QL (2 PER 28 OVER TIME)
HUMIRA (2 PEN) (PEN) 40 MG/0.4ML PEN KIT, (PEN) 40 MG/0.8ML PEN KIT)	TIER 5	PA, QL (4 PER 28 OVER TIME)
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	TIER 5	PA, QL (4 PER 28 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA 40 MG/0.4ML PEF SY KT	TIER 5	PA, QL (4 PER 28 OVER TIME)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	TIER 5	PA, QL (4 PER 365 OVER TIME)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	TIER 5	PA, QL (6 PER 365 OVER TIME)
HUMIRA PEN 80 MG/0.8ML PEN KIT	TIER 5	PA, QL (2 PER 28 OVER TIME)
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	TIER 5	PA, QL (6 PER 365 OVER TIME)
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	TIER 5	PA, QL (8 PER 365 OVER TIME)
HUMIRA PEN-PSOR/UEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	TIER 5	PA, QL (6 PER 365 OVER TIME)
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	TIER 5	PA, QL (12 PER 365 OVER TIME)
HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML PEN KIT	TIER 5	PA, QL (8 PER 365 OVER TIME)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>methotrexate sodium (1 gm recon soln, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) ((pf) 1 gm/40ml solution, (pf) 50 mg/2ml solution, (pf) 250 mg/10ml solution)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	TIER 2	
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil 500 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 4	PA - FOR NEW STARTS ONLY
REZUROCK 200 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	TIER 5	PA, QL (168 PER 365 OVER TIME)
SANDIMMUNE 100 MG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	TIER 2	PA - PART B VS D DETERMINATION
XATMEP 2.5 MG/ML SOLUTION	TIER 4	PA - FOR NEW STARTS ONLY
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)

VACCINES

ABRYSCO 120 MCG/0.5ML RECON SOLN	TIER 3	VAC
ACTHIB RECON SOLN	TIER 3	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	TIER 3	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	TIER 3	VAC
BCG VACCINE 50 MG RECON SOLN	TIER 3	VAC
BEXSERO SUSP PRSYR	TIER 3	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	TIER 3	VAC
DAPTACEL 23-15-5 SUSPENSION	TIER 3	
DENGVAXIA RECON SUSP	TIER 3	
DIPHtheria-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	TIER 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	TIER 4	VAC
HAVRIX 1440 EL U/ML SUSPENSION	TIER 3	VAC
HAVRIX 720 EL U/0.5ML SUSPENSION	TIER 3	
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	TIER 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	TIER 3	VAC
INFANRIX 25-58-10 SUSPENSION	TIER 3	
IPOL INJECTABLE	TIER 3	VAC
IXCHIQ RECON SOLN	TIER 4	
IXIARO SUSPENSION	TIER 4	VAC
JYNNEOS 0.5 ML SUSPENSION	TIER 3	VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
M-M-R II RECON SOLN	TIER 3	VAC
MENACTRA SOLUTION	TIER 3	VAC
MENQUADFI SOLUTION	TIER 3	VAC
MENVEO (RECON SOLN, SOLUTION)	TIER 3	VAC
PEDIARIX SUSP PRSYR	TIER 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	TIER 3	
PENBRAYA RECON SUSP	TIER 3	
PENTACEL RECON SUSP	TIER 3	
PREHEVBRIO 10 MCG/ML SUSPENSION	TIER 3	PA - PART B VS D DETERMINATION, VAC
PRIORIX RECON SUSP	TIER 3	VAC
PROQUAD RECON SUSP	TIER 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
RABAVERT RECON SUSP	TIER 3	VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC
ROTARIX (RECON SUSP, SUSPENSION)	TIER 3	
ROTATEQ SOLUTION	TIER 3	
SHINGRIX 50 MCG/0.5ML RECON SUSP	TIER 3	QL (2 PER 365 OVER TIME), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	TIER 3	VAC
TENIVAC 5-2 LFU INJECTABLE	TIER 3	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	TIER 3	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	TIER 3	VAC
TRUMENBA SUSP PRSYR	TIER 3	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	TIER 4	VAC
VAQTA 25 UNIT/0.5ML SUSPENSION	TIER 3	
VAQTA 50 UNIT/ML SUSPENSION	TIER 3	VAC
VARIVAX 1350 PFU/0.5ML INJECTABLE	TIER 3	VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YF-VAX INJECTABLE	TIER 4	VAC

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	TIER 2	
<i>mesalamine 1.2 gm tab dr</i>	TIER 4	QL (4 PER 1 DAYS)
<i>mesalamine 1000 mg suppos</i>	TIER 4	
<i>mesalamine 4 gm enema</i>	TIER 2	
<i>mesalamine er 0.375 gm cap er 24h</i>	TIER 3	QL (4 PER 1 DAYS)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	TIER 2	

GLUCOCORTICOIDS

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

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab)</i>	TIER 1	
<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 2	QL (3.7 PER 30 OVER TIME)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>calcitriol 1 mcg/ml solution</i>	TIER 3	PA - PART B VS D DETERMINATION
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl 90 mg tab</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION
FORTEO 600 MCG/2.4ML SOLN PEN	TIER 5	PA
<i>ibandronate sodium 150 mg tab</i>	TIER 2	
<i>ibandronate sodium 3 mg/3ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	TIER 5	PA, LA, QL (2 PER 28 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROLIA 60 MG/ML SOLN PRSYR	TIER 4	PA
<i>risedronate sodium (5 mg tab, 35 mg tab, 150 mg tab)</i>	TIER 4	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	TIER 5	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	TIER 5	PA, QL (1.56 PER 28 OVER TIME)
XGEVA 120 MG/1.7ML SOLUTION	TIER 5	QL (1.7 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

