

## **Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan)**

### **Перечень покрываемых препаратов (фармакологический справочник) на 2022 год**

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Дата последней редакции: **11/22/2022**. Чтобы получить более актуальные сведения или задать вопросы, звоните в отдел по работе с клиентами плана Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00 (звонок бесплатный) или посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).

Идентификационный номер фармакологического справочника: 22440,  
Ред.: **23**



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Promise Health Plan

# **Blue Shield Promise Cal MediConnect Plan| Перечень покрываемых препаратов (фармакологический справочник) на 2022 г.**

## **Введение**

Этот документ называется «*Перечень покрываемых препаратов*» (или просто «*Перечень препаратов*»). В нем содержится информация о рецептурных и безрецептурных препаратах и товарах медицинского назначения, покрываемых планом Blue Shield Promise Cal MediConnect Plan, а также о том, применяются ли к каким-либо из этих препаратов особые правила или ограничения. Основные термины и определения приведены в последней главе «*Справочника участника*», копию которого можно заказать в отделе по работе с клиентами плана Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711). Отдел работает ежедневно с 8:00 до 20:00, звонок бесплатный.

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B9. Что делать, если я являюсь новым участником Blue Shield Promise Cal MediConnect Plan и не могу найти нужное лекарственное средство в перечне препаратов, или у меня возникли проблемы с его получением? .....	xi
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## **A. Отказ от ответственности**

Перед вами перечень лекарственных препаратов, которые могут получать участники плана Blue Shield Promise Cal MediConnect.

- ❖ Blue Shield Promise Cal MediConnect — это план медицинского страхования, работающий по договору с программами Medicare и Medi-Cal с целью предоставления своим участникам льгот по обеим программам.
- ❖ Перечень покрываемых препаратов, а также перечень аптек и поставщиков, входящих в сеть плана, может меняться в течение года. Прежде чем вносить изменения, которые могут касаться вас, мы направим вам уведомление.
- ❖ Льготы и (или) доплаты могут изменяться с 1 января каждого года.
- ❖ С актуальным перечнем лекарственных препаратов, на которые распространяется страховое покрытие плана Blue Shield Promise Cal MediConnect, всегда можно свериться на веб-сайте [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect) или по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный.
- ❖ Могут применяться особые требования, доплаты и ограничения. Для получения более подробной информации позвоните в отдел по работе с клиентами плана Blue Shield Promise Cal MediConnect или изучите справочник участника плана Blue Shield Promise Cal MediConnect.
- ❖ Размер доплаты за рецептурные препараты может меняться в зависимости от объема помощи, которую вы получаете по программе Extra Help. Обратитесь за разъяснением к сотрудникам плана.
- ❖ **ОБРАТИТЕ ВНИМАНИЕ!** Если вы говорите по-английски, вам будут бесплатно оказаны услуги языковой поддержки. Звоните по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный.
- ❖ **English:**  
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-905-3825 (TTY: 711), 8:00 a.m. to 8:00 pm., seven days a week. The call is free.
- ❖ **中文 (Chinese):**  
请留意：如果您说中文，可以免费获得语言协助服务。请拨打 1-855-905-3825（听障和语障专线：711），每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

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❖ **한국어(Korean):**

주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-855-905-3825(TTY: 711)번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

❖ **Русский (Russian):**

ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-855-905-3825 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

❖ **فارسی (Farsi):**

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 1-855 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

❖ **भाषा (Hindi):**

ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। फोन करना 1-855-905-3825 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फोन करना मुफ्त है।

❖ **Lus Hmoob (Hmong):**

LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj.Hu rau 1-855-905-3825 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnub hauv ib lub as thiv.Qhov hu xov tooj no yog hu dawb xwb.

❖ **Español (Spanish):**

ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-855-905-3825 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

❖ **Tiếng Việt (Vietnamese):**

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-855-905-3825 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

❖ **Tagalog (Tagalog):**

PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-855-905-3825 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

❖ **العربية (Arabic):**

تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-855-905-3825 (TTY: 711)، من الساعة 8:00 صباحاً إلى 8:00 مساءً طوال أيام الأسبوع. علمًا بأن هذه المكالمة مجانية.

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- ❖ **ລາວ (Laotian):**

ສົ່ງຮໍາຄັນ: ຖ້າທ່ານເວົ້າພາສາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ໄສລຄ່າໃຫ້ທ່ານ. ໂທທາງເປີ 1-855-905-3825 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແວງ, ເຈດວັນຕໍ່ອາທິດ. ການໃຫຍ່ແມ່ນບໍ່ໄສລຄ່າ.
  - ❖ **日本語 (Japanese):**

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-905-3825 (TTY: 711) まで、お電話にてご連絡ください。毎日午前 8 時から午後 8 時まで受け付けています。通話は無料です。
  - ❖ **ภาษาไทย (Thai):**

ເຮືອນ ແກ່າຄຸນພູດກາໜ້າ ກາໜ້າໄທ  
ເຮົາມີບໍລິການຊ່ວຍເຫຼືອດ້ານກາໜ້າໃຫ້ແກ່ຄຸນໂດຍໄມ້ມີຄ່າໃໝ່ຈໍາຍ  
ໂທ 1-855-905-3825 (TTY: 711) 8:00 ນ. ຄື 20:00 ນ. ໄດ້ຕລອດເຈົ້າວັນທີສັປາດ້າ ໂທຣໄວ້  
ໄມ້ມີຄ່າໃໝ່ຈໍາຍ
  - ❖ **ਪੰਜਾਬੀ (Punjabi):**

ਸਾਵਧਾਨ: ਜੇ ਤੁਸੀਂ [ਪੰਜਾਬੀ] ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ  
1-855-905-3825 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ | 711),  
ਸਵੇਰ ਦੇ 8 ਵਜੇ ਤੋਂ ਲੈ ਕੇ ਰਾਤ ਦੇ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਢੀ ਹੈ |
  - ❖ **ខ្មែរ (Khmer):**

ចាប់អារម្មណ៍: បើសិនអ្នកនឹងយាយភាសាខ្មែរ សេវាឌំឡូយភាសា គីមាគសំរាបអ្នក  
ដោយឥតគិតថ្លែង។ ហើយ 1-855-905-3825 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់  
ជ្រាតីវិថីអ្នកិត្យា។ ហើយគិតគិតថ្លែក។
  - ❖ **Հայերեն (Armenian):**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրելի են անվճար  
լեզվական օգնության ծառայություններ: Զանգահարեք 1-855-905-3825 (TTY՝ 711)  
համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազգն անվճար է:
  - ❖ **Українська (Ukrainian):**

ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовою підтримки. Телефонуйте 1-855-905-3825 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.
  - ❖ **Mienh (Mien):**

TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, n欣 mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx tauz 1-855-905-

**Если у вас возникнут вопросы**, звоните в план Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный. Для получения более подробной информации посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).



3825 (TTY: 711), 8:00 diemv ziangh hoc lungh ndorm mingh taux 8:00 ziangh  
hoc lungh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc  
waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.

- ❖ Вы можете получить этот документ в другом формате, например набранным крупным шрифтом или шрифтом Брайля, а также в виде звукозаписи. Услуга бесплатна. Обращайтесь в отдел по работе с клиентами по телефону 1-855-905-3825 (TTY 711). Режим работы: ежедневно с 8:00 до 20:00. Звонок бесплатный.
- ❖ План Blue Shield of California Promise Health Plan — независимый обладатель лицензии ассоциации Blue Shield Association.
- ❖ Данный перечень не является исчерпывающим. Информация о льготах представлена в обобщенном виде. Для получения более полной информации позвоните в план или изучите справочник участника плана Blue Shield Promise Cal MediConnect Plan.
- ❖ Вы можете попросить присыпать вам все материалы на языке, отличном от английского, или в альтернативном формате. Для этого обратитесь в отдел по работе с клиентами плана Blue Shield Promise Cal MediConnect Plan.

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## **B. Ответы на часто задаваемые вопросы**

В этом разделе представлены ответы на самые распространенные вопросы о *перечне покрываемых препаратов*. Здесь вы можете попробовать найти ответ на интересующий вас вопрос, а можете изучить весь раздел, чтобы узнать больше.

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### **B1. Какие рецептурные препараты входят в *перечень покрываемых препаратов*? (Для краткости мы будем называть *перечень покрываемых препаратов* «перечнем препаратов».)**

В перечень препаратов входят лекарственные средства, на которые распространяется страховое покрытие плана Blue Shield Promise Cal MediConnect Plan. Эти препараты продаются в аптеках, которые входят в сеть плана. Аптека входит в сеть плана, если план заключил с ней договор о сотрудничестве с целью оказания услуг застрахованным в нем лицам. Мы будем называть такие аптеки «сетевыми аптеками».

- План Blue Shield Promise Cal MediConnect Plan оплачивает все необходимые по медицинским показаниям лекарства из перечня препаратов, если:
  - ваш врач или другой медицинский работник, назначивший

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препарат, утверждает, что препарат нужен вам для лечения или поддержания здоровья, и

- вы получаете его по рецепту в сетевой аптеке плана Blue Shield Promise Cal MediConnect Plan.
- В некоторых случаях вам придется предпринять определенные действия, прежде чем вы сможете получить препарат (см. ответ на вопрос B4).

С актуальным перечнем покрываемых нами препаратов можно ознакомиться на нашем веб-сайте [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect) или позвонив в отдел по работе с клиентами по телефону 1-855-905-3825 (TTY:711) ежедневно с 8:00 до 20:00.

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## B2. Меняется ли перечень препаратов?

Да, причем при внесении таких изменений план Blue Shield Promise Cal MediConnect Plan обязан руководствоваться требованиями программ Medicare и Medicaid.

В течение года мы можем как добавлять, так и исключать препараты.

Мы также можем менять правила лекарственного обеспечения, например:

- вводить или отменять требования о необходимости предварительного одобрения препарата (предварительное одобрение — это разрешение на получение препарата, выданное планом Blue Shield Promise Cal MediConnect Plan);
- устанавливать или изменять ограничения по количеству препарата, которое вы можете получить (так называемые «количественные ограничения»);
- устанавливать или изменять требования к пошаговой терапии («пошаговая терапия» означает, что мы оплатим нужный вам препарат только после того, как вы попробуете воспользоваться другим препаратом).

Подробнее о данных правилах лекарственного обеспечения можно узнать из ответа на вопрос B4.

Если вы принимаете препарат, который входил в перечень в **начале** года, мы, как правило, не станем отменять или изменять страховое покрытие этого препарата **до конца года** за исключением следующих случаев:

- у входившего в перечень препарата появился более дешевый и не менее эффективный аналог; **или**
- появилась информация о том, что препарат небезопасен; **или**
- препарат снят с продажи.

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**Если у вас возникнут вопросы**, звоните в план Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный. Для получения более подробной информации посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).



Подробнее о том, что происходит при изменении перечня препаратов, можно узнать из ответов на вопросы В3 и В6.

- С актуальным перечнем препаратов плана Shield Promise Cal MediConnect Plan всегда можно ознакомиться на веб-сайте [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).
- Вы также можете свериться с актуальной редакцией перечня препаратов, позвонив в отдел по работе с клиентами по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00.

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### **В3. Что происходит в случае изменения перечня препаратов?**

Некоторые изменения вносятся в перечень препаратов **немедленно**, например:

- **Появился новый непатентованный препарат.** Иногда в продажу поступает новый непатентованный препарат, эффективность которого не уступает патентованному средству из перечня препаратов. В этом случае мы можем заменить патентованный препарат непатентованным, и ваши расходы на новый препарат останутся прежними или снизятся. Либо мы можем оставить в перечне оба препарата, изменив требования к страховому покрытию исходного патентованного препарата или установив для него дополнительные правила или ограничения.
  - Мы не всегда сможем предупредить вас о таких изменениях заранее, но обязательно направим уведомление, как только изменение будет внесено.
  - Вы или ваш поставщик услуг можете попросить нас не применять к вам новые правила в порядке исключения. Мы отправим вам уведомление с рекомендациями о том, как попросить о таком исключении. Подробнее о предоставлении исключений можно узнать из ответа на вопрос В10.
- **Препарат снят с продажи.** Если Управление по санитарному надзору за качеством пищевых продуктов и медикаментов (Food and Drug Administration, FDA) объявит, что принимаемый вами препарат небезопасен, или если производитель снимет его с продажи, мы немедленно удалим его из перечня препаратов. Если вы принимаете этот препарат, мы уведомим вас об этом и объясним, что делать дальше.

**Мы можем вносить и другие изменения, способные повлиять на принимаемые вами препараты. Мы сообщим вам о таких изменениях**

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**Если у вас возникнут вопросы, звоните в план Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный. Для получения более подробной информации посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).**



заблаговременно. Они будут внесены, если:

- FDA представит новые методические рекомендации по применению препарата или появятся новые клинические рекомендации;
- Мы включим в перечень непатентованный препарат, который уже был известен ранее, и
  - заменим им патентованный препарат из перечня; **или**
  - изменим правила и ограничения, действующие в отношении патентованного препарата.

В случае таких изменений мы сделаем следующее:

- сообщим вам об изменениях в перечне препаратов не позднее чем за 30 дней; **или**
- уведомим вас об изменении и выдадим 30-дневный запас препарата, когда вы обратитесь за ним повторно.

Это даст вам возможность проконсультироваться с врачом или другим медицинским работником, назначившим препарат, и выяснить:

- есть ли в перечне препаратов подходящий аналог, на который вы можете перейти; **или**
- стоит ли подать запрос о предоставлении исключения. Подробнее об исключениях можно узнать из ответа на вопрос В10.

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#### **В4. Существуют ли ограничения в страховом покрытии лекарственных препаратов? И нужно ли предпринимать какие-либо действия для получения определенных препаратов?**

Да, на некоторые препараты распространяются особые правила страхового покрытия или количественные ограничения. В некоторых случаях вам, вашему врачу или другому медицинскому работнику, назначившему препарат, придется предпринять определенные действия, прежде чем вы сможете получить препарат. Например:

- **Предварительное одобрение (или предварительное разрешение).** Для получения некоторых рецептурных препаратов вам, вашему врачу или другому медицинскому работнику, назначающему препарат, нужно будет обратиться в план Blue Shield Promise Cal MediConnect Plan за разрешением. В отсутствие разрешения план Blue Shield Promise Cal MediConnect Plan может не оплатить препарат.
- **Количественные ограничения.** В некоторых случаях Blue Shield Promise Cal

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**Если у вас возникнут вопросы, звоните в план Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный. Для получения более подробной информации посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).**



MediConnect Plan ограничивает количество препарата, которое можно получить.

- **Пошаговая терапия.** В некоторых случаях обязательным условием плана Blue Shield Promise Cal MediConnect Plan является пошаговая терапия. Это значит, что вам придется принимать препараты для лечения вашего заболевания в определенном порядке. Другими словами, вы попробуете принимать один препарат, прежде чем мы оплатим другой. Если врач сочтет, что первый препарат вам не подходит, мы оплатим второй препарат.

Узнать о том, распространяются ли на ваш препарат какие-либо дополнительные требования или ограничения, можно из таблиц на стр. 20-155 . Более подробную информацию также можно получить на веб-сайте

[www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect). Документы, в которых разъяснены правила, касающиеся предварительного разрешения и пошаговой терапии, опубликованы в Интернете, и мы можем выслать их вам по запросу.

Вы можете попросить не применять к вам эти ограничения в порядке исключения. Это даст вам возможность проконсультироваться с врачом или другим медицинским работником, назначившим препарат, и выяснить, есть ли в перечне препаратов подходящий аналог, на который вы можете перейти, и стоит ли подать запрос о предоставлении исключения. Подробнее об исключениях можно узнать из ответов на вопросы В10–В12.

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#### **B5. Как узнать, установлены ли ограничения в отношении нужного мне препарата и что необходимо предпринять, чтобы его получить?**

В перечне покрываемых препаратов на стр. 20-155 есть столбец под названием «Необходимые действия и ограничения на применение».

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#### **B6. Что произойдет, если план Blue Shield Promise Health Plan изменит правила лекарственного обеспечения (например, касающиеся предварительного разрешения (одобрения), количественных ограничений и/или необходимости в пошаговой терапии)?**

В некоторых случаях мы сможем предупредить вас о новых правилах предварительного одобрения, количественного ограничения и/или пошаговой терапии заблаговременно. Подробнее о порядке предварительного уведомления об изменении правил лекарственного обеспечения и ситуациях, в которых предварительного уведомления может не быть, можно узнать из ответа на вопрос В3.

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#### **B7. Как найти лекарственное средство в перечне препаратов?**

Это можно сделать двумя способами:

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**Если у вас возникнут вопросы, звоните в план Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный. Для получения более подробной информации посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).**

- по алфавиту (если вы знаете, как пишется название препарата); **или**
- по заболеванию.

Чтобы найти препарат **по алфавиту**, откройте раздел «Алфавитный указатель покрываемых препаратов» на странице **156**. В алфавитном указателе представлен алфавитный перечень всех препаратов, включенных в данный документ, — как патентованных, так и непатентованных. Найдите по указателю интересующий вас препарат. Рядом с названием препарата вы увидите номер страницы, на которой можно найти сведения о его страховом покрытии. Откройте эту страницу и найдите название препарата в первой графе перечня.

Чтобы найти препарат **по заболеванию**, перейдите в раздел под названием «Перечень препаратов с классификацией по медицинским показаниям» на стр. xviii. В этом разделе препараты сгруппированы по типам заболеваний, для лечения которых они применяются. Например, если у вас сердечно-сосудистое заболевание, вам следует искать свое лекарство в категории «Сердечно-сосудистые средства». Здесь вы найдете лекарственные препараты, которые применяются при лечении сердечно-сосудистых заболеваний.

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#### **B8. Что делать, если нужное лекарство не входит в перечень препаратов?**

Если вы не можете найти свое лекарство в перечне препаратов, позвоните в отдел по работе с клиентами по телефону 1-885-905-3825 (TTY: 711) и спросите об этом (отдел работает ежедневно с 8:00 до 20:00, звонок бесплатный). Если окажется, что Blue Shield Promise Cal MediConnect Plan не оплачивает данный препарат, вы можете предпринять следующее:

- попросить в отделе по работе с клиентами список аналогов нужного вам препарата, показать список врачу или другому медицинскому работнику, назначившему препарат, и вам назначат средство из перечня препаратов, которое действует аналогичным образом; **или**
- обратиться в план медицинского страхования с просьбой оплатить ваш препарат в порядке исключения. Подробнее об исключениях можно узнать из ответов на вопросы B10–B12.

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#### **B9. Что делать, если я являюсь новым участником Blue Shield Promise Cal MediConnect Plan и не могу найти нужное лекарственное средство в перечне препаратов, или у меня возникли проблемы с его получением?**

Мы вам поможем. В течение первых 90 дней вашего участия в плане Blue Shield Promise Cal MediConnect Plan мы можем оплатить временный (30-дневный) запас нужного вам препарата. Это даст вам возможность проконсультироваться с врачом или другим медицинским работником, назначившим препарат, и выяснить, есть ли в

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**Если у вас возникнут вопросы**, звоните в план Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный. Для получения более подробной информации посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).



перечне препаратов подходящий аналог, на который вы можете перейти, или же вам стоит подать запрос о предоставлении исключения.

Если рецепт предусматривает получение препарата в меньшем объеме, мы позволим воспользоваться им несколько раз, пока общий объем полученного препарата не достигнет 30-дневного запаса.

Мы оплатим 30-дневный запас вашего препарата, если:

- вы принимаете препарат, который не входит в наш перечень препаратов; **или**
- правила страхового плана не позволяют вам получить нужное количество препарата, выписанное врачом; **или**
- на получение препарата требуется предварительное разрешение плана Blue Shield Promise Cal MediConnect Plan; **или**
- вы принимаете препарат, на который распространяется требование о пошаговой терапии.

Мы также можем помочь, если вы проживаете в центре сестринского ухода или другом учреждении долгосрочного ухода и вам требуется препарат, который не входит в перечень препаратов, или вы не можете получить необходимое лекарство. Если вы являетесь участником плана более 90 дней, проживаете в учреждении долгосрочного ухода и вам необходимо получить препарат в кратчайшие сроки:

- Мы однократно оплатим запас препарата на 31 день (или на меньший срок, на который выписан рецепт), независимо от длительности вашего участия в плане Blue Shield Promise Cal MediConnect Plan.
- Мы сделаем это в дополнение к временному запасу, который предоставляется в течение первых 90 дней вашего участия в плане Blue Shield Promise Cal MediConnect Plan.

#### Политика перехода

В случаях, когда получатель льгот переходит с одного вида лечения на другое, план Blue Shield Promise Cal MediConnect Plan обеспечит быстрое одобрение препаратов по части D, не включенных в фармакологический справочник, а также препаратов по части D, включенных в фармакологический справочник и требующих предварительного разрешения или пошаговой терапии. Примеры изменения вида лечения: выписка из больницы; выписка из учреждения квалифицированного сестринского ухода по части А программы Medicare с возвращением к получению препаратов по части D из фармакологического справочника; выписка из учреждения долгосрочного ухода с возвращением к обычной жизни; выписка из психиатрической лечебницы с назначением индивидуальной схемы медикаментозного лечения.

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## **B10. Можно ли попросить план оплатить мое лекарство в порядке исключения?**

Да. Вы можете попросить план Blue Shield Promise Cal MediConnect Plan оплатить отсутствующее в перечне препаратов лекарство в порядке исключения.

Вы также можете попросить нас изменить правила, регламентирующие страховое покрытие нужного вам препарата.

- Так, план Blue Shield Promise Cal MediConnect Plan устанавливает для некоторых препаратов количественные ограничения. Если такое ограничение распространяется на ваш препарат, вы можете попросить нас изменить его и оплатить большее количество препарата.
- Другой пример: вы можете подать запрос об отмене правила пошаговой терапии или требования о получении предварительного одобрения.

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## **B11. Как подать запрос о предоставлении исключения?**

По поводу предоставления исключения следует обратиться в отдел по работе с клиентами по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Сотрудники отдела по работе с клиентами помогут вам и вашему поставщику медицинских услуг составить запрос о предоставлении исключения. Более подробная информация об исключениях приведена в главе 9 *справочника участника*.

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## **B12. Сколько времени занимает предоставление исключения?**

Мы вынесем решение в течение 72 часов после того, как получим от лица, назначившего препарат, медицинское заключение, подтверждающее ваш запрос о предоставлении исключения. Заключение можно направить по электронным каналам связи (онлайн или по факсу) или по почте. Медицинский работник, назначивший препарат, также может позвонить в отдел лекарственного обеспечения плана Blue Shield Promise и изложить свои соображения устно, а потом направить заключение в письменном виде, если это будет необходимо.

Если вы или медицинский работник, назначивший препарат, считаете, что 72-часовое ожидание решения нанесет вред вашему здоровью, вы можете попросить о предоставлении исключения в ускоренном порядке. В этом случае решение будет вынесено быстрее. Если медицинский работник, назначивший препарат, поддержит ваш запрос, мы вынесем решение в течение 24 часов с момента получения соответствующего медицинского заключения.

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## **B13. Что такое непатентованный препарат?**

Непатентованные лекарственные препараты содержат те же действующие вещества, что и патентованные. Как правило, они дешевле своих патентованных

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аналогов и их названия не столь известны. Непатентованные препараты одобрены Управлением по санитарному надзору за качеством пищевых продуктов и медикаментов (FDA)

План Blue Shield Promise Cal MediConnect Plan покрывает как патентованные, так и непатентованные лекарственные препараты.

#### **B14. Что такое препараты ОТС?**

Аббревиатура «OTC» означает «безрецептурные» (over-the-counter). План Blue Shield Promise Cal MediConnect Plan покрывает некоторые безрецептурные препараты при наличии рецепта, выписанного поставщиком услуг.

