

Blue Shield Rx Plus (PDP)

2023 Formulary

(List of Covered Drugs)

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

Formulary ID 23349, Version 20

This formulary was updated on **12/01/2023**. For more recent information or other questions, please contact Blue Shield Rx Plus Customer Care, at (888) 239-6469 or, for TTY users, 711, 8:00 a.m. – 8:00 p.m., seven days a week, or visit blueshieldca.com/medformulary2023.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Care for more information.

Important Message About What You Pay for 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, even if you haven't paid your deductible.



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A53831 (12/23)
12/01/2023

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 Rx Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of **12/01/2023**. 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, 2024 and from time to time during the year.

What is the Blue Shield Rx Plus 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.
 - o 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 Rx Plus’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.
 - o 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 Rx Plus’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 **12/01/2023**. 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/medformulary2023.

How do I use the Formulary?

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

Medical Condition

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

category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 89. 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 Care 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 Care 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 Rx Plus'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 Care 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 89 .

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 Rx Plus:

TIER	SUPPLY	COST SHARE
1: Preferred Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$1 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	\$2 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$9 Copay
	Standard retail cost-sharing (in-network) (up to 90-day supply)	\$27 Copay
2: Generic Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$12 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	\$24 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$19 Copay
	Standard retail cost-sharing (in-network) (up to 90-day supply)	\$57 Copay
3: Preferred Brand Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	\$43 Copay
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	\$86 Copay
	Standard retail cost-sharing (in-network) (30-day supply)	\$47 Copay
	Standard retail cost-sharing (in-network) (up to 90-day supply)	\$141 Copay

TIER	SUPPLY	COST SHARE
4: Non-Preferred Drugs	Preferred retail cost-sharing (in-network) (30-day supply)	47% coinsurance
	Preferred retail cost-sharing (in-network) or the plan's mail service cost-sharing (up to 90-day supply)	47% coinsurance
	Standard retail cost-sharing (in-network) (30-day supply)	50% coinsurance
	Standard retail cost-sharing (in-network) (up to 90-day supply)	50% coinsurance
5: Specialty Tier Drugs	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network) (30-day supply)	25% coinsurance
	Preferred retail cost-sharing (in-network), standard retail cost-sharing (in-network), or the plan's mail service cost-sharing (up to 90-day supply)	A long-term supply is not available for drugs in Tier 5.

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

LEGEND

TIER	NAME	
1	Preferred Generic Drugs	
2	Generic Drugs	
3	Preferred Brand Drugs	
4	Non-Preferred Drugs	
5	Specialty Tier Drugs	
SYMBOL	NAME	DESCRIPTION
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Care.
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.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ANALGESICS

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	TIER 2	PA, QL (48 PER 30 OVER TIME), NDS
<i>celecoxib (cap 50 mg, cap 100 mg, cap 200 mg)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>celecoxib cap 400 mg</i>	TIER 4	QL (1 PER 1 DAYS)
<i>diclofenac potassium tab 50 mg</i>	TIER 2	
<i>diclofenac sodium (tab 25 mg, tab 50 mg, tab 75 mg)</i>	TIER 2	
<i>diclofenac sodium (topical) (gel, gel (1.16% diethylamine equiv))</i>	TIER 4	
<i>diclofenac sodium tab er 24hr 100 mg</i>	TIER 4	
<i>diflunisal tab 500 mg</i>	TIER 4	
<i>etodolac (tab 400 mg, tab 500 mg, tab er 24hr 400 mg, tab er 24hr 500 mg, tab er 24hr 600 mg)</i>	TIER 4	
<i>flurbiprofen (50 mg tab, tab 50 mg, tab 100 mg)</i>	TIER 2	
<i>ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)</i>	TIER 2	
<i>indomethacin (cap 25 mg, cap 50 mg)</i>	TIER 2	
<i>meloxicam (tab 7.5 mg, tab 15 mg)</i>	TIER 2	
<i>nabumetone (tab 500 mg, tab 750 mg)</i>	TIER 2	
<i>naproxen (tab 250 mg, tab 375 mg, tab 500 mg)</i>	TIER 2	
<i>naproxen (tab ec 375 mg, tab ec 500 mg)</i>	TIER 4	
<i>sulindac (tab 150 mg, tab 200 mg)</i>	TIER 2	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl (patch 72hr 100 mcg/hr, patch 72hr 12 mcg/hr, patch 72hr 25 mcg/hr, patch 72hr 50 mcg/hr, patch 72hr 75 mcg/hr)</i>	TIER 3	PA, QL (10 PER 30 OVER TIME), NDS
<i>methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)</i>	TIER 4	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl (10 mg/ml solution, inj 10 mg/ml)</i>	TIER 4	PA, 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 (5 mg/5ml solution, soln 5 mg/5ml)</i>	TIER 4	PA, QL (900 PER 30 OVER TIME), NDS
<i>methadone hcl tab 10 mg</i>	TIER 4	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl tab 5 mg</i>	TIER 4	PA, QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate (tab er 60 mg, tab er 100 mg, tab er 200 mg)</i>	TIER 3	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate tab er 15 mg</i>	TIER 3	QL (180 PER 30 OVER TIME), NDS
<i>morphine sulfate tab er 30 mg</i>	TIER 3	QL (90 PER 30 OVER TIME), NDS

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine (w/ tab 300-15 mg, w/ tab 300-30 mg)</i>	TIER 2	QL (12 PER 1 DAYS), NDS
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	TIER 2	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen w/ codeine tab 300-60 mg</i>	TIER 2	QL (6 PER 1 DAYS), NDS
<i>fentanyl citrate (100 mcg tab, 200 mcg tab, 400 mcg tab, lozenge on a handle 400 mcg, 600 mcg tab, lozenge on a handle 600 mcg, 800 mcg tab, lozenge on a handle 800 mcg, lozenge on a handle 1200 mcg, lozenge on a handle 1600 mcg)</i>	TIER 5	PA, QL (120 PER 30 OVER TIME), NDS
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	TIER 4	PA, QL (120 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (tab 7.5-325 mg, tab 10-325 mg)</i>	TIER 3	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	TIER 4	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	TIER 3	QL (8 PER 1 DAYS), NDS
<i>hydromorphone hcl liqd 1 mg/ml</i>	TIER 4	QL (675 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 2 mg</i>	TIER 3	QL (154 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 4 mg</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl tab 8 mg</i>	TIER 3	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (15 mg tab, tab 15 mg, 30 mg tab, tab 30 mg)</i>	TIER 3	QL (120 PER 30 OVER TIME), NDS
<i>morphine sulfate (20 mg/5ml solution, oral soln 20 mg/5ml)</i>	TIER 3	QL (315 PER 30 OVER TIME), NDS
<i>morphine sulfate oral soln 10 mg/5ml</i>	TIER 3	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	TIER 3	QL (70 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>oxycodone hcl (tab 15 mg, tab 30 mg)</i>	TIER 3	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl soln 5 mg/5ml</i>	TIER 3	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 10 mg</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 20 mg</i>	TIER 3	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl tab 5 mg</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen (w/ tab 2.5-325 mg, w/ tab 5-325 mg)</i>	TIER 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	TIER 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	TIER 3	QL (840 PER 30 OVER TIME), NDS
<i>tramadol hcl tab 50 mg</i>	TIER 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	TIER 3	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium tab delayed release 333 mg</i>	TIER 4	
<i>disulfiram (tab 250 mg, tab 500 mg)</i>	TIER 4	

OPIOID DEPENDENCE

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

OPIOID REVERSAL AGENTS

<i>naloxone hcl (0.4 mg/ml soln cart, inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)</i>	TIER 2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	TIER 3	QL (2 PER 30 OVER TIME)
<i>naltrexone hcl tab 50 mg</i>	TIER 2	

SMOKING CESSATION AGENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	TIER 2	QL (2 PER 1 DAYS)
NICOTROL NS 10 MG/ML SOLUTION	TIER 4	
<i>varenicline tartrate (tab 0.5 mg equiv), tab 1 mg equiv))</i>	TIER 4	QL (2 PER 1 DAYS)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	TIER 4	QL (53 PER 30 OVER TIME)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	TIER 4	
<i>gentamicin sulfate cream 0.1%</i>	TIER 3	
<i>gentamicin sulfate inj 40 mg/ml</i>	TIER 4	
<i>gentamicin sulfate oint 0.1%</i>	TIER 2	
<i>neomycin sulfate tab 500 mg</i>	TIER 2	
<i>paromomycin sulfate cap 250 mg</i>	TIER 4	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	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>tobramycin sulfate (for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), 2 gm/50ml solution, 10 mg/ml solution, inj 80 mg/2ml (40 mg/ml) (base equiv))</i>	TIER 4	
ANTIBACTERIALS, OTHER		
<i>acetic acid otic soln 2%</i>	TIER 2	
<i>aztreonam (inj 1 gm, inj 2 gm)</i>	TIER 4	
<i>clindamycin hcl (cap 75 mg, cap 150 mg, cap 300 mg)</i>	TIER 2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	TIER 4	
<i>clindamycin phosphate (inj 9 gm/60ml, inj 300 mg/2ml, inj 600 mg/4ml, inj 900 mg/6ml)</i>	TIER 4	
<i>clindamycin phosphate in d5w (soln 300 mg/50ml, soln 600 mg/50ml, soln 900 mg/50ml)</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>clindamycin phosphate swab 1%</i>	TIER 2	
<i>clindamycin phosphate vaginal cream 2%</i>	TIER 4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	TIER 4	
<i>daptomycin (350 mg recon soln, for iv soln 350 mg, 500 mg recon soln, for iv soln 500 mg)</i>	TIER 5	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	TIER 4	QL (1 PER 30 OVER TIME)
<i>linezolid for susp 100 mg/5ml</i>	TIER 5	PA
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	TIER 5	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	TIER 4	
<i>linezolid tab 600 mg</i>	TIER 4	PA
<i>methenamine hippurate tab 1 gm</i>	TIER 4	
<i>metronidazole (500 mg/100ml solution, iv soln 500 mg/100ml)</i>	TIER 4	
<i>metronidazole (tab 250 mg, tab 500 mg)</i>	TIER 2	
<i>metronidazole cream 0.75%</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>metronidazole gel 0.75%</i>	TIER 2	
<i>metronidazole vaginal gel 0.75%</i>	TIER 4	
<i>nitrofurantoin macrocrystal (cap 50 mg, cap 100 mg)</i>	TIER 3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	TIER 4	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	TIER 3	
ORBACTIV 400 MG RECON SOLN	TIER 5	PA, QL (9 PER 30 OVER TIME)
SYNERCID 150-350 MG RECON SOLN	TIER 5	
<i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>	TIER 5	
<i>trimethoprim (100 mg tab, tab 100 mg)</i>	TIER 2	
<i>vancomycin hcl (cap 125 mg (base equivalent), for iv soln 1 gm (base equivalent), 1.25 gm recon soln, 1.5 gm recon soln, 100 gm recon soln, 250 mg recon soln, cap 250 mg (base equivalent), for iv soln 1.25 gm (base equivalent), for iv soln 1.5 gm (base equivalent), for iv soln 10 gm (base equivalent), for iv soln 500 mg (base equivalent), 750 mg recon soln, for iv soln 750 mg (base equivalent))</i>	TIER 4	
VANDAZOLE 0.75 % GEL	TIER 3	
XIFAXAN 200 MG TAB	TIER 5	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)

BETA-LACTAM, CEPHALOSPORINS

CEFACLOR (250 MG CAP, 500 MG CAP)	TIER 3	
<i>cefadroxil (1 gm tab, tab 1 gm)</i>	TIER 4	
<i>cefadroxil (cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml)</i>	TIER 3	
<i>cefazolin sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, 3 gm recon soln, for inj 10 gm, 100 gm recon soln, 300 gm recon soln, for inj 500 mg)</i>	TIER 4	
<i>cefdinir (susp 125 mg/5ml, susp 250 mg/5ml)</i>	TIER 4	
<i>cefdinir cap 300 mg</i>	TIER 2	
<i>cefepime hcl (1 gm/50ml solution, for inj 1 gm, 2 gm/100ml solution, for iv soln 2 gm)</i>	TIER 4	
<i>cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)</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>cefotaxime sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, 500 mg recon soln)</i>	TIER 4	
<i>cefotetan disodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, for inj 2 gm)</i>	TIER 4	
<i>cefoxitin sodium (soln 1 gm, soln 2 gm, soln 10 gm)</i>	TIER 4	
<i>cefpodoxime proxetil (for susp 50 mg/5ml, for susp 100 mg/5ml, tab 100 mg, tab 200 mg)</i>	TIER 4	
<i>cefprozil (susp 125 mg/5ml, susp 250 mg/5ml)</i>	TIER 4	
<i>cefprozil (tab 250 mg, tab 500 mg)</i>	TIER 3	
<i>ceftazidime (inj 1 gm, inj 6 gm, iv soln 2 gm)</i>	TIER 4	
<i>ceftriaxone sodium (inj 1 gm, inj 2 gm, inj 10 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)</i>	TIER 4	
<i>cefuroxime axetil (tab 250 mg, tab 500 mg)</i>	TIER 2	
<i>cefuroxime sodium (inj 7.5 gm, inj 750 mg, iv soln 1.5 gm)</i>	TIER 4	
<i>cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)</i>	TIER 2	
TAZICEF (1 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 & pot clavulanate (susp 200-28.5 mg/5ml, susp 250-62.5 mg/5ml, susp 400-57 mg/5ml, susp 600-42.9 mg/5ml)</i>	TIER 3	
<i>amoxicillin & pot clavulanate (tab 250-125 mg, tab 500-125 mg, tab 875-125 mg)</i>	TIER 2	
AMOXICILLIN (125 MG CHEW TAB, (TRIHYDRATE) CAP 250 MG, (TRIHYDRATE) CAP 500 MG, (TRIHYDRATE) FOR SUSP 125 MG/5ML, (TRIHYDRATE) FOR SUSP 200 MG/5ML, (TRIHYDRATE) FOR SUSP 250 MG/5ML, 250 MG CHEW TAB, (TRIHYDRATE) FOR SUSP 400 MG/5ML, (TRIHYDRATE) TAB 500 MG, (TRIHYDRATE) TAB 875 MG)	TIER 2	
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 400-57 MG CHEW TAB)	TIER 4	
<i>ampicillin & sulbactam sodium (inj 1.5 (1-0.5) gm, inj 3 (2-1) gm, iv soln 15 (10-5) gm)</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>ampicillin cap 500 mg</i>	TIER 2	
<i>ampicillin sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, for inj 2 gm, for iv soln 2 gm, 125 mg recon soln, for inj 250 mg, for inj 500 mg, for iv soln 10 gm)</i>	TIER 4	
AMPICILLIN-SULBACTAM SODIUM (1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN)	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 (cap 250 mg, cap 500 mg)</i>	TIER 2	
<i>nafcillin sodium (1 gm recon soln, for inj 1 gm, 2 gm recon soln, for inj 2 gm)</i>	TIER 4	
<i>nafcillin sodium for iv soln 10 gm</i>	TIER 5	
<i>penicillin g potassium (inj 5000000, inj 20000000)</i>	TIER 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	TIER 4	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)</i>	TIER 2	
PFIZERPEN (5000000 RECON SOLN, 20000000 RECON SOLN)	TIER 4	
<i>piperacillin sodium-tazobactam sodium (na inj 3.375 gm (3-0.375 gm), sod inj 2.25 gm (2-0.25 gm), sod inj 4.5 gm (4-0.5 gm), sod inj 13.5 gm (12-1.5 gm), sod inj 40.5 gm (36-4.5 gm))</i>	TIER 4	