ALCOHOL 70% PADS	TIER 2
ALCOHOL PREP PAD	TIER 2
ALCOHOL PREP PADS 70 % PAD	TIER 2
ALCOHOL SWABSTICK PAD	TIER 2
<i>alcohol wipes 70 % misc</i>	TIER 2
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 2
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 2
<i>argyle sterile water solution</i>	TIER 2
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	TIER 2
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC)	TIER 2
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	TIER 2
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 2
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 2
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 2
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BIOGUARD GAUZE SPONGES 2"X2" PAD	TIER 2	
CARETOUCH ALCOHOL PREP 70 % PAD	TIER 2	
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	TIER 2	
CVS ALCOHOL PREP PADS 70 % PAD	TIER 2	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	TIER 2	
DROPLET MICRON 34G X 3.5 MM MISC	TIER 2	
DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC)	TIER 2	
EASY COMFORT INSULIN SYRINGE (1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC)	TIER 2	
EASY COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 2	
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	TIER 2	
<i>gauze pads 2</i>	TIER 2	
INSULIN PEN NEEDLES	TIER 2	
INSULIN PEN NEEDLES	TIER 2	
INSULIN SYRINGE 0.3 ML	TIER 2	
INSULIN SYRINGE 0.5 ML	TIER 2	
INSULIN SYRINGE 1 ML	TIER 2	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 2	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	
<i>isopropyl alcohol 70 % misc</i>	TIER 2	
<i>isopropyl alcohol wipes 70 % misc</i>	TIER 2	
IWILFIN 192 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAGEVRIO 200 MG CAP	TIER 4	QL (40 PER 30 OVER TIME)
<i>medpura alcohol pads 70 % misc</i>	TIER 2	
<i>methergine 0.2 mg tab</i>	TIER 4	
<i>methylergonovine maleate 0.2 mg tab</i>	TIER 4	
NOVOFINE 32G X 6 MM MISC	TIER 2	
NOVOTWIST 32G X 5 MM MISC	TIER 2	
OPVEE 2.7 MG/0.1ML SOLUTION	TIER 4	QL (2 PER 30 OVER TIME)
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	TIER 3	QL (40 PER 30 OVER TIME)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	TIER 3	QL (60 PER 30 OVER TIME)
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	
PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 2	
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 2	
<i>qc alcohol 70 % misc</i>	TIER 2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	TIER 2	
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 2	
SILIGENTLE FOAM DRESSING 2"X2" PAD	TIER 2	
<i>sterile water for irrigation solution</i>	TIER 2	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	TIER 2	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 2	
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	TIER 2	
VERIFINE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 2	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	TIER 2	
<i>atropine sulfate 1 % solution</i>	TIER 3	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	TIER 2	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	TIER 2	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	TIER 3	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	TIER 2	
<i>neo-polycin 3.5-400-10000 ointment</i>	TIER 2	
<i>neo-polycin hc 1 % ointment</i>	TIER 2	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	TIER 2	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	TIER 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	TIER 2	
<i>polycin 500-10000 unit/gm ointment</i>	TIER 2	
RESTASIS 0.05 % EMULSION	TIER 3	QL (60 PER 30 OVER TIME)
RESTASIS MULTIDOSE 0.05 % EMULSION	TIER 3	QL (5.5 PER 30 OVER TIME)
ROCKLATAN 0.02-0.005 % SOLUTION	TIER 4	QL (2.5 PER 25 OVER TIME)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	TIER 2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	TIER 2	
XIIDRA 5 % SOLUTION	TIER 3	

OPHTHALMIC ANTI-ALLERGY AGENTS

<i>azelastine hcl 0.05 % solution</i>	TIER 2	
<i>cromolyn sodium 4 % solution</i>	TIER 2	
<i>olopatadine hcl 0.2 % solution</i>	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	TIER 4	
<i>erythromycin 5 mg/gm ointment</i>	TIER 2	
GENTAK 0.3 % OINTMENT	TIER 2	
<i>gentamicin sulfate 0.3 % solution</i>	TIER 2	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	TIER 3	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	TIER 2	
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 2	
NATACYN 5 % SUSPENSION	TIER 3	
<i>ofloxacin 0.3 % solution</i>	TIER 2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 2	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	TIER 2	
<i>tobramycin 0.3 % solution</i>	TIER 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 2	
<i>diclofenac sodium 0.1 % solution</i>	TIER 2	
<i>fluorometholone 0.1 % suspension</i>	TIER 3	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 2	
ILEVRO 0.3 % SUSPENSION	TIER 3	QL (3 PER 30 OVER TIME)
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	TIER 2	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % suspension)</i>	TIER 3	
PREDNISOLONE ACETATE 1 % SUSPENSION	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 2	
PROLENSA 0.07 % SOLUTION	TIER 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5 % solution</i>	TIER 2	
CARTEOLOL HCL 1 % SOLUTION	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 2	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	TIER 2	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide er 500 mg cap er 12h</i>	TIER 4	
<i>apraclonidine hcl 0.5 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.1 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.15 % solution</i>	TIER 4	
<i>brimonidine tartrate 0.2 % solution</i>	TIER 2	
<i>brinzolamide 1 % suspension</i>	TIER 3	
<i>dorzolamide hcl 2 % solution</i>	TIER 2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 4	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	TIER 4	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	TIER 2	
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 OVER TIME)

