



Blue Shield TotalDual Plan (HMO D-SNP), a Medicare Medi-Cal Plan 2026 *List of Covered Drugs (Drug List or Formulary)*

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

Formulary ID 26258, Version 27

This *Drug List* was updated on 06/23/2026 .

For more recent information or other questions, contact us at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week or visit blueshieldca.com/medformulary2026.

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY: 711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



06/23/2026

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by Blue Shield TotalDual Plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Blue Shield TotalDual Plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	iv
B. Frequently Asked Questions (FAQ)	xiv
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.).....	xiv
B2. Does the <i>Drug List</i> ever change?	xiv
B3. What happens when there’s a change to the <i>Drug List</i> ?	xv
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	xvii
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	xvii
B6. What happens if Blue Shield TotalDual Plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?.....	xvii
B7. How can I find a drug on the <i>Drug List</i> ?.....	xviii
B8. What if the drug I want to take isn’t on the <i>Drug List</i> ?	xviii
B9. What if I’m a new Blue Shield TotalDual Plan member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?	xviii
B10. Can I ask for an exception to cover my drug?	xx
B11. How can I ask for an exception?.....	xx
B12. How long does it take to get an exception?	xx
B13. What are generic drugs?.....	xx

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B14. What are original biological products and how are they related to biosimilars?	xxi
B15. Does Blue Shield TotalDual Plan cover long-term supplies of prescriptions?	xxi
B16. Can I get prescriptions delivered to my home from my local pharmacy?	xxii
B17. What's my copay?.....	xxii
C. Overview of the <i>List of Covered Drugs</i>	xxiii
C1. List of Drugs by Medical Condition	xxiv
D. Index of Covered Drugs	131

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A. Disclaimers

This is a list of drugs that members can get in Blue Shield TotalDual Plan.

- ❖ Blue Shield of California is an HMO D-SNP plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends on contract renewal.
- ❖ You can always check Blue Shield TotalDual Plan's up-to-date *List of Covered Drugs* online at blueshieldca.com/medformulary2026 or by calling (800) 452-4413 (TTY:711). This call is free.
- ❖ Blue Shield of California is an independent member of the Blue Shield Association.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call at the numbers in the footer of this document. The call is free.
- ❖ The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。
- ❖ *This document is available for free in English, Spanish, Arabic, Armenian, Simplified Chinese, Traditional Chinese, Farsi, Khmer (Cambodian), Korean, Russian, Tagalog, and Vietnamese.*

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



ATTENTION: If you need help in your language, call (800) 452-4413 (TTY:711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (800) 452-4413 (TTY:711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-452-4413 (TTY:711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-452-4413 (TTY:711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-452-4413 (TTY:711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-452-4413 (TTY:711): Այդ ծառայություններն անվճար են:

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-452-4413 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-452-4413 (TTY: 711)。这些服务都是免费的。

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-452-4413 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-452-4413 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-452-4413 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-452-4413 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-452-4413 (TTY: 711)へお電話ください。

点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

1-800-452-4413 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ
1-800-452-4413

(TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-800-452-4413 (TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih
qiemx longc mienh tengx faan benx meih nyei waac nor douc
waac daaih lorx taux 1-800-452-4413 (TTY: 711). Liouh lorx
jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo
wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun
hluo mbiutc aengx caux aamz mborqv benx domh sou se
mbenc nzoih bun longc. Douc waac daaih lorx 1-800-452-
4413 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se
benx wang-henh tengx mv zuqc cuotv nyaanh oc.

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម
ទូរស័ព្ទទៅលេខ 1-800-452-4413 (TTY:711)។ ជំនួយ និង
សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ
សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ
ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-452-4413
(TTY:711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

مطلب به زبان فارسی (Persian (Farsi))

1-800-452-4413 توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با
تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، (TTY: 711)
1-800-مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با
452-4413 (TTY: 711). این خدمات رایگان ارائه می‌شوند.

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-452-4413 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-452-4413 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-452-4413 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-452-4413 (TTY: 711). Estos servicios son gratuitos.

This section is continued on the next page

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-452-4413 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-452-4413 (TTY: 711). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-452-4413 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-452-4413 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

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If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-452-4413 (ТТҮ: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-452-4413 (ТТҮ: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-452-4413 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-452-4413 (TTY: 711). Các dịch vụ này đều miễn phí.

- ❖ You can make a standing request to get this document and future required communications in a language other than English or in an alternate format (large print, braille, audio, etc.). You can contact Blue Shield TotalDual Plan Customer Service at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week to make this request. Customer Service will keep your preferred language and format on file until such time you wish to make updates.
- ❖ To make a change to a standing request to receive required communications in a preferred language or in an alternate format, please contact Blue Shield TotalDual Plan Customer Service at (800) 452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m. PT, seven days a week.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by Blue Shield TotalDual Plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- Blue Shield TotalDual Plan will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Blue Shield TotalDual Plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Blue Shield TotalDual Plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at blueshieldca.com/medformulary2026 or call Customer Service at the numbers in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and Blue Shield TotalDual Plan must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the *Drug List* during the year.

This section is continued on the next page

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Blue Shield TotalDual Plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, or
- we learn that a drug isn't safe, or
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Blue Shield TotalDual Plan's up-to-date *Drug List* online at blueshieldca.com/medformulary2026. Updates to the *Drug List* are posted on the website monthly.
- You can also call Customer Service at the numbers in the footer of this document to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



- We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Your prescriber will also know about this change and can work with you to find another drug for your condition.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* or
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead or
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

This section is continued on the next page

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Blue Shield TotalDual Plan before you fill your prescription. Prior authorization is different from a referral. Blue Shield TotalDual Plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Blue Shield TotalDual Plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes Blue Shield TotalDual Plan requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at blueshieldca.com/medformulary2026. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled "List of Drugs by Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Blue Shield TotalDual Plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in the index that begins on page 131 . The index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List* ?

If you don’t find your drug on the *Drug List*, call Customer Service at the numbers in the footer of this document and ask about it. If you learn that Blue Shield TotalDual Plan won’t cover the drug, you can do one of these things:

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**
- Ask Blue Shield TotalDual Plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new Blue Shield TotalDual Plan member and can’t find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a 30-day supply of your drug during the first 90 days you’re a member of Blue Shield TotalDual Plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we’ll allow multiple refills to provide up to a maximum of 30 days of medication.

This section is continued on the next page

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



We'll cover a 30-day supply of your drug if:

- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Blue Shield TotalDual Plan, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a drug that Blue Shield TotalDual Plan doesn't consider to be a Part D drug, and the drug isn't on the *Drug List*, and you have a problem getting the drug, it may be covered through Medi-Cal Rx. If a Part D excluded drug requires an exception, and you have an emergency, Medi-Cal Rx will allow no less than 72-hour supply of the drug. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal BIC when getting prescriptions through Medi-Cal Rx.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new Blue Shield TotalDual Plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of Blue Shield TotalDual Plan.

Transition Policy

In circumstances where a beneficiary is changing from one treatment setting to another, Blue Shield TotalDual Plan will ensure a fast process for approving non-formulary Part D drugs. This process shall also apply to formulary Part D drugs that require prior authorization or step-therapy. Examples of level of care changes are beneficiaries who are discharged from a hospital to a home; beneficiaries who end their skilled nursing facility Medicare Part A stay and who need to revert to their Part D plan formulary; beneficiaries who end a long-term care facility stay and return to the community; and, beneficiaries who are discharged from psychiatric hospitals with medication regimens that are highly individualized.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



B10. Can I ask for an exception to cover my drug?

Yes. You can ask Blue Shield TotalDual Plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Blue Shield TotalDual Plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Customer Service. Customer Service will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section G2** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Your prescriber can send this statement electronically (online or fax) or by mail. They can also call Blue Shield Pharmacy Department at (800) 535-9481 and give us the statement verbally and then send us a written statement, if needed.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Blue Shield TotalDual Plan covers both brand name drugs and generic drugs.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. Does Blue Shield TotalDual Plan cover long-term supplies of prescriptions?

For certain kinds of drugs, you can use the plan's network home delivery provider. Generally, the drugs provided through home delivery are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs that are not available through the plan's home delivery provider are marked with the symbol NDS in our Drug List.

- **Home Delivery Services.** We offer a home delivery service that allows you to get **up to a 100-day supply for Tier 1: Preferred Generic Drugs, Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs.** A 100-day supply for Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs has the same copay as a one-month supply for Tiers 1 and 2. A 100-day supply for Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs has the same copay as a one-month supply for Tiers 3 and 4.
- **Retail Pharmacy Programs.** Some retail pharmacies may also offer **up to a 100-day supply for Tier 1: Preferred Generic Drugs, Tier 2: Generic Drugs, Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs.** A 100-day supply for Tier 1: Preferred Generic Drugs and Tier 2: Generic Drugs has the same copay as a one-month supply for Tiers 1 and 2. A 100-day supply for Tier 3: Preferred Brand Drugs and Tier 4: Non-Preferred Drugs has the same copay as a one-month supply for Tiers 3 and 4.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



B16. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B17. What's my copay?

Bue Shield TotalDual Plan members have copays for prescription if the member follows the plan's rules.

Tiers are groups of drugs on our *Drug List*.

- Tier 1 drugs are Preferred Generic Drugs
- Tier 2 drugs are Generic Drugs
- Tier 3 drugs are Preferred Brand Drugs
- Tier 4 drugs are Non-Preferred Drugs
- Tier 5 drugs are Specialty Tier Drugs

Tier	Description	Copayment	
		30-day supply	100-day supply
Tier 1	Preferred Generic Drugs	\$0	\$0
Tier 2	Generic Drugs	\$0	\$0
Tier 3	Preferred Brand Drugs	\$0, \$5.10, \$12.65	\$0, \$5.10, \$12.65
Tier 4	Non-Preferred Drugs	\$0, \$5.10, \$12.65	\$0, \$5.10, \$12.65
Tier 5	Specialty Tier Drugs	\$0, \$5.10, \$12.65	Not available

If you have questions, call Customer Service at the numbers in the footer of this document.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Blue Shield TotalDual Plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by Blue Shield TotalDual Plan.