Информация о покрываемых безрецептурных препаратах приведена в перечне препаратов плана Blue Shield Promise Cal MediConnect Plan.

#### **B15. Покрывает ли Blue Shield Promise Cal MediConnect Plan безрецептурные товары медицинского назначения?**

План Blue Shield Promise Cal MediConnect Plan покрывает некоторые безрецептурные товары медицинского назначения при наличии рецепта, выписанного поставщиком услуг.

Например, к таким товарам относятся небулайзерные микрокамеры и маски Vortex для взрослых.

Информация о покрываемых товарах медицинского назначения приведена в перечне препаратов плана Blue Shield Promise Cal MediConnect Plan.

#### **B16. Сколько мне нужно будет доплачивать?**

Размер доплаты для каждого препарата приведен в перечне препаратов плана Blue Shield Promise Cal MediConnect Plan. Участники плана Blue Shield Promise Cal MediConnect Plan, проживающие в центрах сестринского ухода и других учреждениях долгосрочного ухода, не вносят доплат. Некоторые участники, получающие услуги долгосрочного ухода по месту жительства, также не вносят доплат.

Размер доплаты определяется уровнем препарата. Уровень — это группа препаратов с одинаковой доплатой. Фактическая сумма доплаты будет зависеть от уровня вашего соответствия требованиям программы Medi-Cal.

Уровень	Описание	Доплата		
		30-дневный запас	90-дневный запас	100-дневный запас
Уровень 1	Предпочтительные непатентованные	\$0	\$0	\$0

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	препараты			
Уровень 2	Непатентованные препараты	Доплата \$0–\$3.95	Доплата \$0–\$3.95	Не предусмотрена
Уровень 3	Патентованные препараты	Доплата \$0–\$9.85	Доплата \$0–\$9.85	Не предусмотрена
Уровень 4	Рецептурные препараты, не покрываемые по программе Medicare / препараты, отпускаемые без рецепта (OTC)	Доплата \$0	Доплата \$0	Не предусмотрена

Уровень — это группа препаратов из нашего перечня.

- К первому уровню относятся предпочтительные непатентованные препараты (самый низкий размер доплаты).
- Ко второму уровню относятся непатентованные препараты (средний размер доплаты).
- К третьему уровню относятся патентованные препараты (самый высокий размер доплаты).
- К четвертому уровню относятся рецептурные препараты, не покрываемые программой Medicare, и безрецептурные препараты (Over-the-Counter, OTC) (доплата не предусмотрена).

### B17. Что такое уровни препаратов?

Уровень — это группа препаратов из нашего перечня.

- К первому уровню относятся предпочтительные непатентованные препараты.
- Ко второму уровню относятся непатентованные препараты.
- К третьему уровню относятся патентованные препараты.
- К четвертому уровню относятся рецептурные препараты, не покрываемые программой Medicare, и безрецептурные препараты (Over-the-Counter, OTC).

### C. Структура перечня покрываемых препаратов

Приведенный ниже перечень лекарственных препаратов позволяет получить информацию о препаратах, покрываемых планом Blue Shield Promise Cal MediConnect Plan. Если вы не можете найти в перечне нужный препарат, откройте раздел «Алфавитный указатель покрываемых препаратов» на странице **156**, где все препараты, покрываемые планом Blue Shield Promise Cal MediConnect Plan, перечислены в алфавитном порядке.

В первой графе таблицы указано название препарата. Названия патентованных

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препаратов написаны прописными буквами (например, ELIQUIS), а названия непатентованных препаратов — курсивом и строчными буквами (например, *simvastatin*).

В столбце под названием «Необходимые действия, требования или ограничения на применение» указано, требует ли план Blue Shield Promise Cal MediConnect Plan соблюдения какие-либо правил для покрытия препарата.

## УСЛОВНЫЕ ОБОЗНАЧЕНИЯ

УРОВЕНЬ		
1 Предпочтительные непатентованные препараты		
2 Непатентованные препараты		
3 Патентованные препараты		
4 Рецептурные препараты, не покрываемые программой Medicare / безрецептурные препараты (OTC)		
ОБОЗНАЧЕНИЕ	НАЗВАНИЕ	ОПИСАНИЕ
LA	Ограниченный доступ (Limited Access)	Препарат можно получить лишь в некоторых аптеках. Обратитесь за разъяснением в отдел по работе с клиентами плана Blue Shield Promise Cal MediConnect Plan.
PA	Предварительное разрешение (Prior Authorization)	Вы (или ваш врач) должны обратиться в план Blue Shield Promise Cal MediConnect Plan за предварительным разрешением на получение этого препарата. При отсутствии такого разрешения план Blue Shield Promise Cal MediConnect Plan может не оплатить препарат.
QL	Количественное ограничение (Quantity Limit)	План Blue Shield Promise Cal MediConnect Plan устанавливает ограничения на количество препарата, которое он сможет оплатить в течение определенного времени.
ST	Пошаговая терапия (Step Therapy)	Прежде чем план Blue Shield Promise Cal MediConnect Plan начнет оплачивать этот препарат, вы должны попробовать лечение другими препаратами из фармакологического справочника. Препарат будет предоставлен лишь в том случае, если лечение другими препаратами окажется неэффективным.

Если у вас возникнут вопросы, звоните в план Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный. Для получения более подробной информации посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).



ОБОЗНАЧЕНИЕ	НАЗВАНИЕ	ОПИСАНИЕ
BvD	Часть В или Часть D	Этот препарат может быть оплачен как по части В, так и по части D программы Medicare. Прежде чем получить этот препарат, вы (или ваш врач) должны получить предварительное разрешение у плана Blue Shield Promise Cal MediConnect Plan на покрытие препарата по части D. При отсутствии такого разрешения план Blue Shield Promise Cal MediConnect Plan может не оплатить препарат.
NPD	Препарат не покрывается частью D программы Medicare (Non-Part D Drug)	Данный препарат покрывается в рамках программы Medi-Cal и не покрывается частью D программы Medicare. Обратитесь за разъяснением в отдел по работе с клиентами плана Blue Shield Promise Cal MediConnect Plan, если у вас есть вопросы.
NDS	Запас препарата на длительный срок не предоставляется (Non-Extended Day Supply)	Получение запаса препарата на длительный срок НЕ предусмотрено.

**Примечание.** Обозначение NPD рядом с названием лекарственного препарата означает, что этот препарат не покрывается частью D программы Medicare. Для этих препаратов доплата не требуется. Также для таких препаратов существуют другие требования к процессу подачи апелляций.

- Апелляция — это официальный способ попросить нас пересмотреть решение о страховом покрытии и изменить его, если оно ошибочно. Например, мы можем решить, что препарат, который вы хотите получить, не покрывается или больше не оплачивается программами Medicare или Medi-Cal.
- Если вы или ваш врач не согласны с принятым нами решением, вы можете подать апелляцию. По всем вопросам обращайтесь в отдел по работе с клиентами по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Более подробная информация о подаче апелляции приведена в главе 9 *справочника участника*.

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## **C1. Перечень препаратов с классификацией по медицинским показаниям**

Препараты в этом разделе сгруппированы по типам заболеваний, для лечения которых они применяются. Например, если у вас сердечно-сосудистое заболевание, вам следует искать свое лекарство в категории «Сердечно-сосудистые средства». Здесь вы найдете лекарственные препараты, которые применяются при лечении сердечно-сосудистых заболеваний.

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**Если у вас возникнут вопросы**, звоните в план Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00. Звонок бесплатный. Для получения более подробной информации посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).



## ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>celecoxib (cap 100 mg, cap 200 mg, cap 50 mg)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>celecoxib cap 400 mg</i>	Tier 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium tab 50 mg</i>	Tier 2	
<i>diclofenac sodium (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)</i>	Tier 2	
<i>diclofenac sodium gel 1%</i>	Tier 2	
<i>diflunisal tab 500 mg</i>	Tier 2	
<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 2	
<i>flurbiprofen 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	PA
<i>meloxicam (tab 15 mg, tab 7.5 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, tab ec 375 mg, tab ec 500 mg)</i>	Tier 2	
<i>piroxicam (cap 10 mg, cap 20 mg)</i>	Tier 2	
<i>sulindac (tab 150 mg, tab 200 mg)</i>	Tier 2	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<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 2	PA, QL (10 PER 30 OVER TIME), NDS
<i>methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)</i>	Tier 2	PA, QL (450 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methadone hcl (10 mg/ml solution, inj 10 mg/ml)	Tier 2	PA, NDS
methadone hcl (5 mg/5ml solution, soln 5 mg/5ml)	Tier 2	PA, QL (900 PER 30 OVER TIME), NDS
methadone hcl tab 10 mg	Tier 2	PA, QL (90 PER 30 OVER TIME), NDS
methadone hcl tab 5 mg	Tier 2	PA, QL (180 PER 30 OVER TIME), NDS
morphine sulfate (tab er 100 mg, tab er 200 mg, tab er 60 mg)	Tier 2	QL (60 PER 30 OVER TIME), NDS
morphine sulfate tab er 15 mg	Tier 2	QL (180 PER 30 OVER TIME), NDS
morphine sulfate tab er 30 mg	Tier 2	QL (90 PER 30 OVER TIME), NDS

## OPIOID ANALGESICS, SHORT-ACTING

acetaminophen w/ codeine (tab 300-15 mg, tab 300-30 mg)	Tier 2	QL (12 PER 1 DAYS), NDS
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 2	QL (1800 PER 30 OVER TIME), NDS
acetaminophen w/ codeine tab 300-60 mg	Tier 2	QL (6 PER 1 DAYS), NDS
butilbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Tier 2	PA, QL (48 PER 30 OVER TIME), NDS
codeine sulfate (30 mg tab, tab 30 mg)	Tier 2	QL (168 PER 30 OVER TIME), NDS
codeine sulfate (60 mg tab, tab 60 mg)	Tier 2	QL (84 PER 30 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	Tier 2	QL (336 PER 30 OVER TIME), NDS
fentanyl citrate (100 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab, lozenge on a handle 1200 mcg, lozenge on a handle 1600 mcg, lozenge on a handle 200 mcg, lozenge on a handle 400 mcg, lozenge on a handle 600 mcg, lozenge on a handle 800 mcg)	Tier 2	PA, QL (120 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocodone-acetaminophen (tab 10-325 mg, tab 7.5-325 mg)	Tier 2	QL (6 PER 1 DAYS), NDS
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 2	QL (2520 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen tab 5-325 mg	Tier 2	QL (8 PER 1 DAYS), NDS
hydromorphone hcl liqd 1 mg/ml	Tier 2	QL (675 PER 30 OVER TIME), NDS
hydromorphone hcl tab 2 mg	Tier 2	QL (154 PER 30 OVER TIME), NDS
hydromorphone hcl tab 4 mg	Tier 2	QL (84 PER 30 OVER TIME), NDS
hydromorphone hcl tab 8 mg	Tier 2	QL (42 PER 30 OVER TIME), NDS
morphine sulfate (15 mg tab, 30 mg tab, tab 15 mg, tab 30 mg)	Tier 3	QL (120 PER 30 OVER TIME), NDS
morphine sulfate (20 mg/5ml solution, oral soln 20 mg/5ml)	Tier 2	QL (315 PER 30 OVER TIME), NDS
morphine sulfate oral soln 10 mg/5ml	Tier 2	QL (630 PER 30 OVER TIME), NDS
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	Tier 2	QL (70 PER 30 OVER TIME), NDS
oxycodone hcl (tab 15 mg, tab 30 mg)	Tier 2	QL (56 PER 30 OVER TIME), NDS
oxycodone hcl soln 5 mg/5ml	Tier 2	QL (840 PER 30 OVER TIME), NDS
oxycodone hcl tab 10 mg	Tier 2	QL (84 PER 30 OVER TIME), NDS
oxycodone hcl tab 20 mg	Tier 2	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl tab 5 mg	Tier 2	QL (168 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen (tab 2.5-325 mg, tab 5-325 mg)	Tier 2	QL (168 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen tab 10-325 mg	Tier 2	QL (84 PER 30 OVER TIME), NDS

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## **ANALGESICS**

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 2	QL (112 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 2	QL (112 PER 30 OVER TIME), NDS

## **ANESTHETICS**

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<b>LOCAL ANESTHETICS</b>		
<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 2	QL (50 PER 30 OVER TIME)
<i>lidocaine patch 5%</i>	Tier 2	PA, QL (3 PER 1 DAYS)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 2	QL (30 PER 30 OVER TIME)
<i>NAYZILAM 5 MG/0.1ML SOLUTION</i>	Tier 3	QL (10 PER 30 OVER TIME)

## **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS**

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 2	
<i>disulfiram (tab 250 mg, tab 500 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

# ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>OPIOID DEPENDENCE</b>		
buprenorphine hcl sl tab 2 mg (base equiv)	Tier 2	QL (84 PER 90 OVER TIME)
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 2	QL (21 PER 90 OVER TIME)
buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 2-0.5 mg (base equiv), -naloxone sl film 4-1 mg (base equiv))	Tier 2	QL (5 PER 1 DAYS)
buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 8-2 mg (base equiv), -naloxone sl tab 8-2 mg (base equiv))	Tier 2	QL (3 PER 1 DAYS)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 2	QL (12 PER 1 DAYS)
ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)	Tier 3	QL (3 PER 1 DAYS)
ZUBSOLV (11.4-2.9 MG SL TAB, 2.9-0.71 MG SL TAB)	Tier 3	QL (1 PER 1 DAYS)
ZUBSOLV 8.6-2.1 MG SL TAB	Tier 3	QL (2 PER 1 DAYS)
<b>OPIOID REVERSAL AGENTS</b>		
naloxone hcl (0.4 mg/ml soln cart, nasal spray 4 mg/0.1ml)	Tier 2	QL (2 PER 30 OVER TIME)
naloxone hcl (inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)	Tier 2	
naltrexone hcl tab 50 mg	Tier 2	
NARCAN 4 MG/0.1ML LIQUID	Tier 3	QL (2 PER 30 OVER TIME)
<b>SMOKING CESSATION AGENTS</b>		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NICOTROL 10 MG INHALER	Tier 3	
NICOTROL NS 10 MG/ML SOLUTION	Tier 3	
VARENICLINE TARTRATE (0.5 MG TAB, 1 MG TAB)	Tier 2	QL (2 PER 1 DAYS)
VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 TAB THPK	Tier 2	QL (60 PER 30 OVER TIME)

## ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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### AMINOGLYCOSIDES

amikacin sulfate inj 500 mg/2ml (250 mg/ml)	Tier 2	
gentamicin sulfate (topical) (cream 0.1%, oint 0.1%)	Tier 2	
gentamicin sulfate inj 40 mg/ml	Tier 2	
neomycin sulfate tab 500 mg	Tier 2	
paromomycin sulfate cap 250 mg	Tier 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 2	
tobramycin sulfate (10 mg/ml solution, 2 gm/50ml solution, for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), inj 80 mg/2ml (40 mg/ml) (base equiv))	Tier 2	

### ANTIBACTERIALS, OTHER

acetic acid otic soln 2%	Tier 2	
aztreonam (inj 1 gm, inj 2 gm)	Tier 2	
clindamycin hcl (cap 150 mg, cap 300 mg, cap 75 mg)	Tier 2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clindamycin phosphate (inj 300 mg/2ml, inj 600 mg/4ml, inj 9 gm/60ml, inj 900 mg/6ml, iv soln 300 mg/2ml, iv soln 600 mg/4ml, iv soln 900 mg/6ml)	Tier 2	
clindamycin phosphate in d5w (soln 300 mg/50ml, soln 600 mg/50ml, soln 900 mg/50ml)	Tier 2	
CLINDAMYCIN PHOSPHATE IN NACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	Tier 2	
clindamycin phosphate swab 1%	Tier 2	
clindamycin phosphate vaginal cream 2%	Tier 2	
colistimethate sod for inj 150 mg (colistin base activity)	Tier 2	
daptomycin (350 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)	Tier 2	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	Tier 2	QL (1 PER 30 OVER TIME)
linezolid (for susp 100 mg/5ml, tab 600 mg)	Tier 2	PA
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 2	
linezolid iv soln 600 mg/300ml (2 mg/ml)	Tier 2	
methenamine hippurate tab 1 gm	Tier 2	
metronidazole (5 mg/ml solution, iv soln 500 mg/100ml, tab 250 mg, tab 500 mg)	Tier 2	
metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)	Tier 2	
metronidazole vaginal gel 0.75%	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitrofurantoin macrocrystal (line cap 100 mg, line cap 25 mg, line cap 50 mg)</i>	Tier 2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 2	
ORBACTIV 400 MG RECON SOLN	Tier 3	PA, QL (9 PER 30 OVER TIME)
SYNERCID 150-350 MG RECON SOLN	Tier 3	
<i>tigecycline (50 mg recon soln, for iv soln 50 mg)</i>	Tier 2	
<i>trimethoprim (100 mg tab, tab 100 mg)</i>	Tier 2	
<i>vancomycin hcl (1.25 gm recon soln, 1.5 gm recon soln, 100 gm recon soln, 250 mg recon soln, 750 mg recon soln, cap 125 mg (base equivalent), cap 250 mg (base equivalent), for iv soln 1 gm (base equivalent), for iv soln 10 gm (base equivalent), for iv soln 500 mg (base equivalent), for iv soln 750 mg (base equivalent))</i>	Tier 2	
VANDAZOLE 0.75 % GEL	Tier 3	
XIFAXAN 200 MG TAB	Tier 3	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)

## BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap, cap 250 mg, cap 500 mg)</i>	Tier 2	
<i>cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)</i>	Tier 2	
<i>cefazolin sodium (1 gm recon soln, 100 gm recon soln, 2 gm recon soln, 20 gm recon soln, 300 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	Tier 2	
cefepime hcl (2 gm recon soln, for inj 1 gm, for inj 2 gm)	Tier 2	
cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)	Tier 2	
cefotaxime sodium (1 gm recon soln, for inj 1 gm)	Tier 2	
cefotetan disodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm)	Tier 2	
cefoxitin sodium (soln 1 gm, soln 10 gm, soln 2 gm)	Tier 2	
cefpodoxime proxetil (for susp 100 mg/5ml, for susp 50 mg/5ml, tab 100 mg, tab 200 mg)	Tier 2	
cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)	Tier 2	
ceftazidime (inj 1 gm, inj 6 gm, iv soln 2 gm)	Tier 2	
ceftriaxone sodium (inj 1 gm, inj 10 gm, inj 2 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)	Tier 2	
cefuroxime axetil (tab 250 mg, tab 500 mg)	Tier 2	
cefuroxime sodium (inj 7.5 gm, inj 750 mg, iv soln 1.5 gm)	Tier 2	
cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	Tier 2	
TAZICEF (1 GM RECON SOLN, 6 GM RECON SOLN)	Tier 2	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>BETA-LACTAM, PENICILLINS</b>		
amoxicillin & pot clavulanate (k clavulanate for susp 200-28.5 mg/5ml, k clavulanate for susp 250-62.5 mg/5ml, k clavulanate for susp 400-57 mg/5ml, k clavulanate for susp 600-42.9 mg/5ml, k clavulanate tab 250-125 mg, k clavulanate tab 500-125 mg, k clavulanate tab 875-125 mg)	Tier 2	
AMOXICILLIN ((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, (TRIHYDRATE) FOR SUSP 400 MG/5ML, (TRIHYDRATE) TAB 500 MG, (TRIHYDRATE) TAB 875 MG, 125 MG CHEW TAB, 250 MG CHEW TAB)	Tier 2	
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 400-57 MG CHEW TAB)	Tier 2	
ampicillin & sulbactam sodium (for inj 1.5 (1-0.5) gm, for inj 3 (2-1) gm, for iv soln 15 (10-5) gm)	Tier 2	
AMPICILLIN 500 MG CAP	Tier 2	
ampicillin sodium (1 gm recon soln, 125 mg recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm, for inj 250 mg, for inj 500 mg, for iv soln 10 gm, for iv soln 2 gm)	Tier 2	
AMPICILLIN-SULBACTAM SODIUM (1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN)	Tier 2	
BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSPENSION, 600000 UNIT/ML SUSP PRSYR)	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dicloxacillin sodium (cap 250 mg, cap 500 mg)	Tier 2	
nafcillin sodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm, for iv soln 10 gm)	Tier 2	
penicillin g potassium (for inj 20000000 unit, for inj 5000000 unit)	Tier 2	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 2	
penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)	Tier 2	
PFIZERPEN (20000000 UNIT RECON SOLN, 5000000 UNIT RECON SOLN)	Tier 2	
piperacillin sodium-tazobactam sodium (na for inj 3.375 gm (3-0.375 gm), sod for inj 13.5 gm (12-1.5 gm), sod for inj 2.25 gm (2-0.25 gm), sod for inj 4.5 gm (4-0.5 gm), sod for inj 40.5 gm (36-4.5 gm))	Tier 2	

## CARBAPENEMS

ertapenem sodium for inj 1 gm (base equivalent)	Tier 2	
imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)	Tier 2	
meropenem (soln 1 gm, soln 500 mg)	Tier 2	

## MACROLIDES

azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg, tab 250 mg, tab 500 mg, tab 600 mg)	Tier 2	
clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
E.E.S. 400 400 MG TAB	Tier 2	
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN	Tier 3	
<i>erythromycin base (250 mg cp dr part, tab 250 mg, tab 500 mg, w/ delayed release particles cap 250 mg)</i>	Tier 2	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	Tier 2	
<i>erythromycin lactobionate for inj 500 mg</i>	Tier 3	

## QUINOLONES

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

## SULFONAMIDES

<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 2	
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You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sulfadiazine (500 mg tab, tab 500 mg)	Tier 2	
sulfamethoxazole-trimethoprim (iv soln 400-80 mg/5ml, susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)	Tier 2	

## TETRACYCLINES

doxycycline (monohydrate) (cap 100 mg, cap 50 mg, tab 100 mg, tab 50 mg, tab 75 mg)	Tier 2	
doxycycline hyclate (cap 100 mg, cap 50 mg, for inj 100 mg, tab 100 mg, tab 20 mg)	Tier 2	
minocycline hcl (cap 100 mg, cap 50 mg, cap 75 mg, tab 100 mg, tab 50 mg, tab 75 mg)	Tier 2	
tetracycline hcl (cap 250 mg, cap 500 mg)	Tier 2	

## ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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## ANTICONVULSANTS, OTHER

BRIVIACT (10 MG TAB, 100 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	Tier 3	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	Tier 3	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
DIACOMIT (500 MG CAP, 500 MG PACKET)	Tier 3	PA, LA, QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>divalproex sodium (cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg)</i>	Tier 2	
EPIDIOLEX 100 MG/ML SOLUTION	Tier 3	PA, LA
EPRONTIA 25 MG/ML SOLUTION	Tier 3	PA, QL (16 PER 1 DAYS)
<i>felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)</i>	Tier 2	
FINTEPLA 2.2 MG/ML SOLUTION	Tier 3	PA, LA, QL (12 PER 1 DAYS)
FYCOMPA (10 MG TAB, 12 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	Tier 3	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	Tier 3	QL (3 PER 1 DAYS)
<i>lamotrigine (tab 100 mg, tab 150 mg, tab 200 mg, tab 25 mg, tab chewable dispersible 25 mg, tab chewable dispersible 5 mg)</i>	Tier 2	
<i>levetiracetam (oral soln 100 mg/ml, tab 1000 mg, tab 250 mg, tab 500 mg, tab 750 mg)</i>	Tier 2	
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 2	QL (4 PER 1 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SPRITAM 1000 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
SPRITAM 750 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
<i>topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>valproate sodium (inj 100 mg/ml, oral soln 250 mg/5ml (base equiv))</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valproic acid cap 250 mg	Tier 2	
XCOPRI (100 MG TAB, 50 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X 200 MG TAB THPK, 14 X 50 MG & 14 X 100 MG TAB THPK)	Tier 3	PA, QL (28 PER 28 OVER TIME)
XCOPRI (150 MG TAB, 200 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE) (100 & 150 MG TAB THPK, 50 & 200 MG TAB THPK)	Tier 3	PA, QL (2 PER 1 DAYS)
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	Tier 3	PA, QL (2 PER 1 DAYS)
ZTALMY 50 MG/ML SUSPENSION	Tier 3	PA, LA, QL (36 PER 1 DAYS)