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost 0.03 % solution</i>	TIER 4	ST, QL (5 PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	TIER 2	
LUMIGAN 0.01 % SOLUTION	TIER 3	QL (5 PER 30 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	TIER 3	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	TIER 4	

OTIC AGENTS

CIPROFLOXACIN HCL 0.2 % SOLUTION	TIER 4	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	TIER 4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC 0.01 % OIL	TIER 3	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	TIER 3	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ofloxacin 0.3 % solution</i>	TIER 2	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>flunisolide 25 mcg/act (0.025%) solution</i>	TIER 2	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	TIER 2	QL (16 PER 30 DAYS)
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	TIER 4	QL (2 PER 30 DAYS)
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	TIER 3	QL (21.2 PER 30 DAYS)

ANTIHISTAMINES

<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	TIER 2	QL (30 PER 25 DAYS)
<i>azelastine hcl 0.15 % solution</i>	TIER 3	QL (30 PER 25 DAYS)
<i>cyproheptadine hcl 4 mg tab</i>	TIER 2	PA
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	TIER 2	
<i>promethazine hcl 6.25 mg/5ml solution</i>	TIER 2	PA

ANTILEUKOTRIENES

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

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA 17 MCG/ACT AERO SOLN	TIER 3	QL (25.8 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>ipratropium bromide 0.03 % solution</i>	TIER 2	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	TIER 2	QL (45 PER 30 DAYS)
SPIRIVA HANDHALER 18 MCG CAP	TIER 3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	TIER 3	QL (4 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol 90mcg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 OVER TIME)
<i>albuterol 90mg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 OVER TIME)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	TIER 2	QL (13.4 PER 30 OVER TIME)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	TIER 2	QL (36 PER 30 OVER TIME)
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	TIER 4	
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	TIER 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	TIER 3	QL (24 PER 365 OVER TIME)
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	TIER 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 3	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)

CYSTIC FIBROSIS AGENTS

CAYSTON 75 MG RECON SOLN	TIER 5	PA, LA, QL (84 PER 28 OVER TIME)
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	TIER 5	QL (150 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
SYMDEKO (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
TOBI PODHALER 28 MG CAP	TIER 5	PA, LA, QL (224 PER 28 OVER TIME)
<i>tobramycin 300 mg/4ml nebu soln</i>	TIER 5	PA, QL (224 PER 28 OVER TIME)
<i>tobramycin 300 mg/5ml nebu soln</i>	TIER 5	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	TIER 5	PA, LA, QL (3 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	TIER 3	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast 250 mcg tab</i>	TIER 4	PA, QL (28 PER 180 OVER TIME)
<i>roflumilast 500 mcg tab</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>theophylline er (er 100 mg tab er 12h, er 200 mg tab er 12h, er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)</i>	TIER 3	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
<i>alyq 20 mg tab</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	TIER 5	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan 125 mg tab</i>	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 62.5 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	TIER 5	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 10 mg/ml recon susp</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	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	LA, QL (270 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
VENTAVIS 20 MCG/ML SOLUTION	TIER 5	LA, QL (90 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
PULMONARY FIBROSIS AGENTS		
OFEV (100 MG CAP, 150 MG CAP)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	TIER 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	TIER 5	PA, QL (5 PER 1 DAYS)
<i>pirfenidone 801 mg tab</i>	TIER 5	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	TIER 2	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	TIER 3	QL (12 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	TIER 3	QL (10.7 PER 28 DAYS)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>breynga</i> (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	TIER 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	TIER 3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i> (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	TIER 3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 3	QL (4 PER 30 DAYS)
<i>fluticasone-salmeterol</i> (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	TIER 2	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	TIER 2	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i> 0.5-2.5 (3) mg/3ml solution	TIER 2	PA - PART B VS D DETERMINATION
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (3 PER 30 OVER TIME)
NUCALA 40 MG/0.4ML SOLN PRSYR	TIER 5	PA, LA, QL (0.4 PER 28 OVER TIME)
<i>ribavirin</i> 6 gm recon soln	TIER 5	PA - PART B VS D DETERMINATION
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>wixela inhub</i> (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	TIER 2	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>estazolam (1 mg tab, 2 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)
<i>temazepam 30 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>triazolam 0.125 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	TIER 2	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tab</i>	TIER 3	PA, QL (2 PER 1 DAYS)
XYREM 500 MG/ML SOLUTION	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 xii.