CARBAPENEMS

<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	TIER 4	
<i>imipenem-cilastatin (250 mg recon soln, intravenous for soln 500 mg)</i>	TIER 4	
<i>meropenem (soln 1 gm, soln 500 mg)</i>	TIER 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	TIER 4	

MACROLIDES

<i>azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg)</i>	TIER 4	
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azithromycin (tab 250 mg, tab 500 mg, tab 600 mg)</i>	TIER 2	
<i>clarithromycin (tab 250 mg, tab 500 mg)</i>	TIER 3	
<i>clarithromycin (tab er 24hr 500 mg, 125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	TIER 4	
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	
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN	TIER 4	
<i>erythromycin base (tab 250 mg, tab 500 mg)</i>	TIER 4	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	TIER 4	
<i>erythromycin lactobionate for inj 500 mg</i>	TIER 4	

QUINOLONES

BESIVANCE 0.6 % SUSPENSION	TIER 3	
CILOXAN 0.3 % OINTMENT	TIER 4	
<i>ciprofloxacin (susp 250 mg/5ml (5%) (5 gm/100ml), susp 500 mg/5ml (10%) (10 gm/100ml))</i>	TIER 4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	TIER 4	
<i>ciprofloxacin hcl (tab 250 mg equiv), tab 500 mg equiv), tab 750 mg equiv))</i>	TIER 2	
CIPROFLOXACIN HCL 100 MG TAB	TIER 4	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	TIER 2	
<i>levofloxacin (25 mg/ml solution, iv soln 25 mg/ml, oral soln 25 mg/ml)</i>	TIER 4	
<i>levofloxacin (tab 250 mg, tab 500 mg, tab 750 mg)</i>	TIER 2	
<i>levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)</i>	TIER 4	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	TIER 4	
<i>ofloxacin (300 mg tab, tab 400 mg)</i>	TIER 4	

SULFONAMIDES

<i>sulfacetamide sodium lotion 10% (acne)</i>	TIER 4	
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfadiazine (500 mg tab, tab 500 mg)</i>	TIER 4	
<i>sulfamethoxazole-trimethoprim (tab 400-80 mg, tab 800-160 mg)</i>	TIER 2	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	TIER 4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	TIER 3	

TETRACYCLINES

<i>doxycycline (monohydrate) (cap 50 mg, cap 100 mg)</i>	TIER 2
<i>doxycycline (monohydrate) (tab 50 mg, tab 75 mg, tab 100 mg)</i>	TIER 3
<i>doxycycline hyclate (cap 50 mg, cap 100 mg, tab 20 mg, tab 100 mg)</i>	TIER 2
<i>doxycycline hyclate for inj 100 mg</i>	TIER 4
<i>minocycline hcl (cap 50 mg, cap 75 mg, cap 100 mg)</i>	TIER 2
<i>minocycline hcl (tab 50 mg, tab 75 mg, tab 100 mg)</i>	TIER 4
<i>tetracycline hcl (cap 250 mg, cap 500 mg)</i>	TIER 4

ANTICONSULSANTS

ANTICONSULSANTS, 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 (cap sprinkle 125 mg, tab 125 mg, tab 250 mg, tab 500 mg)</i>	TIER 2	
<i>divalproex sodium (tab er 24 hr 250 mg, tab er 24 hr 500 mg)</i>	TIER 4	
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 (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</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
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 (tab 25 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	TIER 2	
<i>lamotrigine (tab 5 mg, tab 25 mg)</i>	TIER 3	
<i>levetiracetam (oral soln 100 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg, tab 1000 mg)</i>	TIER 2	
<i>levetiracetam tab er 24hr 500 mg</i>	TIER 3	QL (6 PER 1 DAYS)
<i>levetiracetam tab er 24hr 750 mg</i>	TIER 3	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>topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 25 mg, tab 50 mg, tab 100 mg, tab 200 mg)</i>	TIER 2	
<i>valproate sodium inj 100 mg/ml</i>	TIER 4	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	TIER 2	
<i>valproic acid cap 250 mg</i>	TIER 2	
XCOPRI (150 MG TAB, 200 MG TAB)	TIER 5	QL (2 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 (50 MG TAB, 100 MG TAB)	TIER 5	QL (1 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

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
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (cap 250 mg, soln 250 mg/5ml)</i>	TIER 2	
<i>methsuximide cap 300 mg</i>	TIER 4	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam suspension 2.5 mg/ml</i>	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam tab 10 mg</i>	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam tab 20 mg</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIAZEPAM 2.5 MG GEL	TIER 4	QL (5 PER 30 OVER TIME)
<i>diazepam rectal gel delivery system 10 mg</i>	TIER 4	QL (20 PER 30 OVER TIME)
<i>diazepam rectal gel delivery system 20 mg</i>	TIER 4	QL (40 PER 30 OVER TIME)
<i>gabapentin (tab 600 mg, tab 800 mg)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>gabapentin cap 100 mg</i>	TIER 2	QL (12 PER 1 DAYS)
<i>gabapentin cap 300 mg</i>	TIER 2	QL (8 PER 1 DAYS)
<i>gabapentin cap 400 mg</i>	TIER 2	QL (6 PER 1 DAYS)
<i>gabapentin oral soln 250 mg/5ml</i>	TIER 3	QL (72 PER 1 DAYS)
<i>phenobarbital (elixir 20 mg/5ml, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg, tab 100 mg)</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>primidone (tab 50 mg, 125 mg tab, tab 250 mg)</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 (tab 2 mg, tab 4 mg, tab 12 mg, tab 16 mg)</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 (powd pack 500 mg, tab 500 mg)</i>	TIER 5	LA, QL (6 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
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 (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, susp 100 mg/5ml, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	TIER 4	
<i>carbamazepine (chew tab 100 mg, tab 200 mg)</i>	TIER 2	
<i>lacosamide (tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>lacosamide oral solution 10 mg/ml</i>	TIER 4	QL (40 PER 1 DAYS)
<i>oxcarbazepine (tab 150 mg, tab 300 mg, tab 600 mg)</i>	TIER 2	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	TIER 4	
PEGANONE 250 MG TAB	TIER 4	
<i>phenytoin (chew tab 50 mg, susp 125 mg/5ml)</i>	TIER 2	
<i>phenytoin sodium extended (cap 100 mg, cap 200 mg, cap 300 mg)</i>	TIER 2	
<i>rufinamide susp 40 mg/ml</i>	TIER 5	ST, QL (80 PER 1 DAYS)
<i>rufinamide tab 200 mg</i>	TIER 4	ST, QL (16 PER 1 DAYS)
<i>rufinamide tab 400 mg</i>	TIER 4	ST, QL (8 PER 1 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	TIER 4	
<i>zonisamide (cap 25 mg, cap 50 mg, cap 100 mg)</i>	TIER 2	

ANTIDEMENTIA AGENTS

CHOLINESTERASE INHIBITORS

<i>donepezil hydrochloride (tab 5 mg, tab 10 mg)</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>galantamine hydrobromide (4 mg/ml solution, tab 4 mg, tab 8 mg, tab 12 mg)</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>galantamine hydrobromide (cap er 24hr 16 mg, cap er 24hr 24 mg, cap er 24hr 8 mg)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>rivastigmine tartrate (cap 1.5 mg equivalent), cap 3 mg equivalent), cap 4.5 mg equivalent), cap 6 mg equivalent))</i>	TIER 3	

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

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

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl (tab 100 mg, tab er 12hr 100 mg)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl tab 75 mg</i>	TIER 2	QL (6 PER 1 DAYS)
<i>bupropion hcl tab er 12hr 200 mg</i>	TIER 2	QL (2 PER 1 DAYS)
<i>bupropion hcl tab er 24hr 300 mg</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 (tab 15 mg, tab 30 mg, tab 45 mg)</i>	TIER 3	
<i>mirtazapine (tab 7.5 mg, tab 15 mg, tab 30 mg, tab 45 mg)</i>	TIER 2	

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
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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
MARPLAN 10 MG TAB	TIER 4	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	TIER 3	
<i>tranylcypromine sulfate tab 10 mg</i>	TIER 4	

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

<i>citalopram hydrobromide (tab 10 mg equiv), tab 20 mg equiv), tab 40 mg equiv))</i>	TIER 1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	TIER 3	
<i>desvenlafaxine succinate (tab er 24hr 25 mg equiv), tab er 24hr 50 mg equiv))</i>	TIER 4	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	TIER 4	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (tab 5 mg equiv), tab 10 mg equiv), tab 20 mg equiv))</i>	TIER 1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	TIER 4	
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 (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml)</i>	TIER 2	
<i>fluvoxamine maleate tab 100 mg</i>	TIER 3	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate tab 25 mg</i>	TIER 3	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate tab 50 mg</i>	TIER 3	QL (6 PER 1 DAYS)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	TIER 4	
<i>paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	TIER 2	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	TIER 4	QL (30 PER 1 DAYS)
<i>sertraline hcl (tab 25 mg, tab 50 mg, tab 100 mg)</i>	TIER 1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	TIER 4	
<i>trazodone hcl (tab 50 mg, tab 100 mg, tab 150 mg)</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>trazodone hcl tab 300 mg</i>	TIER 4	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	TIER 4	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (cap er 24hr 150 mg equivalent), cap er 24hr 37.5 mg equivalent))</i>	TIER 2	QL (2 PER 1 DAYS)
<i>venlafaxine hcl (tab 25 mg equivalent), tab 37.5 mg equivalent), tab 50 mg equivalent), tab 75 mg equivalent), tab 100 mg equivalent))</i>	TIER 2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</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 (tab 10 mg, tab 20 mg, tab 40 mg)</i>	TIER 4	ST, QL (1 PER 1 DAYS)

TRICYCLICS

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

ANTIEMETICS

ANTIEMETICS, OTHER

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

EMETOGENIC THERAPY ADJUNCTS

<i>aprepitant (capsule 80 mg, capsule 125 mg, capsule therapy pack 80 & 125 mg)</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>aprepitant capsule 40 mg</i>	TIER 4	PA, QL (1 PER 30 OVER TIME)
<i>dronabinol (cap 2.5 mg, cap 5 mg, cap 10 mg)</i>	TIER 4	PA, QL (6 PER 1 DAYS)
<i>granisetron hcl (inj 1 mg/ml, inj 4 mg/4ml (1 mg/ml))</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>granisetron hcl tab 1 mg</i>	TIER 4	QL (2 PER 1 DAYS), PA - PART B VS D DERTERMINATION
ONDANSETRON HCL 24 MG TAB	TIER 2	QL (15 PER 30 OVER TIME), PA - PART B VS D DERTERMINATION
<i>ondansetron hcl oral soln 4 mg/5ml</i>	TIER 4	QL (30 PER 1 DAYS), PA - PART B VS D DERTERMINATION
<i>ondansetron hcl tab 4 mg</i>	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DERTERMINATION
<i>ondansetron hcl tab 8 mg</i>	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DERTERMINATION
<i>ondansetron orally disintegrating tab 4 mg</i>	TIER 4	QL (6 PER 1 DAYS), PA - PART B VS D DERTERMINATION
<i>ondansetron orally disintegrating tab 8 mg</i>	TIER 4	QL (3 PER 1 DAYS), PA - PART B VS D DERTERMINATION

ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	TIER 4	PA - PART B VS D DERTERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	TIER 4	PA - PART B VS D DERTERMINATION