## CALCIUM CHANNEL MODIFYING AGENTS

CELONTIN 300 MG CAP	Tier 3	
ethosuximide (cap 250 mg, soln 250 mg/5ml)	Tier 2	

## GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

clobazam suspension 2.5 mg/ml	Tier 2	PA, QL (16 PER 1 DAYS)
clobazam tab 10 mg	Tier 2	PA, QL (4 PER 1 DAYS)
clobazam tab 20 mg	Tier 2	PA, QL (2 PER 1 DAYS)
DIAZEPAM 10 MG GEL	Tier 2	QL (20 PER 30 OVER TIME)
DIAZEPAM 2.5 MG GEL	Tier 2	QL (5 PER 30 OVER TIME)
DIAZEPAM 20 MG GEL	Tier 2	QL (40 PER 30 OVER TIME)
gabapentin (tab 600 mg, tab 800 mg)	Tier 2	QL (4 PER 1 DAYS)
gabapentin cap 100 mg	Tier 2	QL (12 PER 1 DAYS)
gabapentin cap 300 mg	Tier 2	QL (8 PER 1 DAYS)
gabapentin cap 400 mg	Tier 2	QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 2	QL (72 PER 1 DAYS)
<i>phenobarbital (elixir 20 mg/5ml, tab 100 mg, 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)</i>	Tier 2	PA
<i>primidone (tab 250 mg, tab 50 mg)</i>	Tier 2	
<i>SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)</i>	Tier 3	PA, QL (2 PER 1 DAYS)
<i>tiagabine hcl (tab 12 mg, tab 16 mg, tab 2 mg, tab 4 mg)</i>	Tier 2	PA
<i>VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID</i>	Tier 3	QL (10 PER 30 OVER TIME)
<i>VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK</i>	Tier 3	QL (10 PER 30 OVER TIME)
<i>VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK</i>	Tier 3	QL (10 PER 30 OVER TIME)
<i>VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID</i>	Tier 3	QL (10 PER 30 OVER TIME)
<i>vigabatrin (powd pack 500 mg, tab 500 mg)</i>	Tier 2	PA, LA, QL (6 PER 1 DAYS)

## SODIUM CHANNEL AGENTS

<i>APTIOM (200 MG TAB, 400 MG TAB)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>APTIOM (600 MG TAB, 800 MG TAB)</i>	Tier 3	QL (2 PER 1 DAYS)
<i>carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)</i>	Tier 2	
<i>DILANTIN (100 MG CAP, 30 MG CAP)</i>	Tier 3	
<i>DILANTIN INFATABS 50 MG CHEW TAB</i>	Tier 3	
<i>lacosamide (tab 100 mg, tab 150 mg, tab 200 mg, tab 50 mg)</i>	Tier 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lacosamide iv inj 200 mg/20ml (10 mg/ml)	Tier 2	BvD
lacosamide oral solution 10 mg/ml	Tier 2	QL (40 PER 1 DAYS)
oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)	Tier 2	
PEGANONE 250 MG TAB	Tier 3	
PHENYTEK (200 MG CAP, 300 MG CAP)	Tier 3	
phenytoin (chew tab 50 mg, susp 125 mg/5ml)	Tier 2	
phenytoin sodium extended (cap 100 mg, cap 200 mg, cap 300 mg)	Tier 2	
rufinamide susp 40 mg/ml	Tier 2	ST, QL (80 PER 1 DAYS)
rufinamide tab 200 mg	Tier 2	ST, QL (16 PER 1 DAYS)
rufinamide tab 400 mg	Tier 2	ST, QL (8 PER 1 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	Tier 3	
zonisamide (cap 100 mg, cap 25 mg, cap 50 mg)	Tier 2	

## ANTIDEMENTIA AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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### ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	Tier 2	PA
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### CHOLINESTERASE INHIBITORS

donepezil hydrochloride (orally disintegrating tab 10 mg, orally disintegrating tab 5 mg, tab 10 mg, tab 5 mg)	Tier 2	
rivastigmine (patch 24hr 13.3 mg/24hr, patch 24hr 4.6 mg/24hr, patch 24hr 9.5 mg/24hr)	Tier 2	QL (30 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIDEMENTIA AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rivastigmine tartrate (cap 1.5 mg (base equivalent), cap 3 mg (base equivalent), cap 4.5 mg (base equivalent), cap 6 mg (base equivalent))	Tier 2	
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
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, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack, tab 5 mg)	Tier 2	

## ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIDEPRESSANTS, OTHER</b>		
AUVELITY 45-105 MG TAB ER	Tier 3	PA, QL (2 PER 1 DAYS)
bupropion hcl (tab 100 mg, tab er 12hr 100 mg)	Tier 2	QL (4 PER 1 DAYS)
bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)	Tier 2	QL (3 PER 1 DAYS)
bupropion hcl tab 75 mg	Tier 2	QL (6 PER 1 DAYS)
bupropion hcl tab er 12hr 200 mg	Tier 2	QL (2 PER 1 DAYS)
bupropion hcl tab er 24hr 300 mg	Tier 2	QL (1 PER 1 DAYS)
LYBALVI (10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB, 5-10 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
MAPROTRILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB)	Tier 2	
mirtazapine (orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 15 mg, tab 30 mg, tab 45 mg, tab 7.5 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM (12 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR)	Tier 3	PA
MARPLAN 10 MG TAB	Tier 3	
<i>phenelzine sulfate (15 mg tab, tab 15 mg)</i>	Tier 2	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 2	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
<i>citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))</i>	Tier 2	
<i>desvenlafaxine succinate (tab er 24hr 25 mg (base equiv), tab er 24hr 50 mg (base equiv))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv), tab 5 mg (base equiv))</i>	Tier 2	
FETZIMA (120 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)
FETZIMA TITRATION 20 & 40 MG CP24 THPK	Tier 3	PA, QL (28 PER 30 OVER TIME)
<i>fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml)</i>	Tier 2	
FLUOXETINE HCL (PMDD) (10 MG CAP, 20 MG CAP)	Tier 2	
FLUOXETINE HCL 90 MG CAP DR	Tier 2	QL (4 PER 28 OVER TIME)
<i>fluvoxamine maleate (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, 50 MG TAB)	Tier 2	
paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)	Tier 2	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	Tier 2	QL (30 PER 1 DAYS)
sertraline hcl (oral concentrate for solution 20 mg/ml, tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
trazodone hcl (tab 100 mg, tab 150 mg, tab 300 mg, tab 50 mg)	Tier 2	
TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB)	Tier 3	ST, QL (1 PER 1 DAYS)
venlafaxine hcl (cap er 24hr 150 mg (base equivalent), cap er 24hr 37.5 mg (base equivalent))	Tier 2	QL (2 PER 1 DAYS)
venlafaxine hcl (tab 100 mg (base equivalent), tab 25 mg (base equivalent), tab 37.5 mg (base equivalent), tab 50 mg (base equivalent), tab 75 mg (base equivalent))	Tier 2	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	Tier 2	QL (3 PER 1 DAYS)
VIIBRYD STARTER PACK 10 & 20 MG KIT	Tier 3	ST, QL (30 PER 30 OVER TIME)
vilazodone hcl (tab 10 mg, tab 20 mg, tab 40 mg)	Tier 2	ST, QL (1 PER 1 DAYS)

## TRICYCLICS

amitriptyline hcl (tab 10 mg, tab 100 mg, tab 150 mg, tab 25 mg, tab 50 mg, tab 75 mg)	Tier 2	PA
AMOXAPINE (100 MG TAB, 150 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 2	
clomipramine hcl (cap 25 mg, cap 50 mg, cap 75 mg)	Tier 2	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
desipramine hcl (tab 10 mg, tab 100 mg, tab 150 mg, tab 25 mg, tab 50 mg, tab 75 mg)	Tier 2	
doxepin hcl (cap 10 mg, cap 100 mg, cap 150 mg, cap 25 mg, cap 50 mg, cap 75 mg, conc 10 mg/ml)	Tier 2	PA
imipramine hcl (tab 10 mg, tab 25 mg, tab 50 mg)	Tier 2	PA
nortriptyline hcl (10 mg/5ml solution, cap 10 mg, cap 25 mg, cap 50 mg, cap 75 mg)	Tier 2	
protriptyline hcl (tab 10 mg, tab 5 mg)	Tier 2	
trimipramine maleate (cap 100 mg, cap 25 mg, cap 50 mg)	Tier 2	PA

## ANTIEMETICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIEMETICS, OTHER</b>		
meclizine hcl (tab 12.5 mg, tab 25 mg)	Tier 2	
metoclopramide hcl (inj 5 mg/ml (base equivalent), soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 10 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	
perphenazine (tab 16 mg, tab 2 mg, tab 4 mg, tab 8 mg)	Tier 2	
prochlorperazine maleate (tab 10 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	
prochlorperazine suppos 25 mg	Tier 2	
promethazine hcl (tab 12.5 mg, tab 25 mg, tab 50 mg)	Tier 2	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIEMETICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
scopolamine td patch 72hr 1 mg/3days	Tier 2	PA

## EMETOGENIC THERAPY ADJUNCTS

aprepitant (capsule 125 mg, capsule 80 mg, capsule therapy pack 80 & 125 mg)	Tier 2	BvD
aprepitant capsule 40 mg	Tier 2	PA, QL (1 PER 30 OVER TIME)
dronabinol (cap 10 mg, cap 2.5 mg, cap 5 mg)	Tier 2	PA, QL (6 PER 1 DAYS)
gransetron hcl (0.1 mg/ml solution, inj 1 mg/ml, inj 4 mg/4ml (1 mg/ml))	Tier 2	BvD
gransetron hcl tab 1 mg	Tier 2	QL (2 PER 1 DAYS), BvD
ondansetron (tab 4 mg, tab 8 mg)	Tier 2	QL (3 PER 1 DAYS), BvD
ondansetron hcl (24 mg tab, tab 24 mg)	Tier 2	QL (15 PER 30 OVER TIME), BvD
ondansetron hcl (tab 4 mg, tab 8 mg)	Tier 2	QL (3 PER 1 DAYS), BvD
ondansetron hcl oral soln 4 mg/5ml	Tier 2	QL (30 PER 1 DAYS), BvD

## ANTIFUNGALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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## ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	Tier 3	BvD
AMBISOME 50 MG RECON SUSP	Tier 3	BvD
AMPHOTERICIN B 50 MG RECON SOLN	Tier 2	BvD
amphotericin b liposome iv for susp 50 mg	Tier 2	BvD
caspofungin acetate (50 mg recon soln, 70 mg recon soln, for iv soln 50 mg, for iv soln 70 mg)	Tier 2	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIFUNGALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ciclopirox olamine (cream 0.77% (base equiv), susp 0.77% (base equiv))	Tier 2	
clotrimazole (topical) (cream 1%, soln 1%)	Tier 2	
clotrimazole troche 10 mg	Tier 2	
CRESEMBAL (186 MG CAP, 372 MG RECON SOLN)	Tier 3	PA
econazole nitrate cream 1%	Tier 2	
fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 100 mg, tab 150 mg, tab 200 mg, tab 50 mg)	Tier 2	
fluconazole in nacl (inj 200 mg/100ml, inj 400 mg/200ml)	Tier 2	
flucytosine (cap 250 mg, cap 500 mg)	Tier 2	
griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)	Tier 2	
griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)	Tier 2	
itraconazole cap 100 mg	Tier 2	PA
ketoconazole (topical) (cream 2%, shampoo 2%)	Tier 2	
ketoconazole tab 200 mg	Tier 2	
micafungin sodium (soln 100 mg, soln 50 mg)	Tier 2	
MICONAZOLE 3 200 MG SUPPOS	Tier 2	
NOXAFL 40 MG/ML SUSPENSION	Tier 3	PA
nystatin (topical) (cream 100000 unit/gm, oint 100000 unit/gm, topical powder 100000 unit/gm)	Tier 2	
nystatin susp 100000 unit/ml	Tier 2	
nystatin tab 500000 unit	Tier 2	
posaconazole tab delayed release 100 mg	Tier 2	PA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIFUNGALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
terbinafine hcl tab 250 mg	Tier 2	QL (1 PER 1 DAYS)
terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)	Tier 2	
voriconazole (for susp 40 mg/ml, tab 200 mg, tab 50 mg)	Tier 2	PA
voriconazole for inj 200 mg	Tier 2	BvD

## ANTIGOUT AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIGOUT AGENTS</b>		
allopurinol (tab 100 mg, tab 300 mg)	Tier 2	
colchicine (0.6 mg cap, tab 0.6 mg)	Tier 2	QL (4 PER 1 DAYS)
colchicine w/ probenecid tab 0.5-500 mg	Tier 2	
COLCRYS 0.6 MG TAB	Tier 3	QL (4 PER 1 DAYS)
KRYSTEXXA 8 MG/ML SOLUTION	Tier 3	PA, LA
probenecid tab 500 mg	Tier 2	

## ANTIMIGRAINE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIMIGRAINE AGENTS, OTHER</b>		
UBRELVY (100 MG TAB, 50 MG TAB)	Tier 3	PA, QL (16 PER 30 OVER TIME)
<b>ERGOT ALKALOIDS</b>		
dihydroergotamine mesylate inj 1 mg/ml	Tier 2	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIMIGRAINE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dihydroergotamine mesylate nasal spray 4 mg/ml	Tier 2	PA, QL (8 PER 30 OVER TIME)
MIGERGOT 2-100 MG SUPPOS	Tier 3	QL (20 PER 30 OVER TIME)

## PROPHYLACTIC

AIMOVIG (140 MG DOSE) 70 MG/ML SOLN A-INJ	Tier 3	PA, QL (1 PER 28 OVER TIME)
AIMOVIG (140 MG/ML SOLN A-INJ, 70 MG/ML SOLN A-INJ)	Tier 3	PA, QL (1 PER 28 OVER TIME)
timolol maleate (tab 10 mg, tab 20 mg, tab 5 mg)	Tier 2	

## SEROTONIN (5-HT) RECEPTOR AGONIST

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIMYASTHENIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>PARASYMPATHOMIMETICS</b>		
GUANIDINE HCL 125 MG TAB	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 2	QL (25 PER 1 DAYS)

## ANTIMYCOBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone (tab 100 mg, tab 25 mg)</i>	Tier 2	
<i>rifabutin cap 150 mg</i>	Tier 2	

## ANTITUBERCULARS

CAPASTAT SULFATE 1 GM RECON SOLN	Tier 3	
<i>ethambutol hcl (tab 100 mg, tab 400 mg)</i>	Tier 2	
<i>isoniazid (100 mg tab, 100 mg/ml solution, 50 mg/5ml syrup, tab 100 mg, tab 300 mg)</i>	Tier 2	
PASER 4 GM PACKET	Tier 3	
PRIFTIN 150 MG TAB	Tier 3	
<i>pyrazinamide tab 500 mg</i>	Tier 2	
<i>rifampin (cap 150 mg, cap 300 mg, for inj 600 mg)</i>	Tier 2	
RIFATER 50-120-300 MG TAB	Tier 3	
SIRTURO 100 MG TAB	Tier 3	PA, QL (24 PER 28 OVER TIME)
SIRTURO 20 MG TAB	Tier 3	PA, QL (120 PER 28 OVER TIME)
TRECATOR 250 MG TAB	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ALKYLATING AGENTS</b>		
cyclophosphamide (25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab, cap 25 mg, cap 50 mg)	Tier 3	BvD
GLEOSTINE (10 MG CAP, 100 MG CAP, 40 MG CAP)	Tier 3	
LEUKERAN 2 MG TAB	Tier 3	
MATULANE 50 MG CAP	Tier 3	LA
thiotepa (inj 100 mg, inj 15 mg)	Tier 2	BvD
VALCHLOR 0.016 % GEL	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
<b>ANTIANDROGENS</b>		
abiraterone acetate tab 250 mg	Tier 2	PA, QL (4 PER 1 DAYS)
abiraterone acetate tab 500 mg	Tier 2	PA, QL (2 PER 1 DAYS)
bicalutamide tab 50 mg	Tier 2	
ERLEADA 60 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
flutamide (125 mg cap, cap 125 mg)	Tier 2	
nilutamide tab 150 mg	Tier 2	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
XTANDI 80 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
<b>ANTIANGIOGENIC AGENTS</b>		
lenalidomide (cap 10 mg, cap 15 mg, cap 25 mg, cap 5 mg)	Tier 2	PA, LA, QL (1 PER 1 DAYS)
lenalidomide (cap 20 mg, caps 2.5 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
REVLIMID (2.5 MG CAP, 20 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THALOMID (100 MG CAP, 50 MG CAP)	Tier 3	PA, QL (1 PER 1 DAYS)
THALOMID (150 MG CAP, 200 MG CAP)	Tier 3	PA, QL (2 PER 1 DAYS)
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT 140 MG CAP	Tier 3	
<i>fulvestrant (250 mg/5ml soln prsyr, inj soln pref syr 250 mg/5ml)</i>	Tier 2	
SOLTAMOX 10 MG/5ML SOLUTION	Tier 3	PA
<i>tamoxifen citrate (tab 10 mg (base equivalent), tab 20 mg (base equivalent))</i>	Tier 2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 2	
<b>ANTIMETABOLITES</b>		
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 3	PA, LA, QL (5 PER 28 OVER TIME)
<i>mercaptopurine tab 50 mg</i>	Tier 2	
PURIXAN 2000 MG/100ML SUSPENSION	Tier 3	PA, LA
TABLOID 40 MG TAB	Tier 3	
<b>ANTINEOPLASTICS, OTHER</b>		
AYVAKIT (100 MG TAB, 200 MG TAB, 25 MG TAB, 300 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
BESREMI 500 MCG/ML SOLN PRSYR	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
BRUKINSA 80 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
EXKIVITY 40 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	Tier 3	PA, LA, QL (21 PER 28 OVER TIME)
IDHIFA (100 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
INREBIC 100 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 3	PA, QL (70 PER 28 OVER TIME)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 3	PA, QL (91 PER 28 OVER TIME)
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 3	PA, QL (49 PER 28 OVER TIME)
KOSELUGO 10 MG CAP	Tier 3	PA, LA, QL (8 PER 1 DAYS)
KOSELUGO 25 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
<i>leucovorin calcium (for inj 100 mg, for inj 350 mg, tab 10 mg, tab 15 mg, tab 25 mg, tab 5 mg)</i>	Tier 2	
LONSURF 15-6.14 MG TAB	Tier 3	PA, LA, QL (100 PER 28 OVER TIME)
LONSURF 20-8.19 MG TAB	Tier 3	PA, LA, QL (80 PER 28 OVER TIME)
LUMAKRAS 120 MG TAB	Tier 3	PA, QL (8 PER 1 DAYS)
LYSODREN 500 MG TAB	Tier 3	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 3	PA, QL (3 PER 21 OVER TIME)
ONUREG (200 MG TAB, 300 MG TAB)	Tier 3	PA, QL (14 PER 28 OVER TIME)
QINLOCK 50 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
RETEVMO 40 MG CAP	Tier 3	PA, QL (6 PER 1 DAYS)
RETEVMO 80 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
ROZLYTREK 100 MG CAP	Tier 3	PA, QL (5 PER 1 DAYS)
ROZLYTREK 200 MG CAP	Tier 3	PA, QL (3 PER 1 DAYS)
SYNRIBO 3.5 MG RECON SOLN	Tier 3	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TABRECTA (150 MG TAB, 200 MG TAB)	Tier 3	PA, QL (4 PER 1 DAYS)
TAZVERIK 200 MG TAB	Tier 3	PA, LA, QL (8 PER 1 DAYS)
WELIREG 40 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (20 PER 28 OVER TIME)
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 3	PA, LA, QL (4 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (16 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (12 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	Tier 3	PA, LA, QL (4 PER 28 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (24 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (16 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (32 PER 28 OVER TIME)
ZOLINZA 100 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)

## AROMATASE INHIBITORS, 3RD GENERATION

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

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>MOLECULAR TARGET INHIBITORS</b>		
ALECENSA 150 MG CAP	Tier 3	PA, LA, QL (8 PER 1 DAYS)
ALUNBRIG (180 MG TAB, 90 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
ALUNBRIG 30 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	Tier 3	PA, LA, QL (30 PER 30 OVER TIME)
BALVERSA 3 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
BALVERSA 4 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
BALVERSA 5 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
BOSULIF 100 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
BRAFTOVI 50 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
BRAFTOVI 75 MG CAP	Tier 3	PA, LA, QL (6 PER 1 DAYS)
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
CALQUENCE (100 MG CAP, 100 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
CAPRELSA 100 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
CAPRELSA 300 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	Tier 3	PA, LA, QL (2 PER 1 DAYS)
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	Tier 3	PA, LA, QL (4 PER 1 DAYS)
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	Tier 3	PA, LA, QL (3 PER 1 DAYS)
COPIKTRA (15 MG CAP, 25 MG CAP)	Tier 3	PA, LA, QL (56 PER 28 OVER TIME)
COTELLIC 20 MG TAB	Tier 3	PA, LA, QL (63 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DAURISMO 100 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
DAURISMO 25 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ERIVEDGE 150 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
<i>erlotinib hcl (tab 100 mg (base equivalent), tab 150 mg (base equivalent))</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 2	PA, QL (3 PER 1 DAYS)
<i>everolimus (tab 10 mg, tab 7.5 mg)</i>	Tier 2	PA, QL (2 PER 1 DAYS)
<i>everolimus (tab 2.5 mg, tab 5 mg)</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>everolimus (tab for oral susp 2 mg, tab for oral susp 3 mg, tab for oral susp 5 mg)</i>	Tier 2	PA
FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP)	Tier 3	PA, LA, QL (6 PER 21 OVER TIME)
GAVRETO 100 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
GILOTrif (20 MG TAB, 30 MG TAB, 40 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
IBRANCE (100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB)	Tier 3	PA, LA, QL (21 PER 28 OVER TIME)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 2	PA, QL (8 PER 1 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 2	PA, QL (2 PER 1 DAYS)
IMBRUvICA (280 MG TAB, 420 MG TAB, 560 MG TAB, 70 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
IMBRUvICA 140 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
IMBRUvICA 70 MG/ML SUSPENSION	Tier 3	PA, LA, QL (8 PER 1 DAYS)
INLYTA 1 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INLYTA 5 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
IRESSA 250 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
JAKAFI (10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB, 5 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
KISQALI (200 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (21 PER 28 OVER TIME)
KISQALI (400 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (42 PER 28 OVER TIME)
KISQALI (600 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (63 PER 28 OVER TIME)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 2	PA, LA, QL (6 PER 1 DAYS)
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LORBRENA 100 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LORBRENA 25 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LYNPARZA (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
MEKINIST 0.5 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEKINIST 2 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
MEKTOVI 15 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
NERLYNX 40 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
ODOMZO 200 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
PEMAZYRE (13.5 MG TAB, 4.5 MG TAB, 9 MG TAB)	Tier 3	PA, LA, QL (14 PER 21 OVER TIME)
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	Tier 3	PA, QL (1 PER 1 DAYS)
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	Tier 3	PA, QL (2 PER 1 DAYS)
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	Tier 3	PA, QL (2 PER 1 DAYS)
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
RYDAPT 25 MG CAP	Tier 3	PA, QL (8 PER 1 DAYS)
SCEMBLIX 20 MG TAB	Tier 3	PA, QL (20 PER 1 DAYS)
SCEMBLIX 40 MG TAB	Tier 3	PA, QL (10 PER 1 DAYS)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 2	PA, QL (4 PER 1 DAYS)
SPRYCEL (100 MG TAB, 140 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
SPRYCEL (70 MG TAB, 80 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SPRYCEL 20 MG TAB	Tier 3	PA, QL (6 PER 1 DAYS)
SPRYCEL 50 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
STIVARGA 40 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
<i>sunitinib malate (cap 37.5 mg (base equivalent), cap 50 mg (base equivalent))</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 2	PA, QL (7 PER 1 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 2	PA, QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAFINLAR (50 MG CAP, 75 MG CAP)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
TAGRISSO (40 MG TAB, 80 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
TALZENNA (0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
TALZENNA 0.25 MG CAP	Tier 3	PA, LA, QL (3 PER 1 DAYS)
TASIGNA (150 MG CAP, 200 MG CAP, 50 MG CAP)	Tier 3	PA, QL (4 PER 1 DAYS)
TEPMETKO 225 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
TIBSOVO 250 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	Tier 3	PA, LA, QL (21 PER 28 OVER TIME)
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	Tier 3	PA, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	Tier 3	PA, LA, QL (42 PER 28 OVER TIME)
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	Tier 3	PA, LA, QL (63 PER 28 OVER TIME)
TUKYSA (150 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
TURALIO 200 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
UKONIQ 200 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
VENCLEXTA 10 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
VENCLEXTA 100 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
VENCLEXTA 50 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	Tier 3	PA, LA, QL (84 PER 365 OVER TIME)
VERZENIO (100 MG TAB, 150 MG TAB, 200 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
VITRAKVI 100 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITRAKVI 20 MG/ML SOLUTION	Tier 3	PA, LA, QL (10 PER 1 DAYS)
VITRAKVI 25 MG CAP	Tier 3	PA, LA, QL (6 PER 1 DAYS)
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
VOTRIENT 200 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
XALKORI (200 MG CAP, 250 MG CAP)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
XOSPATA 40 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ZEJULA 100 MG CAP	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ZELBORAF 240 MG TAB	Tier 3	PA, LA, QL (8 PER 1 DAYS)
ZYDELIG (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
ZYKADIA (150 MG CAP, 150 MG TAB)	Tier 3	PA, LA, QL (3 PER 1 DAYS)