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fludrocortisone acetate	70	GAMMAGARD S/D LESS IGA	80
flunisolide	93	GAMMAKED	80
fluocinolone acetonide	61	GAMMAPLEX	80
fluocinolone acetonide body	61	GAMUNEX-C	81
fluocinolone acetonide scalp	61	GARDASIL 9	84
fluocinonide	61	GATTEX	66
fluocinonide emulsified base	61	gauze pads 2	88
fluorometholone	91	GAVILYTE-C	66
fluorouracil	62	gavilyte-g	66
fluoxetine hcl	16	gavilyte-n with flavor pack	65
FLUOXETINE HCL	16	GAVRETO	27
fluphenazine decanoate	34	gefitinib	27
FLUPHENAZINE HCL	34	gemfibrozil	55
		GEMTESA	69

generlac	65	HARVONI	38
gengraf	82	HAVRIX	84
GENOTROPIN	71	heather	77
GENOTROPIN MINIQUICK	71	HEMADY	70
GENTAK	91	heparin sodium (porcine)	47
gentamicin sulfate	5,91	heparin sodium (porcine) pf	47
GENVOYA	38	HEPATAMINE	63
gianvi	73	HEPLISAV-B	84
GILOTRIF	27	HIBERIX	84
glatiramer acetate	59	HIZENTRA	81
GLEOSTINE	21	HUMALOG	45
glimepiride	43	HUMALOG JUNIOR KWIKPEN	45
glipizide	43	HUMALOG KWIKPEN	45
glipizide er	43	HUMALOG MIX 50/50	45
glipizide xl	43	HUMALOG MIX 50/50 KWIKPEN	45
glipizide-metformin hcl	43	HUMALOG MIX 75/25	45
GLUCAGEN HYPOKIT	45	HUMALOG MIX 75/25 KWIKPEN	45
GLUCAGON EMERGENCY	45	HUMIRA	82,83
glyburide	43	HUMIRA (2 PEN)	82
GLYBURIDE MICRONIZED	43	HUMIRA (2 SYRINGE)	82
glyburide-metformin	44	HUMIRA PEDIATRIC CROHNS START	83
glycopyrrolate	66	HUMIRA PEN	83
GLYXAMBI	44	HUMIRA PEN-CD/UC/HS STARTER	83
GOLYTELY	66	HUMIRA PEN-PEDIATRIC UC START	83
granisetron hcl	18	HUMIRA PEN-PSOR/UEVIT STARTER	83
griseofulvin microsize	19	HUMIRA-CD/UC/HS STARTER	83
griseofulvin ultramicrosize	19	HUMIRA-PS/UV/ADOL HS STARTER	83
guanfacine hcl	49	HUMULIN 70/30	45
guanfacine hcl er	58	HUMULIN 70/30 KWIKPEN	46
GUANIDINE HCL	20	HUMULIN N	46
		HUMULIN N KWIKPEN	46
		HUMULIN R	46
		HUMULIN R U-500 (CONCENTRATED)	46
		HUMULIN R U-500 KWIKPEN	46
		hydralazine hcl	56
		hydrochlorothiazide	55
		hydrocodone-acetaminophen	2
		hydrocortisone	61,86
		hydrocortisone (perianal)	61
		hydrocortisone butyrate	61,70
		hydrocortisone valerate	61,70
H			
HAEGARDA	80		
hailey 1.5/30	74		
hailey fe 1.5/30	74		
hailey fe 1/20	74		
halobetasol propionate	61		
haloette	74		
haloperidol	34		
haloperidol decanoate	34		
haloperidol lactate	34		

hydrocortisone-acetic acid.....	92	INSULIN SYRINGE 0.5 ML.....	88
hydromorphone hcl.....	2,3	INSULIN SYRINGE 1 ML.....	88
hydroxychloroquine sulfate.....	32	INSULIN SYRINGE-NEEDLE U-100.....	88
HYDROXYPROGESTERONE CAPROATE.....	77	INSUPEN PEN NEEDLES.....	88
hydroxyurea.....	23	INTELENCE.....	39
hydroxyzine hcl.....	93	INTRALIPID.....	63
I		INTRON A.....	82
ibandronate sodium.....	86	introvale.....	74
IBRANCE.....	27	INVEGA HAFYERA.....	35
ibu.....	1	INVEGA SUSTENNA.....	35
ibuprofen.....	1	INVEGA TRINZA.....	35
icatibant acetate.....	80	IPOL.....	84
iclevia.....	74	ipratropium bromide.....	93
ICLUSIG.....	27	ipratropium-albuterol.....	96
icosapent ethyl.....	55,56	irbesartan.....	49
IDHIFA.....	23	irbesartan-hydrochlorothiazide.....	53
ILARIS.....	81	ISENTRESS.....	38
ILEVRO.....	91	ISENTRESS HD.....	38
imatinib mesylate.....	27	isibloom.....	74
IMBRUVICA.....	27,28	isoniazid.....	21
imipenem-cilastatin.....	8	ISONIAZID.....	21
imipramine hcl.....	17	isopropyl alcohol.....	88
imiquimod.....	62	isopropyl alcohol wipes.....	88
IMOVAX RABIES.....	84	isosorbide dinitrate.....	56
incassia.....	77	isosorbide mononitrate.....	56
INCRELEX.....	71	isosorbide mononitrate er.....	56
indapamide.....	55	isotretinoin.....	60
indomethacin.....	1	itraconazole.....	19
INFANRIX.....	84	ivermectin.....	32
INGREZZA.....	58	IWILFIN.....	88
INLYTA.....	28	IXCHIQ.....	84
INQOVI.....	23	IXIARO.....	84
INREBIC.....	23	J	
INSULIN LISPRO.....	46	JAKAFI.....	28
INSULIN LISPRO (1 UNIT DIAL).....	46	jantoven.....	47
INSULIN LISPRO JUNIOR KWIKPEN.....	46	JANUMET.....	44
INSULIN LISPRO PROT & LISPRO.....	46	JANUMET XR.....	44
INSULIN PEN NEEDLES.....	88	JANUVIA.....	44
INSULIN PEN NEEDLES.....	88	JARDIANCE.....	44
INSULIN SYRINGE 0.3 ML.....	88	jasmiel.....	74