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>amphotericin b liposome iv for susp 50 mg</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>caspofungin acetate (50 mg recon soln, for iv soln 50 mg)</i>	TIER 5	PA
<i>caspofungin acetate (70 mg recon soln, for iv soln 70 mg)</i>	TIER 4	PA
<i>ciclopirox olamine (cream equiv), susp equiv))</i>	TIER 3	
<i>clotrimazole (topical) (cream, soln)</i>	TIER 2	
<i>clotrimazole troche 10 mg</i>	TIER 4	
<i>fluconazole (tab 50 mg, tab 100 mg, tab 150 mg, tab 200 mg)</i>	TIER 2	
<i>fluconazole for susp 10 mg/ml</i>	TIER 3	
<i>fluconazole for susp 40 mg/ml</i>	TIER 4	
<i>fluconazole in nacl (inj 200 mg/100ml, inj 400 mg/200ml)</i>	TIER 4	
<i>flucytosine (cap 250 mg, cap 500 mg)</i>	TIER 5	
<i>griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)</i>	TIER 4	
<i>griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)</i>	TIER 4	
<i>itraconazole cap 100 mg</i>	TIER 4	Y
<i>ketoconazole cream 2%</i>	TIER 3	
<i>ketoconazole shampoo 2%</i>	TIER 2	
<i>ketoconazole tab 200 mg</i>	TIER 2	
<i>micafungin sodium (50 mg recon soln, for iv soln 50 mg, 100 mg recon soln, for iv soln 100 mg)</i>	TIER 5	
MICONAZOLE 3 200 MG SUPPOS	TIER 4	
<i>nystatin (topical) (cream 100000 unit/gm, oint 100000 unit/gm, topical powder 100000 unit/gm)</i>	TIER 2	
<i>nystatin susp 100000 unit/ml</i>	TIER 2	
<i>nystatin tab 500000 unit</i>	TIER 2	
<i>posaconazole susp 40 mg/ml</i>	TIER 5	PA
<i>posaconazole tab delayed release 100 mg</i>	TIER 5	PA, QL (3 PER 1 DAYS)
<i>terbinafine hcl tab 250 mg</i>	TIER 2	QL (1 PER 1 DAYS)
<i>terconazole vaginal (cream 0.4%, cream 0.8%)</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>terconazole vaginal suppos 80 mg</i>	TIER 4	
<i>voriconazole (200 mg recon soln, for inj 200 mg)</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>voriconazole (tab 50 mg, tab 200 mg)</i>	TIER 4	PA
<i>voriconazole for susp 40 mg/ml</i>	TIER 5	PA

ANTIGOUT AGENTS

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

ANTIMIGRAINE AGENTS

ANTIMIGRAINE AGENTS, OTHER

UBRELVY (50 MG TAB, 100 MG TAB)	TIER 5	PA, QL (16 PER 30 OVER TIME)
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ERGOT ALKALOIDS

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	TIER 4	PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</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 (tab 5 mg, tab 10 mg, tab 20 mg)</i>	TIER 4	

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl (tab 1 mg equiv), tab 2.5 mg equiv))</i>	TIER 4	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate (oral disintegrating tab 5 mg eq), oral disintegrating tab 10 mg eq), tab 5 mg equivalent), tab 10 mg equivalent))</i>	TIER 3	QL (24 PER 30 OVER TIME)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	TIER 4	QL (18 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>sumatriptan succinate (solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml soln prsyr, inj 6 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml, solution cartridge 6 mg/0.5ml)</i>	TIER 4	QL (8 PER 30 OVER TIME)
<i>sumatriptan succinate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	TIER 2	QL (18 PER 30 OVER TIME)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	TIER 4	QL (8 PER 30 OVER TIME)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

GUANIDINE HCL 125 MG TAB	TIER 3
<i>pyridostigmine bromide tab 60 mg</i>	TIER 2

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

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

ANTITUBERCULARS

<i>ethambutol hcl (tab 100 mg, tab 400 mg)</i>	TIER 2	
<i>isoniazid (100 mg tab, tab 100 mg, tab 300 mg)</i>	TIER 2	
ISONIAZID 100 MG/ML SOLUTION	TIER 4	
<i>isoniazid syrup 50 mg/5ml</i>	TIER 3	
PASER 4 GM PACKET	TIER 4	
PRIFTIN 150 MG TAB	TIER 4	
<i>pyrazinamide tab 500 mg</i>	TIER 2	
<i>rifampin (cap 150 mg, cap 300 mg)</i>	TIER 2	
<i>rifampin for inj 600 mg</i>	TIER 4	
RIFATER 50-120-300 MG TAB	TIER 4	
SIRTURO 100 MG TAB	TIER 5	PA, QL (24 PER 28 OVER TIME)
SIRTURO 20 MG TAB	TIER 5	PA, QL (120 PER 28 OVER TIME)
TRECATOR 250 MG TAB	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
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide (25 mg cap, 25 mg tab, cap 25 mg, 50 mg cap, 50 mg tab, cap 50 mg)</i>	TIER 3	PA - PART B VS D DERTERMINATION
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 (inj 15 mg, inj 100 mg)</i>	TIER 5	PA - PART B VS D DERTERMINATION
VALCHLOR 0.016 % GEL	TIER 5	LA, QL (60 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate tab 500 mg</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide tab 50 mg</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, cap 125 mg)</i>	TIER 3	
<i>nilutamide tab 150 mg</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

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
ANTIANGIOGENIC AGENTS		
<i>lenalidomide (cap 5 mg, cap 10 mg, cap 15 mg, cap 20 mg, cap 25 mg, caps 2.5 mg)</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, inj soln pref syr 250 mg/5ml)</i>	TIER 5	
SOLTAMOX 10 MG/5ML SOLUTION	TIER 5	PA - FOR NEW STARTS ONLY
<i>tamoxifen citrate (tab 10 mg equivalent), tab 20 mg equivalent))</i>	TIER 2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	TIER 4	
ANTIMETABOLITES		
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	TIER 3	
<i>hydroxyurea cap 500 mg</i>	TIER 2	
INQOVI 35-100 MG TAB	TIER 5	LA, QL (5 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>mercaptopurine tab 50 mg</i>	TIER 4	
PURIXAN 2000 MG/100ML SUSPENSION	TIER 5	LA, PA - FOR NEW STARTS ONLY
TABLOID 40 MG TAB	TIER 4	
ANTINEOPLASTICS, OTHER		
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

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
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
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 (for inj 100 mg, for inj 350 mg, tab 15 mg, tab 25 mg)</i>	TIER 4	
<i>leucovorin calcium (tab 5 mg, tab 10 mg)</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
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

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
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
SYNRIBO 3.5 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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
ZOLINZA 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

AROMATASE INHIBITORS, 3RD GENERATION

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

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
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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 50 MG CAP	TIER 5	LA, 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

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
CAPRELSA 300 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	TIER 5	LA, QL (56 PER 28 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 (tab 100 mg equivalent), tab 150 mg equivalent))</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (tab 2.5 mg, tab 5 mg)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (tab 7.5 mg, tab 10 mg)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (tab susp 2 mg, tab susp 3 mg, tab susp 5 mg)</i>	TIER 5	PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib tab 250 mg</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 tab 100 mg (base equivalent)</i>	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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 tab 250 mg (base equiv)</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

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
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
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	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 tab 200 mg (base equiv)</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 (14 PER 21 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
SCSEMBLIX 20 MG TAB	TIER 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCSEMBLIX 40 MG TAB	TIER 5	QL (10 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
<i>sorafenib tosylate tab 200 mg (base equivalent)</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
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 (cap 37.5 mg equivalent), cap 50 mg equivalent))</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	TIER 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate cap 25 mg (base equivalent)</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	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
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	TIER 5	LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	TIER 5	LA, QL (42 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	TIER 5	LA, QL (42 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	TIER 5	LA, QL (63 PER 28 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
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
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
VOTRIENT 200 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (200 MG CAP, 250 MG CAP)	TIER 5	LA, QL (4 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

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
RETINOIDS		
<i>bexarotene cap 75 mg</i>	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene gel 1%</i>	TIER 5	QL (60 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY
<i>tretinoin cap 10 mg</i>	TIER 5	
TREATMENT ADJUNCTS		
<i>mesna inj 100 mg/ml</i>	TIER 4	
MESNEX 400 MG TAB	TIER 5	
VONJO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole tab 200 mg</i>	TIER 5	
<i>ivermectin tab 3 mg</i>	TIER 3	QL (16 PER 365 OVER TIME)
<i>praziquantel tab 600 mg</i>	TIER 3	
ANTIPROTOZOALS		
<i>atovaquone susp 750 mg/5ml</i>	TIER 5	PA
<i>atovaquone-proguanil hcl (tab 62.5-25 mg, tab 250-100 mg)</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 tab 250 mg</i>	TIER 2	QL (50 PER 30 OVER TIME)
<i>chloroquine phosphate tab 500 mg</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 tab 100 mg</i>	TIER 2	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfate tab 200 mg</i>	TIER 2	QL (3 PER 1 DAYS)
<i>hydroxychloroquine sulfate tab 300 mg</i>	TIER 2	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfate tab 400 mg</i>	TIER 2	QL (1 PER 1 DAYS)
<i>mefloquine hcl tab 250 mg</i>	TIER 2	
<i>nitazoxanide tab 500 mg</i>	TIER 5	PA, QL (6 PER 3 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>pentamidine isethionate (inj soln 300 mg, soln 300 mg)</i>	TIER 4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>primaquine phosphate (26.3 base) mg tab, tab 26.3 mg mg base))</i>	TIER 3	
<i>pyrimethamine tab 25 mg</i>	TIER 5	PA
<i>quinine sulfate cap 324 mg</i>	TIER 4	PA, QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (cap 100 mg, soln 50 mg/5ml)</i>	TIER 3	
<i>amantadine hcl tab 100 mg</i>	TIER 4	
<i>entacapone tab 200 mg</i>	TIER 4	QL (8 PER 1 DAYS)

DOPAMINE AGONISTS

<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	TIER 5	PA
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	TIER 4	
NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	TIER 4	QL (30 PER 30 OVER TIME)
<i>pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)</i>	TIER 2	
<i>ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)</i>	TIER 2	

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa tab 25 mg</i>	TIER 4
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARBIDOPA-LEVODOPA (CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	TIER 4	
<i>carbidopa-levodopa (tab 10-100 mg, tab 25-100 mg, tab 25-250 mg)</i>	TIER 2	
<i>carbidopa-levodopa (tab er 25-100 mg, tab er 50-200 mg)</i>	TIER 3	

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate (tab 0.5 mg equiv), tab 1 mg equiv))</i>	TIER 4	QL (1 PER 1 DAYS)
<i>selegiline hcl (cap 5 mg, tab 5 mg)</i>	TIER 3	

ANTIPSYCHOTICS

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl (inj 25 mg/ml, inj 50 mg/2ml, tab 10 mg, tab 25 mg, 30 mg/ml conc, tab 50 mg, 100 mg/ml conc, tab 100 mg, tab 200 mg)</i>	TIER 4	
<i>fluphenazine decanoate inj 25 mg/ml</i>	TIER 4	
<i>fluphenazine hcl (tab 1 mg, 2.5 mg/5ml elixir, 2.5 mg/ml solution, tab 2.5 mg, 5 mg/ml conc, tab 5 mg, tab 10 mg)</i>	TIER 4	
<i>haloperidol (tab 0.5 mg, tab 1 mg, tab 2 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	TIER 2	
<i>haloperidol decanoate (soln 50 mg/ml, soln 100 mg/ml)</i>	TIER 4	
<i>haloperidol lactate (inj 5 mg/ml, oral conc 2 mg/ml)</i>	TIER 4	
<i>loxapine succinate (cap 5 mg, cap 10 mg, cap 25 mg, cap 50 mg)</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 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>thioridazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>thiothixene (cap 1 mg, cap 2 mg, cap 5 mg, cap 10 mg)</i>	TIER 4	
<i>trifluoperazine hcl (tab 1 mg equivalent), tab 2 mg equivalent), tab 5 mg equivalent), tab 10 mg equivalent))</i>	TIER 3	

2ND GENERATION/ATYPICAL

ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR)	TIER 5	PA - FOR NEW STARTS ONLY
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	TIER 5	PA - FOR NEW STARTS ONLY
<i>aripiprazole (tab 10 mg, tab 15 mg)</i>	TIER 5	QL (2 PER 1 DAYS)
<i>aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>aripiprazole oral solution 1 mg/ml</i>	TIER 4	QL (25 PER 1 DAYS)
<i>aripiprazole tab 2 mg</i>	TIER 4	QL (4 PER 1 DAYS)
<i>aripiprazole tab 5 mg</i>	TIER 4	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 - FOR NEW STARTS ONLY
ARISTADA INITIO 675 MG/2.4ML PRSYR	TIER 5	QL (2.4 PER 42 OVER TIME), PA - FOR NEW STARTS ONLY
<i>asenapine maleate (sl tab 2.5 mg equiv), sl tab 5 mg equiv), sl tab 10 mg equiv))</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 - FOR NEW STARTS ONLY
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	TIER 5	QL (5 PER 180 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	TIER 5	QL (0.75 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 5	QL (1 PER 28 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
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 5	QL (1.5 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 4	QL (0.25 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 5	QL (0.5 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	TIER 5	QL (0.88 PER 84 DAYS), PA - FOR NEW STARTS ONLY
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	TIER 5	QL (1.32 PER 84 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	TIER 5	QL (1.75 PER 84 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	TIER 5	QL (2.63 PER 84 OVER TIME), PA - FOR NEW STARTS ONLY
<i>lurasidone hcl (tab 20 mg, tab 40 mg, tab 60 mg)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>lurasidone hcl (tab 80 mg, tab 120 mg)</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 (for im inj 10 mg, orally disintegrating tab 5 mg, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, orally disintegrating tab 20 mg)</i>	TIER 4	
<i>olanzapine (tab 2.5 mg, tab 5 mg, tab 7.5 mg, tab 10 mg, tab 15 mg, tab 20 mg)</i>	TIER 2	
<i>paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone tab er 24hr 6 mg</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 - FOR NEW STARTS ONLY
<i>quetiapine fumarate (tab 25 mg, tab 50 mg, tab 100 mg, 150 mg tab, tab 200 mg, tab 300 mg, tab 400 mg)</i>	TIER 2	
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
RISPERDAL CONSTA (25 MG, 37.5 MG, 50 MG)	TIER 5	
RISPERDAL CONSTA 12.5 MG SRER	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>risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, soln 1 mg/ml)</i>	TIER 4	
<i>risperidone (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	TIER 2	
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 (cap 20 mg, cap 40 mg, cap 60 mg, cap 80 mg)</i>	TIER 4	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	TIER 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 4	PA - FOR NEW STARTS ONLY