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

Appeals Under Part D

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Medi-Cal.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Customer Service at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.
- Drugs that aren't a Part D drug have different rules for appeals.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That's where you'll find drugs that treat heart conditions.

LEGEND

TIER	NAME
1	Preferred Generic Drugs
2	Generic Drugs
3	Preferred Brand Drugs
4	Non-Preferred Drugs
5	Specialty Tier Drugs

SYMBOL	NAME	DESCRIPTION
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call our Customer Service.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules.
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*), brand name drugs are capitalized (for example, ELIQUIS). The information in the "Necessary actions, restrictions, or limits on use" column tells you if Blue Shield TotalDual Plan has any rules for covering your drug.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit [blueshieldca.com/medformulary2026](https://www.blueshieldca.com/medformulary2026).



List of Drugs by Medical Condition

ANALGESICS.....	1
ANESTHETICS.....	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS.....	5
ANTIBACTERIALS.....	6
ANTICONVULSANTS.....	14
ANTIDEMENTIA AGENTS.....	19
ANTIDEPRESSANTS.....	20
ANTIEMETICS.....	23
ANTIFUNGALS.....	24
ANTIGOUT AGENTS.....	26
ANTIMIGRAINE AGENTS.....	26
ANTIMYASTHENIC AGENTS.....	27
ANTIMYCOBACTERIALS.....	27
ANTINEOPLASTICS.....	28
ANTIPARASITICS.....	42
ANTIPARKINSON AGENTS.....	44
ANTIPSYCHOTICS.....	45
ANTISPASTICITY AGENTS.....	50
ANTIVIRALS.....	50
ANXIOLYTICS.....	56
BIPOLAR AGENTS.....	57
BLOOD GLUCOSE REGULATORS.....	57
BLOOD PRODUCTS AND MODIFIERS.....	62
CARDIOVASCULAR AGENTS.....	65
CENTRAL NERVOUS SYSTEM AGENTS.....	76
DENTAL AND ORAL AGENTS.....	78
DERMATOLOGICAL AGENTS.....	78
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	83
GASTROINTESTINAL AGENTS.....	87
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	89
GENITOURINARY AGENTS.....	90
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL).....	91
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY).....	92
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS).....	93
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID).....	102
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY).....	102

HORMONAL AGENTS, SUPPRESSANT (THYROID).....	103
IMMUNOLOGICAL AGENTS.....	104
INFLAMMATORY BOWEL DISEASE AGENTS.....	112
METABOLIC BONE DISEASE AGENTS.....	112
MISCELLANEOUS THERAPEUTIC AGENTS.....	113
OPHTHALMIC AGENTS.....	120
OTIC AGENTS.....	124
RESPIRATORY TRACT/PULMONARY AGENTS.....	124
SKELETAL MUSCLE RELAXANTS.....	129
SLEEP DISORDER AGENTS.....	129

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANALGESICS

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	TIER 4	PA, QL (48 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>cataflam 50 mg tab</i>	TIER 2	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	TIER 2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr)</i>	TIER 2	
<i>diclofenac sodium 1.5 % solution</i>	TIER 3	
<i>diclofenac sodium 3 % gel</i>	TIER 4	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium 75 mg tab dr</i>	TIER 1	
<i>diclofenac sodium er 100 mg tab 24h</i>	TIER 2	
<i>diflunisal 500 mg tab</i>	TIER 3	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>etodolac (200 mg cap, 300 mg cap)</i>	TIER 3	
<i>etodolac (400 mg tab, 500 mg tab)</i>	TIER 2	
<i>etodolac er (er 400 mg tab er, er 500 mg tab er, er 600 mg tab er)</i>	TIER 3	
FLURBIPROFEN (FLURBIPROFEN 100 MG TAB, FLURBIPROFEN 50 MG TAB, FLURBIPROFEN 100 MG TAB)	TIER 2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	TIER 2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>indomethacin (25 mg cap, 50 mg cap)</i>	TIER 2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	TIER 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	TIER 1	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>naproxen dr 500 mg tab</i>	TIER 2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	TIER 3	
<i>oxaprozin 600 mg tab</i>	TIER 4	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	TIER 3	
<i>relafen (500 mg tab, 750 mg tab)</i>	TIER 2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	TIER 2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	TIER 4	PA, QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	TIER 3	PA, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/5ml solution)</i>	TIER 4	PA, QL (450 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl (methadone hcl 10 mg/ml solution, methadone hcl 10 mg/ml solution)</i>	TIER 4	PA, NDS (Non-Extended Day Supply)
<i>methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 5 mg/5ml solution)</i>	TIER 4	PA, QL (900 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl 10 mg tab</i>	TIER 4	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>methadone hcl 5 mg tab</i>	TIER 4	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 4	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>morphine sulfate er 15 mg tab</i>	TIER 4	QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate er 30 mg tab</i>	TIER 4	QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i>	TIER 4	PA, QL (1 PER 1 DAYS), NDS (Non-Extended Day Supply)
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	TIER 2	QL (12 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>acetaminophen-codeine (acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)</i>	TIER 2	QL (1800 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>acetaminophen-codeine 300-60 mg tab</i>	TIER 2	QL (6 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>butorphanol tartrate 10 mg/ml solution</i>	TIER 3	QL (15 PER 28 DAYS), NDS (Non-Extended Day Supply)
<i>codeine sulfate (codeine sulfate 30 mg tab, codeine sulfate 30 mg tab)</i>	TIER 4	QL (168 PER 30 DAYS), NDS (Non-Extended Day Supply)
CODEINE SULFATE 15 MG TAB	TIER 4	QL (336 PER 30 DAYS), NDS (Non-Extended Day Supply)
CODEINE SULFATE 60 MG TAB	TIER 4	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>endocet 10-325 mg tab</i>	TIER 3	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>endocet 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i>	TIER 4	QL (2520 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i>	TIER 2	QL (6 PER 1 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 2.5-325 mg tab)</i>	TIER 2	QL (8 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 2 mg tab</i>	TIER 3	QL (154 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 4 mg tab</i>	TIER 3	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>hydromorphone hcl 8 mg tab</i>	TIER 3	QL (42 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	TIER 3	QL (70 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)</i>	TIER 3	QL (630 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution)</i>	TIER 3	QL (315 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)</i>	TIER 3	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	TIER 3	QL (56 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 10 mg tab</i>	TIER 3	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 100 mg/5ml conc</i>	TIER 4	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 20 mg tab</i>	TIER 3	QL (120 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 5 mg tab</i>	TIER 3	QL (168 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone hcl 5 mg/5ml solution</i>	TIER 3	QL (840 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	TIER 3	QL (168 PER 30 DAYS), NDS (Non-Extended Day Supply)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>oxycodone-acetaminophen 10-325 mg tab</i>	TIER 3	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	TIER 3	QL (112 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>tramadol hcl 50 mg tab</i>	TIER 2	QL (8 PER 1 DAYS), NDS (Non-Extended Day Supply)
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	TIER 2	QL (112 PER 30 DAYS), NDS (Non-Extended Day Supply)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium 333 mg tab dr</i>	TIER 4	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	TIER 2	

OPIOID DEPENDENCE

<i>buprenorphine hcl (2 mg tab, 8 mg tab)</i>	TIER 2	
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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OPIOID REVERSAL AGENTS

KLOXXADO 8 MG/0.1ML LIQUID	TIER 4	QL (2 PER 30 DAYS)
<i>naloxone hcl (naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution)</i>	TIER 2	
<i>naltrexone hcl 50 mg tab</i>	TIER 2	

SMOKING CESSATION AGENTS

<i>bupropion hcl er (smoking det) 150 mg tab 12h</i>	TIER 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	TIER 4	
NICOTROL NS 10 MG/ML SOLUTION	TIER 4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	TIER 4	QL (53 PER 30 DAYS)
<i>varenicline tartrate(continue) 1 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate 500 mg/2ml solution</i>	TIER 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	TIER 5	PA, LA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	TIER 2	
<i>gentamicin sulfate 40 mg/ml solution</i>	TIER 4	
<i>neomycin sulfate 500 mg tab</i>	TIER 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tobramycin sulfate (tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 2 gm/50ml solution, tobramycin sulfate 1.2 gm recon soln, tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 10 mg/ml solution, tobramycin sulfate 80 mg/2ml solution)</i>	TIER 4	
ANTIBACTERIALS, OTHER		
<i>aztreonam (1 gm soln, 2 gm soln)</i>	TIER 4	
CAYSTON 75 MG RECON SOLN	TIER 5	PA, LA, QL (84 PER 28 DAYS)
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	TIER 2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	TIER 4	
<i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</i>	TIER 4	
<i>clindamycin phosphate 2 % cream</i>	TIER 2	
<i>clindamycin phosphate in d5w (300 mg/50ml, 600 mg/50ml, 900 mg/50ml)</i>	TIER 4	
CLINDAMYCIN PHOSPHATE IN NAACL (IN 300-0.9 MG/50ML-% SOLUTION, IN 600-0.9 MG/50ML-% SOLUTION, IN 900-0.9 MG/50ML-% SOLUTION)	TIER 4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	TIER 4	
<i>daptomycin (daptomycin 350 mg recon soln, daptomycin 350 mg recon soln, daptomycin 500 mg recon soln, daptomycin 500 mg recon soln)</i>	TIER 5	
<i>fosfomycin tromethamine 3 gm packet</i>	TIER 4	QL (4 PER 28 DAYS)
<i>lincomycin hcl 300 mg/ml solution</i>	TIER 4	
<i>linezolid 100 mg/5ml recon susp</i>	TIER 5	PA
<i>linezolid 600 mg tab</i>	TIER 4	PA
<i>linezolid 600 mg/300ml solution</i>	TIER 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	TIER 5	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methenamine hippurate 1 gm tab</i>	TIER 4	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>metronidazole (metronidazole 500 mg/100ml solution, metronidazole 0.75 % lotion, metronidazole 1 % gel, metronidazole 500 mg/100ml solution)</i>	TIER 4	
<i>metronidazole 0.75 % cream</i>	TIER 3	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	TIER 2	
<i>rosadan 0.75 % cream</i>	TIER 3	
<i>rosadan 0.75 % gel</i>	TIER 2	
<i>tigecycline (tigecycline 50 mg recon soln, tigecycline 50 mg recon soln)</i>	TIER 4	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	TIER 4	
<i>trimethoprim (trimethoprim 100 mg tab, trimethoprim 100 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>vancomycin hcl (vancomycin hcl 250 mg cap, vancomycin hcl 2 gm recon soln, vancomycin hcl 125 mg cap, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 1.25 gm recon soln, vancomycin hcl 1.5 gm recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 750 mg recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1.75 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 100 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 1 gm recon soln, vancomycin hcl 1.25 gm recon soln)</i>	TIER 4	
<i>vancomycin hcl (vancomycin hcl 5 gm recon soln, vancomycin hcl 5 gm recon soln)</i>	TIER 4	PA - PART B VS D DETERMINATION
XIFAXAN 200 MG TAB	TIER 4	PA, QL (9 PER 30 DAYS)
XIFAXAN 550 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)