javygtor	68
JAYPIRCA	28
jencycla	77
JENTADUETO	44
JENTADUETO XR	44
jinteli	74
jolessa	74
juleber	74
JULUCA	38
junel 1.5/30	74
junel 1/20	74
junel fe 1.5/30	74
junel fe 1/20	74
JYNNEOS	84

K

kalliga	74
KALYDECO	94
kariva	74
kcl in dextrose-nacl	63
KCL-LACTATED RINGERS-D5W	65
kelnor 1/35	74
kelnor 1/50	74
KEPIVANCE	60
KERENDIA	44
ketoconazole	19
ketorolac tromethamine	91
KINRIX	85
kionex	64
KISQALI (200 MG DOSE)	28
KISQALI (400 MG DOSE)	28
KISQALI (600 MG DOSE)	28
KISQALI FEMARA (400 MG DOSE)	23
KISQALI FEMARA (600 MG DOSE)	23
KISQALI FEMARA(200 MG DOSE)	23
klor-con	63
klor-con 10	63
klor-con m10	63
klor-con m15	63
klor-con m20	63
klor-con sprinkle	63

KOSELUGO	23,24
kourzeq	60
KRAZATI	24
kurvelo	74

L

labetalol hcl	50
lacosamide	13,14
LACTATED RINGERS	65
lactated ringers	65
lactulose	65
lactulose encephalopathy	66
LAGEVRIO	89
lamivudine	37,40
lamivudine-zidovudine	40
lamotrigine	11
LANREOTIDE ACETATE	79
lansoprazole	67
LANTUS	46
LANTUS SOLOSTAR	46
lapatinib ditosylate	28
larin 1.5/30	74
larin 1/20	74
larin fe 1.5/30	74
larin fe 1/20	74
larissia	74
latanoprost	92
LEDIPASVIR-SOFOSBUVIR	38
leena	74
leflunomide	83
lenalidomide	22
LENVIMA (10 MG DAILY DOSE)	28
LENVIMA (12 MG DAILY DOSE)	28
LENVIMA (14 MG DAILY DOSE)	28
LENVIMA (18 MG DAILY DOSE)	28
LENVIMA (20 MG DAILY DOSE)	28
LENVIMA (24 MG DAILY DOSE)	28
LENVIMA (4 MG DAILY DOSE)	28
LENVIMA (8 MG DAILY DOSE)	28
lessina	74
letrozole	25

leucovorin calcium	24	loestrin fe 1.5/30	75
LEUKERAN	21	loestrin fe 1/20	75
leuprolide acetate	79	LONSURF	24
levabuterol hcl	94	loperamide hcl	66
LEVALBUTEROL TARTRATE	94	lopinavir-ritonavir	41
levetiracetam	11	lorazepam	43
levetiracetam er	11	lorazepam intensol	43
levo-t	78	LORBRENA	28
LEVOBUNOLOL HCL	92	lorcet	3
levocarnitine	65	lorcet hd	3
levocetirizine dihydrochloride	93	lorcet plus	3
levofloxacin	9	loryna	75
LEVOFLOXACIN	91	losartan potassium	49
levofloxacin in d5w	9	losartan potassium-hctz	53
levonest	74	loteprednol etabonate	91
levonorg-eth estrad triphasic	74	lovastatin	55
levonorgest-eth estrad 91-day	74	low-ogestrel	75
levonorgestrel-ethinyl estrad	74	loxapine succinate	34
levora 0.15/30 (28)	75	lubiprostone	66
levothyroxine sodium	78	LUMAKRAS	24
levoxyl	78	LUMIGAN	92
LEXIVA	41	LUPRON DEPOT (1-MONTH)	79
lidocaine	3	LUPRON DEPOT (3-MONTH)	79
lidocaine hcl	3	LUPRON DEPOT (4-MONTH)	79
lidocaine viscous hcl	3	LUPRON DEPOT (6-MONTH)	79
lidocaine-prilocaine	3	lurasidone hcl	35,36
lidocan	3	lutera	75
lillow	75	LYBALVI	15
LINDANE	62	lyleq	77
linezolid	6	lyllana	75
LINEZOLID IN SODIUM CHLORIDE	6	LYNPARZA	28
LINZESS	66	LYSODREN	24
liothyronine sodium	78	LYTGOBI (12 MG DAILY DOSE)	29
lisinopril	49	LYTGOBI (16 MG DAILY DOSE)	29
lisinopril-hydrochlorothiazide	53	LYTGOBI (20 MG DAILY DOSE)	29
lithium	43	lyza	77
lithium carbonate	43		
lithium carbonate er	43	M	
lo-zumandimine	75	M-M-R II	85
loestrin 1.5/30 (21)	75	magnesium sulfate	63
loestrin 1/20 (21)	75	malathion	62