TREATMENT-RESISTANT

<i>clozapine (12.5 mg tab disp, orally disintegrating tab 25 mg, orally disintegrating tab 100 mg, 150 mg tab disp, orally disintegrating tab 150 mg, 200 mg tab disp, orally disintegrating tab 200 mg, tab 100 mg, tab 200 mg)</i>	TIER 4	
<i>clozapine (tab 25 mg, tab 50 mg)</i>	TIER 3	
VERSACLOZ 50 MG/ML SUSPENSION	TIER 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTISPASTICITY AGENTS

<i>baclofen tab 10 mg</i>	TIER 2	QL (8 PER 1 DAYS)
<i>baclofen tab 20 mg</i>	TIER 2	QL (4 PER 1 DAYS)
<i>baclofen tab 5 mg</i>	TIER 2	QL (16 PER 1 DAYS)
<i>dantrolene sodium (cap 25 mg, cap 50 mg, cap 100 mg)</i>	TIER 4	
<i>tizanidine hcl (tab 2 mg equivalent), tab 4 mg equivalent))</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
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 for soln 50 mg/ml (base equiv)</i>	TIER 5	QL (18 PER 1 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	TIER 3	QL (2 PER 1 DAYS)
ZIRGAN 0.15 % GEL	TIER 4	QL (5 PER 30 OVER TIME)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	TIER 5	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	TIER 5	QL (21 PER 1 DAYS)
<i>entecavir (tab 0.5 mg, tab 1 mg)</i>	TIER 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	TIER 4	
<i>lamivudine tab 100 mg (hbv)</i>	TIER 3	
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB)	TIER 5	PA, QL (1 PER 1 DAYS)
EPCLUSA 200-50 MG PACKET	TIER 5	PA, QL (2 PER 1 DAYS)
HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB)	TIER 5	PA, QL (1 PER 1 DAYS)
HARVONI 45-200 MG PACKET	TIER 5	PA, QL (2 PER 1 DAYS)
LEDIPASVIR-SOFOSBUVIR 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)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	TIER 3	
<i>ribavirin (hepatitis c) (cap 200 mg, tab 200 mg)</i>	TIER 3	
SOFOSBUVIR-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)

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-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETEUDE 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)

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 tab 600 mg</i>	TIER 4	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	TIER 5	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate (tab 400-300-300 mg, tab 600-300-300 mg)</i>	TIER 5	QL (1 PER 1 DAYS)
<i>etravirine tab 100 mg</i>	TIER 4	QL (4 PER 1 DAYS)
<i>etravirine tab 200 mg</i>	TIER 4	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	TIER 4	QL (12 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 4	QL (40 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEVIRAPINE ER 100 MG TAB ER 24H	TIER 4	QL (3 PER 1 DAYS)
<i>nevirapine tab 200 mg</i>	TIER 2	QL (2 PER 1 DAYS)
<i>nevirapine tab er 24hr 400 mg</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)
RESCRIPTOR 200 MG TAB	TIER 4	QL (6 PER 1 DAYS)

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

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	TIER 4	QL (30 PER 1 DAYS)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	TIER 4	QL (1 PER 1 DAYS)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</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 3	QL (1 PER 1 DAYS)
<i>emtricitabine caps 200 mg</i>	TIER 4	QL (1 PER 1 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate (tab 100-150 mg, tab 133-200 mg, tab 167-250 mg, tab 200-300 mg)</i>	TIER 5	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (24 PER 1 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	TIER 3	QL (30 PER 1 DAYS)
<i>lamivudine tab 150 mg</i>	TIER 3	QL (2 PER 1 DAYS)
<i>lamivudine tab 300 mg</i>	TIER 3	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine tab 150-300 mg</i>	TIER 4	QL (2 PER 1 DAYS)
<i>stavudine (15 mg cap, cap 15 mg, 20 mg cap, cap 20 mg, 30 mg cap, cap 30 mg, 40 mg cap, cap 40 mg)</i>	TIER 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>tenofovir disoproxil fumarate tab 300 mg</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)
VIDEX 2 GM RECON SOLN	TIER 3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIDEX EC 125 MG CAP DR	TIER 3	QL (1 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	TIER 4	QL (240 PER 30 OVER TIME)
<i>zidovudine cap 100 mg</i>	TIER 4	QL (6 PER 1 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	TIER 4	QL (60 PER 1 DAYS)
<i>zidovudine tab 300 mg</i>	TIER 4	QL (2 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 DERTERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	TIER 5	QL (6 PER 30 OVER TIME), PA - PART B VS D DERTERMINATION
FUZEON 90 MG RECON SOLN	TIER 5	QL (60 PER 30 OVER TIME)
<i>maraviroc tab 150 mg</i>	TIER 5	QL (2 PER 1 DAYS)
<i>maraviroc tab 300 mg</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 DERTERMINATION
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 (cap 150 mg equiv), cap 200 mg equiv))</i>	TIER 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</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 tab 600 mg</i>	TIER 5	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>darunavir tab 800 mg</i>	TIER 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	TIER 5	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	TIER 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	TIER 4	QL (13 PER 1 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	TIER 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	TIER 4	QL (4 PER 1 DAYS)
NORVIR 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 5	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	TIER 5	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	TIER 5	QL (8 PER 1 DAYS)
<i>ritonavir tab 100 mg</i>	TIER 3	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	TIER 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	TIER 5	QL (4 PER 1 DAYS)

ANTI-INFLUENZA AGENTS

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

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
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	TIER 4	QL (2 PER 30 OVER TIME)

ANTIHERPETIC AGENTS

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

ANXIOLYTICS

ANXIOLYTICS, OTHER

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

BENZODIAZEPINES

<i>alprazolam (tab 0.25 mg, tab 0.5 mg, tab 1 mg)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>alprazolam tab 2 mg</i>	TIER 2	QL (5 PER 1 DAYS)
<i>chlordiazepoxide hcl cap 10 mg</i>	TIER 4	PA, QL (30 PER 1 DAYS)
<i>chlordiazepoxide hcl cap 25 mg</i>	TIER 4	PA, QL (12 PER 1 DAYS)
<i>chlordiazepoxide hcl cap 5 mg</i>	TIER 4	PA, QL (60 PER 1 DAYS)
<i>clonazepam (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg)</i>	TIER 4	QL (40 PER 1 DAYS)
<i>clonazepam orally disintegrating tab 1 mg</i>	TIER 4	QL (20 PER 1 DAYS)
<i>clonazepam orally disintegrating tab 2 mg</i>	TIER 4	QL (10 PER 1 DAYS)
<i>clonazepam tab 0.5 mg</i>	TIER 2	QL (40 PER 1 DAYS)
<i>clonazepam tab 1 mg</i>	TIER 2	QL (20 PER 1 DAYS)
<i>clonazepam tab 2 mg</i>	TIER 2	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium tab 15 mg</i>	TIER 4	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium tab 3.75 mg</i>	TIER 4	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 tab 7.5 mg</i>	TIER 4	QL (12 PER 1 DAYS)
<i>diazepam (conc 5 mg/ml, tab 5 mg)</i>	TIER 2	QL (12 PER 1 DAYS)
<i>diazepam oral soln 1 mg/ml</i>	TIER 4	QL (60 PER 1 DAYS)
<i>diazepam tab 10 mg</i>	TIER 2	QL (6 PER 1 DAYS)
<i>diazepam tab 2 mg</i>	TIER 2	QL (30 PER 1 DAYS)
<i>lorazepam tab 0.5 mg</i>	TIER 2	QL (20 PER 1 DAYS)
<i>lorazepam tab 1 mg</i>	TIER 2	QL (10 PER 1 DAYS)
<i>lorazepam tab 2 mg</i>	TIER 2	QL (5 PER 1 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

LITHIUM 8 MEQ/5ML SOLUTION	TIER 2
<i>lithium carbonate (150 mg cap, cap 150 mg, 300 mg cap, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg, 600 mg cap)</i>	TIER 2

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

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

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
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 (tab 500 mg, tab 850 mg, tab 1000 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	TIER 1	
<i>nateglinide (tab 60 mg, tab 120 mg)</i>	TIER 4	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	TIER 3	QL (1.5 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	TIER 3	QL (3 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
OZEMPIC (1 MG/DOSE) (MG/DOSE) 2 MG/1.5ML SOLN PEN, (MG/DOSE) 4 MG/3ML SOLN PEN)	TIER 3	QL (3 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	TIER 3	QL (3 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
<i>pioglitazone hcl (tab 15 mg equiv), tab 30 mg equiv, tab 45 mg equiv)</i>	TIER 1	
<i>repaglinide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	TIER 2	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 3	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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)
TOLAZAMIDE (250 MG TAB, 500 MG TAB)	TIER 2	
TOLBUTAMIDE 500 MG TAB	TIER 2	
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	QL (2 PER 28 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
VICTOZA 18 MG/3ML SOLN PEN	TIER 3	QL (9 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
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 susp 50 mg/ml</i>	TIER 4	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	TIER 3	QL (2 PER 2 OVER TIME)
<i>glucagon (rdna) for inj kit 1 mg</i>	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, 100 UNIT/ML SOLUTION)	TIER 3	
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	TIER 3	
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	TIER 3	
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	TIER 3	
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	TIER 3	
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	TIER 3	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 3	
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	TIER 3	
HUMULIN N 100 UNIT/ML SUSPENSION	TIER 3	
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	TIER 3	
HUMULIN R 100 UNIT/ML SOLUTION	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
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	TIER 3	
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	TIER 3	
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	TIER 3	
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 3	
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	TIER 3	
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	TIER 3	
LANTUS 100 UNIT/ML SOLUTION	TIER 3	QL (40 PER 30 OVER TIME)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 3	QL (45 PER 30 OVER TIME)
LYUMJEV 100 UNIT/ML SOLUTION	TIER 3	
LYUMJEV KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	TIER 3	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 OVER TIME)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 OVER TIME)

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (cap 75 mg (eq), cap 150 mg (eq))</i>	TIER 4	QL (2 PER 1 DAYS)
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 (inj 300 mg/3ml, inj soln pref syr 100 mg/ml, inj soln pref syr 150 mg/ml)</i>	TIER 4	QL (60 PER 30 OVER TIME)
<i>enoxaparin sodium (inj soln pref 80 mg/0.8ml, inj soln pref 120 mg/0.8ml)</i>	TIER 4	QL (48 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	TIER 4	QL (18 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	TIER 4	QL (24 PER 30 OVER TIME)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	TIER 4	QL (36 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>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	TIER 5	QL (24 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	TIER 4	QL (15 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	TIER 5	QL (12 PER 30 OVER TIME)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	TIER 5	QL (18 PER 30 OVER TIME)
<i>heparin sodium (porcine) ((porcine) inj 1000 unit/ml, (porcine) inj 5000 unit/ml, (porcine) inj 10000 unit/ml, (porcine) inj 20000 unit/ml)</i>	TIER 3	PA - PART B VS D DETERMINATION
PRADAXA 110 MG CAP	TIER 4	QL (2 PER 1 DAYS)
<i>warfarin sodium (tab 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)</i>	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	TIER 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	TIER 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	TIER 3	QL (51 PER 180 OVER TIME)

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl cap 0.5 mg</i>	TIER 3	
<i>anagrelide hcl cap 1 mg</i>	TIER 4	
ARANESP (ALBUMIN FREE) (FREE) 10 MCG/0.4ML SOLN PRSYR, FREE) 25 MCG/0.42ML SOLN PRSYR, FREE) 25 MCG/ML SOLUTION, FREE) 40 MCG/0.4ML SOLN PRSYR, FREE) 40 MCG/ML SOLUTION, FREE) 60 MCG/0.3ML SOLN PRSYR, FREE) 60 MCG/ML SOLUTION, FREE) 100 MCG/ML SOLUTION)	TIER 4	PA
ARANESP (ALBUMIN FREE) (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) 300 MCG/ML SOLUTION, 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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMACTA 25 MG PACKET	TIER 5	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	TIER 5	PA, LA, QL (2 PER 1 DAYS)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	TIER 4	PA
RETACRIT 40000 UNIT/ML SOLUTION	TIER 5	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	TIER 5	PA

HEMOSTASIS AGENTS

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

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	TIER 4	
BRILINTA (60 MG TAB, 90 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
CABLIVI 11 MG KIT	TIER 5	PA, LA, QL (1 PER 1 DAYS)
<i>cilostazol (tab 50 mg, tab 100 mg)</i>	TIER 2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	TIER 2	QL (1 PER 1 DAYS)

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

<i>clonidine (patch 0.1 mg/24hr, patch 0.2 mg/24hr, patch 0.3 mg/24hr)</i>	TIER 4	
<i>clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)</i>	TIER 1	
<i>droxidopa cap 100 mg</i>	TIER 5	PA, QL (252 PER 90 OVER TIME)
<i>droxidopa cap 200 mg</i>	TIER 5	PA, QL (120 PER 30 OVER TIME)
<i>droxidopa cap 300 mg</i>	TIER 5	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (tab 1 mg, tab 2 mg)</i>	TIER 4	
<i>methyldopa (250 mg tab, tab 250 mg, 500 mg tab, tab 500 mg)</i>	TIER 2	
<i>midodrine hcl (tab 2.5 mg, tab 5 mg)</i>	TIER 3	
<i>midodrine hcl tab 10 mg</i>	TIER 4	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg)</i>	TIER 4	
EPROSARTAN MESYLATE 600 MG TAB	TIER 1	QL (1 PER 1 DAYS)
<i>irbesartan (tab 75 mg, tab 150 mg, tab 300 mg)</i>	TIER 2	
<i>losartan potassium (tab 25 mg, tab 50 mg, tab 100 mg)</i>	TIER 1	
<i>olmesartan medoxomil (tab 5 mg, tab 20 mg, tab 40 mg)</i>	TIER 3	
<i>telmisartan (tab 20 mg, tab 40 mg, tab 80 mg)</i>	TIER 3	
<i>valsartan (tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg)</i>	TIER 2	