BETA-LACTAM, CEPHALOSPORINS

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 1 gm/50ml solution, cefepime hcl 2 gm recon soln, cefepime hcl 2 gm/100ml solution)</i>	TIER 4	
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)</i>	TIER 4	
<i>cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)</i>	TIER 4	
CEFPODOXIME PROXETIL (CEFPODOXIME PROXETIL 200 MG TAB, CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, CEFPODOXIME PROXETIL 100 MG TAB, CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP)	TIER 4	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	TIER 2	
<i>ceftaroline fosamil (400 mg soln, 600 mg soln)</i>	TIER 5	
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	TIER 4	
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 500 mg recon soln)</i>	TIER 4	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>cefuroxime sodium (1.5 gm soln, 750 mg soln)</i>	TIER 4	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	TIER 2	
TAZICEF (TAZICEF 6 GM RECON SOLN, TAZICEF 2 GM RECON SOLN, TAZICEF 1 GM RECON SOLN, TAZICEF 1 GM RECON SOLN)	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 125 mg chew tab, amoxicillin 200 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	TIER 2	
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab, amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp)</i>	TIER 2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	TIER 3	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab 12h</i>	TIER 4	
<i>ampicillin 500 mg cap</i>	TIER 2	
<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 1 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 125 mg recon soln, ampicillin sodium 500 mg recon soln)</i>	TIER 4	
<i>ampicillin-sulbactam sodium (ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 3 (2-1) gm recon soln, ampicillin-sulbactam sodium 15 (10-5) gm recon soln)</i>	TIER 4	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	TIER 2	
<i>nafcillin sodium (nafcillin sodium 2 gm recon soln, nafcillin sodium 10 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i>	TIER 4	
<i>penicillin g potassium (5000000 soln, 20000000 soln)</i>	TIER 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	TIER 4	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>	TIER 2	
<i>pfizerpen (5000000 soln, 20000000 soln)</i>	TIER 4	
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 13.5 (12-1.5) gm ln, 40.5 (36-4.5) gm ln)</i>	TIER 4	
CARBAPENEMS		
<i>ertapenem sodium 1 gm recon soln</i>	TIER 3	
<i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i>	TIER 4	
<i>meropenem (1 gm soln, 500 mg soln)</i>	TIER 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	TIER 4	
MACROLIDES		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	TIER 2	
AZITHROMYCIN 1 GM PACKET	TIER 3	
<i>azithromycin 500 mg recon soln</i>	TIER 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	TIER 2	
<i>clarithromycin er 500 mg tab 24h</i>	TIER 4	
DIFICID 40 MG/ML RECON SUSP	TIER 5	PA, QL (136 PER 10 DAYS)
<i>erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln)</i>	TIER 4	
<i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg cp dr part, erythromycin base 500 mg tab)</i>	TIER 4	
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	TIER 4	
<i>erythromycin lactobionate 500 mg recon soln</i>	TIER 4	
<i>fidaxomicin 200 mg tab</i>	TIER 5	PA, QL (20 PER 10 DAYS)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	TIER 3	
CILOXAN 0.3 % OINTMENT	TIER 4	
<i>ciprofloxacin (250 mg/5ml (5%), 500 mg/5ml (10%))</i>	TIER 4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i>	TIER 4	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	TIER 2	
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 25 mg/ml solution)</i>	TIER 4	
<i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i>	TIER 4	
<i>moxifloxacin hcl 400 mg tab</i>	TIER 3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	TIER 3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	TIER 2	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	TIER 4	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	TIER 2	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	TIER 3	
<i>doxy 100 mg recon soln</i>	TIER 4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	TIER 2	
<i>doxycycline hyclate 100 mg recon soln</i>	TIER 4	
<i>doxycycline monohydrate (50 mg cap, 100 mg cap)</i>	TIER 2	
<i>doxycycline monohydrate (50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 3	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	TIER 2	
<i>mondoxyne nl 100 mg cap</i>	TIER 2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	TIER 4	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	TIER 5	ST, QL (2 PER 1 DAYS)
<i>brivaracetam 10 mg/ml solution</i>	TIER 5	ST, QL (20 ML PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIACOMIT (250 MG CAP, 250 MG PACKET)	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	TIER 2	
<i>divalproex sodium er (er 250 mg tab er, er 500 mg tab er)</i>	TIER 2	
EPIDIOLEX 100 MG/ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	TIER 4	
FINTEPLA 2.2 MG/ML SOLUTION	TIER 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 1	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	TIER 2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	TIER 2	
<i>levetiracetam er 500 mg tab 24h</i>	TIER 2	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab 24h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>perampanel 0.5 mg/ml suspension</i>	TIER 4	QL (24 ML PER 1 DAYS)
<i>perampanel 2 mg tab</i>	TIER 4	QL (3 PER 1 DAYS)
<i>roweepra 500 mg tab</i>	TIER 2	
SPRITAM (250 MG TAB, 500 MG TAB)	TIER 4	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
SUBVENITE 10 MG/ML SUSPENSION	TIER 5	QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>topiramate (15 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 2	
<i>topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 1	
<i>topiramate 25 mg/ml solution</i>	TIER 4	QL (480 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>valproate sodium (100 mg/ml, 500 mg/5ml)</i>	TIER 4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	TIER 2	
XCOPRI (150 MG TAB, 200 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	TIER 2	
<i>methsuximide 300 mg cap</i>	TIER 4	

GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam 10 mg tab</i>	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 2.5 mg/ml suspension</i>	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	TIER 4	QL (20 PER 30 DAYS)
<i>diazepam 2.5 mg gel</i>	TIER 4	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	TIER 4	QL (40 PER 30 DAYS)
<i>gabapentin (250 mg/5ml, 300 mg/6ml)</i>	TIER 3	QL (72 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>gabapentin (600 mg tab, 800 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>gabapentin 100 mg cap</i>	TIER 2	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg cap</i>	TIER 2	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 97.2 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 100 mg tab, phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>primidone (primidone 50 mg tab, primidone 125 mg tab, primidone 250 mg tab)</i>	TIER 2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (tiagabine hcl 12 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 16 mg tab, tiagabine hcl 2 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	TIER 4	
VALTOCO 10 MG DOSE /0.1ML LIQUID	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 /0.1ML LIQD THPK	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 0 X 10 /0.1ML LIQD THPK	TIER 5	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE /0.1ML LIQUID	TIER 5	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>vigadrone 500 mg tab</i>	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIGAFYDE 100 MG/ML SOLUTION	TIER 5	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigpoder 500 mg packet</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	TIER 5	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY

SODIUM CHANNEL AGENTS

<i>carbamazepine (carbamazepine 200 mg/10ml suspension, carbamazepine 200 mg chew tab, carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab)</i>	TIER 2	
<i>carbamazepine er (er 100 mg cap er, er 100 mg tab er, er 200 mg cap er, er 200 mg tab er, er 300 mg cap er, er 400 mg tab er)</i>	TIER 3	
DILANTIN (30 MG CAP, 100 MG CAP)	TIER 4	
<i>epitol 200 mg tab</i>	TIER 2	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)</i>	TIER 4	QL (40 PER 1 DAYS)
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	TIER 2	
<i>oxcarbazepine 300 mg/5ml suspension</i>	TIER 4	
<i>phenytek (200 mg cap, 300 mg cap)</i>	TIER 2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>phenytoin infatabs infas 50 mg chew</i>	TIER 2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	TIER 2	
<i>rufinamide 200 mg tab</i>	TIER 4	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	TIER 5	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	TIER 4	ST, QL (8 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	TIER 5	QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK	TIER 4	QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZONISADE 100 MG/5ML SUSPENSION	TIER 4	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 2	

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	TIER 3	
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CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	TIER 1	
<i>donepezil hcl 23 mg tab</i>	TIER 4	ST
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	TIER 2	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab)</i>	TIER 4	
<i>galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)</i>	TIER 4	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	TIER 3	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (2 mg/ml, 10 mg/5ml)</i>	TIER 3	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)</i>	TIER 4	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUVELITY TITRATION PACK 30-105 MG & 45-105 MG TBER THPK	TIER 4	QL (102 PER 365 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>bupropion hcl er (sr) 100 mg tab 12h</i>	TIER 2	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab 12h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab 12h</i>	TIER 2	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab 24h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (xl) 300 mg tab 24h</i>	TIER 2	QL (1 PER 1 DAYS)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	TIER 5	QL (64 PER 365 DAYS), PA - FOR NEW STARTS ONLY
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>mirtazapine (15 mg tab, 30 mg tab)</i>	TIER 1	
<i>mirtazapine (7.5 mg tab, 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	TIER 2	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	TIER 4	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	TIER 5	QL (28 PER 365 DAYS), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	TIER 5	QL (14 PER 365 DAYS), PA - FOR NEW STARTS ONLY
MONOAMINE OXIDASE INHIBITORS		
EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	TIER 5	PA - FOR NEW STARTS ONLY
MARPLAN 10 MG TAB	TIER 4	
PHENELZINE SULFATE 15 MG TAB	TIER 2	
<i>tranylcypromine sulfate 10 mg tab</i>	TIER 4	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)</i>	TIER 3	
<i>desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate er 100 mg tab 24h</i>	TIER 3	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>venlafaxine hcl er (er 37.5 mg cap er, er 150 mg cap er)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>venlafaxine hcl er 75 mg cap 24h</i>	TIER 2	QL (3 PER 1 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 2	QL (1 PER 1 DAYS)