## RETINOIDS

bexarotene cap 75 mg	Tier 2	PA, QL (10 PER 1 DAYS)
bexarotene gel 1%	Tier 2	PA, QL (60 PER 30 OVER TIME)
PANRETIN 0.1 % GEL	Tier 3	PA
tretinoin cap 10 mg	Tier 2	

## TREATMENT ADJUNCTS

mesna inj 100 mg/ml	Tier 2	
MESNEX 400 MG TAB	Tier 3	
VONJO 100 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIPARASITICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTHELMINTHICS</b>		
<i>albendazole tab 200 mg</i>	Tier 2	
<i>ivermectin tab 3 mg</i>	Tier 2	QL (16 PER 365 OVER TIME)
<i>praziquantel tab 600 mg</i>	Tier 2	
<b>ANTIPROTOZOALS</b>		
<i>ALINIA 100 MG/5ML RECON SUSP</i>	Tier 3	PA, QL (180 PER 3 OVER TIME)
<i>atovaquone susp 750 mg/5ml</i>	Tier 2	PA
<i>atovaquone-proguanil hcl (tab 250-100 mg, tab 62.5-25 mg)</i>	Tier 2	
<i>BENZNIDAZOLE 100 MG TAB</i>	Tier 3	QL (240 PER 365 OVER TIME)
<i>BENZNIDAZOLE 12.5 MG TAB</i>	Tier 3	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)
<i>COARTEM 20-120 MG TAB</i>	Tier 3	QL (24 PER 2 OVER TIME)
<i>HYDROXYCHLOROQUINE SULFATE 100 MG TAB</i>	Tier 2	QL (4 PER 1 DAYS)
<i>HYDROXYCHLOROQUINE SULFATE 300 MG TAB</i>	Tier 2	QL (2 PER 1 DAYS)
<i>HYDROXYCHLOROQUINE SULFATE 400 MG TAB</i>	Tier 2	QL (1 PER 1 DAYS)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 2	QL (3 PER 1 DAYS)
<i>mefloquine hcl tab 250 mg</i>	Tier 2	
<i>nitazoxanide tab 500 mg</i>	Tier 2	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIPARASITICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pentamidine isethionate for soln 300 mg	Tier 2	
primaquine phosphate (26.3 (15 base) mg tab, tab 26.3 mg (15 mg base))	Tier 3	
pyrimethamine tab 25 mg	Tier 2	PA
quinine sulfate cap 324 mg	Tier 2	PA, QL (6 PER 1 DAYS)

## ANTIPARKINSON AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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### ANTICHOLINERGICS

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

### ANTIPARKINSON AGENTS, OTHER

amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)	Tier 2	
carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 37.5-150-200 mg tab, tabs 12.5-50-200 mg, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, tabs 37.5-150-200 mg, tabs 50-200-200 mg)	Tier 2	
entacapone tab 200 mg	Tier 2	QL (8 PER 1 DAYS)

### DOPAMINE AGONISTS

apomorphine hcl soln cartridge 30 mg/3ml	Tier 2	PA
bromocriptine mesylate (cap 5 mg (base equivalent), tab 2.5 mg (base equivalent))	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIPARKINSON AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)	Tier 2	
ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)	Tier 2	

## DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

carbidopa tab 25 mg	Tier 2	
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 TAB 10-100 MG, CARBIDOPA & LEVODOPA TAB 25-100 MG, CARBIDOPA & LEVODOPA TAB 25-250 MG, CARBIDOPA & LEVODOPA TAB ER 25-100 MG, CARBIDOPA & LEVODOPA TAB ER 50-200 MG, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	Tier 2	

## MONOAMINE OXIDASE B (MAO-B) INHIBITORS

rasagiline mesylate (tab 0.5 mg (base equiv), tab 1 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
selegiline hcl (cap 5 mg, tab 5 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>1ST GENERATION/TYPICAL</b>		
chlorpromazine hcl (100 mg/ml conc, 30 mg/ml conc, 50 mg/2ml solution, inj 25 mg/ml, tab 10 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)	Tier 2	
fluphenazine decanoate inj 25 mg/ml	Tier 2	
fluphenazine hcl (2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg/ml conc, tab 1 mg, tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	
haloperidol (tab 0.5 mg, tab 1 mg, tab 10 mg, tab 2 mg, tab 20 mg, tab 5 mg)	Tier 2	
haloperidol decanoate (soln 100 mg/ml, soln 50 mg/ml)	Tier 2	
haloperidol lactate (inj 5 mg/ml, oral conc 2 mg/ml)	Tier 2	
loxapine succinate (cap 10 mg, cap 25 mg, cap 5 mg, cap 50 mg)	Tier 2	
MOLINDONE HCL 10 MG TAB	Tier 2	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	Tier 2	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	Tier 2	QL (12 PER 1 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	Tier 2	
thioridazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	PA
thiothixene (cap 1 mg, cap 10 mg, cap 2 mg, cap 5 mg)	Tier 2	
trifluoperazine hcl (tab 1 mg (base equivalent), tab 10 mg (base equivalent), tab 2 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	
<b>2ND GENERATION/ATYPICAL</b>		
ABILITY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	Tier 3	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ariPIPRAZOLE (orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 5 mg)	Tier 2	QL (2 PER 1 DAYS)
ariPIPRAZOLE (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	Tier 2	QL (1 PER 1 DAYS)
ariPIPRAZOLE oral solution 1 mg/ml	Tier 2	QL (25 PER 1 DAYS)
ariPIPRAZOLE tab 2 mg	Tier 2	QL (4 PER 1 DAYS)
ARISTADA (1064 MG/3.9ML PRSYR, 441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR)	Tier 3	PA
ARISTADA INITIO 675 MG/2.4ML PRSYR	Tier 3	PA, QL (2.4 PER 42 OVER TIME)
asenapine maleate (sl tab 10 mg (base equiv), sl tab 2.5 mg (base equiv), sl tab 5 mg (base equiv))	Tier 2	PA, QL (2 PER 1 DAYS)
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	Tier 3	PA, QL (1 PER 1 DAYS)
FANAPT (1 MG TAB, 10 MG TAB, 12 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	Tier 3	PA, QL (8 PER 30 OVER TIME)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Tier 3	PA, QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Tier 3	PA, QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	Tier 3	PA, QL (0.75 PER 28 OVER TIME)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	Tier 3	PA, QL (1 PER 28 OVER TIME)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	Tier 3	PA, QL (1.5 PER 28 OVER TIME)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	Tier 3	PA, QL (0.25 PER 28 OVER TIME)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	Tier 3	PA, QL (0.5 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	Tier 3	PA, QL (0.88 PER 30 OVER TIME)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	Tier 3	PA, QL (1.32 PER 30 OVER TIME)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	Tier 3	PA, QL (1.75 PER 30 OVER TIME)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	Tier 3	PA, QL (2.62 PER 30 OVER TIME)
LATUDA (120 MG TAB, 80 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
NUPLAZID 17 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
<i>olanzapine (for im inj 10 mg, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, orally disintegrating tab 20 mg, orally disintegrating tab 5 mg, tab 10 mg, tab 15 mg, tab 2.5 mg, tab 20 mg, tab 5 mg, tab 7.5 mg)</i>	Tier 2	
<i>paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)</i>	Tier 2	PA, QL (1 PER 1 DAYS)
<i>paliperidone tab er 24hr 6 mg</i>	Tier 2	PA, QL (2 PER 1 DAYS)
PERSERIS (120 MG PRSYR, 90 MG PRSYR)	Tier 3	PA, QL (1 PER 28 OVER TIME)
<i>quetiapine fumarate (150 mg tab, tab 100 mg, tab 200 mg, tab 25 mg, tab 300 mg, tab 400 mg, tab 50 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg)</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 3	PA, QL (1 PER 1 DAYS)
RISPERDAL CONSTA (12.5 MG SRER, 25 MG SRER, 37.5 MG SRER, 50 MG SRER)	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)</i>	Tier 2	
<i>SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)</i>	Tier 3	PA, QL (1 PER 1 DAYS)
<i>VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)</i>	Tier 3	PA, QL (1 PER 1 DAYS)
<i>VRAYLAR 1.5 &amp; 3 MG CAP THPK</i>	Tier 3	PA, QL (7 PER 30 OVER TIME)
<i>ziprasidone hcl (cap 20 mg, cap 40 mg, cap 60 mg, cap 80 mg)</i>	Tier 2	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Tier 2	
<i>ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)</i>	Tier 3	PA

### TREATMENT-RESISTANT

<i>clozapine (12.5 mg tab disp, 150 mg tab disp, 200 mg tab disp, orally disintegrating tab 100 mg, orally disintegrating tab 25 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	
<i>VERSACLOZ 50 MG/ML SUSPENSION</i>	Tier 3	PA, QL (18 PER 1 DAYS)

## ANTISPASTICITY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTISPASTICITY AGENTS</b>		
<i>baclofen tab 10 mg</i>	Tier 2	QL (8 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTISPASTICITY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
baclofen tab 20 mg	Tier 2	QL (4 PER 1 DAYS)
baclofen tab 5 mg	Tier 2	QL (3 PER 1 DAYS)
dantrolene sodium (cap 100 mg, cap 25 mg, cap 50 mg)	Tier 2	
tizanidine hcl (tab 2 mg (base equivalent), tab 4 mg (base equivalent))	Tier 2	

## ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
PREVYMIS 240 MG TAB	Tier 3	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	Tier 3	QL (100 PER 365 OVER TIME)
valganciclovir hcl for soln 50 mg/ml (base equiv)	Tier 2	QL (18 PER 1 DAYS)
valganciclovir hcl tab 450 mg (base equivalent)	Tier 2	QL (2 PER 1 DAYS)
ZIRGAN 0.15 % GEL	Tier 3	QL (5 PER 30 OVER TIME)

## ANTI-HEPATITIS B (HBV) AGENTS

adefovir dipivoxil tab 10 mg	Tier 2	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 3	QL (21 PER 1 DAYS)
entecavir (tab 0.5 mg, tab 1 mg)	Tier 2	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
lamivudine tab 100 mg (hbv)	Tier 2	
VEMLIDY 25 MG TAB	Tier 3	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTI-HEPATITIS C (HCV) AGENTS</b>		
EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
EPCLUSA 200-50 MG PACKET	Tier 3	PA, QL (2 PER 1 DAYS)
HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
HARVONI 45-200 MG PACKET	Tier 3	PA, QL (2 PER 1 DAYS)
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
MAVYRET 100-40 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	Tier 3	PA, QL (6 PER 1 DAYS)
<i>ribavirin (hepatitis c) (cap 200 mg, tab 200 mg)</i>	Tier 2	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
VOSEVI 400-100-100 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
APRETUDE 600 MG/3ML SUSP	Tier 3	QL (21 PER 365 OVER TIME), BvD
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	Tier 3	QL (1 PER 1 DAYS)
ISENTRESS (100 MG CHEW TAB, 25 MG CHEW TAB)	Tier 3	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	Tier 3	QL (2 PER 1 DAYS)
ISENTRESS 400 MG TAB	Tier 3	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	Tier 3	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	Tier 3	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	Tier 3	QL (6 PER 1 DAYS)

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

COMPLERA 200-25-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
DELSTRIGO 100-300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	Tier 3	QL (2 PER 1 DAYS)
efavirenz cap 200 mg	Tier 2	QL (3 PER 1 DAYS)
efavirenz cap 50 mg	Tier 2	QL (6 PER 1 DAYS)
efavirenz tab 600 mg	Tier 2	QL (1 PER 1 DAYS)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 2	QL (1 PER 1 DAYS)
efavirenz-lamivudine-tenofovir disoproxil fumarate (tab 400-300-300 mg, tab 600-300-300 mg)	Tier 2	QL (1 PER 1 DAYS)
etravirine tab 100 mg	Tier 2	QL (4 PER 1 DAYS)
etravirine tab 200 mg	Tier 2	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	Tier 3	QL (12 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	Tier 2	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	Tier 2	QL (3 PER 1 DAYS)
nevirapine tab 200 mg	Tier 2	QL (2 PER 1 DAYS)
nevirapine tab er 24hr 100 mg	Tier 2	QL (3 PER 1 DAYS)
nevirapine tab er 24hr 400 mg	Tier 2	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	Tier 3	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	Tier 3	QL (2 PER 1 DAYS)
RESCRIPTOR 200 MG TAB	Tier 3	QL (6 PER 1 DAYS)

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

abacavir sulfate soln 20 mg/ml (base equiv)	Tier 2	QL (30 PER 1 DAYS)
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You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
abacavir sulfate tab 300 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
abacavir sulfate-lamivudine tab 600-300 mg	Tier 2	QL (1 PER 1 DAYS)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	Tier 2	QL (2 PER 1 DAYS)
CIMDUO 300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
DIDANOSINE (200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR)	Tier 2	QL (1 PER 1 DAYS)
emtricitabine caps 200 mg	Tier 2	QL (1 PER 1 DAYS)
emtricitabine-tenofovir disoproxil fumarate (tab 100-150 mg, tab 133-200 mg, tab 167-250 mg, tab 200-300 mg)	Tier 2	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 3	QL (24 PER 1 DAYS)
lamivudine oral soln 10 mg/ml	Tier 2	QL (30 PER 1 DAYS)
lamivudine tab 150 mg	Tier 2	QL (2 PER 1 DAYS)
lamivudine tab 300 mg	Tier 2	QL (1 PER 1 DAYS)
lamivudine-zidovudine tab 150-300 mg	Tier 2	QL (2 PER 1 DAYS)
stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, cap 15 mg, cap 20 mg, cap 30 mg, cap 40 mg)	Tier 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
tenofovir disoproxil fumarate tab 300 mg	Tier 2	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	Tier 3	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	Tier 3	QL (2 PER 1 DAYS)
VIDEX 2 GM RECON SOLN	Tier 3	
VIDEX EC 125 MG CAP DR	Tier 3	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIREAD (200 MG TAB, 250 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	Tier 3	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	Tier 3	QL (240 PER 30 OVER TIME)
<i>zidovudine cap 100 mg</i>	Tier 2	QL (6 PER 1 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	Tier 2	QL (60 PER 1 DAYS)
<i>zidovudine tab 300 mg</i>	Tier 2	QL (2 PER 1 DAYS)

## ANTI-HIV AGENTS, OTHER

CABENUVA 400 & 600 MG/2ML SUSP	Tier 3	QL (4 PER 30 OVER TIME), BvD
CABENUVA 600 & 900 MG/3ML SUSP	Tier 3	QL (6 PER 30 OVER TIME), BvD
FUZEON 90 MG RECON SOLN	Tier 3	QL (60 PER 30 OVER TIME)
<i>maraviroc tab 150 mg</i>	Tier 2	QL (2 PER 1 DAYS)
<i>maraviroc tab 300 mg</i>	Tier 2	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	Tier 3	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	Tier 3	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	Tier 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	Tier 3	QL (2 PER 1 DAYS)
TYBOST 150 MG TAB	Tier 3	QL (1 PER 1 DAYS)

## ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTVUS 100 MG/ML SOLUTION	Tier 3	QL (10 PER 1 DAYS)
APTVUS 250 MG CAP	Tier 3	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (cap 150 mg (base equiv), cap 200 mg (base equiv))</i>	Tier 2	QL (2 PER 1 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 2	QL (1 PER 1 DAYS)
CRIXIVAN 200 MG CAP	Tier 3	QL (9 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CRIXIVAN 400 MG CAP	Tier 3	QL (6 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	Tier 3	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 2	QL (4 PER 1 DAYS)
INVIRASE 200 MG CAP	Tier 3	QL (10 PER 1 DAYS)
INVIRASE 500 MG TAB	Tier 3	QL (4 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	Tier 3	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 2	QL (13 PER 1 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 2	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 2	QL (4 PER 1 DAYS)
NORVIR (100 MG CAP, 100 MG PACKET)	Tier 3	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	Tier 3	QL (15 PER 1 DAYS)
PREZCOBIX 800-150 MG TAB	Tier 3	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	Tier 3	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	Tier 3	QL (8 PER 1 DAYS)
PREZISTA 600 MG TAB	Tier 3	QL (2 PER 1 DAYS)
PREZISTA 75 MG TAB	Tier 3	QL (5 PER 1 DAYS)
PREZISTA 800 MG TAB	Tier 3	QL (1 PER 1 DAYS)
REYATAZ 50 MG PACKET	Tier 3	QL (8 PER 1 DAYS)
<i>ritonavir tab 100 mg</i>	Tier 2	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	Tier 3	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	Tier 3	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	Tier 3	QL (4 PER 1 DAYS)

## ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 2	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 2	QL (42 PER 180 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oseltamivir phosphate cap 75 mg (base equiv)	Tier 2	QL (60 PER 180 OVER TIME)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 2	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 2	
XOFLUZA (40 MG DOSE) (1 X 40 MG TAB THPK, 2 X 20 MG TAB THPK)	Tier 3	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Tier 3	QL (1 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	Tier 3	QL (2 PER 30 OVER TIME)

## ANTIHERPETIC AGENTS

acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)	Tier 2	
acyclovir sodium iv soln 50 mg/ml	Tier 2	BvD
famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)	Tier 2	
TRIFLURIDINE 1% SOLUTION	Tier 2	
valacyclovir hcl (tab 1 gm, tab 500 mg)	Tier 2	

## ANXIOLYTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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## ANXIOLYTICS, OTHER

buspirone hcl (tab 10 mg, tab 15 mg, tab 30 mg, tab 5 mg, tab 7.5 mg)	Tier 2	
meprobamate (tab 200 mg, tab 400 mg)	Tier 2	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ANXIOLYTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>BENZODIAZEPINES</b>		
alprazolam (tab 0.25 mg, tab 0.5 mg, tab 1 mg)	Tier 2	QL (4 PER 1 DAYS)
alprazolam tab 2 mg	Tier 2	QL (5 PER 1 DAYS)
chlordiazepoxide hcl cap 10 mg	Tier 2	PA, QL (30 PER 1 DAYS)
chlordiazepoxide hcl cap 25 mg	Tier 2	PA, QL (12 PER 1 DAYS)
chlordiazepoxide hcl cap 5 mg	Tier 2	PA, QL (60 PER 1 DAYS)
clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, tab 0.5 mg)	Tier 2	QL (40 PER 1 DAYS)
clonazepam (orally disintegrating tab 1 mg, tab 1 mg)	Tier 2	QL (20 PER 1 DAYS)
clonazepam (orally disintegrating tab 2 mg, tab 2 mg)	Tier 2	QL (10 PER 1 DAYS)
clorazepate dipotassium tab 15 mg	Tier 2	QL (6 PER 1 DAYS)
clorazepate dipotassium tab 3.75 mg	Tier 2	QL (24 PER 1 DAYS)
clorazepate dipotassium tab 7.5 mg	Tier 2	QL (12 PER 1 DAYS)
diazepam (conc 5 mg/ml, tab 5 mg)	Tier 2	QL (12 PER 1 DAYS)
diazepam oral soln 1 mg/ml	Tier 2	QL (60 PER 1 DAYS)
diazepam tab 10 mg	Tier 2	QL (6 PER 1 DAYS)
diazepam tab 2 mg	Tier 2	QL (30 PER 1 DAYS)
lorazepam (conc 2 mg/ml, tab 2 mg)	Tier 2	QL (5 PER 1 DAYS)
lorazepam tab 0.5 mg	Tier 2	QL (20 PER 1 DAYS)
lorazepam tab 1 mg	Tier 2	QL (10 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## BIPOLAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>MOOD STABILIZERS</b>		
LITHIUM 8 MEQ/5ML SOLUTION	Tier 2	
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap, cap 150 mg, cap 300 mg, cap 600 mg, tab 300 mg, tab er 300 mg, tab er 450 mg)</i>	Tier 2	

## BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIDIABETIC AGENTS</b>		
acarbose (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
FARXIGA (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
glimepiride (tab 1 mg, tab 2 mg, tab 4 mg)	Tier 1	
glipizide (tab 10 mg, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)	Tier 1	
glipizide-metformin hcl (tab 2.5-250 mg, tab 2.5-500 mg, tab 5-500 mg)	Tier 1	
glyburide (tab 1.25 mg, tab 2.5 mg, tab 5 mg)	Tier 1	PA
glyburide micronized (tab 1.5 mg, tab 3 mg, tab 6 mg)	Tier 1	PA
glyburide-metformin (tab 1.25-250 mg, tab 2.5-500 mg, tab 5-500 mg)	Tier 1	PA
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 in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET XR (100-1000 MG TAB ER 24H, 50-500 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 (100 MG TAB, 25 MG TAB, 50 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)
<i>metformin hcl (tab 1000 mg, tab 500 mg, tab 850 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)</i>	Tier 1	
<i>miglitol (tab 100 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	QL (3 PER 1 DAYS)
<i>nateglinide (tab 120 mg, tab 60 mg)</i>	Tier 2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	Tier 3	QL (1.5 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN)	Tier 3	QL (3 PER 28 OVER TIME)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	Tier 3	QL (3 PER 28 OVER TIME)
<i>pioglitazone hcl (tab 15 mg (base equiv), tab 30 mg (base equiv), tab 45 mg (base equiv))</i>	Tier 2	
<i>repaglinide (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	
RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
SYNJARDY (12.5-1000 MG TAB, 12.5-500 MG TAB, 5-1000 MG TAB, 5-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNJARDY XR (10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	Tier 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	Tier 3	QL (2 PER 28 OVER TIME)
VICTOZA 18 MG/3ML SOLN PEN	Tier 3	QL (9 PER 30 OVER TIME)
XIGDUO XR (10-1000 MG TAB ER 24H, 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
XIGDUO XR (10-500 MG TAB ER 24H, 5-500 MG TAB ER 24H)	Tier 3	QL (1 PER 1 DAYS)
<b>GLYCEMIC AGENTS</b>		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	Tier 3	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	Tier 3	QL (2 PER 30 OVER TIME)
<i>diazoxide susp 50 mg/ml</i>	Tier 2	
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)
<b>INSULINS</b>		
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	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYUMJEV 100 UNIT/ML SOLUTION	Tier 3	
LYUMJEV KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 3	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN N 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN R 100 UNIT/ML SOLUTION	Tier 3	
NOVOLIN R RELION 100 UNIT/ML SOLUTION	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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTICOAGULANTS</b>		
dabigatran etexilate mesylate (cap 150 mg (base eq), cap 75 mg (base eq))	Tier 2	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)
enoxaparin sodium (inj 300 mg/3ml, inj soln pref syr 100 mg/ml, inj soln pref syr 150 mg/ml)	Tier 2	QL (60 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enoxaparin sodium (inj soln pref syr 120 mg/0.8ml, inj soln pref syr 80 mg/0.8ml)	Tier 2	QL (48 PER 30 OVER TIME)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 2	QL (18 PER 30 OVER TIME)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 2	QL (24 PER 30 OVER TIME)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	Tier 2	QL (36 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	Tier 2	QL (24 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 2	QL (15 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 2	QL (12 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	Tier 2	QL (18 PER 30 OVER TIME)
heparin sodium (porcine) (inj 1000 unit/ml, inj 10000 unit/ml, inj 20000 unit/ml, inj 5000 unit/ml)	Tier 2	BvD
PRADAXA (110 MG CAP, 150 MG CAP, 75 MG CAP)	Tier 3	QL (2 PER 1 DAYS)
warfarin sodium (tab 1 mg, tab 10 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg)	Tier 2	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	Tier 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	Tier 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	Tier 3	QL (51 PER 180 OVER TIME)
ZONTIVITY 2.08 MG TAB	Tier 3	QL (1 PER 1 DAYS)

## BLOOD PRODUCTS AND MODIFIERS, OTHER

anagrelide hcl (cap 0.5 mg, cap 1 mg)	Tier 2	
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You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION)	Tier 3	PA
MOZOBIL 24 MG/1.2ML SOLUTION	Tier 3	PA, LA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	Tier 3	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
RETACRIT (10000 UNIT/ML SOLUTION, 2000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	Tier 3	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	Tier 3	PA

## HEMOSTASIS AGENTS

tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	Tier 2	
tranexamic acid tab 650 mg	Tier 2	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>PLATELET MODIFYING AGENTS</b>		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 2	
BRILINTA (60 MG TAB, 90 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
CABLIVI 11 MG KIT	Tier 3	PA, LA, QL (1 PER 1 DAYS)
cilostazol (tab 100 mg, tab 50 mg)	Tier 2	
clopidogrel bisulfate tab 75 mg (base equiv)	Tier 2	QL (1 PER 1 DAYS)
dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)	Tier 2	PA
OXBRYTA (300 MG TAB SOL, 500 MG TAB)	Tier 3	PA, LA, QL (5 PER 1 DAYS)
prasugrel hcl (tab 10 mg (base equiv), tab 5 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
TAVALISSE (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ALPHA-ADRENERGIC AGONISTS</b>		
clonidine (patch weekly 0.1 mg/24hr, patch weekly 0.2 mg/24hr, patch weekly 0.3 mg/24hr)	Tier 2	
clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)	Tier 2	
droxidopa cap 100 mg	Tier 2	PA, QL (252 PER 90 OVER TIME)
droxidopa cap 200 mg	Tier 2	PA, QL (120 PER 30 OVER TIME)
droxidopa cap 300 mg	Tier 2	PA, QL (84 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
guanfacine hcl (tab 1 mg, tab 2 mg)	Tier 2	
methyldopa (250 mg tab, 500 mg tab, tab 250 mg, tab 500 mg)	Tier 2	
midodrine hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	

## ALPHA-ADRENERGIC BLOCKING AGENTS

doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg)	Tier 2	
prazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)	Tier 2	
terazosin hcl (cap 1 mg (base equivalent), cap 10 mg (base equivalent), cap 2 mg (base equivalent), cap 5 mg (base equivalent))	Tier 2	

## ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

## ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

benazepril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)	Tier 1	
captopril (tab 100 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)	Tier 1	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enalapril maleate (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 5 mg)	Tier 1	
fosinopril sodium (tab 10 mg, tab 20 mg, tab 40 mg)	Tier 1	
lisinopril (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab 5 mg)	Tier 1	
moexipril hcl (tab 15 mg, tab 7.5 mg)	Tier 1	
perindopril erbumine (tab 2 mg, tab 4 mg, tab 8 mg)	Tier 1	
quinapril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)	Tier 1	
ramipril (cap 1.25 mg, cap 10 mg, cap 2.5 mg, cap 5 mg)	Tier 1	
trandolapril (tab 1 mg, tab 2 mg, tab 4 mg)	Tier 1	

## ANTIARRHYTHMICS

amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)	Tier 2	
disopyramide phosphate (cap 100 mg, cap 150 mg)	Tier 2	
dofetilide (cap 125 mcg (0.125 mg), cap 250 mcg (0.25 mg), cap 500 mcg (0.5 mg))	Tier 2	
flecainide acetate (tab 100 mg, tab 150 mg, tab 50 mg)	Tier 2	
mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)	Tier 2	
MULTAQ 400 MG TAB	Tier 3	QL (2 PER 1 DAYS)
propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)	Tier 2	
quinidine sulfate (200 mg tab, 300 mg tab, tab 200 mg, tab 300 mg)	Tier 2	
sotalol hcl (afib/afl) (tab 120 mg, tab 160 mg, tab 80 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sotalol hcl (tab 120 mg, tab 160 mg, tab 240 mg, tab 80 mg)	Tier 2	

## BETA-ADRENERGIC BLOCKING AGENTS

acebutolol hcl (cap 200 mg, cap 400 mg)	Tier 2	
atenolol (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 1	
betaxolol hcl (tab 10 mg, tab 20 mg)	Tier 2	
bisoprolol fumarate (tab 10 mg, tab 5 mg)	Tier 2	
carvedilol (tab 12.5 mg, tab 25 mg, tab 3.125 mg, tab 6.25 mg)	Tier 1	
labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)	Tier 2	
metoprolol succinate (tab er 24hr 100 mg (tartrate equiv), tab er 24hr 200 mg (tartrate equiv), tab er 24hr 25 mg (tartrate equiv), tab er 24hr 50 mg (tartrate equiv))	Tier 2	
metoprolol tartrate (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 1	
nadolol (tab 20 mg, tab 40 mg, tab 80 mg)	Tier 2	
nebivolol hcl (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 20 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	
pindolol (tab 10 mg, tab 5 mg)	Tier 2	
propranolol hcl (40 mg/5ml solution, cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, oral soln 20 mg/5ml, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
amlodipine besylate (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 5 mg (base equivalent))	Tier 1	
felodipine (tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)	Tier 2	
nicardipine hcl (cap 20 mg, cap 30 mg)	Tier 2	
nifedipine (cap 10 mg, cap 20 mg, tab er 24hr 30 mg, tab er 24hr 60 mg, tab er 24hr 90 mg, tab er 24hr osmotic release 30 mg, tab er 24hr osmotic release 60 mg, tab er 24hr osmotic release 90 mg)	Tier 2	
nimodipine cap 30 mg	Tier 2	
NYMALIZE 6 MG/ML SOLUTION	Tier 3	QL (1260 PER 21 OVER TIME)
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 120 mg, tab 30 mg, tab 60 mg, tab 90 mg)	Tier 2	
diltiazem hcl coated beads (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, cap er 24hr 360 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)	Tier 2	
diltiazem hcl extended release beads (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, cap er 24hr 360 mg, cap er 24hr 420 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
verapamil hcl (cap er 24hr 100 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 200 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, tab 120 mg, tab 40 mg, tab 80 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)	Tier 2	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	Tier 2	

## CARDIOVASCULAR AGENTS, OTHER

acetazolamide (tab 125 mg, tab 250 mg)	Tier 2	
aliskiren fumarate (tab 150 mg (base equivalent), tab 300 mg (base equivalent))	Tier 2	PA
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 2	
amlodipine besylate-benazepril hcl (cap 10-20 mg, cap 10-40 mg, cap 2.5-10 mg, cap 5-10 mg, cap 5-20 mg, cap 5-40 mg)	Tier 1	
amlodipine besylate-olmesartan medoxomil (tab 10-20 mg, tab 10-40 mg, tab 5-20 mg, tab 5-40 mg)	Tier 2	
amlodipine besylate-valsartan (tab 10-160 mg, tab 10-320 mg, tab 5-160 mg, tab 5-320 mg)	Tier 1	
amlodipine-valsartan-hydrochlorothiazide (tab 10-160-12.5 mg, tab 10-160-25 mg, tab 10-320-25 mg, tab 5-160-12.5 mg, tab 5-160-25 mg)	Tier 2	
atenolol & chlorthalidone (tab 100-25 mg, tab 50-25 mg)	Tier 1	
benazepril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg, tab 5-6.25 mg)	Tier 1	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bisoprolol & hydrochlorothiazide (tab 10-6.25 mg, tab 2.5-6.25 mg, tab 5-6.25 mg)	Tier 2	
candesartan cilexetil-hydrochlorothiazide (tab 16-12.5 mg, tab 32-12.5 mg, tab 32-25 mg)	Tier 2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	Tier 1	
CORLANOR (5 MG TAB, 7.5 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
CORLANOR 5 MG/5ML SOLUTION	Tier 3	PA, QL (20 PER 1 DAYS)
digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)	Tier 3	
digoxin tab 125 mcg (0.125 mg)	Tier 2	QL (1 PER 1 DAYS)
digoxin tab 250 mcg (0.25 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
enalapril maleate & hydrochlorothiazide (tab 10-25 mg, tab 5-12.5 mg)	Tier 1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
fosinopril sodium & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg)	Tier 1	
irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg)	Tier 1	
lisinopril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)	Tier 1	
losartan potassium & hydrochlorothiazide (tab 100-12.5 mg, tab 100-25 mg, tab 50-12.5 mg)	Tier 1	
metoprolol & hydrochlorothiazide (tab 100-25 mg, tab 100-50 mg, tab 50-25 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metyrosine cap 250 mg	Tier 2	
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)	Tier 2	
olmesartan medoxomil-hydrochlorothiazide (tab 20-12.5 mg, tab 40-12.5 mg, tab 40-25 mg)	Tier 2	
pentoxifylline tab er 400 mg	Tier 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	Tier 2	
quinapril-hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)	Tier 1	
ranolazine (tab er 12hr 1000 mg, tab er 12hr 500 mg)	Tier 2	QL (2 PER 1 DAYS)
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 2	
TEKTURN HCT (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB)	Tier 3	PA
telmisartan-hydrochlorothiazide (tab 40-12.5 mg, tab 80-12.5 mg, tab 80-25 mg)	Tier 1	
triamterene & hydrochlorothiazide (cap 37.5-25 mg, tab 37.5-25 mg, tab 75-50 mg)	Tier 2	
valsartan-hydrochlorothiazide (tab 160-12.5 mg, tab 160-25 mg, tab 320-12.5 mg, tab 320-25 mg, tab 80-12.5 mg)	Tier 1	
VYNDAMAX 61 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)

## DIURETICS, LOOP

bumetanide (inj 0.25 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	
furosemide (8 mg/ml solution, inj 10 mg/ml, oral soln 10 mg/ml)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
furosemide (tab 20 mg, tab 40 mg, tab 80 mg)	Tier 1	
torsemide (tab 10 mg, tab 100 mg, tab 20 mg, tab 5 mg)	Tier 2	
<b>DIURETICS, POTASSIUM-SPARING</b>		
amiloride hcl tab 5 mg	Tier 2	
eplerenone (tab 25 mg, tab 50 mg)	Tier 2	
spironolactone (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
<b>DIURETICS, THIAZIDE</b>		
chlorothiazide (500 mg tab, tab 500 mg)	Tier 2	
chlorthalidone (tab 25 mg, tab 50 mg)	Tier 2	
hydrochlorothiazide (cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)	Tier 1	
indapamide (tab 1.25 mg, tab 2.5 mg)	Tier 2	
metolazone (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
choline fenofibrate (cap dr 135 mg (fenofibric acid equiv), cap dr 45 mg (fenofibric acid equiv))	Tier 2	
fenofibrate (tab 145 mg, tab 160 mg, tab 48 mg, tab 54 mg)	Tier 2	
fenofibrate micronized (cap 130 mg, cap 134 mg, cap 200 mg, cap 43 mg, cap 67 mg)	Tier 2	
gemfibrozil tab 600 mg	Tier 2	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin calcium (tab 10 mg (base equivalent), tab 20 mg (base equivalent), tab 40 mg (base equivalent), tab 80 mg (base equivalent))	Tier 1	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluvastatin sodium (cap 20 mg (base equivalent), cap 40 mg (base equivalent))	Tier 1	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	Tier 2	
lovastatin (tab 10 mg, tab 20 mg, tab 40 mg)	Tier 1	
pravastatin sodium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)	Tier 1	
rosuvastatin calcium (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)	Tier 1	
simvastatin (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg, tab 80 mg)	Tier 1	

## DYSLIPIDEMICS, OTHER

cholestyramine (powder 4 gm/dose, powder packets 4 gm)	Tier 2	
cholestyramine light (powder 4 gm/dose, powder packets 4 gm)	Tier 2	
colesevelam hcl (packet for susp 3.75 gm, tab 625 mg)	Tier 2	
colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)	Tier 2	
ezetimibe tab 10 mg	Tier 2	
ezetimibe-simvastatin (tab 10-10 mg, tab 10-20 mg, tab 10-40 mg, tab 10-80 mg)	Tier 2	
icosapent ethyl cap 0.5 gm	Tier 2	QL (8 PER 1 DAYS)
icosapent ethyl cap 1 gm	Tier 2	QL (4 PER 1 DAYS)
JUXTAPID (40 MG CAP, 60 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
JUXTAPID 10 MG CAP	Tier 3	PA, LA, QL (6 PER 1 DAYS)
JUXTAPID 20 MG CAP	Tier 3	PA, LA, QL (3 PER 1 DAYS)
JUXTAPID 30 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JUXTAPID 5 MG CAP	Tier 3	PA, LA, QL (12 PER 1 DAYS)
niacin (antihyperlipidemic) (tab er 1000 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic))	Tier 2	QL (2 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	Tier 2	
niacin tab er 500 mg (antihyperlipidemic)	Tier 2	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	Tier 2	
omega-3-acid ethyl esters cap 1 gm	Tier 2	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)
VASCEPA 0.5 GM CAP	Tier 3	QL (8 PER 1 DAYS)

### VASODILATORS, DIRECT-ACTING ARTERIAL

hydralazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
minoxidil (tab 10 mg, tab 2.5 mg)	Tier 2	

### VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

isosorbide dinitrate (tab 10 mg, tab 20 mg, tab 30 mg, tab 5 mg)	Tier 2	
ISOSORBIDE DINITRATE ER 40 MG TAB ER	Tier 2	
isosorbide mononitrate (10 mg tab, 20 mg tab, tab 10 mg, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)	Tier 2	
NITRO-BID 2 % OINTMENT	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	Tier 2	
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	Tier 3	
RECTIV 0.4 % OINTMENT	Tier 3	QL (30 PER 30 OVER TIME)

## CENTRAL NERVOUS SYSTEM AGENTS

<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, tab 30 mg)	Tier 2	QL (2 PER 1 DAYS)
amphetamine-dextroamphetamine (tab 10 mg, tab 15 mg, tab 5 mg, tab 7.5 mg)	Tier 2	QL (4 PER 1 DAYS)
amphetamine-dextroamphetamine tab 12.5 mg	Tier 2	QL (5 PER 1 DAYS)
amphetamine-dextroamphetamine tab 20 mg	Tier 2	QL (3 PER 1 DAYS)
dextroamphetamine sulfate (cap er 24hr 10 mg, tab 10 mg, tab 5 mg)	Tier 2	QL (6 PER 1 DAYS)
dextroamphetamine sulfate (cap er 24hr 15 mg, tab 15 mg)	Tier 2	QL (4 PER 1 DAYS)
dextroamphetamine sulfate cap er 24hr 5 mg	Tier 2	QL (12 PER 1 DAYS)
dextroamphetamine sulfate tab 20 mg	Tier 2	QL (3 PER 1 DAYS)
dextroamphetamine sulfate tab 30 mg	Tier 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
atomoxetine hcl (cap 10 mg (base equiv), cap 18 mg (base equiv), cap 25 mg (base equiv))	Tier 2	QL (4 PER 1 DAYS)
atomoxetine hcl (cap 100 mg (base equiv), cap 60 mg (base equiv), cap 80 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
atomoxetine hcl cap 40 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
clonidine hcl tab er 12hr 0.1 mg	Tier 2	
dexmethylphenidate hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	QL (2 PER 1 DAYS)
guanfacine hcl (adhd) (tab er 24hr 1 mg (base equiv), tab er 24hr 2 mg (base equiv), tab er 24hr 3 mg (base equiv), tab er 24hr 4 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
methylphenidate hcl (tab 10 mg, tab er 10 mg)	Tier 2	QL (6 PER 1 DAYS)
methylphenidate hcl (tab 20 mg, tab er 20 mg)	Tier 2	QL (3 PER 1 DAYS)
methylphenidate hcl tab 5 mg	Tier 2	QL (12 PER 1 DAYS)
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
AUSTEDO (12 MG TAB, 9 MG TAB)	Tier 3	PA, QL (4 PER 1 DAYS)
AUSTEDO 6 MG TAB	Tier 3	PA, QL (8 PER 1 DAYS)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tier 2	PA, QL (48 PER 30 OVER TIME), NDS
FIRDAPSE 10 MG TAB	Tier 3	PA, LA, QL (8 PER 1 DAYS)
INGREZZA (60 MG CAP, 80 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
INGREZZA 40 & 80 MG CAP THPK	Tier 3	PA, LA, QL (28 PER 28 OVER TIME)
INGREZZA 40 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
riluzole tab 50 mg	Tier 2	
tetrabenazine tab 12.5 mg	Tier 2	PA, LA, QL (8 PER 1 DAYS)
tetrabenazine tab 25 mg	Tier 2	PA, LA, QL (4 PER 1 DAYS)

## FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR)	Tier 3	PA, QL (3 PER 1 DAYS)
DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR)	Tier 3	PA, QL (2 PER 1 DAYS)
duloxetine hcl (cap 20 mg (base eq), cap 60 mg (base eq))	Tier 2	QL (2 PER 1 DAYS)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	Tier 2	QL (3 PER 1 DAYS)
pregabalin (cap 100 mg, cap 150 mg, cap 25 mg, cap 50 mg, cap 75 mg)	Tier 2	QL (3 PER 1 DAYS)
pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)	Tier 2	QL (2 PER 1 DAYS)
pregabalin soln 20 mg/ml	Tier 2	QL (30 PER 1 DAYS)
SAVELLA (100 MG TAB, 12.5 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	Tier 3	PA, QL (55 PER 28 OVER TIME)

## MULTIPLE SCLEROSIS AGENTS

AUBAGIO (14 MG TAB, 7 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
AVONEX 30 MCG KIT	Tier 3	PA, QL (4 PER 28 OVER TIME)
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	Tier 3	PA, QL (4 PER 28 OVER TIME)
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	Tier 3	PA, QL (4 PER 28 OVER TIME)
BETASERON 0.3 MG KIT	Tier 3	PA, QL (15 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dalfampridine tab er 12hr 10 mg	Tier 2	PA, QL (2 PER 1 DAYS)
dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)	Tier 2	PA, QL (2 PER 1 DAYS)
EXTAVIA 0.3 MG KIT	Tier 3	PA, QL (15 PER 30 OVER TIME)
GILENYA 0.5 MG CAP	Tier 3	PA, QL (1 PER 1 DAYS)
glatiramer acetate soln prefilled syringe 20 mg/ml	Tier 2	PA, QL (30 PER 30 OVER TIME)
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	Tier 3	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PEN	Tier 3	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	Tier 3	PA, LA, QL (1 PER 28 OVER TIME)
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	Tier 3	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	Tier 3	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	Tier 3	PA, QL (4.2 PER 28 OVER TIME)
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	Tier 3	PA, QL (4.2 PER 28 OVER TIME)
TYSABRI 300 MG/15ML CONC	Tier 3	PA, LA

## DENTAL AND ORAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>DENTAL AND ORAL AGENTS</b>		
chlorhexidine gluconate soln 0.12%	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## DENTAL AND ORAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KEPIVANCE 6.25 MG RECON SOLN	Tier 3	BvD
pilocarpine hcl (oral) (tab 5 mg, tab 7.5 mg)	Tier 2	
triamcinolone acetonide dental paste 0.1%	Tier 2	

## DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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### ACNE AND ROSACEA AGENTS

acitretin (cap 10 mg, cap 17.5 mg, cap 25 mg)	Tier 2	
adapalene gel 0.1%	Tier 2	PA
isotretinoin (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg)	Tier 2	
tazarotene cream 0.1%	Tier 2	
TAZORAC 0.05 % CREAM	Tier 3	
tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%)	Tier 2	PA

### DERMATITIS AND PRURITUS AGENTS

alclometasone dipropionate oint 0.05%	Tier 2	
betamethasone dipropionate (topical) (cream 0.05%, lotion 0.05%)	Tier 2	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	Tier 2	
betamethasone dipropionate augmented oint 0.05%	Tier 2	
betamethasone valerate (cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clobetasol propionate (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)	Tier 2	
clobetasol propionate emollient base cream 0.05%	Tier 2	
desonide (cream 0.05%, oint 0.05%)	Tier 2	
desoximetasone (cream 0.25%, oint 0.25%)	Tier 2	
fluocinolone acetonide (cream 0.01%, cream 0.025%, oil 0.01% (body oil), oil 0.01% (scalp oil), oint 0.025%, soln 0.01%)	Tier 2	
fluocinonide (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)	Tier 2	
fluocinonide emulsified base cream 0.05%	Tier 2	
fluticasone propionate (cream 0.05%, oint 0.005%)	Tier 2	
halobetasol propionate (cream 0.05%, oint 0.05%)	Tier 2	QL (200 PER 28 OVER TIME)
hydrocortisone (rectal) (cream 1%, cream 2.5%)	Tier 2	
hydrocortisone (topical) (cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)	Tier 2	
hydrocortisone butyrate (0.1 % solution, soln 0.1%)	Tier 2	ST
hydrocortisone valerate cream 0.2%	Tier 2	ST
lactic acid (ammonium lactate) (cream 12%, lotion 12%)	Tier 2	
mometasone furoate solution 0.1% (lotion)	Tier 2	
selenium sulfide lotion 2.5%	Tier 2	
tacrolimus (topical) (oint 0.03%, oint 0.1%)	Tier 2	ST, QL (100 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)	Tier 2	