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	TIER 1	
<i>captopril (tab 12.5 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	TIER 2	
<i>enalapril maleate (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	TIER 2	
<i>fosinopril sodium (tab 10 mg, tab 20 mg, tab 40 mg)</i>	TIER 1	
<i>lisinopril (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)</i>	TIER 1	
<i>moexipril hcl (tab 7.5 mg, tab 15 mg)</i>	TIER 3	
<i>perindopril erbumine (tab 2 mg, tab 4 mg, 8 mg tab, tab 8 mg)</i>	TIER 2	
<i>quinapril hcl (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	TIER 2	
<i>ramipril (cap 1.25 mg, cap 2.5 mg, cap 5 mg, cap 10 mg)</i>	TIER 1	
<i>trandolapril (tab 1 mg, tab 2 mg, tab 4 mg)</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
ANTIARRHYTHMICS		
<i>amiodarone hcl tab 200 mg</i>	TIER 2	
<i>dofetilide (cap 125 mcg (0.125 mg), cap 250 mcg (0.25 mg), cap 500 mcg (0.5 mg))</i>	TIER 4	
<i>flecainide acetate (tab 50 mg, tab 100 mg, tab 150 mg)</i>	TIER 2	
<i>mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)</i>	TIER 3	
MULTAQ 400 MG TAB	TIER 4	QL (2 PER 1 DAYS)
<i>propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)</i>	TIER 3	
<i>quinidine sulfate (200 mg tab, tab 200 mg, 300 mg tab, tab 300 mg)</i>	TIER 2	
<i>sotalol hcl (afib/afl) ((afib/afl) tab 80 mg, (afib/afl) tab 120 mg, (afib/afl) tab 160 mg)</i>	TIER 2	
<i>sotalol hcl (tab 80 mg, tab 120 mg, tab 160 mg, tab 240 mg)</i>	TIER 2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (cap 200 mg, cap 400 mg)</i>	TIER 2	
<i>atenolol (tab 25 mg, tab 50 mg, tab 100 mg)</i>	TIER 1	
<i>betaxolol hcl (tab 10 mg, tab 20 mg)</i>	TIER 4	
<i>bisoprolol fumarate (tab 5 mg, tab 10 mg)</i>	TIER 2	
<i>carvedilol (tab 3.125 mg, tab 6.25 mg, tab 12.5 mg, tab 25 mg)</i>	TIER 1	
<i>labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)</i>	TIER 3	
<i>metoprolol succinate (tab er 24hr 100 mg equiv), tab er 24hr 200 mg equiv, tab er 24hr 25 mg equiv, tab er 24hr 50 mg equiv)</i>	TIER 2	
<i>metoprolol tartrate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	TIER 1	
<i>nebivolol hcl (tab 2.5 mg equivalent), tab 5 mg equivalent, tab 10 mg equivalent, tab 20 mg equivalent)</i>	TIER 3	
<i>propranolol hcl (cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg)</i>	TIER 4	
<i>propranolol hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)</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
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (tab 2.5 mg equivalent), tab 5 mg equivalent), tab 10 mg equivalent))</i>	TIER 1	
<i>felodipine (tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)</i>	TIER 3	
<i>nicardipine hcl (cap 20 mg, cap 30 mg)</i>	TIER 4	
<i>nifedipine (tab er 24hr 30 mg, tab er 24hr 60 mg, tab er 24hr 90 mg)</i>	TIER 4	
<i>nifedipine (tab er 24hr 30 mg, tab er 24hr 60 mg, tab er 24hr 90 mg)</i>	TIER 2	
<i>nimodipine cap 30 mg</i>	TIER 4	
NYMALIZE 6 MG/ML SOLUTION	TIER 5	QL (1260 PER 21 OVER TIME)

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>diltiazem hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 30 mg, tab 60 mg, tab 90 mg, tab 120 mg)</i>	TIER 2
<i>diltiazem hcl (cap er 60 mg, cap er 90 mg, cap er 120 mg)</i>	TIER 4
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	TIER 2
<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 4
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	TIER 4
<i>diltiazem hcl coated beads (beads cap er 24hr 120 mg, beads cap er 24hr 180 mg, beads cap er 24hr 240 mg)</i>	TIER 2
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	TIER 4
<i>diltiazem hcl extended release beads (beads cap er 24hr 120 mg, beads cap er 24hr 180 mg, beads cap er 24hr 240 mg)</i>	TIER 2
<i>diltiazem hcl extended release beads (beads cap er 24hr 300 mg, beads cap er 24hr 360 mg, beads cap er 24hr 420 mg)</i>	TIER 4
<i>verapamil hcl (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 200 mg, cap er 24hr 240 mg)</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>verapamil hcl (tab 40 mg, tab 80 mg, tab 120 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)</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	

CARDIOVASCULAR AGENTS, OTHER

<i>acetazolamide (tab 125 mg, tab 250 mg)</i>	TIER 2	
<i>aliskiren fumarate (tab 150 mg equivalent, tab 300 mg equivalent))</i>	TIER 4	PA
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	TIER 3	
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	TIER 3	
<i>amlodipine besylate-benazepril hcl (cap 2.5-10 mg, cap 5-10 mg, cap 5-20 mg, cap 5-40 mg, cap 10-20 mg, cap 10-40 mg)</i>	TIER 1	
<i>amlodipine besylate-olmesartan medoxomil (tab 5-20 mg, tab 5-40 mg, tab 10-20 mg, tab 10-40 mg)</i>	TIER 4	
<i>amlodipine besylate-valsartan (tab 5-160 mg, tab 5-320 mg, tab 10-160 mg, tab 10-320 mg)</i>	TIER 2	
<i>amlodipine-valsartan-hydrochlorothiazide (tab 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)</i>	TIER 4	
<i>atenolol & chlorthalidone (tab 50-25 mg, tab 100-25 mg)</i>	TIER 2	
<i>benazepril & hydrochlorothiazide (tab 5-6.25 mg, tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)</i>	TIER 2	
<i>bisoprolol & hydrochlorothiazide (tab 2.5-6.25 mg, tab 5-6.25 mg, tab 10-6.25 mg)</i>	TIER 1	
<i>candesartan cilexetil-hydrochlorothiazide (tab 16-12.5 mg, tab 32-12.5 mg, tab 32-25 mg)</i>	TIER 4	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	TIER 2	
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>digoxin (tab 125 mcg (0.125 mg), tab 250 mcg (0.25 mg))</i>	TIER 2	QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enalapril maleate & hydrochlorothiazide (tab 5-12.5 mg, tab 10-25 mg)</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 & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg)</i>	TIER 2	
<i>irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg)</i>	TIER 2	
<i>lisinopril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)</i>	TIER 1	
<i>losartan potassium & hydrochlorothiazide (tab 50-12.5 mg, tab 100-12.5 mg, tab 100-25 mg)</i>	TIER 2	
<i>metoprolol & hydrochlorothiazide (tab 50-25 mg, tab 100-25 mg, tab 100-50 mg)</i>	TIER 3	
<i>metirosine cap 250 mg</i>	TIER 5	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide (tab 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)</i>	TIER 4	
<i>olmesartan medoxomil-hydrochlorothiazide (tab 20-12.5 mg, tab 40-12.5 mg, tab 40-25 mg)</i>	TIER 4	
<i>pentoxifylline tab er 400 mg</i>	TIER 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	TIER 3	
<i>quinapril-hydrochlorothiazide (tab 10-12.5 mg, 20-12.5 mg tab, 20-25 mg tab, tab 20-12.5 mg, tab 20-25 mg)</i>	TIER 2	
<i>ranolazine (tab er 500 mg, tab er 1000 mg)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	TIER 2	
<i>triamterene & hydrochlorothiazide (tab 37.5-25 mg, tab 75-50 mg)</i>	TIER 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	TIER 2	
<i>valsartan-hydrochlorothiazide (tab 80-12.5 mg, tab 160-12.5 mg, tab 160-25 mg, tab 320-12.5 mg, tab 320-25 mg)</i>	TIER 2	
VYNDAMAX 61 MG CAP	TIER 5	PA, LA, QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIURETICS, LOOP		
<i>bumetanide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	TIER 2	
<i>bumetanide inj 0.25 mg/ml</i>	TIER 4	
<i>furosemide (8 mg/ml solution, oral soln 10 mg/ml)</i>	TIER 2	
<i>furosemide (tab 20 mg, tab 40 mg, tab 80 mg)</i>	TIER 1	
<i>furosemide inj 10 mg/ml</i>	TIER 4	
<i>torsemide (tab 5 mg, tab 10 mg, tab 20 mg, tab 100 mg)</i>	TIER 2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	TIER 3	
<i>spironolactone (tab 25 mg, tab 50 mg, tab 100 mg)</i>	TIER 2	
DIURETICS, THIAZIDE		
<i>CHLOROTHIAZIDE (250 MG TAB, 500 MG TAB)</i>	TIER 2	
<i>chlorthalidone (tab 25 mg, tab 50 mg)</i>	TIER 2	
<i>hydrochlorothiazide (cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)</i>	TIER 1	
<i>indapamide (tab 1.25 mg, tab 2.5 mg)</i>	TIER 2	
<i>metolazone (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	TIER 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate (cap dr 45 mg equiv), cap dr 135 mg equiv))</i>	TIER 3	
<i>fenofibrate (tab 48 mg, tab 54 mg, tab 145 mg, tab 160 mg)</i>	TIER 2	
<i>fenofibrate micronized (cap 43 mg, cap 130 mg, cap 200 mg)</i>	TIER 3	
<i>fenofibrate micronized (cap 67 mg, cap 134 mg)</i>	TIER 2	
<i>gemfibrozil tab 600 mg</i>	TIER 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent))</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>lovastatin (tab 10 mg, tab 20 mg, tab 40 mg)</i>	TIER 1	
<i>pravastatin sodium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	TIER 1	
<i>rosuvastatin calcium (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg)</i>	TIER 2	
<i>simvastatin (tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)</i>	TIER 1	

DYSLIPIDEMICS, OTHER

<i>cholestyramine (powder 4 gm/dose, powder packets 4 gm)</i>	TIER 3	
<i>cholestyramine light (powder 4 gm/dose, powder packets 4 gm)</i>	TIER 3	
<i>colesevelam hcl (packet for susp 3.75 gm, tab 625 mg)</i>	TIER 4	
<i>colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)</i>	TIER 4	
<i>ezetimibe tab 10 mg</i>	TIER 3	
<i>ezetimibe-simvastatin (tab 10-10 mg, tab 10-20 mg, tab 10-40 mg, tab 10-80 mg)</i>	TIER 4	
<i>icosapent ethyl cap 0.5 gm</i>	TIER 4	QL (8 PER 1 DAYS)
<i>icosapent ethyl cap 1 gm</i>	TIER 4	QL (4 PER 1 DAYS)
JUXTAPID (40 MG CAP, 60 MG CAP)	TIER 5	PA, LA, QL (1 PER 1 DAYS)
JUXTAPID 10 MG CAP	TIER 5	PA, LA, QL (6 PER 1 DAYS)
JUXTAPID 20 MG CAP	TIER 5	PA, LA, QL (3 PER 1 DAYS)
JUXTAPID 30 MG CAP	TIER 5	PA, LA, QL (2 PER 1 DAYS)
JUXTAPID 5 MG CAP	TIER 5	PA, LA, QL (12 PER 1 DAYS)
<i>niacin (antihyperlipidemic) (tab er 750 mg (antihyperlipidemic), tab er 1000 mg (antihyperlipidemic))</i>	TIER 4	QL (2 PER 1 DAYS)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	TIER 4	QL (4 PER 1 DAYS)
<i>omega-3-acid ethyl esters cap 1 gm</i>	TIER 4	QL (4 PER 1 DAYS)
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)

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
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (tab 10 mg, tab 25 mg, tab 50 mg, tab 100 mg)</i>	TIER 2	
<i>minoxidil (tab 2.5 mg, tab 10 mg)</i>	TIER 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg)</i>	TIER 3	
ISOSORBIDE DINITRATE ER 40 MG TAB ER	TIER 3	
<i>isosorbide mononitrate (10 mg tab, tab 10 mg, 20 mg tab, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)</i>	TIER 2	
NITRO-BID 2 % OINTMENT	TIER 3	
<i>nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr)</i>	TIER 3	
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	TIER 4	
RECTIV 0.4 % OINTMENT	TIER 4	QL (30 PER 30 OVER TIME)