TRICYCLICS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 3	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 4	
<i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 3	PA - FOR NEW STARTS ONLY
<i>doxepin hcl (doxepin hcl 10 mg/ml conc, doxepin hcl 10 mg/ml conc)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	TIER 2	
<i>nortriptyline hcl 10 mg/5ml solution</i>	TIER 4	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	TIER 4	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	TIER 4	PA - FOR NEW STARTS ONLY

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro 25 mg suppos</i>	TIER 4	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	TIER 2	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metoclopramide hcl 5 mg/ml solution</i>	TIER 4	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	TIER 2	
<i>prochlorperazine 25 mg suppos</i>	TIER 4	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA
<i>scopolamine 1 mg/3days patch 72hr</i>	TIER 4	

EMETOGENIC THERAPY ADJUNCTS

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

ANTIFUNGALS

ABELCET 5 MG/ML SUSPENSION	TIER 4	PA - PART B VS D DETERMINATION
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You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AMPHOTERICIN B 50 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>amphotericin b liposome 50 mg recon susp</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	TIER 2	
CRESEMBA 186 MG CAP	TIER 5	PA, QL (2 PER 1 DAYS)
CRESEMBA 74.5 MG CAP	TIER 5	PA, QL (5 PER 1 DAYS)
<i>econazole nitrate 1 % cream</i>	TIER 4	
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	TIER 2	
<i>fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</i>	TIER 4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	TIER 5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	TIER 4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	TIER 4	
<i>itraconazole 100 mg cap</i>	TIER 4	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	TIER 2	
<i>klayesta 100000 unit/gm powder</i>	TIER 4	
<i>micafungin sodium (micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln)</i>	TIER 4	
MICONAZOLE 3 200 MG SUPPOS	TIER 3	
<i>nyamyc 100000 unit/gm powder</i>	TIER 4	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)</i>	TIER 2	
<i>nystatin 100000 unit/gm powder</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nystop 100000 unit/gm powder</i>	TIER 4	
<i>posaconazole 100 mg tab dr</i>	TIER 5	PA, QL (3 PER 1 DAYS)
<i>terbinafine hcl 250 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>terconazole (0.4 %, 0.8 %)</i>	TIER 3	
<i>terconazole 80 mg suppos</i>	TIER 4	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	TIER 4	PA
<i>voriconazole (voriconazole 200 mg recon soln, voriconazole 200 mg recon soln)</i>	TIER 4	PA - PART B VS D DETERMINATION

ANTIGOUT AGENTS

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

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

<i>AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)</i>	TIER 3	PA, QL (1 PER 28 DAYS)
<i>EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)</i>	TIER 3	PA, QL (2 PER 30 DAYS)
<i>EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR</i>	TIER 3	PA, QL (3 PER 30 DAYS)
<i>NURTEC 75 MG TAB DISP</i>	TIER 5	PA, QL (16 PER 30 DAYS)

ERGOT ALKALOIDS

<i>dihydroergotamine mesylate 4 mg/ml solution</i>	TIER 5	PA, QL (8 PER 30 DAYS)
<i>ERGOTAMINE-CAFFEINE 1-100 MG TAB</i>	TIER 3	QL (40 PER 28 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	TIER 3	QL (18 PER 30 DAYS)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	TIER 2	QL (24 PER 30 DAYS)
<i>sumatriptan (5 mg/act, 20 mg/act)</i>	TIER 4	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	TIER 4	QL (8 PER 30 DAYS)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	TIER 4	QL (8 PER 30 DAYS)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

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

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

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

ANTITUBERCULARS

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>rifampin 600 mg recon soln</i>	TIER 4	
SIRTURO (20 MG TAB, 100 MG TAB)	TIER 5	PA
TRECTOR 250 MG TAB	TIER 4	

ANTINEOPLASTICS

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	TIER 3	PA - PART B VS D DETERMINATION
LEUKERAN 2 MG TAB	TIER 4	
<i>lomustine (10 mg cap, 40 mg cap)</i>	TIER 4	
<i>lomustine 100 mg cap</i>	TIER 5	
MATULANE 50 MG CAP	TIER 5	LA

ANTIANDROGENS

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NUBEQA 300 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIANGIOGENIC AGENTS		
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 50 MG CAP	TIER 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant (fulvestrant 250 mg/5ml soln prsyr, fulvestrant 250 mg/5ml soln prsyr)</i>	TIER 5	
INLURIYO 200 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SOLTAMOX 10 MG/5ML SOLUTION	TIER 5	PA - FOR NEW STARTS ONLY
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>toremifene citrate 60 mg tab</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIMETABOLITES		
<i>mercaptopurine 2000 mg/100ml suspension</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	TIER 2	
ONUREG (200 MG TAB, 300 MG TAB)	TIER 5	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TABLOID LOID 40 MG	TIER 3	
ANTINEOPLASTICS, OTHER		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	TIER 2	
INQOVI 35-100 MG TAB	TIER 5	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LEDERLE LEUCOVORIN 5 MG TAB	TIER 2	
<i>leucovorin calcium (100 mg soln, 350 mg soln)</i>	TIER 4	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	TIER 2	
LONSURF 15-6.14 MG TAB	TIER 5	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	TIER 5	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	TIER 5	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MODEYSO 125 MG CAP	TIER 5	LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

AROMATASE INHIBITORS, 3RD GENERATION

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

ENZYME INHIBITORS

AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER	TIER 5	LA, QL (66 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 100 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 25 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 240 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

MOLECULAR TARGET INHIBITORS

ALECENSA 150 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ALUNBRIG 90 & 180 MG TAB THPK	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bosutinib 100 mg tab</i>	TIER 5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bosutinib 500 mg tab</i>	TIER 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 160 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CAPRELSA 300 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 KIT	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	TIER 5	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	TIER 5	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (100 mg tab, 140 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (20 mg tab, 50 mg tab)</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab, 3 mg tab, 5 mg tab)</i>	TIER 5	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GAVRETO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG CAP	TIER 5	LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	TIER 5	LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 2 MG CAP	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
HYRNUO 10 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB)	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE 100 MG CAP	TIER 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBTROZI 200 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	TIER 4	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (140 MG CAP, 140 MG TAB)	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMBRUVICA 70 MG/ML SUSPENSION	TIER 5	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	TIER 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 3 MG TAB	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 9 MG TAB	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) (TAB THPK	TIER 5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 TAB THPK	TIER 5	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 TAB THPK	TIER 5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK	TIER 5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK	TIER 5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 TAB THPK	TIER 5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KOMZIFTI 200 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 5 MG CAP SPRINK	TIER 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 7.5 MG CAP SPRINK	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) CAP THPK	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK	TIER 5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK	TIER 5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK	TIER 5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) (CAP THPK	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LIFYORLI (125 MG DOSE) (X & X 00 CAP THPK	TIER 5	LA, QL (18 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LIFYORLI (150 MG DOSE) (50 2 X 25 & X 00 CAP THPK	TIER 5	LA, QL (27 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LORBRENA 100 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 120 MG TAB	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 240 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 TAB THPK	TIER 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 TAB THPK	TIER 5	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 TAB THPK	TIER 5	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	TIER 5	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	TIER 5	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OGSIVEO 100 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	TIER 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	TIER 5	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PAZOPANIB HCL 400 MG TAB	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) (TAB THPK	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	TIER 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 110 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 160 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REVUFORJ 25 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	TIER 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	TIER 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	TIER 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	TIER 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	TIER 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 25 mg cap</i>	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

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 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	TIER 5	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	TIER 5	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (50 MG TAB, 150 MG TAB)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 17.7 MG TAB	TIER 5	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	TIER 3	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	TIER 5	LA, QL (84 PER 365 DAYS), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	TIER 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 10 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI 150 MG CAP SPRINK	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	TIER 5	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	TIER 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	TIER 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 TAB THPK	TIER 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	TIER 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) TAB THPK	TIER 5	QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 TAB THPK	TIER 5	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETINOIDS		
<i>bexarotene 1 % gel</i>	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg cap</i>	TIER 5	
TREATMENT ADJUNCTS		
<i>mesna 400 mg tab</i>	TIER 4	
VONJO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	TIER 4	
<i>ivermectin 3 mg tab</i>	TIER 2	
<i>praziquantel 600 mg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml suspension</i>	TIER 4	PA
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	TIER 2	
BENZNIDAZOLE 100 MG TAB	TIER 4	QL (240 PER 365 DAYS)
BENZNIDAZOLE 12.5 MG TAB	TIER 4	QL (720 PER 365 DAYS)
<i>chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)</i>	TIER 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	TIER 4	QL (24 PER 2 DAYS)
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 100 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 300 mg tab)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 400 mg tab, hydroxychloroquine sulfate 400 mg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
IMPAVIDO 50 MG CAP	TIER 5	PA, QL (84 PER 28 DAYS)
<i>mefloquine hcl 250 mg tab</i>	TIER 2	
<i>nitazoxanide 500 mg tab</i>	TIER 5	PA, QL (6 PER 3 DAYS)
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 3	
<i>pentamidine isethionate 300 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)</i>	TIER 2	
<i>pyrimethamine 25 mg tab</i>	TIER 5	PA
<i>quinine sulfate 324 mg cap</i>	TIER 3	PA, QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	TIER 2	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	TIER 4	
<i>entacapone 200 mg tab</i>	TIER 4	QL (8 PER 1 DAYS)