## DERMATOLOGICAL AGENTS, OTHER

calcipotriene (cream 0.005%, oint 0.005%, soln 0.005% (50 mcg/ml))	Tier 2	
clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)	Tier 2	
diclofenac sodium (actinic keratoses) gel 3%	Tier 2	PA, QL (300 PER 365 OVER TIME)
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	Tier 2	
fluorouracil cream 5%	Tier 2	
imiquimod cream 5%	Tier 2	QL (24 PER 30 OVER TIME)
nystatin-triamcinolone (cream 100000-0.1 unit/gm-%, oint 100000-0.1 unit/gm-%)	Tier 2	
OTEZLA 30 MG TAB	Tier 3	PA, QL (2 PER 1 DAYS)
podofilox soln 0.5%	Tier 2	
REGRANEX 0.01 % GEL	Tier 3	PA, QL (15 PER 2 OVER TIME)
SANTYL 250 UNIT/GM OINTMENT	Tier 3	QL (180 PER 30 OVER TIME)
silver sulfadiazine cream 1%	Tier 2	
SKYRIZI 600 MG/10ML SOLUTION	Tier 3	PA
STELARA 130 MG/26ML SOLUTION	Tier 3	PA
TOLAK 4 % CREAM	Tier 3	

## PEDICULICIDES/SCABICIDES

LINDANE 1 % SHAMPOO	Tier 2	
malathion lotion 0.5%	Tier 3	
permethrin cream 5%	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>acyclovir oint 5%</i>	Tier 2	PA, QL (30 PER 30 OVER TIME)
<i>ciclopirox solution 8%</i>	Tier 2	
<i>clindamycin phosphate (topical) (gel 1%, lotion 1%, soln 1%)</i>	Tier 2	
<i>ERY 2 % PAD</i>	Tier 2	
<i>erythromycin (acne aid) (gel 2%, soln 2%)</i>	Tier 2	
<i>mupirocin oint 2%</i>	Tier 2	
<i>SULFAMYLON 85 MG/GM CREAM</i>	Tier 3	

## ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ELECTROLYTE/MINERAL REPLACEMENT</b>		
<i>*amino acid electrolyte infusion 8.5%***</i>	Tier 2	BvD
<i>*amino acid infusion 15%***</i>	Tier 2	BvD
<i>AMINOSYN (10 % SOLUTION, 8.5 % SOLUTION)</i>	Tier 2	BvD
<i>AMINOSYN II (10 % SOLUTION, 8.5 % SOLUTION)</i>	Tier 2	BvD
<i>AMINOSYN II 15 % SOLUTION</i>	Tier 3	BvD
<i>AMINOSYN-HBC 7 % SOLUTION</i>	Tier 3	BvD
<i>AMINOSYN-PF 10 % SOLUTION</i>	Tier 2	BvD
<i>AMINOSYN-PF 7 % SOLUTION</i>	Tier 3	BvD
<i>AMINOSYN-RF 5.2 % SOLUTION</i>	Tier 2	BvD
<i>AMINOSYN/ELECTROLYTES (AMINOSYN/ELECTROLYTES 7 % SOLUTION, AMINOSYN/ELECTROLYTES 8.5 % SOLUTION)</i>	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carglumic acid soluble tab 200 mg	Tier 2	PA, LA
CRYSVITA 10 MG/ML SOLUTION	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
CRYSVITA 20 MG/ML SOLUTION	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
CRYSVITA 30 MG/ML SOLUTION	Tier 3	PA, LA, QL (6 PER 28 OVER TIME)
FREAMINE III 10 % SOLUTION	Tier 2	BvD
HEPATAMINE 8 % SOLUTION	Tier 3	BvD
INTRALIPID (20 % EMULSION, 30 % EMULSION)	Tier 3	BvD
KCL IN DEXTROSE-NACL (20-5-0.225 MEQ/L-%-% SOLUTION, 20-5-0.33 MEQ/L-%-% SOLUTION, 40-5-0.9 MEQ/L-%-% SOLUTION)	Tier 2	
NORMOSOL-M IN D5W SOLUTION	Tier 2	
NUTRILIPID 20 % EMULSION	Tier 3	BvD
potassium chloride (10 meq/100ml solution, 20 meq/100ml solution, 40 meq/100ml solution, cap er 10 meq, cap er 8 meq, inj 10 meq/100ml, inj 2 meq/ml, inj 20 meq/100ml, inj 40 meq/100ml, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), tab er 10 meq, tab er 20 meq (1500 mg), tab er 8 meq (600 mg))	Tier 2	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	Tier 2	
potassium chloride in dextrose & sodium chloride (20 meq/l (0.15%) in dextrose 5%nacl 0.2% inj, 20 meq/l (0.15%) in dextrose 5%nacl 0.45% inj, 20 meq/l (0.15%) in dextrose 5%nacl 0.9% inj)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
POTASSIUM CHLORIDE IN NACL (20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION, KCL 20 MEQ/L (0.15%)0.9% INJ, KCL 40 MEQ/L (0.3%)0.9% INJ)	Tier 2	
potassium chloride microencapsulated crystals er (crys er tab 10 meq, crys er tab 15 meq, crys er tab 20 meq)	Tier 2	
potassium citrate (alkalinizer) (tab er 10 meq (1080 mg), tab er 15 meq (1620 mg), tab er 5 meq (540 mg))	Tier 2	
PREMASOL 10 % SOLUTION	Tier 2	BvD
sodium chloride (0.9 % solution, inj 2.5 meq/ml (14.6%), iv soln 0.45%, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)	Tier 2	
SYNTHAMIN 17 10 % SOLUTION	Tier 2	BvD
TRAVASOL 10 % SOLUTION	Tier 2	BvD
TROPHAMINE 10 % SOLUTION	Tier 2	BvD

## ELECTROLYTE/MINERAL/METAL MODIFIERS

deferasirox (tab 180 mg, tab 360 mg, tab 90 mg, tab for oral susp 125 mg, tab for oral susp 250 mg, tab for oral susp 500 mg)	Tier 2	
deferiprone tab 1000 mg	Tier 2	PA
deferiprone tab 500 mg	Tier 2	PA, LA
FERRIPROX 100 MG/ML SOLUTION	Tier 3	PA, LA
trientine hcl cap 250 mg	Tier 2	PA, QL (8 PER 1 DAYS)

## PHOSPHATE BINDERS

AURYXIA 1 GM 210 MG(FE) TAB	Tier 3	PA, QL (12 PER 1 DAYS)
calcium acetate (phosphate binder) (cap 667 mg (169 mg ca), tab 667 mg)	Tier 2	
sevelamer carbonate tab 800 mg	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

# ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>POTASSIUM BINDERS</b>		
sodium polystyrene sulfonate (*powder**, oral susp 15 gm/60ml)	Tier 2	
SPS 15 GM/60ML SUSPENSION	Tier 2	
VELTASSA (16.8 GM PACKET, 25.2 GM PACKET, 8.4 GM PACKET)	Tier 3	
<b>VITAMINS</b>		
dextrose (inj 10%, inj 5%)	Tier 2	
dextrose 5% in lactated ringers	Tier 2	
dextrose w/ sodium chloride (2.5% w/ sodium chloride 0.45%, 5% w/ sodium chloride 0.2%, 5% w/ sodium chloride 0.225%, 5% w/ sodium chloride 0.3%, 5% w/ sodium chloride 0.33%, 5% w/ sodium chloride 0.45%, 5% w/ sodium chloride 0.9%)	Tier 2	
DEXTROSE-NACL (10-0.2 % SOLUTION, 10-0.45 % SOLUTION, 2.5-0.45 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION)	Tier 2	
DEXTROSE-SODIUM CHLORIDE (5-0.225 % SOLUTION, 5-0.3 % SOLUTION)	Tier 2	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	Tier 2	
lactated ringer's for irrigation	Tier 2	
lactated ringer's solution	Tier 2	
LACTATED RINGERS SOLUTION	Tier 2	
levocarnitine tab 330 mg	Tier 2	
NEONATAL PLUS 27-1 MG TAB	Tier 3	
POTASSIUM CHLORIDE IN DEXTROSE (20 MEQ/L (0.15%)5% INJ, 40-5 MEQ/L-% SOLUTION)	Tier 2	
PRENATAL PLUS 27-1 MG TAB	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	Tier 3	
<i>prenatal vitamins</i>	Tier 3	
<i>ringer's solution</i>	Tier 2	
<i>ringer's solution for irrigation</i>	Tier 2	
SMOFLIPID 20 % EMULSION	Tier 3	BvD
<i>sodium fluoride (chew tab 0.25 mg f (from 0.55 mg naf), chew tab 0.5 mg f (from 1.1 mg naf), chew tab 1 mg f (from 2.2 mg naf), soln 0.5 mg/ml f (from 1.1 mg/ml naf))</i>	Tier 2	
TPN ELECTROLYTES CONC	Tier 3	BvD

## GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTI-CONSTIPATION AGENTS</b>		
AMITIZA (24 MCG CAP, 8 MCG CAP)	Tier 3	QL (2 PER 1 DAYS)
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 2	
<i>lactulose solution 10 gm/15ml</i>	Tier 2	
LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)	Tier 3	QL (1 PER 1 DAYS)
LUBIPROSTONE (24 MCG CAP, 8 MCG CAP)	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 (12 MG/0.6ML SOLUTION, 8 MG/0.4ML SOLUTION)	Tier 3	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 2	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION	Tier 3	

### ANTI-DIARRHEAL AGENTS

alosetron hcl (tab 0.5 mg (base equiv), tab 1 mg (base equiv))	Tier 2	PA
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	Tier 2	
loperamide hcl cap 2 mg	Tier 2	
XERMELO 250 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)

### ANTISPASMODICS, GASTROINTESTINAL

dicyclomine hcl (cap 10 mg, tab 20 mg)	Tier 2	PA
glycopyrrolate (tab 1 mg, tab 2 mg)	Tier 2	

### GASTROINTESTINAL AGENTS, OTHER

GATTEX 5 MG KIT	Tier 3	PA, LA
GAVILYTE-C 240 GM RECON SOLN	Tier 2	
MYALEPT 11.3 MG RECON SOLN	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (soln 236 gm, soln 240 gm)	Tier 2	
SKYRIZI 360 MG/2.4ML SOLN CART	Tier 3	PA
ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>HISTAMINE2 (H<sub>2</sub>) RECEPTOR ANTAGONISTS</b>		
cimetidine (tab 200 mg, tab 300 mg, tab 400 mg, tab 800 mg)	Tier 2	
cimetidine hcl (300 mg/5ml solution, soln 300 mg/5ml)	Tier 2	
famotidine (tab 20 mg, tab 40 mg)	Tier 2	
nizatidine (150 mg cap, 300 mg cap, cap 150 mg, cap 300 mg)	Tier 2	
<b>PROTECTANTS</b>		
misoprostol (tab 100 mcg, tab 200 mcg)	Tier 2	
sucralfate tab 1 gm	Tier 2	
<b>PROTON PUMP INHIBITORS</b>		
lansoprazole cap delayed release 15 mg	Tier 2	
lansoprazole cap delayed release 30 mg	Tier 2	QL (2 PER 1 DAYS)
omeprazole (cap delayed release 10 mg, cap delayed release 20 mg)	Tier 2	
omeprazole cap delayed release 40 mg	Tier 2	QL (2 PER 1 DAYS)
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 2	
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
rabeprazole sodium ec tab 20 mg	Tier 2	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

\*betaine powder for oral solution\*\*\*

Tier 2

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

<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
ALDURAZYME 2.9 MG/5ML SOLUTION	Tier 3	LA, BvD
ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN)	Tier 3	LA, BvD
BYLVAY (PELLETS) 200 MCG CAP SPRINK	Tier 3	PA, LA, QL (30 PER 1 DAYS)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	Tier 3	PA, LA, QL (10 PER 1 DAYS)
BYLVAY 1200 MCG CAP	Tier 3	PA, LA, QL (5 PER 1 DAYS)
BYLVAY 400 MCG CAP	Tier 3	PA, LA, QL (15 PER 1 DAYS)
CERDELGA 84 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)
CEREZYME 400 UNIT RECON SOLN	Tier 3	PA, LA
CHOLBAM 250 MG CAP	Tier 3	PA, QL (5 PER 1 DAYS)
CHOLBAM 50 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
CREON (12000 UNIT CP DR PART, 24000-76000 UNIT CP DR PART, 3000-9500 UNIT CP DR PART, 36000 UNIT CP DR PART, 6000 UNIT CP DR PART)	Tier 3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 2	
CYSTAGON (150 MG CAP, 50 MG CAP)	Tier 3	PA, LA
CYSTARAN 0.44 % SOLUTION	Tier 3	PA, LA, QL (60 PER 28 OVER TIME)
FABRAZYME 35 MG RECON SOLN	Tier 3	LA, BvD
<i>miglustat cap 100 mg</i>	Tier 2	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME 1 MG/ML SOLUTION	Tier 3	LA, BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitisinone (cap 10 mg, cap 2 mg, cap 5 mg)</i>	Tier 2	PA
<i>NITYR (10 MG TAB, 2 MG TAB, 5 MG TAB)</i>	Tier 3	PA, LA
<i>PROCYSB (25 MG CAP DR, 300 MG PACKET, 75 MG CAP DR, 75 MG PACKET)</i>	Tier 3	PA, LA
<i>PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)</i>	Tier 3	LA, BvD
<i>RAVICTI 1.1 GM/ML LIQUID</i>	Tier 3	PA, LA, QL (525 PER 30 OVER TIME)
<i>sapropterin dihydrochloride (powder packet 100 mg, powder packet 500 mg)</i>	Tier 2	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 2	PA
<i>sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)</i>	Tier 2	PA
<i>STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION)</i>	Tier 3	PA, LA
<i>STRENSIQ 80 MG/0.8ML SOLUTION</i>	Tier 3	PA, LA, QL (38.4 PER 28 OVER TIME)
<i>VYNDAQEL 20 MG CAP</i>	Tier 3	PA, LA, QL (4 PER 1 DAYS)
<i>ZENPEP (10000-32000 UNIT CP DR PART, 15000-47000 UNIT CP DR PART, 20000-63000 UNIT CP DR PART, 25000-79000 UNIT CP DR PART, 3000-10000 UNIT CP DR PART, 3000-14000 UNIT CP DR PART, 40000-126000 UNIT CP DR PART, 5000-24000 UNIT CP DR PART)</i>	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## GENITOURINARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTISPASMODICS, URINARY</b>		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	Tier 3	
<i>oxybutynin chloride (syrup 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 10 mg, tab 5 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (cap er 24hr 2 mg, cap er 24hr 4 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	ST
<i>trospium chloride tab 20 mg</i>	Tier 2	
<b>BENIGN PROSTATIC HYPERPLASIA AGENTS</b>		
alfuzosin hcl tab er 24hr 10 mg	Tier 2	
dutasteride cap 0.5 mg	Tier 2	QL (1 PER 1 DAYS)
finasteride tab 5 mg	Tier 2	
<i>silodosin (cap 4 mg, cap 8 mg)</i>	Tier 2	QL (1 PER 1 DAYS)
tamsulosin hcl cap 0.4 mg	Tier 2	
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride (tab 10 mg, tab 25 mg, tab 5 mg, tab 50 mg)</i>	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 2	PA
THIOLA EC (100 MG TAB DR, 300 MG TAB DR)	Tier 3	PA, LA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
ACTHAR 80 UNIT/ML GEL	Tier 3	PA, LA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alclometasone dipropionate cream 0.05%	Tier 2	
betamethasone dipropionate augmented (cream 0.05%, lotion 0.05%)	Tier 2	
betamethasone dipropionate oint 0.05%	Tier 2	
clobetasol propionate emollient base cream 0.05%	Tier 2	
CORTISONE ACETATE 25 MG TAB	Tier 2	
CORTROPHIN 80 UNIT/ML GEL	Tier 3	PA, LA
dexamethasone (0.5 mg tab, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, elixir 0.5 mg/5ml, tab 0.5 mg, tab 0.75 mg, tab 1.5 mg, tab 2 mg, tab 4 mg, tab 6 mg)	Tier 2	
dexamethasone sodium phosphate (inj 10 mg/ml, inj 100 mg/10ml, sod phosphate preservative free inj 10 mg/ml)	Tier 2	BvD
dexamethasone sodium phosphate (inj 120 mg/30ml, inj 20 mg/5ml, inj 4 mg/ml)	Tier 2	
fludrocortisone acetate tab 0.1 mg	Tier 2	
HEMADY 20 MG TAB	Tier 3	PA, QL (2 PER 1 DAYS)
hydrocortisone butyrate oint 0.1%	Tier 2	ST
hydrocortisone valerate oint 0.2%	Tier 2	
KORLYM 300 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
methylprednisolone (tab 16 mg, tab 32 mg, tab 4 mg, tab 8 mg, tab therapy pack 4 mg (21))	Tier 2	
methylprednisolone acetate (40 mg/ml suspension, inj susp 40 mg/ml, inj susp 80 mg/ml)	Tier 2	
methylprednisolone sod succ (inj 125 mg (base equiv), inj 40 mg (base equiv))	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mometasone furoate (cream 0.1%, oint 0.1%)</i>	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (25 MG/5ML SOLUTION, SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE))	Tier 2	
<i>prednisolone soln 15 mg/5ml</i>	Tier 2	
<i>prednisone (5 mg/5ml solution, tab 1 mg, tab 10 mg, tab 2.5 mg, tab 20 mg, tab 5 mg, tab 50 mg)</i>	Tier 2	
PREDNISONE INTENSOL 5 MG/ML CONC	Tier 2	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin acetate (inj 4 mcg/ml, preservative free (pf) inj 4 mcg/ml, tab 0.1 mg, tab 0.2 mg)</i>	Tier 2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 2	
EGRIFTA 1 MG RECON SOLN	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
EGRIFTA SV 2 MG RECON SOLN	Tier 3	PA, LA, QL (30 PER 30 OVER TIME)
INCRELEX 40 MG/4ML SOLUTION	Tier 3	PA, LA
<i>NORDITROPIN FLEXPRO (10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN, 5 MG/1.5ML SOLN PEN)</i>	Tier 3	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	Tier 3	PA, LA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANABOLIC STEROIDS</b>		
ANADROL-50 50 MG TAB	Tier 3	
oxandrolone (tab 10 mg, tab 2.5 mg)	Tier 2	
<b>ANDROGENS</b>		
ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	Tier 3	PA, QL (1 PER 1 DAYS)
danazol (cap 100 mg, cap 200 mg, cap 50 mg)	Tier 2	
testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel, td gel 12.5 mg/act (1%), td gel 25 mg/2.5gm (1%), td gel 50 mg/5gm (1%))	Tier 2	PA, QL (300 PER 30 OVER TIME)
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution, im inj in oil 100 mg/ml, im inj in oil 200 mg/ml)	Tier 2	
testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)	Tier 2	QL (5 PER 30 OVER TIME)
<b>ESTROGENS</b>		
DEPO-ESTRADIOL 5 MG/ML OIL	Tier 3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	Tier 2	
<i>desogestrel &amp; ethynodiol estradiol tab 0.15 mg-30 mcg</i>	Tier 2	
<i>drospirenone-ethynodiol estradiol (tab 3-0.02 mg, tab 3-0.03 mg)</i>	Tier 2	
<i>estradiol (patch twice weekly 0.025 mg/24hr, patch twice weekly 0.0375 mg/24hr, patch twice weekly 0.05 mg/24hr, patch twice weekly 0.075 mg/24hr, patch twice weekly 0.1 mg/24hr)</i>	Tier 2	PA, QL (16 PER 28 OVER TIME)
<i>estradiol (patch weekly 0.025 mg/24hr, patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), patch weekly 0.05 mg/24hr, patch weekly 0.06 mg/24hr, patch weekly 0.075 mg/24hr, patch weekly 0.1 mg/24hr)</i>	Tier 2	PA, QL (8 PER 28 OVER TIME)
<i>estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)</i>	Tier 2	PA
<i>estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)</i>	Tier 2	
<b>ESTRING 2 MG RING</b>	Tier 3	QL (1 PER 84 OVER TIME)
<i>ethynodiol diacet &amp; eth estrad (ethynodiol estradiol tab 1 mg-35 mcg, ethynodiol estradiol tab 1 mg-50 mcg)</i>	Tier 2	
<i>etonogestrel-ethynodiol estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 2	QL (1 PER 28 OVER TIME)
<i>levonorgestrel &amp; eth estradiol (ethynodiol estradiol tab 0.1 mg-20 mcg, ethynodiol estradiol tab 0.15 mg-30 mcg)</i>	Tier 2	
<i>levonorgestrel &amp; ethynodiol estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 2	
<i>levonorgestrel-eth estradiol tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	Tier 3	PA
norethrin acet & estrad-fe (ethinyl estradiol-fe tab 1 mg-20 mcg, ethinyl estradiol-fe tab 1.5 mg-30 mcg)	Tier 2	
norethindrone & eth estradiol (ethinyl estradiol tab 0.4 mg-35 mcg, ethinyl estradiol tab 0.5 mg-35 mcg, ethinyl estradiol tab 1 mg-35 mcg)	Tier 2	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 2	
norethindrone acet & eth estra (ethinyl estradiol tab 1 mg-20 mcg, ethinyl estradiol tab 1.5 mg-30 mcg)	Tier 2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 2	PA
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 2	PA
norethindrone-eth estradiol (triphasic) (tab 0.5-35/0.75-35/1-35 mg-mcg, tab 0.5-35/1-35/0.5-35 mg-mcg)	Tier 2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Tier 2	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	Tier 3	PA
PREMARIN 0.625 MG/GM CREAM	Tier 3	
PREMPHASE 0.625-5 MG TAB	Tier 3	PA
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	Tier 2	
<b>PROGESTINS</b>		
DEPO-PROVERA 400 MG/ML SUSPENSION	Tier 3	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	Tier 2	
<i>medroxyprogesterone acetate (contraceptive) (susp 150 mg/ml, susp prefilled syr 150 mg/ml)</i>	Tier 2	
<i>medroxyprogesterone acetate (tab 10 mg, tab 2.5 mg, tab 5 mg)</i>	Tier 2	
<i>megestrol acetate (susp 40 mg/ml, tab 20 mg, tab 40 mg)</i>	Tier 2	PA
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 2	PA
<i>norethindrone acetate tab 5 mg</i>	Tier 2	
<i>norethindrone tab 0.35 mg</i>	Tier 2	
<i>progesterone (cap 100 mg, cap 200 mg)</i>	Tier 2	
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
OSPHENA 60 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl tab 60 mg</i>	Tier 2	QL (1 PER 1 DAYS)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)</b>		

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

<i>levothyroxine sodium (tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 25 mcg, tab 300 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg)</i>	Tier 2	
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## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>liothyronine sodium (tab 25 mcg, tab 5 mcg, tab 50 mcg)</i>	Tier 2	
<i>SYNTHROID (100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 25 MCG TAB, 300 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB)</i>	Tier 3	

## HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>		
<i>cabergoline tab 0.5 mg</i>	Tier 2	QL (16 PER 30 OVER TIME)
<i>FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN</i>	Tier 3	
<i>FIRMAGON 80 MG RECON SOLN</i>	Tier 3	
<i>LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION</i>	Tier 3	PA
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 2	
<i>LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)</i>	Tier 3	
<i>LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)</i>	Tier 3	
<i>LUPRON DEPOT (4-MONTH) 30 MG KIT</i>	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (6-MONTH) 45 MG KIT	Tier 3	
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT, 7.5 MG KIT)	Tier 3	
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG (PED) KIT)	Tier 3	
<i>octreotide acetate (100 mcg/ml soln prsyr, 1000 mcg/ml solution, 200 mcg/ml solution, 50 mcg/ml soln prsyr, 500 mcg/ml soln prsyr, inj 100 mcg/ml (0.1 mg/ml), inj 1000 mcg/ml (1 mg/ml), inj 200 mcg/ml (0.2 mg/ml), inj 50 mcg/ml (0.05 mg/ml), inj 500 mcg/ml (0.5 mg/ml))</i>	Tier 2	PA
ORGOVYX 120 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)	Tier 3	PA
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	Tier 3	PA
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	Tier 3	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	Tier 3	
TRELSTAR MIXJECT (11.25 MG RECON SUSP, 22.5 MG RECON SUSP, 3.75 MG RECON SUSP)	Tier 3	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTITHYROID AGENTS</b>		
<i>methimazole (tab 10 mg, tab 5 mg)</i>	Tier 2	
<i>propylthiouracil tab 50 mg</i>	Tier 2	

## IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANGIOEDEMA AGENTS</b>		
BERINERT 500 UNIT KIT	Tier 3	PA, LA
CINRYZE 500 UNIT RECON SOLN	Tier 3	PA, LA
HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN)	Tier 3	PA, LA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 2	PA, QL (36 PER 60 OVER TIME)
RUCONEST 2100 UNIT RECON SOLN	Tier 3	PA, LA

## IMMUNOGLOBULINS

BIVIGAM (10 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA, LA
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 2.5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
GAMMAGARD (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMMAGARD S/D LESS IGA (10 GM RECON SOLN, 5 GM RECON SOLN)	Tier 3	PA
GAMMAKED (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
GAMMAPLEX (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA, LA
GAMMAPLEX 10 GM/200ML SOLUTION	Tier 3	PA
GAMUNEX-C (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 10 GM/50ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION)	Tier 3	PA, LA
PRIVIGEN (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
VARIZIG 125 UNIT/1.2ML SOLUTION	Tier 3	

## IMMUNOLOGICAL AGENTS, OTHER

ARCALYST 220 MG RECON SOLN	Tier 3	PA, LA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	Tier 3	PA, LA, QL (4 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ILARIS 150 MG/ML SOLUTION	Tier 3	PA, LA
OTEZLA 10 & 20 & 30 MG TAB THPK	Tier 3	PA, QL (55 PER 28 OVER TIME)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	Tier 3	PA
SKYRIZI 150 MG/ML SOLN PRSYR	Tier 3	PA
SKYRIZI PEN 150 MG/ML SOLN A-INJ	Tier 3	PA
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	Tier 3	PA
TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	Tier 3	PA, LA, QL (1 PER 28 OVER TIME)
XELJANZ (10 MG TAB, 5 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	Tier 3	PA, QL (10 PER 1 DAYS)
XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)	Tier 3	PA, LA
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	Tier 3	PA, LA
INTRON A (10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN, 6000000 UNIT/ML SOLUTION)	Tier 3	LA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	Tier 3	PA, QL (2 PER 30 OVER TIME)
PEGASYS 180 MCG/ML SOLUTION	Tier 3	PA, QL (4 PER 30 OVER TIME)
PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ	Tier 3	PA, QL (2 PER 30 OVER TIME)
SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT)	Tier 3	LA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>IMMUNOSUPPRESSANTS</b>		
AZATHIOPRINE SODIUM 100 MG RECON SOLN	Tier 2	BvD
<i>azathioprine tab 50 mg</i>	Tier 2	BvD
<i>cyclosporine (cap 100 mg, cap 25 mg, iv soln 50 mg/ml)</i>	Tier 2	BvD
<i>cyclosporine modified (for microemulsion) (cap 100 mg, cap 25 mg, cap 50 mg, oral soln 100 mg/ml)</i>	Tier 2	BvD
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	Tier 3	PA
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	Tier 3	PA
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 3	PA
<i>everolimus (immunosuppressant) (tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg)</i>	Tier 2	PA
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 3	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 3	PA
HUMIRA PEN (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT, 80 MG/0.8ML PEN KIT)	Tier 3	PA
HUMIRA PEN-CD/UC/HS STARTER (40 MG/0.8ML PEN KIT, 80 MG/0.8ML PEN KIT)	Tier 3	PA

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	Tier 3	PA
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	Tier 3	PA
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	Tier 3	PA
leflunomide (tab 10 mg, tab 20 mg)	Tier 2	
methotrexate sodium (250 mg/10ml solution, for inj 1 gm, inj 50 mg/2ml (25 mg/ml), inj pf 1000 mg/40ml (25 mg/ml), inj pf 250 mg/10ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml))	Tier 2	BvD
methotrexate sodium tab 2.5 mg (base equiv)	Tier 2	
mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)	Tier 2	BvD
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	Tier 2	BvD
mycophenolate sodium (tab dr 180 mg (mycophenolic acid equiv), tab dr 360 mg (mycophenolic acid equiv))	Tier 2	BvD
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	Tier 3	PA
REZUROCK 200 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	Tier 3	PA, QL (56 PER 365 OVER TIME)
SANDIMMUNE 100 MG/ML SOLUTION	Tier 3	BvD
sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	BvD
tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)	Tier 2	BvD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XATMEP 2.5 MG/ML SOLUTION	Tier 3	PA
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)
<b>VACCINES</b>		
ACTHIB RECON SOLN	Tier 3	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	Tier 3	
BCG VACCINE 50 MG RECON SOLN	Tier 3	
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	
DENGVAXIA RECON SUSP	Tier 3	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	Tier 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	Tier 3	BvD
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	Tier 3	
HAVRIX (1440 EL U/ML SUSPENSION, 720 EL U/0.5ML SUSPENSION)	Tier 3	
HIBERIX 10 MCG RECON SOLN	Tier 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	Tier 3	
INFANRIX 25-58-10 SUSPENSION	Tier 3	
IPOP INJECTABLE	Tier 3	
IXIARO SUSPENSION	Tier 3	
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	
M-M-R II RECON SOLN	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENACTRA SOLUTION	Tier 3	
MENQUADFI SOLUTION	Tier 3	
MENVEO RECON SOLN	Tier 3	
PEDIARIX SUSP PRSYR	Tier 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	Tier 3	
PENTACEL RECON SUSP	Tier 3	
PREHEVBRIOD 10 MCG/ML SUSPENSION	Tier 3	BvD
PRIORIX RECON SUSP	Tier 3	
PROQUAD RECON SUSP	Tier 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	
RABAVERT RECON SUSP	Tier 3	
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION, 5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	Tier 3	BvD
ROTARIX RECON SUSP	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 3	BvD
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	Tier 3	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	Tier 3	
VARIVAX 1350 PFU/0.5ML INJECTABLE	Tier 3	
YF-VAX INJECTABLE	Tier 3	
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP	Tier 3	QL (1 PER 365 OVER TIME)

## INFLAMMATORY BOWEL DISEASE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>AMINOSALICYLATES</b>		
balsalazide disodium cap 750 mg	Tier 2	
mesalamine (cap er 24hr 0.375 gm, tab delayed release 1.2 gm)	Tier 2	QL (4 PER 1 DAYS)
mesalamine (enema 4 gm, suppos 1000 mg)	Tier 2	
sulfasalazine (tab 500 mg, tab delayed release 500 mg)	Tier 2	
<b>GLUCOCORTICOIDS</b>		
budesonide delayed release particles cap 3 mg	Tier 2	PA, QL (3 PER 1 DAYS)
budesonide tab er 24hr 9 mg	Tier 2	PA, QL (1 PER 1 DAYS)
hydrocortisone (tab 10 mg, tab 20 mg, tab 5 mg)	Tier 2	
hydrocortisone enema 100 mg/60ml	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## METABOLIC BONE DISEASE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>METABOLIC BONE DISEASE AGENTS</b>		
alendronate sodium (40 mg tab, 5 mg tab, tab 10 mg, tab 35 mg, tab 5 mg, tab 70 mg)	Tier 1	
calcitonin (salmon) nasal soln 200 unit/act	Tier 2	QL (3.7 PER 30 OVER TIME)
calcitriol (1 mcg/ml solution, cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)	Tier 2	BvD
cinacalcet hcl (tab 30 mg (base equiv), tab 60 mg (base equiv), tab 90 mg (base equiv))	Tier 2	BvD
doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg, inj 4 mcg/2ml (2 mcg/ml))	Tier 2	BvD
ETIDRONATE DISODIUM 200 MG TAB	Tier 2	
FORTEO 600 MCG/2.4ML SOLN PEN	Tier 3	PA
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	Tier 2	PA
ibandronate sodium tab 150 mg (base equivalent)	Tier 2	
NATPARA (100 MCG CARTRIDGE, 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE)	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg, iv soln 2 mcg/ml, iv soln 5 mcg/ml)	Tier 2	BvD
PROLIA 60 MG/ML SOLN PRSYR	Tier 3	PA
risedronate sodium (tab 150 mg, tab 35 mg, tab 5 mg)	Tier 2	
TYMLOS 3120 MCG/1.56ML SOLN PEN	Tier 3	PA, QL (1.56 PER 28 OVER TIME)
XGEVA 120 MG/1.7ML SOLUTION	Tier 3	PA, QL (1.7 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## METABOLIC BONE DISEASE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zoledronic acid (4 mg recon soln, 4 mg/100ml solution, inj conc for iv infusion 4 mg/5ml, iv soln 5 mg/100ml)	Tier 2	BvD

## MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ADVOCATE ALCOHOL PREP PADS 70 % PAD	Tier 2	
ALCOHOL 70% PADS	Tier 2	
ALCOHOL PREP (70 % PAD, PAD)	Tier 2	
ALCOHOL PREP PADS 70 % PAD	Tier 2	
ALCOHOL WIPES 70 % MISC	Tier 2	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	Tier 2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	Tier 2	
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC	Tier 2	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	Tier 2	
BD Pen Needle Mini U/F 31G X 5 MM MISC	Tier 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	Tier 2	
BD Pen Needle Nano U/F 32G X 4 MM MISC	Tier 2	
BD Pen Needle Original U/F 29G X 12.7MM MISC	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD Pen Needle Short U/F 31G X 8 MM MISC	Tier 2	
BIOGUARD GAUZE SPONGES 2"X2" PAD	Tier 2	
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC	Tier 2	
CARETOUCH INSULIN SYRINGE (X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	Tier 2	
CARETOUCH PEN NEEDLES 29G X 12MM MISC	Tier 2	
COMFORT TOUCH ALCOHOL PREP 70 % PAD	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	Tier 2	
CVS ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
DROPSAFE ALCOHOL PREP 70 % PAD	Tier 2	
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	Tier 2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	Tier 2	
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	Tier 2	
<i>gauze pads 2"x2"</i>	Tier 2	
GAUZE PADS 2"X2" PAD	Tier 2	
GNP ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
GNP STERILE GAUZE 2"X2" PAD	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GNP ULTICARE PEN NEEDLES (31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	Tier 2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	Tier 2	
INSULIN PEN NEEDLES	Tier 2	
INSULIN SYRINGE 0.3 ML	Tier 2	
INSULIN SYRINGE 0.5 ML	Tier 2	
INSULIN SYRINGE 1 ML	Tier 2	
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC	Tier 2	
ISOPROPYL ALCOHOL 70 % MISC	Tier 2	
ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
MEDPURA ALCOHOL PADS 70 % MISC	Tier 2	
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 2	
<i>novofine 32g x 6 mm misc</i>	Tier 2	
<i>novotwist 32g x 5 mm misc</i>	Tier 2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
PREVENT DROPSAFE PEN NEEDLES (31G X 6 MM MISC, 31G X 8 MM MISC)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
QC UNIFINE PENTIPS 32G X 4 MM MISC	Tier 2	
RA ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
RELION PEN NEEDLES (31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
RUZURGI 10 MG TAB	Tier 3	PA, LA, QL (10 PER 1 DAYS)
TRUE COMFORT PEN NEEDLES (31G X 8 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	Tier 2	
TRUE COMFORT PRO ALCOHOL PREP 70 % PAD	Tier 2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	Tier 2	
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 2	
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC	Tier 2	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA FLO INSULIN PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	Tier 2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 2	
UNIFINE PEN NEEDLES 32G X 4 MM MISC	Tier 2	
UNIFINE PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
UNIFINE ULTRA PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
<i>water for irrigation, sterile irrigation soln</i>	Tier 2	
ZEVRX INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1ML MISC, X 5/16" 0.5 ML MISC, X 5/16" 1ML MISC)	Tier 2	
ZEVRX PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
ZEVRX STERILE ALCOHOL PREP PAD 70 % PAD	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>OPHTHALMIC AGENTS, OTHER</b>		
ATROPINE SULFATE 1% SOLUTION	Tier 2	
<i>atropine sulfate ophth soln 1%</i>	Tier 2	
<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 2	
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 2	
<i>neomycin-polomy-dexameth (oint 0.1%, susp 0.1%)</i>	Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	Tier 2	
RESTASIS 0.05 % EMULSION	Tier 3	QL (60 PER 30 OVER TIME)
RESTASIS MULTIDOSE 0.05 % EMULSION	Tier 3	QL (5.5 PER 30 OVER TIME)
ROCKLATAN 0.02-0.005 % SOLUTION	Tier 3	QL (2.5 PER 25 OVER TIME)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 2	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
azelastine hcl ophth soln 0.05%	Tier 2	
cromolyn sodium ophth soln 4%	Tier 2	
olopatadine hcl (soln 0.1% (base equivalent), soln 0.2% (base equivalent))	Tier 2	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
BACITRACIN 500 UNIT/GM OINTMENT	Tier 2	
erythromycin ophth oint 5 mg/gm	Tier 2	
GENTAK 0.3 % OINTMENT	Tier 2	
gentamicin sulfate ophth soln 0.3%	Tier 2	
LEVOFLOXACIN 1.5 % SOLUTION	Tier 2	
levofloxacin ophth soln 0.5%	Tier 2	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	Tier 2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 2	
NATACYN 5 % SUSPENSION	Tier 3	
ofloxacin ophth soln 0.3%	Tier 2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	Tier 2	
sulfacetamide sodium ophth soln 10%	Tier 2	
tobramycin ophth soln 0.3%	Tier 2	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
ALREX 0.2 % SUSPENSION	Tier 3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 2	
<i>fluorometholone ophth susp 0.1%</i>	Tier 2	
<i>flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)</i>	Tier 2	
ILEVRO 0.3 % SUSPENSION	Tier 3	QL (1.7 PER 30 OVER TIME)
<i>ketorolac tromethamine (ophth) (soln 0.4%, soln 0.5%)</i>	Tier 2	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 2	
PREDNISOLONE ACETATE 1% SUSPENSION	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE 1% SOLUTION	Tier 2	
PROLENSA 0.07 % SOLUTION	Tier 3	

## OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS

<i>betaxolol hcl ophth soln 0.5%</i>	Tier 2	
CARTEOLOL HCL 1% SOLUTION	Tier 2	
<i>levobunolol hcl (0.5 % solution, ophth soln 0.5%)</i>	Tier 2	
METIPRANOLOL 0.3 % SOLUTION	Tier 2	
<i>timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, soln 0.25%, soln 0.5%)</i>	Tier 2	

## OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 2	
ALPHAGAN P 0.1 % SOLUTION	Tier 3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 2	
AZOPT 1% SUSPENSION	Tier 3	
<i>brimonidine tartrate (soln 0.15%, soln 0.2%)</i>	Tier 2	
<i>brinzolamide ophth susp 1%</i>	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dorzolamide hcl ophth soln 2%	Tier 2	
methazolamide (tab 25 mg, tab 50 mg)	Tier 2	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	Tier 3	
pilocarpine hcl (soln 1%, soln 2%, soln 4%)	Tier 2	
RHOPRESSA 0.02 % SOLUTION	Tier 3	QL (2.5 PER 25 OVER TIME)

## OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

bimatoprost ophth soln 0.03%	Tier 2	ST, QL (5 PER 30 OVER TIME)
latanoprost (0.005 % solution, ophth soln 0.005%)	Tier 2	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 PER 30 OVER TIME)
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Tier 2	QL (5 PER 30 OVER TIME)

## OTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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## OTIC AGENTS

CIPROFLOXACIN HCL 0.2 % SOLUTION	Tier 2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 2	
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	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 2	

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## OTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin-polymyxin-hc (otic) (soln 1%, susp 3.5 mg/ml-10000 unit/ml-1%)	Tier 2	
ofloxacin otic soln 0.3%	Tier 2	

## RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml, susp 1 mg/2ml)	Tier 2	BvD
FLOVENT DISKUS (100 MCG/ACT AER POW BA, 50 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 OVER TIME)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	Tier 3	QL (240 PER 30 OVER TIME)
FLOVENT HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	Tier 3	QL (24 PER 30 OVER TIME)
FLOVENT HFA 44 MCG/ACT AEROSOL	Tier 3	QL (22 PER 30 OVER TIME)
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 2	ST, QL (50 PER 30 OVER TIME)
fluticasone propionate nasal susp 50 mcg/act	Tier 2	QL (16 PER 30 OVER TIME)
PULMICORT FLEXHALER (180 MCG/ACT AER POW BA, 90 MCG/ACT AER POW BA)	Tier 3	QL (2 PER 30 OVER TIME)
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	Tier 3	QL (21.2 PER 30 OVER TIME)
<b>ANTIHISTAMINES</b>		
azelastine hcl (0.1% (137 mcg/), 0.15% (205.5 mcg/))	Tier 2	QL (30 PER 25 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyproheptadine hcl tab 4 mg</i>	Tier 2	PA
<i>hydroxyzine hcl (tab 10 mg, tab 25 mg, tab 50 mg)</i>	Tier 2	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 2	
<i>promethazine hcl (inj 25 mg/ml, inj 50 mg/ml, syrup 6.25 mg/5ml)</i>	Tier 2	PA

### ANTILEUKOTRIENES

<i>montelukast sodium (chew tab 4 mg (base equiv), chew tab 5 mg (base equiv), oral granules packet 4 mg (base equiv), tab 10 mg (base equiv))</i>	Tier 2	QL (1 PER 1 DAYS)
<i>zafirlukast (tab 10 mg, tab 20 mg)</i>	Tier 2	QL (2 PER 1 DAYS)

### BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA 17 MCG/ACT AERO SOLN	Tier 3	QL (25.8 PER 30 OVER TIME)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	Tier 3	QL (30 PER 30 OVER TIME)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 2	BvD
<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 OVER TIME)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	Tier 3	QL (4 PER 30 OVER TIME)

### 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)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
albuterol 90mg hfa inhaler (generic proventil)	Tier 2	QL (13.4 PER 30 OVER TIME)
albuterol 90mg hfa inhaler (generic ventolin)	Tier 2	QL (36 PER 30 OVER TIME)
albuterol sulfate (soln nebu 0.083% (2.5 mg/3ml), soln nebu 0.5% (5 mg/ml), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv))	Tier 2	BvD
albuterol sulfate (tab 2 mg, tab 4 mg)	Tier 2	
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	Tier 2	QL (24 PER 365 OVER TIME)
epinephrine (anaphylaxis) (solution auto-injector 0.15 mg/0.3ml (1:2000), solution auto-injector 0.3 mg/0.3ml (1:1000))	Tier 2	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACCLICK)	Tier 2	QL (24 PER 365 OVER TIME)
levalbuterol hcl (soln nebu 0.31 mg/3ml (base equiv), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv), soln nebu conc 1.25 mg/0.5ml (base equiv))	Tier 2	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	Tier 2	QL (30 PER 30 OVER TIME)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 OVER TIME)
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	Tier 3	QL (4 PER 30 OVER TIME)

## CYSTIC FIBROSIS AGENTS

CAYSTON 75 MG RECON SOLN	Tier 3	PA, LA, QL (84 PER 28 OVER TIME)
KALYDECO (150 MG TAB, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	Tier 3	PA, LA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PULMOZYME 2.5 MG/2.5ML SOLUTION	Tier 3	QL (150 PER 30 OVER TIME), BvD
SYMDEKO (100-150 & 150 MG TAB THPK, 50-75 & 75 MG TAB THPK)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
TOBI PODHALER 28 MG CAP	Tier 3	PA, LA, QL (224 PER 28 OVER TIME)
tobramycin nebu soln 300 mg/4ml	Tier 2	PA, QL (224 PER 28 OVER TIME)
tobramycin nebu soln 300 mg/5ml	Tier 2	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (100-50-75 & 150 MG TAB THPK, 50-25-37.5 & 75 MG TAB THPK)	Tier 3	PA, LA, QL (3 PER 1 DAYS)

## MAST CELL STABILIZERS

cromolyn sodium soln nebu 20 mg/2ml	Tier 2	BvD
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## PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

DALIRESP 250 MCG TAB	Tier 3	PA, QL (28 PER 180 OVER TIME)
DALIRESP 500 MCG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
ELIXOPHYLLIN 80 MG/15ML ELIXIR	Tier 2	
roflumilast tab 250 mcg	Tier 2	PA, QL (28 PER 180 OVER TIME)
roflumilast tab 500 mcg	Tier 2	PA, QL (1 PER 1 DAYS)
theophylline (elixir 80 mg/15ml, soln 80 mg/15ml, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)	Tier 2	

## PULMONARY ANTIHYPERTENSIVES

ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ambrisentan (tab 10 mg, tab 5 mg)	Tier 2	PA, LA, QL (1 PER 1 DAYS)
bosentan tab 125 mg	Tier 2	PA, LA, QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bosentan tab 62.5 mg	Tier 2	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
sildenafil citrate for suspension 10 mg/ml	Tier 2	PA, QL (6 PER 1 DAYS)
sildenafil citrate tab 20 mg	Tier 3	PA, QL (3 PER 1 DAYS)
tadalafil tab 20 mg (pah)	Tier 2	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	Tier 3	PA, LA, QL (4 PER 1 DAYS)
VENTAVIS 10 MCG/ML SOLUTION	Tier 3	LA, QL (270 PER 30 OVER TIME), BvD
VENTAVIS 20 MCG/ML SOLUTION	Tier 3	LA, QL (90 PER 30 OVER TIME), BvD

## PULMONARY FIBROSIS AGENTS

ESBRIET 267 MG CAP	Tier 3	PA, LA, QL (9 PER 1 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	Tier 2	PA, QL (5 PER 1 DAYS)
pirfenidone tab 267 mg	Tier 2	PA, QL (9 PER 1 DAYS)
pirfenidone tab 801 mg	Tier 2	PA, QL (3 PER 1 DAYS)

## RESPIRATORY TRACT AGENTS, OTHER

acetylcysteine (soln 10%, soln 20%)	Tier 2	BvD
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 OVER TIME)
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 PER 28 OVER TIME)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	Tier 3	QL (4 PER 30 OVER TIME)
FLUTICASONE-SALMETEROL (113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA, 55-14 MCG/ACT AER POW BA)	Tier 2	QL (1 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluticasone-salmeterol (aer powder ba 100-50 mcg/act, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)	Tier 2	QL (60 PER 30 OVER TIME)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	BvD
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	Tier 3	PA, LA, QL (3 PER 30 OVER TIME)
NUCALA 40 MG/0.4ML SOLN PRSYR	Tier 3	PA, LA, QL (0.4 PER 28 OVER TIME)
ribavirin for inhal soln 6 gm	Tier 2	BvD
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 OVER TIME)

## SKELETAL MUSCLE RELAXANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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### SKELETAL MUSCLE RELAXANTS