MAPROTILINE HCL.....	15	methylphenidate hcl.....	58
maraviroc.....	40	methylphenidate hcl er.....	58
marlissa.....	75	methylprednisolone.....	70
MARPLAN.....	15	methylprednisolone acetate.....	70
MATULANE.....	21	methylprednisolone sodium succ.....	70
matzim la.....	52	metoclopramide hcl.....	17
MAVYRET.....	38	metolazone.....	55
meclizine hcl.....	17	metoprolol succinate er.....	51
medpura alcohol pads.....	89	metoprolol tartrate.....	51
medroxyprogesterone acetate.....	78	metoprolol-hydrochlorothiazide.....	53
mefloquine hcl.....	32	metronidazole.....	6
megestrol acetate.....	78	metyrosine.....	53
MEKINIST.....	29	mexiletine hcl.....	50
MEKTOVI.....	29	micafungin sodium.....	19
meloxicam.....	1	MICONAZOLE 3.....	19
memantine hcl.....	14	microgestin 1.5/30.....	75
memantine hcl er.....	14	microgestin 1/20.....	75
MENACTRA.....	85	microgestin fe 1.5/30.....	75
MENEST.....	75	microgestin fe 1/20.....	75
MENQUADFI.....	85	midodrine hcl.....	49
MENVEO.....	85	mifepristone.....	70
meprobamate.....	42	MIGERGOT.....	20
mercaptapurine.....	23	miglitol.....	44
meropenem.....	8	miglustat.....	68
mesalamine.....	86	mili.....	75
mesalamine er.....	86	minitran.....	56
mesna.....	31	minocycline hcl.....	10
MESNEX.....	31	minoxidil.....	56
metformin hcl.....	44	mirtazapine.....	15
metformin hcl er.....	44	misoprostol.....	67
methadone hcl.....	1,2	modafinil.....	97
methazolamide.....	92	moexipril hcl.....	49
methenamine hippurate.....	6	MOLINDONE HCL.....	34
methergine.....	89	mometasone furoate.....	61,70
methimazole.....	80	mondoxyne nl.....	10
methocarbamol.....	96	mono-lynyah.....	75
methotrexate sodium.....	83	montelukast sodium.....	93
methotrexate sodium (pf).....	83	morgidox.....	10
methsuximide.....	12	morphine sulfate.....	3
methyl dopa.....	49	morphine sulfate (concentrate).....	3
methylergonovine maleate.....	89	morphine sulfate er.....	2

MOUNJARO	44	NERLYNX	29
MOVANTIK	66	nevirapine	39
moxifloxacin hcl	9,91	NEVIRAPINE	39
MOXIFLOXACIN HCL	9	NEVIRAPINE ER	39
MOXIFLOXACIN HCL (2X DAY)	91	nevirapine er	39
MOXIFLOXACIN HCL IN NAACL	10	NIACIN (ANTIHYPERTENSIVE)	56
MULTAQ	50	niacin er (antihyperlipidemic)	56
mupirocin	63	NIACOR	56
MYALEPT	66	nicardipine hcl	51
mycophenolate mofetil	83	NICOTROL	4
mycophenolate mofetil hcl	83	NICOTROL NS	4
mycophenolate sodium	83	nifedipine	51
myorisan	60	nifedipine er	51
MYRBETRIQ	69	nifedipine er osmotic release	51
N		nikki	75
na sulfate-k sulfate-mg sulf	66	nilutamide	22
nabumetone	1	nimodipine	51
nadolol	51	NINLARO	24
naftacillin sodium	8	nitazoxanide	32
nafrinse	65	nitisinone	68
NAGLAZYME	68	NITRO-BID	56
naloxone hcl	4	nitrofurantoin macrocrystal	6
naltrexone hcl	4	nitrofurantoin monohyd macro	6
naproxen	1	nitroglycerin	56
naproxen dr	1	NITROSTAT	56
naratriptan hcl	20	nizatidine	67
NATACYN	91	nora-be	78
nateglinide	44	norethin ace-eth estrad-fe	75
NATPARA	86	norethin-eth estradiol-fe	75
NAYZILAM	3	norethindrone	78
nebivolol hcl	51	norethindrone acet-ethinyl est	75
necon 0.5/35 (28)	75	norethindrone acetate	78
NEFAZODONE HCL	16	norethindrone-eth estradiol	75
neo-polycin	90	norgestim-eth estrad triphasic	75
neo-polycin hc	90	norgestimate-eth estradiol	75
neomycin sulfate	5	norlyda	78
neomycin-bacitracin zn-polymyx	90	norlyroc	78
neomycin-polymyxin-dexameth	90	NORMOSOL-M IN D5W	63
NEOMYCIN-POLYMYXIN-GRAMICIDIN	90	nortrel 0.5/35 (28)	76
neomycin-polymyxin-hc	92	nortrel 1/35 (21)	76
		nortrel 1/35 (28)	76