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate tab 20 mg</i>	TIER 4	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate tab 30 mg</i>	TIER 4	QL (2 PER 1 DAYS)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (cap 10 mg equiv), cap 18 mg equiv, cap 25 mg equiv))</i>	TIER 4	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (cap 60 mg equiv), cap 80 mg equiv, cap 100 mg equiv))</i>	TIER 4	QL (1 PER 1 DAYS)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>guanfacine hcl (adhd) (tab er 24hr 1 mg equiv, tab er 24hr 2 mg equiv, tab er 24hr 3 mg equiv, tab er 24hr 4 mg equiv))</i>	TIER 4	QL (1 PER 1 DAYS)
<i>methylphenidate hcl tab 10 mg</i>	TIER 3	QL (6 PER 1 DAYS)
<i>methylphenidate hcl tab 20 mg</i>	TIER 3	QL (3 PER 1 DAYS)
<i>methylphenidate hcl tab 5 mg</i>	TIER 3	QL (12 PER 1 DAYS)
<i>methylphenidate hcl tab er 10 mg</i>	TIER 4	QL (6 PER 1 DAYS)
<i>methylphenidate hcl tab er 20 mg</i>	TIER 4	QL (3 PER 1 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	TIER 3	PA, QL (48 PER 30 OVER TIME), NDS
FIRDAPSE 10 MG TAB	TIER 5	PA, LA, QL (8 PER 1 DAYS)
<i>riluzole tab 50 mg</i>	TIER 3	
<i>tetrabenazine tab 12.5 mg</i>	TIER 5	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine tab 25 mg</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 (cap 20 mg eq, cap 60 mg eq))</i>	TIER 4	QL (2 PER 1 DAYS)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	TIER 4	QL (3 PER 1 DAYS)
<i>pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)</i>	TIER 3	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>pregabalin (cap 25 mg, cap 50 mg, cap 75 mg, cap 100 mg, cap 150 mg)</i>	TIER 3	QL (3 PER 1 DAYS)
<i>pregabalin soln 20 mg/ml</i>	TIER 3	QL (30 PER 1 DAYS)

MULTIPLE SCLEROSIS AGENTS

BETASERON 0.3 MG KIT	TIER 5	PA, QL (15 PER 30 OVER TIME)
COPAXONE 20 MG/ML SOLN PRSYR	TIER 5	PA, QL (30 PER 30 OVER TIME)
COPAXONE 40 MG/ML SOLN PRSYR	TIER 5	PA, QL (12 PER 28 OVER TIME)
<i>dalfampridine tab er 12hr 10 mg</i>	TIER 3	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	TIER 5	PA, QL (1 PER 1 DAYS)
TYSABRI 300 MG/15ML CONC	TIER 5	PA, LA

DENTAL AND ORAL AGENTS

<i>chlorhexidine gluconate soln 0.12%</i>	TIER 2	
KEPIVANCE 6.25 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
<i>pilocarpine hcl (oral) (tab 5 mg, tab 7.5 mg)</i>	TIER 3	
<i>triamcinolone acetonide dental paste 0.1%</i>	TIER 3	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

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

DERMATITIS AND PRURITUS AGENTS

<i>alclometasone dipropionate oint 0.05%</i>	TIER 3	
<i>betamethasone dipropionate (topical) (cream, lotion)</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
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	TIER 3	
<i>betamethasone dipropionate augmented oint 0.05%</i>	TIER 3	
<i>betamethasone valerate (cream equivalent), lotion equivalent), oint equivalent))</i>	TIER 3	
<i>clobetasol propionate (cream, gel, oint, soln)</i>	TIER 4	
<i>clobetasol propionate emollient base cream 0.05%</i>	TIER 4	
<i>desoximetasone (cream, oint)</i>	TIER 4	
<i>fluocinolone acetonide (cream 0.01%, cream 0.025%, oint 0.025%)</i>	TIER 3	
<i>fluocinonide (cream, gel, oint, soln)</i>	TIER 3	
<i>fluocinonide emulsified base cream 0.05%</i>	TIER 4	
<i>fluticasone propionate (cream 0.05%, oint 0.005%)</i>	TIER 2	
<i>halobetasol propionate cream 0.05%</i>	TIER 3	QL (200 PER 28 OVER TIME)
<i>halobetasol propionate oint 0.05%</i>	TIER 4	QL (200 PER 28 OVER TIME)
<i>hydrocortisone (rectal) (cream 1%, cream 2.5%)</i>	TIER 2	
<i>hydrocortisone (topical) (cream 1%, cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)</i>	TIER 2	
<i>hydrocortisone valerate cream 0.2%</i>	TIER 4	ST
<i>lactic acid (ammonium lactate) (lactate) cream, lactate) lotion)</i>	TIER 2	
<i>mometasone furoate solution 0.1% (lotion)</i>	TIER 2	
<i>selenium sulfide lotion 2.5%</i>	TIER 2	
<i>tacrolimus (topical) (oint 0.03%, oint 0.1%)</i>	TIER 4	QL (100 PER 30 OVER TIME)
<i>triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)</i>	TIER 2	
<i>triamcinolone acetonide lotion 0.025%</i>	TIER 3	
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (oint, soln (50 mcg/ml))</i>	TIER 4	
<i>calcipotriene cream 0.005%</i>	TIER 3	
<i>clotrimazole w/ betamethasone cream 1-0.05%</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
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	TIER 3	
<i>fluorouracil cream 5%</i>	TIER 4	
<i>imiquimod cream 5%</i>	TIER 4	QL (24 PER 30 OVER TIME)
OTEZLA 30 MG TAB	TIER 5	PA, QL (2 PER 1 DAYS)
<i>podofilox (0.5 % solution, soln 0.5%)</i>	TIER 3	
SANTYL 250 UNIT/GM OINTMENT	TIER 4	QL (180 PER 30 OVER TIME)
<i>silver sulfadiazine cream 1%</i>	TIER 2	
SKYRIZI 600 MG/10ML SOLUTION	TIER 5	PA
STELARA 130 MG/26ML SOLUTION	TIER 5	PA
TOLAK 4 % CREAM	TIER 4	

PEDICULICIDES/SCABICIDES

<i>malathion lotion 0.5%</i>	TIER 4
<i>permethrin cream 5%</i>	TIER 3

TOPICAL ANTI-INFECTIVES

<i>ciclopirox solution 8%</i>	TIER 2
<i>clindamycin phosphate (topical) (gel, lotion)</i>	TIER 4
<i>clindamycin phosphate soln 1%</i>	TIER 2
<i>erythromycin gel 2%</i>	TIER 4
<i>erythromycin soln 2%</i>	TIER 2
<i>mupirocin oint 2%</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
AMINOSYN-PF 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>carglumic acid soluble tab 200 mg</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)

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
HEPATAMINE 8 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 4	PA - PART B VS D DETERMINATION
KCL IN DEXTROSE-NACL (20-5-0.225 MEQ/L-%-% SOLUTION, 40-5-0.9 MEQ/L-%-% SOLUTION)	TIER 4	
<i>magnesium sulfate (50 % solution, inj 50%)</i>	TIER 4	
NORMOSOL-M IN D5W SOLUTION	TIER 4	
NUTRILIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
<i>potassium chloride (cap er 8, cap er 10, tab er 8 (600 mg), tab er 10, tab er 20 (1500 mg))</i>	TIER 2	
<i>potassium chloride (inj 2 meq/ml, 10 meq/100ml solution, inj 10 meq/100ml, oral soln 10% (20 meq/15ml), 20 meq/100ml solution, inj 20 meq/100ml, oral soln 20% (40 meq/15ml), 40 meq/100ml solution, inj 40 meq/100ml)</i>	TIER 4	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	TIER 2	
<i>potassium chloride in dextrose & sodium chloride (20 meq/l (0.1)0.2% inj, 20 meq/l (0.1)0.4inj, 20 meq/l (0.1)0.9% inj, 40 meq/l (0.3%)0.9% inj)</i>	TIER 4	
POTASSIUM CHLORIDE IN NACL (KCL 20 MEQ/L (0.15%)0.9% INJ, KCL 40 MEQ/L (0.3%)0.9% INJ, POTASSIUM CHLORIDE20-0.9 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE40-0.9 MEQ/L-% SOLUTION)	TIER 4	
<i>potassium chloride microencapsulated crystals er (crys er tab 10, crys er tab 15, crys er tab 20)</i>	TIER 2	
<i>potassium citrate (alkalinizer) (tab er 5 (540 mg), tab er 10 (1080 mg), tab er 15 (1620 mg))</i>	TIER 4	
PREMASOL 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>sodium chloride (iv soln 0.45%, 0.9 % solution, inj 2.5 meq/ml (14.6%), iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)</i>	TIER 4	

ELECTROLYTE/MINERAL/METAL MODIFIERS

<i>deferasirox (tab susp 250 mg, tab susp 500 mg)</i>	TIER 5
<i>deferasirox tab for oral susp 125 mg</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>deferiprone tab 1000 mg</i>	TIER 5	PA
<i>deferiprone tab 500 mg</i>	TIER 5	PA, LA
FERRIPROX 100 MG/ML SOLUTION	TIER 5	PA, LA
TRIENTINE HCL 500 MG CAP	TIER 5	PA, QL (4 PER 1 DAYS)
<i>trientine hcl cap 250 mg</i>	TIER 5	PA, QL (8 PER 1 DAYS)

PHOSPHATE BINDERS

AURYXIA 1 GM 210 MG(Fe) TAB	TIER 4	PA, QL (12 PER 1 DAYS)
<i>calcium acetate (phosphate binder) (binder) cap 667 mg (169 mg ca), binder) tab 667 mg)</i>	TIER 2	
<i>sevelamer carbonate tab 800 mg</i>	TIER 4	

POTASSIUM BINDERS

<i>*sodium polystyrene sulfonate powder**</i>	TIER 3	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	TIER 4	
SPS 15 GM/60ML SUSPENSION	TIER 4	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	TIER 3	

VITAMINS

<i>dextrose (inj 5%, inj 10%)</i>	TIER 4	
<i>dextrose 5% in lactated ringers</i>	TIER 4	
<i>dextrose w/ sodium chloride (2.5% w/ 0.45%, 5% w/ 0.2%, 5% w/ 0.225%, 5% w/ 0.3%, 5% w/ 0.33%, 5% w/ 0.45%, 5% w/ 0.9%)</i>	TIER 4	
DEXTROSE-NACL (2.5-0.45 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION, 5-0.33 % SOLUTION, 10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	TIER 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	TIER 4	
<i>lactated ringer's for irrigation</i>	TIER 2	
<i>lactated ringer's solution</i>	TIER 4	
LACTATED RINGERS SOLUTION	TIER 4	
<i>levocarnitine tab 330 mg</i>	TIER 3	
POTASSIUM CHLORIDE IN DEXTROSE (20 MEQ/L (0.15%)5% INJ, 40-5 MEQ/L-% SOLUTION)	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>prenatal vitamins</i>	TIER 3	
<i>ringer's solution</i>	TIER 4	
<i>ringer's solution for irrigation</i>	TIER 2	
SMOFLIPID 20 % EMULSION	TIER 4	PA - PART B VS D DERTERMINATION
<i>sodium fluoride (chew tab 0.25 mg f 0.55 mg naf), chew tab 0.5 mg f 1.1 mg naf), chew tab 1 mg f 2.2 mg naf), soln 0.5 mg/ml f 1.1 mg/ml naf))</i>	TIER 2	
TPN ELECTROLYTES CONC	TIER 4	PA - PART B VS D DERTERMINATION

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	TIER 2	
<i>lactulose solution 10 gm/15ml</i>	TIER 2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	TIER 3	QL (1 PER 1 DAYS)
<i>lubiprostone (cap 8 mcg, cap 24 mcg)</i>	TIER 3	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	TIER 2	
RELISTOR (8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION)	TIER 5	PA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	TIER 3	

ANTI-DIARRHEAL AGENTS

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

ANTISPASMODICS, GASTROINTESTINAL

<i>dicyclomine hcl (cap 10 mg, tab 20 mg)</i>	TIER 2	PA
<i>glycopyrrolate (tab 1 mg, tab 2 mg)</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
GASTROINTESTINAL AGENTS, OTHER		
GATTEX 5 MG KIT	TIER 5	PA, LA
GAVILYTE-C 240 GM RECON SOLN	TIER 2	
MYALEPT 11.3 MG RECON SOLN	TIER 5	PA, LA, QL (60 PER 30 OVER TIME)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	TIER 2	
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	TIER 5	PA
<i>ursodiol (tab 250 mg, tab 500 mg)</i>	TIER 3	
<i>ursodiol cap 300 mg</i>	TIER 4	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (tab 200 mg, tab 300 mg, tab 400 mg)</i>	TIER 4	
<i>famotidine (tab 20 mg, tab 40 mg)</i>	TIER 2	
PROTECTANTS		
<i>misoprostol (tab 100 mcg, tab 200 mcg)</i>	TIER 3	
<i>sucralfate tab 1 gm</i>	TIER 2	
PROTON PUMP INHIBITORS		
<i>lansoprazole cap delayed release 15 mg</i>	TIER 3	
<i>lansoprazole cap delayed release 30 mg</i>	TIER 3	QL (2 PER 1 DAYS)
<i>omeprazole (cap 10 mg, cap 20 mg)</i>	TIER 2	
<i>omeprazole cap delayed release 40 mg</i>	TIER 2	QL (2 PER 1 DAYS)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	TIER 2	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>rabeprazole sodium ec tab 20 mg</i>	TIER 4	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>*betaine powder for oral solution***</i>	TIER 5	
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

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
BYLVAY (PELLETS) 200 MCG CAP SPRINK	TIER 5	PA, LA, QL (30 PER 1 DAYS)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	TIER 5	PA, LA, QL (10 PER 1 DAYS)
BYLVAY 1200 MCG CAP	TIER 5	PA, LA, QL (5 PER 1 DAYS)
BYLVAY 400 MCG CAP	TIER 5	PA, LA, QL (15 PER 1 DAYS)
CERDELGA 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 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	TIER 3	
<i>cromolyn sodium oral conc 100 mg/5ml</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)
FABRAZYME 35 MG RECON SOLN	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>miglustat cap 100 mg</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 (cap 2 mg, cap 5 mg, cap 10 mg)</i>	TIER 5	PA
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 5	PA, LA
PROCYSBI (25 MG CAP DR, 75 MG CAP DR, 75 MG PACKET, 300 MG PACKET)	TIER 5	PA, LA
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	TIER 5	LA, PA - PART B VS D DETERMINATION
RAVICTI 1.1 GM/ML LIQUID	TIER 5	PA, LA, QL (525 PER 30 OVER TIME)
<i>sapropterin dihydrochloride (powder packet 100 mg, powder packet 500 mg, tab 100 mg)</i>	TIER 5	PA
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</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)
VYENDAQEL 20 MG CAP	TIER 5	PA, LA, 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
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)	TIER 4	