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

## SLEEP DISORDER AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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### SLEEP PROMOTING AGENTS

estazolam (tab 1 mg, tab 2 mg)	Tier 2	QL (1 PER 1 DAYS)
eszopiclone (tab 1 mg, tab 2 mg, tab 3 mg)	Tier 2	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## SLEEP DISORDER AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HETLIOZ 20 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
ramelteon tab 8 mg	Tier 2	QL (1 PER 1 DAYS)
temazepam cap 15 mg	Tier 2	QL (2 PER 1 DAYS)
temazepam cap 30 mg	Tier 2	QL (1 PER 1 DAYS)
triazolam tab 0.125 mg	Tier 2	QL (4 PER 1 DAYS)
triazolam tab 0.25 mg	Tier 2	QL (2 PER 1 DAYS)
zaleplon cap 10 mg	Tier 2	QL (2 PER 1 DAYS)
zaleplon cap 5 mg	Tier 2	QL (4 PER 1 DAYS)
zolpidem tartrate tab 10 mg	Tier 2	QL (1 PER 1 DAYS)
zolpidem tartrate tab 5 mg	Tier 2	QL (2 PER 1 DAYS)

## WAKEFULNESS PROMOTING AGENTS

modafinil tab 100 mg	Tier 2	QL (3 PER 1 DAYS)
modafinil tab 200 mg	Tier 2	QL (2 PER 1 DAYS)
XYREM 500 MG/ML SOLUTION	Tier 3	PA, LA, QL (540 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
aspirin ((300 mg suppos, 600 mg suppos, chew tab 81 mg, tab 325 mg, tab delayed release 325 mg, tab delayed release 81 mg), 300 mg suppos, 600 mg suppos, chew tab 81 mg, tab 325 mg, tab delayed release 325 mg)	Tier 4	NPD
aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg	Tier 4	NPD
BAYER PLUS 500 MG TAB	Tier 4	NPD
ibuprofen ((cap 200 mg, chew tab 100 mg, susp 40 mg/ml, tab 100 mg, tab 200 mg), cap 200 mg, chew tab 100 mg, susp 40 mg/ml, tab 100 mg)	Tier 4	NPD
<b>SMOKING CESSATION AGENTS</b>		
nicotine ((patch 24hr 14 mg/24hr, patch 24hr 21 mg/24hr, patch 24hr 7 mg/24hr), td patch 24hr 14 mg/24hr, td patch 24hr 21 mg/24hr)	Tier 4	NPD
nicotine polacrilex ((gum 2 mg, gum 4 mg, lozenge 2 mg, lozenge 4 mg), gum 2 mg, gum 4 mg, lozenge 2 mg)	Tier 4	NPD
<b>ANTIBACTERIALS, OTHER</b>		
bacitracin oint 500 unit/gm	Tier 4	NPD
bacitracin zinc oint 500 unit/gm	Tier 4	NPD
bacitracin-polymyxin b oint	Tier 4	NPD
neomycin-bacitracin-polymyxin oint	Tier 4	NPD
neomycin-polymyxin w/ pramoxine cream 1%	Tier 4	NPD
<b>ANTIEMETICS, OTHER</b>		
meclizine hcl chew tab 25 mg	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIFUNGALS</b>		
<i>clotrimazole vaginal cream 1%</i>	Tier 4	NPD
<i>miconazole nitrate vaginal ((cream 2%, suppos 100 mg), cream 2%)</i>	Tier 4	NPD
<i>tioconazole vaginal oint 6.5%</i>	Tier 4	NPD
<i>tolnaftate cream 1%</i>	Tier 4	NPD
<b>ANTHELMINTHICS</b>		
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	Tier 4	NPD
<b>ANTIHERPETIC AGENTS</b>		
<i>docosanol cream 10%</i>	Tier 4	NPD
<b>GLYCEMIC AGENTS</b>		
<i>GLUCOSE CHEW TAB 4 GM</i>	Tier 4	NPD
<i>GLUCOSE-VITAMIN C CHEW TAB 4-6 GM-MG</i>	Tier 4	NPD
<b>HEMOSTASIS AGENTS</b>		
<i>phytonadione tab 100 mcg</i>	Tier 4	NPD
<i>phytonadione tab 5 mg</i>	Tier 4	QL (5 PER 7 OVER TIME), NPD
<b>DYSLIPIDEMICS, OTHER</b>		
<i>niacin ((cap er 250 mg, cap er 500 mg, tab 100 mg, tab 250 mg, tab 50 mg, tab 500 mg, tab er 250 mg, tab er 500 mg, tab er 750 mg), cap er 250 mg, cap er 500 mg, tab 100 mg, tab 250 mg, tab 50 mg, tab 500 mg, tab er 250 mg, tab er 500 mg)</i>	Tier 4	NPD
<i>NIACIN ER 1000 MG TAB ER</i>	Tier 4	NPD
<i>niacinamide tab 500 mg</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
acetaminophen ((tab 325 mg, tab 500 mg), tab 325 mg)	Tier 4	NPD
phentermine hcl ((cap 15 mg, cap 30 mg), cap 15 mg)	Tier 4	PA, NPD
QSYMIA ((11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H, 3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H), 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H, 3.75-23 MG CAP ER 24H)	Tier 4	PA, NPD
<b>DERMATITIS AND PRURITUS AGENTS</b>		
CALAMINE LOTION	Tier 4	NPD
hydrocortisone (topical) ((cream 0.5%, cream 1%, oint 0.5%), cream 0.5%, cream 1%)	Tier 4	NPD
MONISTAT SOOTHING CARE ITCH 1% CREAM	Tier 4	NPD
selenium sulfide lotion 1%	Tier 4	NPD
<b>DERMATOLOGICAL AGENTS, OTHER</b>		
benzoyl peroxide ((cream 10%, gel 10%, liq 10%), cream 10%, gel 10%)	Tier 4	NPD
CALAMINE LOTION	Tier 4	NPD
CALAMINE-ZINC OXIDE 8-8 % SUSPENSION	Tier 4	NPD
EQ CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
GOODSENSE CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
RA CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
RA DAYLOGIC ACNE FOAMING WASH 10 % FOAM	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>PEDICULICIDES/SCABICIDES</b>		
NIX COMPLETE LICE TREATMENT 1 & 0.25 % KIT	Tier 4	NPD
permethrin ((creme rinse 1%, lotion 1%), creme rinse 1%)	Tier 4	NPD
pyreth-piperonyl butox shampoo permeth aero-nit remover gel kit	Tier 4	NPD
pyrethrins-piperonyl butoxide ((liq 0.33-4%, shampoo 0.33-4%), liq 0.33-4%)	Tier 4	NPD
RID 0.33-4 % LIQUID	Tier 4	NPD
RID COMPLETE LICE ELIMINATION KIT	Tier 4	NPD
<b>ELECTROLYTE/MINERAL REPLACEMENT</b>		
ferrous sulfate ((tab 27 mg (elemental fe), tab 325 mg (65 mg elemental fe)), tab 27 mg (elemental fe))	Tier 4	NPD
oral electrolyte solution	Tier 4	NPD
<b>VITAMINS</b>		
ascorbic acid ((tab 1000 mg, tab 250 mg), tab 1000 mg)	Tier 4	NPD
B-12 5000 MCG TAB DISP	Tier 4	NPD
B-12 DOTS 500 MCG TAB DISP	Tier 4	NPD
CALCI-CHEW 1250 (500 CA) MG CHEW TAB	Tier 4	NPD
calcium ascorbate tab 500 mg	Tier 4	NPD
calcium carbonate ((1250 (500 ca) mg chew tab, tab 1250 mg (500 mg elemental ca), tab 1500 mg (600 mg elemental ca), tab 600 mg), 1250 (500 ca) mg chew tab, tab 1250 mg (500 mg elemental ca), tab 1500 mg (600 mg elemental ca))	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium carbonate-cholecalciferol ((carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit), carb-cholecalciferol tab 500 mg-10 mcg (400 unit), carb-cholecalciferol tab 500 mg-15 mcg (600 unit), carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit), tab 500 mg-200 unit, tab 500 mg-400 unit, tab 500 mg-5 mcg(200 unit), tab 500 mg-600 unit), carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit), carb-cholecalciferol tab 500 mg-10 mcg (400 unit), carb-cholecalciferol tab 500 mg-15 mcg (600 unit), carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit), tab 500 mg-200 unit, tab 500 mg-400 unit, tab 500 mg-5 mcg(200 unit))	Tier 4	NPD
calcium carbonate-ergocalciferol tab 500 mg-5 mcg (200 unit)	Tier 4	NPD
calcium carbonate-vitamin d ((tab 250 mg-3.125 mcg (125 unit), tab 500 mg-3.125 mcg (125 unit), tab 500 mg-5 mcg (200 unit)), tab 250 mg-3.125 mcg (125 unit), tab 500 mg-3.125 mcg (125 unit))	Tier 4	NPD
CALCIUM GLUCONATE ((50 MG TAB, 500 MG TAB), 50 MG TAB)	Tier 4	NPD
calcium tab 600 mg	Tier 4	NPD
CALCIUM/C/D 500-10-250 MG-MG-UNIT CHEW TAB	Tier 4	NPD
CHEWABLE CALCIUM/D3 500-15 MG-MCG WAFER	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ferrous sulfate ((220 (44 fe) mg/5ml liquid, elixir 220 mg/5ml (44 mg/5ml fe), soln 75 mg/ml (15 mg/ml fe), syrup 300 mg/5ml (60 mg/5ml fe), tab ec 325 mg (65 mg fe equivalent)), 220 (44 fe) mg/5ml liquid, elixir 220 mg/5ml (44 mg/5ml fe), soln 75 mg/ml (15 mg/ml fe), syrup 300 mg/5ml (60 mg/5ml fe))	Tier 4	NPD
ferrous sulfate dried tab 200 mg (65 mg elemental fe)	Tier 4	NPD
folic acid ((cap 0.8 mg, tab 1 mg, tab 400 mcg, tab 800 mcg), cap 0.8 mg, tab 1 mg, tab 400 mcg)	Tier 4	NPD
MAG-G 500 (27 MG) MG TAB	Tier 4	NPD
magnesium gluconate tab 500 mg (27 mg elemental mg)	Tier 4	NPD
methylcobalamin orally disintegrating tab 5000 mcg	Tier 4	NPD
omega-3 fatty acids cap 1000 mg	Tier 4	NPD
OYSTER SHELL CALCIUM 500 + D 500-3.125 MG-MCG TAB	Tier 4	NPD
oyster shell calcium tab 500 mg	Tier 4	NPD
OYSTER SHELL CALCIUM/D 500-5 MG-MCG TAB	Tier 4	NPD
PRE-NATAL FORMULA TAB	Tier 4	NPD
PRENATAL (W/IRON & FA) 27-0.8 MG TAB	Tier 4	NPD
PRENATAL FORTE TAB	Tier 4	NPD
PRENATAL VITAMIN WITH IRON TAB 27-0.8 MG	Tier 4	NPD
PRENATAL VITAMIN WITH IRON TAB 28-0.8 MG	Tier 4	NPD
PRENATAL/IRON TAB	Tier 4	NPD
pyridoxine hcl ((tab 100 mg, tab 50 mg), tab 100 mg)	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RA OYSTER SHELL CALCIUM/D2 500-5 MG-MCG TAB	Tier 4	NPD
riboflavin ((tab 100 mg, tab 50 mg), tab 100 mg)	Tier 4	NPD
thiamine hcl tab 100 mg	Tier 4	NPD
thiamine mononitrate tab 100 mg	Tier 4	NPD
vitamin a cap 3 mg (10000 unit)	Tier 4	NPD
vitamin e ((cap 180 mg (400 unit), cap 268 mg (400 unit), cap 400 unit), cap 180 mg (400 unit), cap 268 mg (400 unit))	Tier 4	NPD
VITAMIN K 100 MCG TAB	Tier 4	NPD

### ANTI-CONSTIPATION AGENTS

bisacodyl ((suppos 10 mg, tab delayed release 5 mg), suppos 10 mg)	Tier 4	NPD
docusate sodium ((cap 100 mg, cap 250 mg, liquid 150 mg/15ml), cap 100 mg, cap 250 mg)	Tier 4	NPD
glycerin (laxative) ((suppos 1 gm, suppos 1.2 gm, suppos 2 gm, suppos 2.1 gm, suppos 80.7%), suppos 1 gm, suppos 1.2 gm, suppos 2 gm, suppos 2.1 gm)	Tier 4	NPD
magnesium citrate soln	Tier 4	NPD
polyethylene glycol 3350 ((oral packet 17 gm, oral powder 17 gm/scoop), oral packet 17 gm)	Tier 4	NPD
sennosides tab 8.6 mg	Tier 4	NPD

### ANTI-DIARRHEAL AGENTS

ANTI-DIARRHEAL 1 MG/5ML LIQUID	Tier 4	NPD
loperamide hcl ((liq 1 mg/5ml (0.2 mg/ml), liq 1 mg/7.5ml, tab 2 mg), liq 1 mg/5ml (0.2 mg/ml), liq 1 mg/7.5ml)	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
ALLI 60 MG CAP	Tier 4	PA, NPD
<i>alum &amp; mag hydrox-simethicone ((mag hydroxide-simethicone susp 200-200-20 mg/5ml, mag hydroxide-simethicone susp 400-400-40 mg/5ml), mag hydroxide-simethicone susp 200-200-20 mg/5ml)</i>	Tier 4	NPD
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	Tier 4	NPD
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Tier 4	NPD
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	Tier 4	NPD
<i>bismuth subsalicylate ((chew tab 262 mg, susp 525 mg/15ml, tab 262 mg), chew tab 262 mg, susp 525 mg/15ml)</i>	Tier 4	NPD
<i>calcium carbonate (antacid) ((chew tab 500 mg, chew tab 750 mg), chew tab 500 mg)</i>	Tier 4	NPD
CALCIUM CARBONATE ANTACID 648 MG TAB	Tier 4	NPD
<i>simethicone ((cap 125 mg, chew tab 80 mg, susp 40 mg/0.6ml), cap 125 mg, chew tab 80 mg)</i>	Tier 4	NPD
SM FOAMING ANTACID 80-20 MG CHEW TAB	Tier 4	NPD
<i>sodium bicarbonate tab 325 mg</i>	Tier 4	NPD
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>famotidine tab 10 mg</i>	Tier 4	NPD
<b>PROTON PUMP INHIBITORS</b>		
<i>omeprazole delayed release tab 20 mg</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>GENITOURINARY AGENTS, OTHER</b>		
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	Tier 4	NPD
VCF VAGINAL CONTRACEPTIVE ((12.5 % FOAM, 4 % GEL), 12.5 % FOAM)	Tier 4	NPD
<b>PROGESTINS</b>		
levonorgestrel tab 1.5 mg	Tier 4	NPD
<b>METABOLIC BONE DISEASE AGENTS</b>		
ergocalciferol ((cap 1.25 mg (50000 unit), soln 200 mcg/ml (8000 unit/ml)), cap 1.25 mg (50000 unit))	Tier 4	NPD
VITAMIN D2 10 MCG (400 UNIT) TAB	Tier 4	NPD
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
AEROCHAMBER MINI CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER MV MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU LARGE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU SMALL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU W/MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLOW VU MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER W/FLOWSIGNAL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER Z-STAT PLUS MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER Z-STAT PLUS/LARGE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER Z-STAT PLUS/SMALL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROVENT PLUS DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
AIRIAL CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHE EASE LARGE DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHE EASE MEDIUM DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHE EASE SMALL DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE COLL SPACER ADULT MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE COLL SPACER CHILD MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE COLL SPACER INFANT MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE RIGID SPACER/MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE SPACER NEONATE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE SPACER SMALL CHILD MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE/LARGE MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
BREATHERITE/MEDIUM MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BREATHERITE/SMALL MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
CLEVER CHOICE HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
COMPACT SPACE CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
COMPACT SPACE CHAMBER/LG MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
COMPACT SPACE CHAMBER/MED MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
CONDOMS LATEX LUBRICATED	Tier 4	NPD
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 4	NPD
EASIVENT MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
EASIVENT MASK LARGE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
EASIVENT MASK MEDIUM MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
EASIVENT MASK SMALL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
EQ SPACE CHAMBER ANTI-STATIC DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
FLEXICHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
INSPIRACHAMBER/LARGE DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
INSPIRACHAMBER/MEDIUM DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
INSPIRACHAMBER/SMALL DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
INSPIREASE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
LITEAIRE DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
MICROCHAMBER ((DEVICE, MISC), DEVICE)	Tier 4	QL (2 PER 365 OVER TIME), NPD
MICROSPACER MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER ADVANTAGE-LG MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER ADVANTAGE-MED MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER ADVANTAGE-SM MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER DIAMOND ((DEVICE, MISC), DEVICE)	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER DIAMOND-LG MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER DIAMOND-MD MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER DIAMOND-SM MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER FACE MASK-LARGE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER FACE MASK-MEDIUM MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTICHAMBER FACE MASK- SMALL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPTIHALER ((DEVICE, MISC), DEVICE)	Tier 4	QL (2 PER 365 OVER TIME), NPD
POCKET CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
POCKET SPACER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
PRO COMFORT SPACER ADULT MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
PRO COMFORT SPACER CHILD MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
PRO COMFORT SPACER INFANT DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
PROCARE SPACER/ADULT MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
PROCARE SPACER/CHILD MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
RITEFLO DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
<i>saline nasal spray 0.65%</i>	Tier 4	NPD
SAXENDA 18 MG/3ML SOLN PEN	Tier 4	PA, NPD
VALVED HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
WATCHHALER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD

## OPHTHALMIC AGENTS, OTHER

<i>eye wash</i>	Tier 4	NPD
MURO 128 2 % SOLUTION	Tier 4	NPD
<i>naphazoline w/ pheniramine ophth soln 0.027-0.315%</i>	Tier 4	NPD
<i>polyvinyl alcohol ophth soln 1.4%</i>	Tier 4	NPD
<i>sodium chloride hypertonic ophth soln 5%</i>	Tier 4	NPD

## OPHTHALMIC ANTI-ALLERGY AGENTS

<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 4	NPD
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You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>OTIC AGENTS</b>		
<i>carbamide peroxide 6.5% otic soln</i>	Tier 4	NPD
<b>ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS</b>		
NASACORT ALLERGY 24HR 55 MCG/ACT AEROSOL	Tier 4	NPD
NASACORT ALLERGY 24HR CHILDREN 55 MCG/ACT AEROSOL	Tier 4	NPD
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 4	NPD
<b>ANTIHISTAMINES</b>		
<i>cetirizine hcl ((tab 10 mg, tab 5 mg), tab 10 mg)</i>	Tier 4	NPD
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	Tier 4	NPD
<i>diphenhydramine hcl ((cap 25 mg, elixir 12.5 mg/5ml, liquid 12.5 mg/5ml, tab 25 mg), cap 25 mg, elixir 12.5 mg/5ml, liquid 12.5 mg/5ml)</i>	Tier 4	NPD
<i>fexofenadine hcl ((tab 180 mg, tab 60 mg), tab 180 mg)</i>	Tier 4	NPD
<i>loratadine ((rapidly-disintegrating tab 10 mg, tab 10 mg), rapidly-disintegrating tab 10 mg)</i>	Tier 4	NPD
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>NASAL DECONGESTANT ((30 MG/5ML LIQUID, 30 MG/5ML SYRUP), 30 MG/5ML LIQUID)</i>	Tier 4	NPD
<i>pseudoephedrine hcl ((tab 30 mg, tab 60 mg), tab 30 mg)</i>	Tier 4	NPD
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
<i>benzonatate ((cap 100 mg, cap 200 mg), cap 100 mg)</i>	Tier 4	NPD
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

## Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
guaifenesin-codeine soln 100-10 mg/5ml	Tier 4	QL (420 PER 30 OVER TIME), NDS, NPD
HYCODAN 5-1.5 MG/5ML SOLUTION	Tier 4	QL (210 PER 30 OVER TIME), NDS, NPD
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	Tier 4	QL (210 PER 30 OVER TIME), NDS, NPD
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
promethazine-dm ((6.25-15 mg/5ml solution, syrup 6.25-15 mg/5ml), 6.25-15 mg/5ml solution)	Tier 4	PA, NPD
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
triprolidine & pseudoephedrine tab 2.5-60 mg	Tier 4	NPD

You can find information on what the symbols and abbreviations in this table mean by going to pages xvi - xvii and reading the explanation provided in the legends.

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请留意：如果您说中文，可以免费获得语言协助服务。请拨打 1-855-905-3825（听障和语障专线：711），每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

### **한국어(Korean):**

주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다.  
1-855-905-3825(TTY: 711)번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다.  
이 전화는 무료입니다.

### **Русский (Russian):**

ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам  
бесплатные услуги языковой поддержки. Звоните по телефону 1-855-905-3825 (TTY: 711)  
с 8:00 до 20:00 без выходных. Звонок бесплатный.

### **:فارسی (Farsi)**

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه بر اختیار شما می باشد. با شماره 1-855-905-3825 (TTY: 711)، از ساعت 00:00 صبح تا 00:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

### **भाषा (Hindi):**

ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। फोन करना  
1-855-905-3825 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फोन करना फ्री है।

### **Lus Hmoob (Hmong):**

LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau  
1-855-905-3825 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnub hauv  
ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

### **Español (Spanish):**

ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-855-905-3825 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

## Tiếng Việt (Vietnamese):

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-855-905-3825 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

## Tagalog (Tagalog):

PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na libreng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-855-905-3825 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

## العربية (Arabic)

تبيه: إذا كنت تتحدث اللغة العربية، يتتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-855-905-3825 (TTY: 711)، من الساعة 8:00 صباحاً إلى 8:00 مساءً طوال أيام الأسبوع. علماً بأن هذه المكالمة مجانية.

## ພາສາລາວ (Laotian):

ໜຶ່ງໜໍ້າຕັນ: ຖ້າທ່ານເວົ້າພາວະວາວແມ່ນມີບໍລິການຈ່ວຍເຫຼືອທາງດ້ານພາວັນປ່ານຄ່າໃຫ້ທ່ານ. ໂທທາງເບີ 1-855-905-3825 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເລັດວັນຕ່ອາທິດ. ການໃຫ້ແມ່ນປ່ານຄ່າ.

## 日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-905-3825 (TTY: 711) まで、お電話にてご連絡ください。毎日午前8時から午後8時まで受け付けています。通話は無料です。

## ภาษาไทย (Thai):

เรียน ห้ามคุณพูดภาษา ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-855-905-3825 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

## ਪੰਜਾਬੀ (Punjabi):

ਸਾਵਧਾਨ : ਜੇ ਤੁਸੀਂ [ਪੰਜਾਬੀ] ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ 1-855-905-3825 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ | 711), ਸਵੇਰ ਦੇ 8 ਵਜੇ ਤੋਂ ਲੈ ਕੇ ਰਾਤ ਦੇ 8 ਵਜੇ ਤਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਢ੍ਹੀ ਹੈ |

## ខ្មែរ (Khmer):

ចាប់អារម្មណ៍: បើសិនអ្នកគិតយាយភាសាខ្មែរ សេវាឌំឡូយភាសា តីមានសំរាប់អ្នក ដោយតាតាតិតាដំឡូយ។ ហើយ 1-855-905-3825 (TTY: 711) ចេញ 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃខ្លះ។

## Հայերեն (Armenian):

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրելի են անվճար լեզվական օգնության ծառայություններ: Զանգահարեք 1-855-905-3825 (TTY՝ 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեղախոսազանգն անվճար է:

**Українська (Ukrainian):**

ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовою підтримки. Телефонуйте 1-855-905-3825 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.

**Mienh (Mien):**

TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx taux 1-855-905-3825 (TTY: 711), 8:00 diemv ziangh hoc lungh ndorm mingh taux 8:00 ziangh hoc lungh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.

Дата последней редакции: **11/22/2022**. Чтобы получить более актуальные сведения или задать вопросы, звоните в отдел по работе с клиентами плана Blue Shield Promise Cal MediConnect Plan по телефону 1-855-905-3825 (TTY: 711) ежедневно с 8:00 до 20:00 или посетите веб-сайт [www.blueshieldca.com/promise/calmediconnect](http://www.blueshieldca.com/promise/calmediconnect).