nortrel 7/7/7	76	olopatadine hcl	90
nortriptyline hcl	17	omega-3-acid ethyl esters	56
NORVIR	41	omeprazole	67
NOVOFINE 32G X 6 MM MISC	89	OMNITROPE	71
NOVOLIN 70/30	46	ondansetron	18
NOVOLIN 70/30 RELION	46	ONDANSETRON HCL	18
NOVOLIN N	46	ondansetron hcl	18
NOVOLIN N RELION	46	ONUREG	24
NOVOLIN R	46	OPSUMIT	95
NOVOLIN R RELION	46	OPVEE	89
NOVOTWIST 32G X 5 MM MISC	89	oralone	60
NUBEQA	22	ORGOVYX	79
NUCALA	96	ORSERDU	22
NULYTELY LEMON-LIME	66	orsythia	76
NULYTELY WITH FLAVOR PACKS	66	oseltamivir phosphate	41,42
NUPLAZID	36	OSPHENA	78
NURTEC	20	OTEZLA	62,81
NUTRILIPID	63	oxandrolone	71
nyamyc	19	oxcarbazepine	14
nylia 1/35	76	oxybutynin chloride	69
nylia 7/7/7	76	oxybutynin chloride er	69
NYMALIZE	51	oxycodone hcl	3
nymyo	76	oxycodone-acetaminophen	3
nystatin	19	OZEMPIC (0.25 OR 0.5 MG/DOSE)	44
nystatin-triamcinolone	62	OZEMPIC (1 MG/DOSE)	44
nystop	19	OZEMPIC (2 MG/DOSE)	44
O			
ocella	76	P	
octreotide acetate	79	pacerone	50
OCTREOTIDE ACETATE	79	paliperidone er	36
ODEFSEY	39	PANRETIN	31
ODOMZO	29	pantoprazole sodium	67
OFEV	95	paricalcitol	87
ofloxacin	10,91,93	paroex	60
OGSIVEO	24	paromomycin sulfate	5
OJJAARA	26	paroxetine hcl	16
olanzapine	36	PASER	21
olmesartan medoxomil	49	PAXLOVID (150/100)	89
olmesartan medoxomil-hctz	53	PAXLOVID (300/100)	89
olmesartan-amlodipine-hctz	54	pazopanib hcl	29
		PEDIARIX	85

PEDVAX HIB.....	85	PIRFENIDONE.....	95
peg 3350-kcl-na bicarb-nacl.....	66	pirmella 1/35.....	76
peg-3350/electrolytes.....	66	pirmella 7/7/7.....	76
PEGANONE.....	14	piroxicam.....	1
PEGASYS.....	82	PLEGRIDY.....	59
PEGASYS PROCLICK.....	82	PLEGRIDY STARTER PACK.....	59
PEMAZYRE.....	29	PLENVU.....	66
PEN NEEDLES.....	89	podofilox.....	62
PENBRAYA.....	85	polycin.....	90
penicillamine.....	69	polymyxin b-trimethoprim.....	91
penicillin g potassium.....	8	POMALYST.....	22
PENICILLIN G SODIUM.....	8	portia-28.....	76
penicillin v potassium.....	8	posaconazole.....	19
PENTACEL.....	85	potassium chloride.....	63
pentamidine isethionate.....	32	potassium chloride crys er.....	64
pentoxifylline er.....	54	potassium chloride er.....	64
perindopril erbumine.....	50	POTASSIUM CHLORIDE IN DEXTROSE.....	65
perio gard.....	60	potassium chloride in nacl.....	64
permethrin.....	62	potassium citrate er.....	64
perphenazine.....	17	pramipexole dihydrochloride.....	33
PERSERIS.....	36	prasugrel hcl.....	48
PFIZERPEN.....	8	pravastatin sodium.....	55
phenelzine sulfate.....	15	praziquantel.....	32
phenobarbital.....	13	prazosin hcl.....	49
phenytek.....	14	prednisolone.....	70
phenytoin.....	14	PREDNISOLONE ACETATE.....	91
phenytoin infatabs.....	14	prednisolone sodium phosphate.....	70
phenytoin sodium extended.....	14	PREDNISOLONE SODIUM PHOSPHATE.....	91
philith.....	76	prednisone.....	70
PHOSPHOLINE IODIDE.....	92	PREDNISONE INTENSOL.....	70
PIFELTRO.....	39	pregabalin.....	59
pilocarpine hcl.....	60,92	PREHEVBRIO.....	85
PIMOZIDE.....	34	PREMARIN.....	76
pimtrea.....	76	PREMASOL.....	64
pindolol.....	51	premium lidocaine.....	3
pioglitazone hcl.....	44	PREMPHASE.....	76
piperacillin sod-tazobactam so.....	8	PREMPRO.....	76
PIQRAY (200 MG DAILY DOSE).....	29	prenatal vitamins.....	65
PIQRAY (250 MG DAILY DOSE).....	29	prevalite.....	56
PIQRAY (300 MG DAILY DOSE).....	29	previfem.....	76
pirfenidone.....	95	PREVYMIS.....	37