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 (solution 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)</i>	TIER 2	
<i>solifenacin succinate (tab 5 mg, tab 10 mg)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>tropium chloride tab 20 mg</i>	TIER 3	

BENIGN PROSTATIC HYPERTROPHY AGENTS

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

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride (tab 5 mg, tab 10 mg, tab 25 mg, tab 50 mg)</i>	TIER 2	
<i>penicillamine tab 250 mg</i>	TIER 5	PA
THIOLA EC (EC 100 MG TAB DR, EC 300 MG TAB DR)	TIER 5	PA, LA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

<i>alclometasone dipropionate cream 0.05%</i>	TIER 3	
<i>betamethasone dipropionate augmented (cream, lotion)</i>	TIER 3	
<i>betamethasone dipropionate oint 0.05%</i>	TIER 3	
<i>clobetasol propionate emollient base cream 0.05%</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>dexamethasone (0.5 mg/5ml solution, elixir 0.5 mg/5ml)</i>	TIER 3	
<i>dexamethasone (tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg, tab 2 mg, tab 4 mg, tab 6 mg)</i>	TIER 2	
<i>dexamethasone sodium phosphate (4 mg/ml solution, inj 4 mg/ml, inj 20 mg/5ml, inj 120 mg/30ml)</i>	TIER 4	
<i>dexamethasone sodium phosphate (sod preservative free inj 10 mg/ml, sodium inj 10 mg/ml, sodium inj 100 mg/10ml)</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>fludrocortisone acetate tab 0.1 mg</i>	TIER 2	
HEMADY 20 MG TAB	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>hydrocortisone butyrate oint 0.1%</i>	TIER 4	ST
<i>hydrocortisone valerate oint 0.2%</i>	TIER 4	
KORLYM 300 MG TAB	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>methylprednisolone (tab 4 mg, tab 8 mg, tab 16 mg, tab 32 mg)</i>	TIER 3	
<i>methylprednisolone acetate (40 mg/ml suspension, inj susp 40 mg/ml, inj susp 80 mg/ml)</i>	TIER 4	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	TIER 4	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	TIER 2	
<i>mometasone furoate (cream, oint)</i>	TIER 2	
PREDNICARBATE (0.1 % CREAM, 0.1 % OINTMENT)	TIER 4	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	TIER 2	
<i>prednisolone sodium phosphate (sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base), sodium phosphate 25 mg/5ml solution, sodium phosphate oral soln 25 mg/5ml (base eq))</i>	TIER 4	
<i>prednisolone soln 15 mg/5ml</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>prednisone (tab 1 mg, tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 50 mg)</i>	TIER 2	
PREDNISONE 5 MG/5ML SOLUTION	TIER 3	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 4	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin acetate (inj 4 mcg/ml, preservative free (pf) inj 4 mcg/ml)</i>	TIER 4	
<i>desmopressin acetate (tab 0.1 mg, tab 0.2 mg)</i>	TIER 3	
<i>desmopressin acetate nasal spray soln 0.01%</i>	TIER 4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</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)
INCRELEX 40 MG/4ML SOLUTION	TIER 5	PA, LA
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN)	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, tab 2.5 mg, 10 mg tab, tab 10 mg)</i>	TIER 3	

ANDROGENS

<i>danazol (cap 50 mg, cap 100 mg, cap 200 mg)</i>	TIER 4	
<i>testosterone (12.5 mg/act (1%) gel, td gel 12.5 mg/act (1%), 25 mg/2.5gm (1%) gel, td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) gel, td gel 50 mg/5gm (1%))</i>	TIER 4	PA, QL (300 PER 30 OVER TIME)
<i>testosterone cypionate (im inj in oil 100 mg/ml, 200 mg/ml solution, im inj in oil 200 mg/ml)</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>testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)</i>	TIER 3	QL (5 PER 30 OVER TIME)
ESTROGENS		
DEPO-ESTRADIOL 5 MG/ML OIL	TIER 4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	TIER 4	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	TIER 4	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	TIER 4	
<i>drospirenone-ethinyl estradiol (tab 3-0.02 mg, tab 3-0.03 mg)</i>	TIER 4	
<i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr (37.5 mcg/24hr), patch 0.05 mg/24hr, patch 0.06 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i>	TIER 4	QL (8 PER 28 OVER TIME)
<i>estradiol (patch 0.025 mg/24hr, patch 0.0375 mg/24hr, patch 0.05 mg/24hr, patch 0.075 mg/24hr, patch 0.1 mg/24hr)</i>	TIER 4	QL (16 PER 28 OVER TIME)
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	TIER 4	
<i>estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)</i>	TIER 4	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	TIER 4	QL (1 PER 84 OVER TIME)
<i>ethynodiol diacet & eth estrad (tab 1 mg-35 mcg, tab 1 mg-50 mcg)</i>	TIER 4	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	TIER 4	QL (1 PER 28 OVER TIME)
<i>levonorgestrel & eth estradiol (tab 0.1 mg-20 mcg, tab 0.15 mg-30 mcg)</i>	TIER 4	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	TIER 4	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	TIER 4	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	TIER 4	
<i>norethin acet & estrad-fe (tab 1 mg-20 mcg, tab 1.5 mg-30 mcg)</i>	TIER 4	
<i>norethindrone & eth estradiol (tab 0.4 mcg, tab 0.5 mcg, tab 1 mcg)</i>	TIER 4	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</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>norethindrone acet & eth estra (tab 1 mg-20 mcg, tab 1.5 mg-30 mcg)</i>	TIER 4	
<i>norethindrone acetate-ethinyl estradiol (tab 0.5 mg-2.5 mcg, tab 1 mg-5 mcg)</i>	TIER 4	
<i>norethindrone-eth estradiol (triphasic) (tab 0.5-35/0.75-35/1-35, tab 0.5-35/1-35/0.5-35)</i>	TIER 4	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	TIER 4	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	TIER 4	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	TIER 4	
PREMARIN 0.625 MG/GM CREAM	TIER 3	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	TIER 4	

PROGESTINS

DEPO-PROVERA 400 MG/ML SUSPENSION	TIER 4	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	TIER 5	
<i>medroxyprogesterone acetate (contraceptive) (susp 150 mg/ml, susp prefilled syr 150 mg/ml)</i>	TIER 4	
<i>medroxyprogesterone acetate (tab 2.5 mg, tab 5 mg, tab 10 mg)</i>	TIER 2	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>megestrol acetate susp 625 mg/5ml</i>	TIER 4	PA
<i>norethindrone acetate tab 5 mg</i>	TIER 2	
<i>norethindrone tab 0.35 mg</i>	TIER 4	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	TIER 2	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

<i>levothyroxine sodium (tab 25 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg, tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 300 mcg)</i>	TIER 1	
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You can find information on what the symbols and abbreviations on this table mean by going to page xii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>liothyronine sodium (tab 5 mcg, tab 25 mcg, tab 50 mcg)</i>	TIER 3	
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 4	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

<i>cabergoline tab 0.5 mg</i>	TIER 3	QL (16 PER 30 OVER TIME)
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 inj kit 5 mg/ml</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	
LUPRON DEPOT-PED (1-MONTH) ((1-MONTH) 11.25 MG KIT, (1-MONTH) 15 MG KIT, (1-MONTH) 7.5 MG KIT)	TIER 5	
LUPRON DEPOT-PED (3-MONTH) ((3-MONTH) 11.25 MG (PED) KIT, (3-MONTH) 30 MG KIT)	TIER 5	
<i>octreotide acetate (50 mcg/ml soln prsyr, inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml soln prsyr, inj 100 mcg/ml (0.1 mg/ml), inj 200 mcg/ml (0.2 mg/ml))</i>	TIER 4	PA
<i>octreotide acetate (500 mcg/ml soln prsyr, inj 500 mcg/ml (0.5 mg/ml), inj 1000 mcg/ml (1 mg/ml))</i>	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)

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
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)
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 5	PA - PART B VS D DETERMINATION

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole (tab 5 mg, tab 10 mg)</i>	TIER 2
<i>propylthiouracil tab 50 mg</i>	TIER 3

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

BERINERT 500 UNIT KIT	TIER 5	PA, LA
CINRYZE 500 UNIT RECON SOLN	TIER 5	PA, LA
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	TIER 5	PA, LA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	TIER 5	PA, QL (36 PER 60 OVER TIME)
RUCONEST 2100 UNIT RECON SOLN	TIER 5	PA, LA

IMMUNOGLOBULINS

BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	TIER 5	PA, LA
CARIMUNE NF (6 GM RECON SOLN, 12 GM RECON SOLN)	TIER 5	PA
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

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
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
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
VARIZIG 125 UNIT/1.2ML SOLUTION	TIER 5	

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	
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
SKYRIZI 150 MG/ML SOLN PRSYR	TIER 5	PA
SKYRIZI PEN 150 MG/ML SOLN A-INJ	TIER 5	PA
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	TIER 5	PA
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)

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
XELJANZ 1 MG/ML SOLUTION	TIER 5	PA, QL (10 PER 1 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)	TIER 5	PA, LA

IMMUNOSTIMULANTS

ACTIMMUNE 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

AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>azathioprine tab 50 mg</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>cyclosporine (cap 25 mg, cap 100 mg, iv soln 50 mg/ml)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (for microemulsion) (cap 25 mg, cap 50 mg, cap 100 mg, oral soln 100 mg/ml)</i>	TIER 3	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	TIER 5	PA
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	TIER 5	PA
<i>everolimus (immunosuppressant) (tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg)</i>	TIER 5	PA - FOR NEW STARTS ONLY
HUMIRA (10 MG/0.1ML PREF SY KT, 10 MG/0.2ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	TIER 5	PA
HUMIRA PEDIATRIC CROHNS START (40 MG/0.8ML PREF SY KT, 80 MG/0.8ML & 40MG/0.4ML PREF SY KT, 80 MG/0.8ML PREF SY KT)	TIER 5	PA
HUMIRA PEN (PEN 40 MG/0.4ML PEN KIT, PEN 40 MG/0.8ML PEN KIT, PEN 80 MG/0.8ML PEN KIT)	TIER 5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEN-CD/UC/HS STARTER (PEN-CD/UC/HS 40 MG/0.8ML PEN KIT, PEN-CD/UC/HS 80 MG/0.8ML PEN KIT)	TIER 5	PA
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	TIER 5	PA
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	TIER 5	PA
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	TIER 5	PA
<i>leflunomide (tab 10 mg, tab 20 mg)</i>	TIER 4	
<i>methotrexate sodium (for inj 1 gm, inj 50 mg/2ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml solution, inj pf 250 mg/10ml (25 mg/ml), inj pf 1000 mg/40ml (25 mg/ml))</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	TIER 2	
<i>mycophenolate mofetil (cap 250 mg, tab 500 mg)</i>	TIER 3	PA - PART B VS D DERTERMINATION
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	TIER 5	PA - PART B VS D DERTERMINATION
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>mycophenolate sodium (tab dr 180 mg equiv), tab dr 360 mg equiv))</i>	TIER 4	PA - PART B VS D DERTERMINATION
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 (56 PER 365 OVER TIME)
SANDIMMUNE 100 MG/ML SOLUTION	TIER 4	PA - PART B VS D DERTERMINATION
<i>sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg)</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>sirolimus tab 2 mg</i>	TIER 5	PA - PART B VS D DERTERMINATION
<i>tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)</i>	TIER 3	PA - PART B VS D DERTERMINATION
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)

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
VACCINES		
ABRYSSVO 120 MCG/0.5ML RECON SOLN	TIER 3	
ACTHIB RECON SOLN	TIER 3	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	TIER 3	
AREXVY 120 MCG/0.5ML RECON SUSP	TIER 3	
BCG VACCINE 50 MG RECON SOLN	TIER 4	
BEXSERO SUSP PRSYR	TIER 3	
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	TIER 3	
DAPTACEL 23-15-5 SUSPENSION	TIER 3	
DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	TIER 3	
ENGRIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DERTERMINATION
GARDASIL 9 (9 SUSP PRSYR, 9 SUSPENSION)	TIER 4	
HAVRIX (720 U/0.5ML SUSPENSION, 1440 U/ML SUSPENSION)	TIER 3	
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	TIER 3	PA - PART B VS D DERTERMINATION
HIBERIX 10 MCG RECON SOLN	TIER 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	TIER 4	
INFANRIX 25-58-10 SUSPENSION	TIER 3	
IPOL INJECTABLE	TIER 3	
IXIARO SUSPENSION	TIER 4	
JYNNEOS 0.5 ML SUSPENSION	TIER 3	
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
M-M-R II RECON SOLN	TIER 3	
MENACTRA SOLUTION	TIER 3	
MENQUADFI SOLUTION	TIER 3	
MENVEO (RECON SOLN, SOLUTION)	TIER 3	
PEDIARIX SUSP PRSYR	TIER 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	TIER 3	
PENTACEL RECON SUSP	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
PREHEVBRIO 10 MCG/ML SUSPENSION	TIER 3	PA - PART B VS D DETERMINATION
PRIORIX RECON SUSP	TIER 3	
PROQUAD RECON SUSP	TIER 4	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
RABAVERT RECON SUSP	TIER 4	
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
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)
TDVAX 2-2 LF/0.5ML SUSPENSION	TIER 3	
TENIVAC 5-2 LFU INJECTABLE	TIER 3	
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	TIER 3	
TRUMENBA SUSP PRSYR	TIER 3	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	TIER 4	PA - PART B VS D DETERMINATION
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	TIER 4	
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	TIER 3	
VARIVAX 1350 PFU/0.5ML INJECTABLE	TIER 3	
YF-VAX INJECTABLE	TIER 4	