DOPAMINE AGONISTS

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

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa 25 mg tab</i>	TIER 4	
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You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	TIER 4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	TIER 2	
<i>carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)</i>	TIER 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	TIER 2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 50 mg/2ml solution, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 100 mg/ml conc, chlorpromazine hcl 200 mg tab, chlorpromazine hcl 30 mg/ml conc, chlorpromazine hcl 100 mg/ml conc)</i>	TIER 4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	TIER 4	
<i>fluphenazine hcl (fluphenazine hcl 2.5 mg/ml solution, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc)</i>	TIER 4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 2	
<i>haloperidol decanoate (50 mg/ml, 100 mg/ml)</i>	TIER 3	
<i>haloperidol lactate 2 mg/ml conc</i>	TIER 3	
<i>haloperidol lactate 5 mg/ml solution</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	TIER 2	
MOLINDONE HCL 10 MG TAB	TIER 4	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	TIER 4	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	TIER 4	QL (12 PER 1 DAYS)
<i>pimozide (1 mg tab, 2 mg tab)</i>	TIER 3	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 3	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 3	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	TIER 5	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	TIER 4	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tab</i>	TIER 3	QL (4 PER 1 DAYS)
<i>aripiprazole 5 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERZOFRI 117 MG/0.75ML SUSP PRSYR	TIER 5	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 156 MG/ML SUSP PRSYR	TIER 5	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 234 MG/1.5ML SUSP PRSYR	TIER 5	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERZOFRI 351 MG/2.25ML SUSP PRSYR	TIER 5	QL (4.5 ML PER 365 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 39 MG/0.25ML SUSP PRSYR	TIER 4	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 78 MG/0.5ML SUSP PRSYR	TIER 5	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT (6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A FNPT TITRTION PCK 1 & 2 & 4 & 6 MG TB	TIER 4	QL (8 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TA	TIER 4	QL (12 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK C PAK 1 & 2 & 6 MG TAB	TIER 4	QL (8 PER 30 DAYS), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	TIER 5	QL (3.5 PER 180 DAYS), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	TIER 5	QL (5 PER 180 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	TIER 5	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	TIER 5	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	TIER 5	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	TIER 4	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	TIER 5	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	TIER 5	QL (0.88 PER 84 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	TIER 5	QL (1.32 PER 84 DAYS), PA - PART B VS D DETERMINATION

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	TIER 5	QL (1.75 PER 84 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	TIER 5	QL (2.63 PER 84 DAYS), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
<i>lurasidone hcl 80 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	TIER 2	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	TIER 4	
OPIPZA (5 MG FILM, 10 MG FILM)	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i>	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab 24h</i>	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	TIER 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	TIER 2	
<i>quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)</i>	TIER 4	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	TIER 2	
<i>risperidone (risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	TIER 4	
<i>risperidone 1 mg/ml solution</i>	TIER 3	
<i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i>	TIER 5	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	TIER 4	QL (7 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	TIER 3	
<i>ziprasidone mesylate 20 mg recon soln</i>	TIER 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	TIER 4	PA - PART B VS D DETERMINATION
ANTIPSYCHOTICS, OTHER		
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	TIER 5	QL (112 PER 365 DAYS), PA - FOR NEW STARTS ONLY
TREATMENT-RESISTANT		
<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	TIER 2	
VERSACLOZ 50 MG/ML SUSPENSION	TIER 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTISPASTICITY AGENTS

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

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

LIVTENCITY 200 MG TAB	TIER 5	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	TIER 5	QL (4 PER 1 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	TIER 5	QL (200 PER 365 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	TIER 4	QL (18 PER 1 DAYS)

ANTI-HEPATITIS B (HBV) AGENTS

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	TIER 5	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	TIER 5	PA, QL (6 PER 1 DAYS)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	TIER 2	
<i>ribavirin 6 gm recon soln</i>	TIER 5	PA - PART B VS D DETERMINATION
VOSEVI 400-100-100 MG TAB	TIER 5	PA, QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	TIER 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	TIER 5	QL (2 PER 1 DAYS)
ISENTRESS 25 MG CHEW TAB	TIER 3	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TAB	TIER 5	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	TIER 5	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	TIER 5	QL (2 PER 1 DAYS)
TIVICAY 10 MG TAB	TIER 4	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	TIER 4	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	TIER 5	QL (2 PER 1 DAYS)
EDURANT PED 2.5 MG TAB SOL	TIER 5	QL (6 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EFAVIRENZ 200 MG CAP	TIER 4	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	TIER 4	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg</i>	TIER 4	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)</i>	TIER 5	QL (1 PER 1 DAYS)
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg</i>	TIER 5	QL (1 PER 1 DAYS)
<i>etravirine 100 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
<i>etravirine 200 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	TIER 4	QL (12 PER 1 DAYS)
<i>nevirapine 200 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 4	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB 24H	TIER 4	QL (3 PER 1 DAYS)
<i>nevirapine er 400 mg tab 24h</i>	TIER 4	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	TIER 5	QL (2 PER 1 DAYS)
<i>rilpivirine hcl 25 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)

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

<i>abacavir sulfate 20 mg/ml solution</i>	TIER 4	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	TIER 4	QL (1 PER 1 DAYS)
CIMDUO 300-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
<i>emtricitabine 200 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	TIER 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (24 PER 1 DAYS)
<i>lamivudine (10 mg/ml, 300 mg/30ml)</i>	TIER 3	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
<i>lamivudine-zidovudine 150-300 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	TIER 2	QL (2 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	TIER 5	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	TIER 4	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	TIER 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	TIER 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	TIER 4	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	TIER 2	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	TIER 2	QL (60 PER 1 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	TIER 5	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	TIER 5	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
IDVYNZO 100-0.25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>maraviroc 150 mg tab</i>	TIER 5	QL (2 PER 1 DAYS)
<i>maraviroc 300 mg tab</i>	TIER 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	TIER 5	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SELZENTRY 20 MG/ML SOLUTION	TIER 5	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	TIER 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	TIER 5	QL (8 PER 1 DAYS)
SUNLENCA 300 MG TAB	TIER 5	LA, QL (24 PER 168 DAYS)
SUNLENCA 4 X 300 MG TAB THPK	TIER 5	QL (4 PER 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	TIER 5	QL (3 PER 180 DAYS), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	TIER 5	QL (5 PER 180 DAYS)
TYBOST 150 MG TAB	TIER 3	QL (1 PER 1 DAYS)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS 250 MG CAP	TIER 5	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	TIER 4	QL (1 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	TIER 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	TIER 4	QL (13 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	TIER 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	TIER 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	TIER 4	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	TIER 4	
NORVIR 100 MG PACKET	TIER 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	TIER 4	QL (15 PER 1 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	TIER 5	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PREZISTA 100 MG/ML SUSPENSION	TIER 5	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	TIER 3	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	TIER 3	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	TIER 5	QL (8 PER 1 DAYS)
<i>ritonavir 100 mg tab</i>	TIER 3	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	TIER 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	TIER 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	TIER 5	QL (4 PER 1 DAYS)
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	TIER 3	QL (120 PER 180 DAYS)
<i>oseltamivir phosphate 45 mg cap</i>	TIER 3	QL (42 PER 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	TIER 3	QL (1080 PER 365 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	TIER 3	QL (60 PER 180 DAYS)
RELENZA DISKHALER 5 MG/ACT AER POW BA	TIER 3	QL (60 PER 180 DAYS)
RIMANTADINE HCL 100 MG TAB	TIER 4	
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	TIER 4	QL (2 PER 30 DAYS)
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	TIER 4	QL (1 PER 30 DAYS)
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	TIER 4	
<i>acyclovir sodium 50 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	TIER 2	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO 200 MG CAP	TIER 5	QL (40 PER 30 DAYS)
PAXLOVID (150/100) MG & 0MG TAB THPK	TIER 2	QL (20 PER 30 DAYS)
PAXLOVID (300/100 & 150/100) 6 10 MG 100MG TAB THPK	TIER 2	QL (11 PER 30 DAYS)
PAXLOVID (300/100) 20 150 MG & 0MG TAB THPK	TIER 2	QL (30 PER 30 DAYS)

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	TIER 2	
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BENZODIAZEPINES

<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	TIER 2	QL (4 PER 1 DAYS)
<i>alprazolam 2 mg tab</i>	TIER 2	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)</i>	TIER 3	QL (40 PER 1 DAYS)
<i>clonazepam 0.5 mg tab</i>	TIER 2	QL (40 PER 1 DAYS)
<i>clonazepam 1 mg tab</i>	TIER 2	QL (20 PER 1 DAYS)
<i>clonazepam 1 mg tab disp</i>	TIER 3	QL (20 PER 1 DAYS)
<i>clonazepam 2 mg tab</i>	TIER 2	QL (10 PER 1 DAYS)
<i>clonazepam 2 mg tab disp</i>	TIER 3	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	TIER 4	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	TIER 4	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	TIER 4	QL (12 PER 1 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	TIER 2	QL (12 PER 1 DAYS)
<i>diazepam 10 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>diazepam 2 mg tab</i>	TIER 2	QL (30 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diazepam 5 mg/5ml solution</i>	TIER 2	QL (60 PER 1 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	TIER 2	QL (12 PER 1 DAYS)
<i>lorazepam 0.5 mg tab</i>	TIER 2	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tab</i>	TIER 2	QL (10 PER 1 DAYS)
<i>lorazepam 2 mg tab</i>	TIER 2	QL (5 PER 1 DAYS)
<i>lorazepam 2 mg/ml conc</i>	TIER 3	QL (5 PER 1 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	TIER 3	QL (5 PER 1 DAYS)