PREZCOBIX.....	41
PREZISTA.....	41
PRIFTIN.....	21
primaquine phosphate.....	32
primidone.....	13
PRIORIX.....	85
PRIVIGEN.....	81
PRO COMFORT INSULIN SYRINGE.....	89
probenecid.....	19
prochlorperazine.....	17
prochlorperazine maleate.....	17
procto-med hc.....	61
procto-pak.....	61
proctosol hc.....	61
proctozone-hc.....	61
PROCYSBI.....	68
progesterone.....	78
PROGRAF.....	83
PROLASTIN-C.....	68
PROLENSA.....	91
PROLIA.....	87
PROMACTA.....	48
promethazine hcl.....	17,93
propafenone hcl.....	50
propranolol hcl.....	51
PROPRANOLOL HCL.....	51
propranolol hcl er.....	51
PROPRANOLOL-HCTZ.....	54
propylthiouracil.....	80
PROQUAD.....	85
protriptyline hcl.....	17
PULMICORT FLEXHALER.....	93
PULMOZYME.....	94
PURE COMFORT SAFETY PEN NEEDLE.....	89
PURIXAN.....	23
pyrazinamide.....	21
pyridostigmine bromide.....	21
pyrimethamine.....	32

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qc alcohol.....	89
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QINLOCK.....	24
QUADRACEL.....	85
quetiapine fumarate.....	36
quetiapine fumarate er.....	36
quinapril hcl.....	50
quinapril-hydrochlorothiazide.....	54
quinidine sulfate.....	50
quinine sulfate.....	32
QVAR REDHALER.....	93

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ra isopropyl alcohol wipes.....	89
RABAVERT.....	85
rabeprazole sodium.....	67
raloxifene hcl.....	78
ramelteon.....	97
ramipril.....	50
ranolazine er.....	54
rasagiline mesylate.....	33
REBIF.....	59
REBIF REBIDOSE.....	59
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REBIF TITRATION PACK.....	59
reclipsen.....	76
RECOMBIVAX HB.....	85
REGRANEX.....	62
relafen.....	1
RELENZA DISKHALER.....	42
RELISTOR.....	66
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REPATHA.....	56
REPATHA PUSHTRONEX SYSTEM.....	56
REPATHA SURECLICK.....	56
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RESTASIS MULTIDOSE.....	90
RETACRIT.....	48
RETEVMO.....	24
REVLIMID.....	22
REXULTI.....	36
REYATAZ.....	41
REZLIDHIA.....	29

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RHOPRESSA.....	92	SECUADO.....	36
ribavirin.....	38,96	SECURESAFE INSULIN SYRINGE.....	89
rifabutin.....	21	selegiline hcl.....	33
rifampin.....	21	selenium sulfide.....	61
RIFATER.....	21	SELZENTRY.....	40
riluzole.....	58	SEREVENT DISKUS.....	94
RIMANTADINE HCL.....	42	sertraline hcl.....	16
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ringers irrigation.....	65	sevelamer carbonate.....	64
RINVOQ.....	83	sharobel.....	78
risedronate sodium.....	87	SHINGRIX.....	85
risperidone.....	36	SIGNIFOR.....	79
risperidone microspheres er.....	36	sildenafil citrate.....	95
ritonavir.....	41	SILIGENTLE FOAM DRESSING.....	89
rivastigmine.....	14	silodosin.....	69
rivastigmine tartrate.....	14	silver sulfadiazine.....	62
rizatriptan benzoate.....	20	simliya.....	76
ROCKLATAN.....	90	simvastatin.....	55
roflumilast.....	95	sirolimus.....	84
ropinirole hcl.....	33	SIRTURO.....	21
rosadan.....	6	SKYRIZI.....	62,67,81
rosuvastatin calcium.....	55	SKYRIZI (150 MG DOSE).....	81
ROTARIX.....	85	SKYRIZI PEN.....	81
ROTATEQ.....	85	SMOFLIPID.....	65
roweepra.....	11	sodium chloride.....	64
roweepra xr.....	11	sodium chloride (pf).....	64
ROZLYTREK.....	24	sodium fluoride.....	65
RUBRACA.....	29	sodium phenylbutyrate.....	68
rufinamide.....	14	sodium polystyrene sulfonate.....	64
RUKOBIA.....	40	SOFOSBUVIR-VELPATASVIR.....	38
RYBELSUS.....	44	solifenacin succinate.....	69
RYDAPT.....	29	SOLTAMOX.....	22
S		SOMATULINE DEPOT.....	79
sajazir.....	80	SOMAVERT.....	79
SANDIMMUNE.....	83	sorafenib tosylate.....	29
SANDOSTATIN LAR DEPOT.....	79	sorine.....	50
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- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
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 - 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

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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>.

Multi-Language Insert
Multi-Language Interpreter Services

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول ليس عليك سوى الاتصال بنا على 1-800-776-4466. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-776-4466. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-776-4466. Ta usługa jest bezpłatna.

Japanese 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-776-4466 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hmong Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-776-4466. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

Ukrainian Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-776-4466. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

Navajo D77 ats'77s baa lhly3 47 doodago azee' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-776-4466 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'1l j77k'eh bee an1'lwo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਰਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਆਰਾ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-776-4466 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្តល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

Mien Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

Lao ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ քոն հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպիչի հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերին իմացող թարգմանիչը: Ծառայությունն անվճար է:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

This formulary was updated on **06/20/2024** . For more recent information or other questions, please contact Blue Shield of California Customer Service, at **(800) 776-4466** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week, or visit **blueshieldca.com/medformulary2024**.

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