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium cap 750 mg</i>	TIER 3	
<i>mesalamine cap er 24hr 0.375 gm</i>	TIER 3	QL (4 PER 1 DAYS)
<i>mesalamine enema 4 gm</i>	TIER 2	
<i>mesalamine suppos 1000 mg</i>	TIER 4	
<i>mesalamine tab delayed release 1.2 gm</i>	TIER 4	QL (4 PER 1 DAYS)
<i>sulfasalazine (tab 500 mg, tab delayed release 500 mg)</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
GLUCOCORTICOIDS		
<i>budesonide delayed release particles cap 3 mg</i>	TIER 4	PA, QL (3 PER 1 DAYS)
<i>budesonide tab er 24hr 9 mg</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>hydrocortisone (tab 5 mg, tab 10 mg, tab 20 mg)</i>	TIER 3	
<i>hydrocortisone enema 100 mg/60ml</i>	TIER 3	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (5 mg tab, tab 10 mg, tab 35 mg, 40 mg tab, tab 70 mg)</i>	TIER 2	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	TIER 3	QL (3.7 PER 30 OVER TIME)
<i>calcitriol (1 mcg/ml solution, oral soln 1 mcg/ml)</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>calcitriol (cap 0.25 mcg, cap 0.5 mcg)</i>	TIER 2	PA - PART B VS D DERTERMINATION
<i>cinacalcet hcl (tab 30 mg equiv), tab 60 mg equiv))</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	TIER 5	PA - PART B VS D DERTERMINATION
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	TIER 4	PA - PART B VS D DERTERMINATION
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	TIER 2	
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	TIER 5	PA, LA, QL (2 PER 28 OVER TIME)
<i>paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg, iv soln 2 mcg/ml, iv soln 5 mcg/ml)</i>	TIER 4	PA - PART B VS D DERTERMINATION
PROLIA 60 MG/ML SOLN PRSYR	TIER 4	PA
<i>risedronate sodium (tab 5 mg, tab 35 mg, tab 150 mg)</i>	TIER 4	
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, inj conc for iv infusion 4 mg/5ml, iv soln 5 mg/100ml)</i>	TIER 4	PA - PART B VS D DERTERMINATION

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
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	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	TIER 3	
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC)	TIER 3	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	TIER 3	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 3	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 3	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 3	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 3	
BIOGUARD GAUZE SPONGES 2"X2" PAD	TIER 2	
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	TIER 3	
CVS ALCOHOL PREP PADS 70 % PAD	TIER 2	
DROPSAFE SAFETY SYRINGE/NEEDLE (SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.3 ML MISC, SYRINGE/NEEDLE 31G 15/64" 0.5 ML MISC, SYRINGE/NEEDLE 31G 15/64" 1 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.3 ML MISC, SYRINGE/NEEDLE 31G 5/16" 0.5 ML MISC, SYRINGE/NEEDLE 31G 5/16" 1 ML MISC)	TIER 3	
EASY COMFORT INSULIN SYRINGE (1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC)	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
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	TIER 3	
<i>gauze pads 2</i>	TIER 2	
INSULIN PEN NEEDLES	TIER 3	
INSULIN PEN NEEDLES	TIER 3	
INSULIN SYRINGE 0.3 ML	TIER 3	
INSULIN SYRINGE 0.5 ML	TIER 3	
INSULIN SYRINGE 1 ML	TIER 3	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
<i>isopropyl alcohol wipes 70%</i>	TIER 2	
<i>methylergonovine maleate tab 0.2 mg</i>	TIER 4	
NOVOFINE 32G X 6 MM MISC	TIER 3	
NOVOTWIST 32G X 5 MM MISC	TIER 3	
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 (20 PER 30 OVER TIME)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	TIER 3	QL (30 PER 30 OVER TIME)
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
RUZURGI 10 MG TAB	TIER 5	PA, LA, QL (10 PER 1 DAYS)
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	
SILIGENTLE FOAM DRESSING 2"X2" PAD	TIER 2	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	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
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	TIER 3	
VERIFINE INSULIN SYRINGE (29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
<i>water for irrigation, sterile irrigation soln</i>	TIER 2	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

ATROPINE SULFATE 1 % SOLUTION	TIER 3	
<i>atropine sulfate ophth soln 1%</i>	TIER 3	
<i>bacitracin-polymyxin b ophth oint</i>	TIER 2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	TIER 2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	TIER 3	
DORZOLAMIDE HCL-TIMOLOL MAL 22.3-6.8 MG/ML SOLUTION	TIER 2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	TIER 2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	TIER 3	
<i>neomycin-polymy-dexameth (oint, susp)</i>	TIER 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	TIER 3	
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 ophth susp 0.3-0.1%</i>	TIER 3	
XIIDRA 5 % SOLUTION	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
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl ophth soln 0.05%</i>	TIER 3	
CROMOLYN SODIUM 4 % SOLUTION	TIER 2	
<i>cromolyn sodium ophth soln 4%</i>	TIER 2	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	TIER 4	
<i>erythromycin ophth oint 5 mg/gm</i>	TIER 2	
GENTAK 0.3 % OINTMENT	TIER 2	
<i>gentamicin sulfate ophth soln 0.3%</i>	TIER 2	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	TIER 4	
<i>levofloxacin ophth soln 0.5%</i>	TIER 4	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	TIER 4	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	TIER 4	
NATACYN 5 % SUSPENSION	TIER 4	
<i>ofloxacin ophth soln 0.3%</i>	TIER 2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	TIER 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	TIER 2	
<i>sulfacetamide sodium ophth soln 10%</i>	TIER 2	
<i>tobramycin ophth soln 0.3%</i>	TIER 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 2	
<i>diclofenac sodium ophth soln 0.1%</i>	TIER 2	
<i>fluorometholone ophth susp 0.1%</i>	TIER 4	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 2	
<i>ketorolac tromethamine (ophth) (soln 0.4%, soln 0.5%)</i>	TIER 2	
<i>loteprednol etabonate ophth susp 0.5%</i>	TIER 4	
PREDNISOLONE ACETATE 1 % SUSPENSION	TIER 3	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROLENSA 0.07 % SOLUTION	TIER 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	TIER 3	
<i>betaxolol hcl ophth soln 0.5%</i>	TIER 3	
CARTEOLOL HCL 1 % SOLUTION	TIER 2	
<i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>	TIER 2	
<i>timolol maleate (ophth) (gel soln 0.25%, gel soln 0.5%)</i>	TIER 4	
<i>timolol maleate (ophth) (soln 0.25%, soln 0.5%)</i>	TIER 2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide cap er 12hr 500 mg</i>	TIER 4	
ALPHAGAN P 0.1 % SOLUTION	TIER 3	
<i>apraclonidine hcl (0.5 % solution, ophth soln 0.5% (base equivalent))</i>	TIER 4	
<i>brimonidine tartrate ophth soln 0.1%</i>	TIER 3	
<i>brimonidine tartrate ophth soln 0.2%</i>	TIER 2	
<i>brinzolamide ophth susp 1%</i>	TIER 3	
<i>dorzolamide hcl (2 % solution, ophth soln 2%)</i>	TIER 2	
<i>methazolamide (tab 25 mg, tab 50 mg)</i>	TIER 4	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	TIER 4	
<i>pilocarpine hcl (soln 1%, soln 2%, soln 4%)</i>	TIER 3	
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 OVER TIME)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost (0.005 % solution, ophth soln 0.005%)</i>	TIER 2	
LUMIGAN 0.01 % SOLUTION	TIER 3	QL (5 PER 30 DAYS)
OTIC AGENTS		
CIPROFLOXACIN HCL 0.2 % SOLUTION	TIER 4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</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
COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC 0.01 % OIL	TIER 3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	TIER 4	
HYDROCORTISONE-ACETIC ACID 1-2 % SOLUTION	TIER 4	
<i>neomycin-polymyxin-hc (otic) (soln 1%, susp 3.5 mg/ml-10000 unit/ml-1%)</i>	TIER 2	
<i>ofloxacin otic soln 0.3%</i>	TIER 3	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	TIER 3	QL (30 PER 30 DAYS)
<i>budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml, susp 1 mg/2ml)</i>	TIER 4	PA - PART B VS D DETERMINATION
FLOVENT DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	TIER 3	QL (240 PER 30 DAYS)
FLOVENT HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	TIER 3	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG/ACT AEROSOL	TIER 3	QL (22 PER 30 DAYS)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	TIER 4	QL (50 PER 30 OVER TIME)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	TIER 2	QL (16 PER 30 OVER TIME)
PULMICORT FLEXHALER (90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA)	TIER 3	QL (2 PER 30 DAYS)

ANTI-HISTAMINES

<i>azelastine hcl (0.1% (137 mcg/), 0.15% (205.5 mcg/))</i>	TIER 4	QL (30 PER 25 OVER TIME)
<i>ciproheptadine hcl tab 4 mg</i>	TIER 4	PA
<i>hydroxyzine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	TIER 4	PA
<i>levocetirizine dihydrochloride tab 5 mg</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>promethazine hcl (inj 25 mg/ml, inj 50 mg/ml)</i>	TIER 4	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (chew tab 4 mg equiv, chew tab 5 mg equiv, tab 10 mg equiv)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>zafirlukast (tab 10 mg, tab 20 mg)</i>	TIER 4	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	TIER 4	QL (25.8 PER 30 OVER TIME)
<i>ipratropium bromide inhal soln 0.02%</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	TIER 2	QL (30 PER 30 OVER TIME)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	TIER 2	QL (45 PER 30 OVER TIME)
SPIRIVA HANDIHALER 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)
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 (soln nebu 0.083% (2.5 mg/3ml), soln nebu 0.5% (5 mg/ml), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv), 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 (tab 2 mg, tab 4 mg)</i>	TIER 4	
<i>epinephrine (anaphylaxis) (solution 0.15 mg/0.3ml (1:2000), solution 0.3 mg/0.3ml (1:1000))</i>	TIER 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	TIER 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENALCLIK)	TIER 3	QL (24 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>levalbuterol hcl (soln nebu 0.31 mg/3ml equiv), soln nebu 0.63 mg/3ml equiv, soln nebu 1.25 mg/3ml equiv, soln nebu conc 1.25 mg/0.5ml equiv)</i>	TIER 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 3	QL (30 PER 30 OVER TIME)
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 nebu soln 300 mg/4ml</i>	TIER 5	PA, QL (224 PER 28 OVER TIME)
<i>tobramycin nebu soln 300 mg/5ml</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)

MAST CELL STABILIZERS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	TIER 3	PA - PART B VS D DETERMINATION
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>roflumilast tab 250 mcg</i>	TIER 4	PA, QL (28 PER 180 OVER TIME)
<i>roflumilast tab 500 mcg</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>theophylline (tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)</i>	TIER 3	
THEOPHYLLINE ER (ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H)	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>ambrisentan (tab 5 mg, tab 10 mg)</i>	TIER 5	PA, LA, QL (1 PER 1 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPSUMIT 10 MG TAB	TIER 5	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate for suspension 10 mg/ml</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>sildenafil citrate tab 20 mg</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>tadalafil tab 20 mg (pah)</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 DERTERMINATION
VENTAVIS 20 MCG/ML SOLUTION	TIER 5	LA, QL (90 PER 30 OVER TIME), PA - PART B VS D DERTERMINATION

PULMONARY FIBROSIS AGENTS

OFEV (100 MG CAP, 150 MG CAP)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>pirfenidone (cap 267 mg, tab 267 mg)</i>	TIER 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	TIER 5	PA, QL (5 PER 1 DAYS)
<i>pirfenidone tab 801 mg</i>	TIER 5	PA, QL (3 PER 1 DAYS)

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (soln 10%, soln 20%)</i>	TIER 2	PA - PART B VS D DERTERMINATION
ADVAIR DISKUS (100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	TIER 3	QL (12 PER 30 OVER TIME)
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)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 4	QL (4 PER 30 OVER TIME)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	TIER 2	QL (1 PER 30 DAYS)
<i>fluticasone-salmeterol (aer powder ba 100-50 mcg/act, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)</i>	TIER 2	QL (60 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
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	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 for inhal soln 6 gm</i>	TIER 5	PA - PART B VS D DETERMINATION
SYMBICORT (80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL)	TIER 3	QL (10.2 PER 30 DAYS)
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)

SKELETAL MUSCLE RELAXANTS

<i>cyclobenzaprine hcl (tab 5 mg, tab 10 mg)</i>	TIER 4	PA
<i>methocarbamol (tab 500 mg, tab 750 mg)</i>	TIER 4	PA

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

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

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (tab 50 mg, tab 150 mg, tab 200 mg, tab 250 mg)</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>modafinil tab 100 mg</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>modafinil tab 200 mg</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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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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-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 pab li kev noj qab haus huv los sis lub phiax xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau pab 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 1hly3 47 doodago azee' bee aa 1hly3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniy4go, koj8' 1-800-776-4466 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'1l j77k'eh bee an1'1wo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਸੀਆ 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 យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានាដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់សូមទូរសព្ទមកយើងខ្ញុំតាមលេខ 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 ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໃຫ້ຫາພວກເຮົາທີ່ບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ անոն հասանելի են անվճար թարգմանչական ծառայություններ՝ ևեր առողջապահական կապի դեղերի պլանի հետ կապված ձեր ցանկացած հարցի և պատասխանելու համար: Թարգմանիչ և նկատելու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերն 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، کافیست 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 12/01/2023 . For more recent information or other questions, please contact Blue Shield of California Customer Care, at (888) 239-6469 or, for TTY users, 711, 8:00 a.m. – 8:00 p.m., seven days a week, or visit blueshieldca.com/medformulary2023.

Blue Shield of California's pharmacy network includes limited lower-cost, preferred pharmacies in certain counties within California. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call (888) 239-6469, 8 a.m. to 8 p.m., seven days a week or consult the online pharmacy directory at blueshieldca.com/medpharmacy2023.

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