BIPOLAR AGENTS

MOOD STABILIZERS

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

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 2	
<i>dapaglifloz base-metformin er (er 5-500 mg tab er, er 10-1000 mg tab er, er 10-500 mg tab er)</i>	TIER 2	QL (30 PER 30 DAYS)
<i>dapaglifloz base-metformin er 5-1000 mg tab 24h</i>	TIER 2	QL (60 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	
<i>glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)</i>	TIER 1	
<i>glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)</i>	TIER 1	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	TIER 1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	TIER 1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	TIER 1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
JANUMET XR (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	TIER 3	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JANUVIA 100 MG TAB	TIER 3	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	TIER 3	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	TIER 1	
<i>metformin hcl er (er 500 mg tab er, er 750 mg tab er)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MOUNJARO (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tab, 120 mg tab)</i>	TIER 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN)	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	TIER 3	PA, QL (1 PER 1 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	TIER 3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	TIER 1	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	TIER 1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 3	PA, QL (1 PER 1 DAYS)
<i>sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)</i>	TIER 2	QL (60 PER 30 DAYS)
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	TIER 3	QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	TIER 3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	TIER 3	QL (2 PER 1 DAYS)
XIGDUO XR 10-1000 MG TAB ER 24H	TIER 3	QL (1 PER 1 DAYS)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 DAYS)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	TIER 3	QL (2 PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	TIER 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	TIER 3	QL (2 PER 2 DAYS)
<i>glucagon emergency (glucagon emergency 1 mg recon soln, glucagon emergency 1 mg recon soln, glucagon emergency 1 mg/ml recon soln)</i>	TIER 3	QL (2 PER 2 DAYS)
INSULINS		
FIASP 100 UNIT/ML SOLUTION	TIER 3	
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	
FIASP PENFILL 100 UNIT/ML SOLN CART	TIER 3	
FIASP PUMPCART 100 UNIT/ML SOLN	TIER 3	
HUMALOG 100 UNIT/ML SOLN CART	TIER 3	
HUMALOG JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	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 the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMALOG MIX 50/50 KWIKPEN KWIK(50-50) 100 UNIT/ML SUSP	TIER 3	
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	TIER 3	
HUMALOG MIX 75/25 KWIKPEN KWIK(75-25) 100 UNIT/ML SUSP	TIER 3	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	TIER 3	
HUMULIN 70/30 KWIKPEN KWIK(70-30) 100 UNIT/ML SUSP	TIER 3	
HUMULIN N 100 UIT/ML SUSPESIO	TIER 3	
HUMULIN N KWIKPEN KWIK100 UIT/ML SUSP	TIER 3	
HUMULIN R 100 UNIT/ML SOLUTION	TIER 3	
HUMULIN R U-500 (CONCENTRATED) (CONCENTATED) UNIT/ML SOLUTION	TIER 3	PA - PART B VS D DETERMINATION
HUMULIN R U-500 KWIKPEN KWIKUNIT/ML SOLN	TIER 3	
INSULIN ASPART 100 UNIT/ML SOLUTION	TIER 3	
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	TIER 3	
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	TIER 3	
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 3	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 3	
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LANTUS 100 UNIT/ML SOLUTION	TIER 3	QL (40 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 3	QL (45 PER 30 DAYS)
NOVOLIN R FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	
NOVOLIN R FLEXPEN RELION FLEXELION 100 UNIT/ML SOLN	TIER 3	
NOVOLOG 100 UNIT/ML SOLUTION	TIER 3	
NOVOLOG FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	
NOVOLOG FLEXPEN RELION FLEX100 UNIT/ML SOLN	TIER 3	
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	TIER 3	
NOVOLOG RELION 100 UNIT/ML SOLUTION	TIER 3	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	QL (18 PER 28 DAYS)
TRESIBA 100 UNIT/ML SOLUTION	TIER 3	QL (30 PER 30 DAYS)
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	QL (30 PER 30 DAYS)
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 3	QL (27 PER 30 DAYS)

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	TIER 4	QL (2 PER 1 DAYS)
ELIQUIS (0.15 MG CAP SPRINK, 2.5 MG TAB, 5 MG TAB)	TIER 3	QL (2 PER 1 DAYS)
ELIQUIS (1.5 MG PACK) 3 X 0.5 TAB SOL	TIER 3	QL (12 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELIQUIS (2 MG PACK) 4 X 0.5 TAB SOL	TIER 3	QL (16 PER 1 DAYS)
ELIQUIS 0.5 MG TAB SOL	TIER 3	QL (4 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	TIER 3	QL (74 PER 180 DAYS)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	TIER 4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8ml soln, 120 mg/0.8ml soln)</i>	TIER 4	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	TIER 4	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	TIER 4	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	TIER 4	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	TIER 5	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	TIER 4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	TIER 5	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	TIER 5	QL (18 PER 30 DAYS)
<i>heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
<i>rivaroxaban 1 mg/ml recon susp</i>	TIER 3	QL (20 ML PER 1 DAYS)
<i>rivaroxaban 2.5 mg tab</i>	TIER 3	QL (2 PER 1 DAYS)
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	TIER 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	TIER 3	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XARELTO STARTER PACK 15 & 20 MG TAB THPK	TIER 3	QL (51 PER 180 DAYS)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	TIER 3	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/ML SOLUTION, 100 MCG/ML SOLUTION)	TIER 4	PA
ARANESP (ALBUMIN FREE) (60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR)	TIER 5	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	TIER 5	PA
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab)</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>eltrombopag olamine (25 mg tab, 50 mg tab)</i>	TIER 5	PA, QL (3 PER 1 DAYS)
<i>eltrombopag olamine 25 mg packet</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>eltrombopag olamine 75 mg tab</i>	TIER 5	PA, QL (2 PER 1 DAYS)
FULPHILA 6 MG/0.6ML SOLN PRSYR	TIER 5	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	TIER 5	PA
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	TIER 4	PA

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	TIER 5	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	TIER 5	PA
HEMOSTASIS AGENTS		
<i>tranexamic acid 650 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap 12h</i>	TIER 4	
<i>cilostazol (50 mg tab, 100 mg tab)</i>	TIER 2	
<i>clopidogrel bisulfate 75 mg tab</i>	TIER 1	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	TIER 3	
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	TIER 3	QL (2 PER 1 DAYS)
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	TIER 3	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	TIER 1	
<i>droxidopa 100 mg cap</i>	TIER 4	PA, QL (18 PER 1 DAYS)
<i>droxidopa 200 mg cap</i>	TIER 5	PA, QL (9 PER 1 DAYS)
<i>droxidopa 300 mg cap</i>	TIER 5	PA, QL (84 PER 90 DAYS)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	TIER 2	
METHYLDOPA (METHYLDOPA 500 MG TAB, METHYLDOPA 250 MG TAB, METHYLDOPA 250 MG TAB)	TIER 2	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ALPHA-ADRENERGIC BLOCKING AGENTS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB)	TIER 1	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	TIER 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>amiodarone hcl 200 mg tab</i>	TIER 2	
<i>digitek (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>digox (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	TIER 4	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	TIER 2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	TIER 2	
MULTAQ 400 MG TAB	TIER 3	QL (2 PER 1 DAYS)
<i>pacerone (100 mg tab, 400 mg tab)</i>	TIER 4	
<i>pacerone 200 mg tab</i>	TIER 2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	TIER 2	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	TIER 2	
<i>sorine (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	TIER 2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	TIER 2	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	TIER 1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	TIER 2	
<i>metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	TIER 1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 2	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	TIER 3	
<i>pindolol (5 mg tab, 10 mg tab)</i>	TIER 2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	TIER 2	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	TIER 3	
<i>propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)</i>	TIER 2	
<i>timolol maleate (timolol maleate 20 mg tab, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab, timolol maleate 5 mg tab)</i>	TIER 4	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i>	TIER 2	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	TIER 3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	TIER 2	
<i>nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>	TIER 2	
<i>nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i>	TIER 2	
<i>nimodipine 30 mg cap</i>	TIER 4	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)</i>	TIER 2	
<i>dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)</i>	TIER 2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	TIER 2	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	TIER 2	
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	TIER 2	
<i>diltiazem hcl er beads 420 mg cap 24h</i>	TIER 2	
<i>matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)</i>	TIER 2	
<i>taztia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er, 360 mg cap er)</i>	TIER 2	
<i>tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)</i>	TIER 2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	TIER 1	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	TIER 4	
<i>verapamil hcl er (er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 240 mg tab er)</i>	TIER 2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	TIER 2	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	TIER 4	
<i>amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide 5-50 mg tab, amiloride-hydrochlorothiazide 5-50 mg tab)</i>	TIER 2	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	TIER 1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 3	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	TIER 1	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	TIER 1	
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	TIER 1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	TIER 2	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	TIER 1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	TIER 1	
CORLANOR 5 MG/5ML SOLUTION	TIER 4	PA, QL (20 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	TIER 1	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	TIER 3	QL (8 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	TIER 1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	TIER 1	
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	TIER 1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	TIER 2	
<i>metyrosine 250 mg cap</i>	TIER 5	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	TIER 1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	TIER 1	
<i>pentoxifylline er 400 mg tab</i>	TIER 2	
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	TIER 1	
<i>ranolazine er (er 500 mg tab er, er 1000 mg tab er)</i>	TIER 4	QL (2 PER 1 DAYS)
<i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	TIER 2	
<i>telmisartan-amlodipine (telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 80-10 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-10 mg tab)</i>	TIER 1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	TIER 1	
TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER)	TIER 1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	TIER 1	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	TIER 1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 2	
<i>bumetanide 0.25 mg/ml solution</i>	TIER 4	
FUROSEMIDE (FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE 8 MG/ML SOLUTION, FUROSEMIDE 40 MG TAB, FUROSEMIDE 10 MG/ML SOLUTION, FUROSEMIDE 20 MG TAB, FUROSEMIDE 80 MG TAB)	TIER 1	
<i>furosemide 10 mg/ml solution</i>	TIER 4	
<i>torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	TIER 2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	TIER 2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	TIER 3	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
DIURETICS, THIAZIDE		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	TIER 2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	TIER 1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	TIER 2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	TIER 3	
<i>gemfibrozil 600 mg tab</i>	TIER 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	TIER 1	
<i>fluvastatin sodium er 80 mg tab 24h</i>	TIER 2	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	TIER 1	
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	TIER 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	TIER 2	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	TIER 4	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	TIER 3	
<i>colestipol hcl 1 gm tab</i>	TIER 2	
<i>ezetimibe 10 mg tab</i>	TIER 2	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	TIER 2	
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	TIER 4	QL (4 PER 1 DAYS)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	TIER 4	
<i>niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)</i>	TIER 3	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>niacin er (antihyperlipidemic) 500 mg tab</i>	TIER 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	TIER 4	
<i>omega-3-acid ethyl esters 1 gm cap</i>	TIER 2	QL (4 PER 1 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	TIER 3	
REPATHA 140 MG/ML SOLN PRSYR	TIER 3	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	TIER 3	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	TIER 3	PA
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
FARXIGA (5 MG TAB, 10 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	TIER 1	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	TIER 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	TIER 2	
<i>isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er)</i>	TIER 1	
<i>isosorbide mononitrate er 120 mg tab 24h</i>	TIER 2	
<i>nitro-bid 2 % ointment</i>	TIER 3	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nitroglycerin 0.4 % ointment</i>	TIER 4	QL (30 PER 30 DAYS)
<i>nitroglycerin 2 % ointment</i>	TIER 3	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	TIER 3	QL (4 PER 1 DAYS)
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	TIER 3	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)</i>	TIER 4	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methylphenidate hcl 10 mg chew tab</i>	TIER 4	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 10 mg tab</i>	TIER 2	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 20 mg tab</i>	TIER 2	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	TIER 2	QL (12 PER 1 DAYS)
<i>methylphenidate hcl er 10 mg tab</i>	TIER 3	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er 20 mg tab</i>	TIER 3	QL (3 PER 1 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	TIER 3	PA, QL (48 PER 30 DAYS), NDS (Non-Extended Day Supply)
<i>riluzole 50 mg tab</i>	TIER 3	
<i>tetrabenazine 12.5 mg tab</i>	TIER 4	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)

FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE 20 MG CAP	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP	TIER 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 40 MG CAP	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg dr, 60 mg dr)</i>	TIER 2	QL (2 PER 1 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	TIER 2	QL (3 PER 1 DAYS)
<i>duloxetine hcl 40 mg cp dr part</i>	TIER 4	QL (2 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	TIER 3	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	TIER 3	QL (3 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>pregabalin 20 mg/ml solution</i>	TIER 3	QL (30 PER 1 DAYS)
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MULTIPLE SCLEROSIS AGENTS

BETASERON 0.3 MG KIT	TIER 5	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er 10 mg tab 12h</i>	TIER 3	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	TIER 5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	TIER 5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	TIER 5	PA, QL (12 PER 28 DAYS)
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg cap</i>	TIER 4	
<i>chlorhexidine gluconate 0.12 % solution</i>	TIER 2	
<i>kourzeq 0.1 % paste</i>	TIER 3	
<i>oralone 0.1 % paste</i>	TIER 3	
<i>periogard 0.12 % solution</i>	TIER 2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	TIER 3	
<i>triamcinolone acetonide 0.1 % paste</i>	TIER 3	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>acutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	TIER 4	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	TIER 3	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	
<i>myorisan (10 mg cap, 20 mg cap, 40 mg cap)</i>	TIER 4	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	TIER 3	
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	TIER 4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	TIER 4	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	TIER 4	

DERMATITIS AND PRURITUS AGENTS

<i>ala-cort 1 % cream</i>	TIER 2	
<i>alclometasone dipropionate (alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)</i>	TIER 3	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	TIER 2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	TIER 2	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)</i>	TIER 3	
<i>betamethasone dipropionate aug 0.05 % cream</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.1 % lotion)</i>	TIER 2	
<i>clobetasol prop emollient base 0.05 % cream</i>	TIER 4	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	TIER 4	
<i>clobetasol propionate 0.05 % liquid</i>	TIER 4	QL (250 PER 30 DAYS)
<i>clobetasol propionate e clobtasol propionat0.05 % cram</i>	TIER 4	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	TIER 4	
<i>desoximetasone 0.25 % cream</i>	TIER 4	
EUCRISA 2 % OINTMENT	TIER 4	PA, QL (100 PER 30 DAYS)
<i>fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i>	TIER 3	
<i>fluocinolone acetonide 0.01 % solution</i>	TIER 4	
<i>fluocinolone acetonide body 0.01 % oil</i>	TIER 4	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	TIER 4	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	TIER 3	
<i>fluocinonide emulsified base 0.05 % cream</i>	TIER 3	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	TIER 2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	TIER 4	QL (200 PER 28 DAYS)
<i>hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)</i>	TIER 2	
<i>hydrocortisone (perianal) (hydrocortisone (perianal) 1 % cream, hydrocortisone (perianal) 2.5 % cream)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocortisone butyrate (hydrocortisone butyrate 0.1 % ointment, hydrocortisone butyrate 0.1 % ointment)</i>	TIER 4	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	TIER 2	
<i>procto-med hc 2.5 % cream</i>	TIER 2	
<i>proctosol hc 2.5 % cream</i>	TIER 2	
<i>proctozone-hc 2.5 % cream</i>	TIER 2	
<i>selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)</i>	TIER 2	
<i>tacrolimus (0.03 %, 0.1 %)</i>	TIER 4	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment, triamcinolone acetonide 0.025 % lotion)</i>	TIER 2	
<i>triderm 0.5 % cream</i>	TIER 2	
DERMATOLOGICAL AGENTS, OTHER		
<i>alcohol wipes 70 % misc</i>	TIER 2	
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	TIER 4	
<i>calcipotriene (calcipotriene 0.005 % solution, calcipotriene 0.005 % solution)</i>	TIER 3	
<i>calcitrene 0.005 % ointment</i>	TIER 3	
<i>clotrimazole-betamethasone (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % lotion)</i>	TIER 4	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	TIER 2	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % solution)</i>	TIER 2	
<i>fluorouracil 5 % cream</i>	TIER 3	
<i>imiquimod 5 % cream</i>	TIER 2	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	TIER 2	
<i>isopropyl alcohol wipes 70 % misc</i>	TIER 2	
<i>medpura alcohol pads 70 % misc</i>	TIER 2	
METHOXSALEN RAPID 10 MG CAP	TIER 5	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	TIER 4	
OTEZLA (20 MG TAB, 30 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
OTEZLA XR 75 MG TAB ER 24H	TIER 5	PA, QL (1 PER 1 DAYS)
<i>podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)</i>	TIER 2	
<i>qc alcohol 70 % misc</i>	TIER 2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	TIER 2	
SANTYL 250 UNIT/GM OINTMENT	TIER 4	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	TIER 2	
<i>ssd 1 % cream</i>	TIER 2	
TOLAK 4 % CREAM	TIER 3	
VALCHLOR 0.016 % GEL	TIER 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PEDICULICIDES/SCABICIDES		
<i>malathion 0.5 % lotion</i>	TIER 4	
<i>permethrin (permethrin 5 % cream, permethrin 5 % cream)</i>	TIER 2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	TIER 4	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	TIER 4	
<i>ciclopirox 8 % solution</i>	TIER 2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	TIER 2	
<i>clindamycin phos (once-daily) 1 % gel</i>	TIER 2	
<i>clindamycin phos (twice-daily) 1 % gel</i>	TIER 2	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	TIER 2	
ERY 2 % PAD	TIER 3	
<i>erythromycin (erythromycin 2 % gel, erythromycin 2 % gel)</i>	TIER 4	
<i>erythromycin 2 % solution</i>	TIER 2	
<i>mupirocin 2 % ointment</i>	TIER 2	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>dextrose (dextrose 10 % solution, dextrose 10 % solution)</i>	TIER 4	
<i>dextrose (dextrose 5 % solution, dextrose 5 % solution)</i>	TIER 3	
<i>dextrose in lactated ringers in 5 % solution</i>	TIER 4	
DEXTROSE-NACL 5-0.9 % SOLUTION	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 10-0.2 % solution, dextrose-sodium chloride 10-0.45 % solution, dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.33 % solution, dextrose-sodium chloride 5-0.3 % solution, dextrose-sodium chloride 2.5-0.45 % solution)</i>	TIER 4	
<i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	TIER 3	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	TIER 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	TIER 4	
<i>klor-con (klor-con 8 meq tab er, klor-con 8 meq tab er)</i>	TIER 2	
<i>klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)</i>	TIER 2	
<i>klor-con m10 meq tab er</i>	TIER 2	
<i>klor-con m15 meq tab er</i>	TIER 2	
<i>klor-con m20 meq tab er</i>	TIER 2	
<i>lactated ringers (lactated ringers solution, lactated ringers solution)</i>	TIER 4	
<i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i>	TIER 4	
<i>nafrinse 2.2 (1 f) mg chew tab</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PNV 27-CA/FE/FA 60-1 MG TAB	TIER 3	
<i>potassium chloride (potassium chloride 20 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 2 meq/ml solution, potassium chloride 10 % solution, potassium chloride 10 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i>	TIER 4	
<i>potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)</i>	TIER 2	
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	TIER 2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	TIER 4	
<i>potassium chloride in nacl (potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)</i>	TIER 4	
<i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i>	TIER 3	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	TIER 4	
PREMASOL 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>prenatal vitamins</i>	TIER 3	
<i>ringers solution</i>	TIER 4	
<i>sodium chloride (pf) 0.9 % solution</i>	TIER 4	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium chloride (sodium chloride 0.45 % solution, sodium chloride 0.9 % solution, sodium chloride 2.5 meq/ml solution, sodium chloride 5 % solution, sodium chloride 0.9 % solution, sodium chloride 3 % solution)</i>	TIER 4	
<i>sodium fluoride (sodium fluoride 1.1 (0.5 f) mg/ml solution, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 0.55 (0.25 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab, sodium fluoride 1.1 (0.5 f) mg chew tab, sodium fluoride 2.2 (1 f) mg chew tab)</i>	TIER 2	
TPN ELECTROLYTES CONC	TIER 4	PA - PART B VS D DETERMINATION
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox (250 mg tab, 500 mg tab)</i>	TIER 5	
<i>deferasirox 125 mg tab sol</i>	TIER 3	
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>tolvaptan 15 mg tab</i>	TIER 5	PA, LA, QL (8 PER 1 DAYS)
<i>tolvaptan 30 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>trientine hcl 250 mg cap</i>	TIER 5	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	TIER 5	PA, QL (4 PER 1 DAYS)
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder) 667 mg cap</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>sevelamer carbonate 800 mg tab</i>	TIER 3	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
<i>kionex 15 gm/60ml suspension</i>	TIER 2	
LOKELMA (5 GM PACKET, 10 GM PACKET)	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	TIER 2	
SPS (SODIUM POLYSTYRENE SULF) (SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION, SPS (SODIUM POLYSTYRENE SULF) 15 GM/60ML SUSPENSION)	TIER 2	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

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

ANTI-DIARRHEAL AGENTS

<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	TIER 4	PA
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	TIER 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	TIER 4	
<i>loperamide hcl 2 mg cap</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XERMELO 250 MG TAB	TIER 5	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	TIER 2	PA
<i>dicyclomine hcl 10 mg/5ml solution</i>	TIER 4	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	TIER 2	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	TIER 4	
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium 100 mg/5ml conc</i>	TIER 4	
GAVILYTE-C 240 GM RECON SOLN	TIER 2	
<i>gavilyte-g 236 gm recon soln</i>	TIER 2	
OMNITROPE 10 MG/1.5ML SOLN CART	TIER 5	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	TIER 2	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	TIER 3	
<i>ursodiol 300 mg cap</i>	TIER 4	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	TIER 2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	TIER 1	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	TIER 2	
PROTECTANTS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	TIER 2	
<i>sucralfate 1 gm tab</i>	TIER 2	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg cap dr</i>	TIER 4	
<i>esomeprazole magnesium 40 mg cap dr</i>	TIER 4	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lansoprazole 15 mg cap dr</i>	TIER 2	
<i>lansoprazole 30 mg cap dr</i>	TIER 2	QL (2 PER 1 DAYS)
<i>omeprazole 10 mg cap dr</i>	TIER 2	
<i>omeprazole 20 mg cap dr</i>	TIER 1	
<i>omeprazole 40 mg cap dr</i>	TIER 1	QL (2 PER 1 DAYS)
<i>pantoprazole sodium (pantoprazole sodium 40 mg recon soln, pantoprazole sodium 40 mg recon soln)</i>	TIER 4	
<i>pantoprazole sodium 20 mg tab dr</i>	TIER 1	
<i>pantoprazole sodium 40 mg tab dr</i>	TIER 1	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	TIER 3	

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

ALDURAZYME 2.9 MG/5ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
ARALAST NP (500 MG RECON SOLN, 1000 MG RECON SOLN)	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	TIER 5	
<i>carglumic acid 200 mg tab sol</i>	TIER 5	PA, LA
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	TIER 3	
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	TIER 3	
ELAPRASE 6 MG/3ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	TIER 5	PA, QL (6 PER 1 DAYS)
<i>levocarnitine 330 mg tab</i>	TIER 2	
NAGLAZYME 1 MG/ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap)</i>	TIER 5	PA
REVCOVI 2.4 MG/1.5ML SOLUTION	TIER 5	PA, LA
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	TIER 5	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	TIER 5	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	TIER 3	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

GEMTESA 75 MG TAB	TIER 3	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	TIER 3	
MYRBETRIQ 8 MG/ML SRER	TIER 3	QL (10 PER 1 DAYS)
<i>oxybutynin chloride 5 mg tab</i>	TIER 2	
<i>oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)</i>	TIER 2	
<i>solifenacin succinate (5 mg tab, 10 mg tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	TIER 4	ST
<i>tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)</i>	TIER 4	ST
<i>tropium chloride 20 mg tab</i>	TIER 2	

BENIGN PROSTATIC HYPERTROPHY AGENTS

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>finasteride 5 mg tab</i>	TIER 1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>tadalafil 2.5 mg tab</i>	TIER 4	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tab</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	TIER 1	

GENITOURINARY AGENTS, OTHER

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

CORTISONE ACETATE 25 MG TAB	TIER 4	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 6 mg tab, dexamethasone 0.5 mg/5ml solution, dexamethasone 4 mg tab)</i>	TIER 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	TIER 4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	TIER 4	
<i>fludrocortisone acetate 0.1 mg tab</i>	TIER 2	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension, methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension)</i>	TIER 4	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	TIER 4	
<i>prednisolone 15 mg/5ml solution</i>	TIER 2	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution)</i>	TIER 2	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)</i>	TIER 2	
PREDNISON 5 MG/5ML SOLUTION	TIER 3	
PREDNISON INTENSOL 5 MG/ML CONC	TIER 4	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig 0.01 % solution</i>	TIER 4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	TIER 3	
<i>desmopressin acetate 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	TIER 4	
<i>desmopressin acetate spray (desmopressin acetate spray 0.01 % solution, desmopressin acetate spray 0.01 % solution)</i>	TIER 4	
INCRELEX 40 MG/4ML SOLUTION	TIER 5	PA, LA

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	TIER 5	PA

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

ANDROGENS

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

ESTROGENS

<i>afirmelle 0.1-20 mg-mcg tab</i>	TIER 3	
<i>altavera 0.15-30 mg-mcg tab</i>	TIER 3	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>apri 0.15-30 mg-mcg tab</i>	TIER 3	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>aubra 0.1-20 mg-mcg tab</i>	TIER 3	
<i>aubra eq 0.1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>aviane 0.1-20 mg-mcg tab</i>	TIER 3	
<i>ayuna 0.15-30 mg-mcg tab</i>	TIER 3	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>balziva 0.4-35 mg-mcg tab</i>	TIER 3	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>briellyn 0.4-35 mg-mcg tab</i>	TIER 3	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	TIER 3	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	TIER 3	
<i>chateal 0.15-30 mg-mcg tab</i>	TIER 3	
<i>chateal eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cryselle 0.3-30 mg-mcg tab</i>	TIER 3	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	TIER 3	
<i>cyred 0.15-30 mg-mcg tab</i>	TIER 3	
<i>cyred eq 0.15-30 mg-mcg tab</i>	TIER 3	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>delyla 0.1-20 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	TIER 3	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	TIER 3	
<i>elinest 0.3-30 mg-mcg tab</i>	TIER 3	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	TIER 3	
<i>emoquette 0.15-30 mg-mcg tab</i>	TIER 3	
<i>enilloring 0.12-0.015 mg/24hr</i>	TIER 3	
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>enskyce 0.15-30 mg-mcg tab</i>	TIER 3	
<i>estarylla 0.25-35 mg-mcg tab</i>	TIER 3	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	TIER 3	QL (8 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	TIER 1	
<i>estradiol 0.01 % cream</i>	TIER 2	
<i>estradiol 10 mcg tab</i>	TIER 3	
<i>estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)</i>	TIER 4	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	TIER 3	QL (1 PER 84 DAYS)
<i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>	TIER 4	
<i>ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)</i>	TIER 3	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>falmina 0.1-20 mg-mcg tab</i>	TIER 3	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>feirza 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>femynor 0.25-35 mg-mcg tab</i>	TIER 3	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>haloette 0.12-0.015 mg/24hr ring</i>	TIER 3	
<i>iclevia 0.15-0.03 mg tab</i>	TIER 3	
<i>introvale 0.15-0.03 mg tab</i>	TIER 3	
<i>isibloom 0.15-30 mg-mcg tab</i>	TIER 3	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>jasmiel 3-0.02 mg tab</i>	TIER 3	
<i>jinteli 1-5 mg-mcg tab</i>	TIER 4	
<i>jolessa 0.15-0.03 mg tab</i>	TIER 3	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>juleber 0.15-30 mg-mcg tab</i>	TIER 3	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>kalliga 0.15-30 mg-mcg tab</i>	TIER 3	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	TIER 3	
<i>kurvelo 0.15-30 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>larin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>larissia 0.1-20 mg-mcg tab</i>	TIER 3	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	TIER 3	
<i>lessina 0.1-20 mg-mcg tab</i>	TIER 3	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	TIER 3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	TIER 3	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	TIER 3	
<i>lillow 0.15-30 mg-mcg tab</i>	TIER 3	
<i>lo-zumandimine 3-0.02 mg tab</i>	TIER 3	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	TIER 3	
<i>loryna 3-0.02 mg tab</i>	TIER 3	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	TIER 3	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>luizza 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>luteru 0.1-20 mg-mcg tab</i>	TIER 3	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	TIER 3	QL (16 PER 28 DAYS)
<i>marlissa 0.15-30 mg-mcg tab</i>	TIER 3	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	TIER 4	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	TIER 3	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>mili 0.25-35 mg-mcg tab</i>	TIER 3	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	TIER 3	
<i>mono-lynyah 0.25-35 mg-mcg tab</i>	TIER 3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	
<i>nikki 3-0.02 mg tab</i>	TIER 3	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)</i>	TIER 3	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	TIER 4	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>nylia 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>nymyo 0.25-35 mg-mcg tab</i>	TIER 3	
<i>ocella 3-0.03 mg tab</i>	TIER 3	
<i>philith 0.4-35 mg-mcg tab</i>	TIER 3	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	TIER 3	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	TIER 3	
<i>portia-28 0.15-30 mg-mcg tab</i>	TIER 3	
PREMARIN 0.625 MG/GM CREAM	TIER 3	
<i>previfem 0.25-35 mg-mcg tab</i>	TIER 3	
<i>reclipsen 0.15-30 mg-mcg tab</i>	TIER 3	
<i>setlakin 0.15-0.03 mg tab</i>	TIER 3	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	TIER 4	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	TIER 3	
<i>sronyx 0.1-20 mg-mcg tab</i>	TIER 3	
<i>syeda 3-0.03 mg tab</i>	TIER 3	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	TIER 3	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	TIER 3	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	TIER 3	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	TIER 3	
<i>turqoz 0.3-30 mg-mcg tab</i>	TIER 3	
<i>valtya 1/35 1-35 mg-mcg tab</i>	TIER 3	
VALTYA 1/50 1-50 MG-MCG TAB	TIER 3	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	TIER 3	
<i>vestura 3-0.02 mg tab</i>	TIER 3	
<i>vienva 0.1-20 mg-mcg tab</i>	TIER 3	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	TIER 3	
<i>vyfemla 0.4-35 mg-mcg tab</i>	TIER 3	
<i>vylibra 0.25-35 mg-mcg tab</i>	TIER 3	
<i>wera 0.5-35 mg-mcg tab</i>	TIER 3	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	TIER 3	
<i>xulane 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>yuvafem 10 mcg tab</i>	TIER 3	
<i>zafemy 150-35 mcg/24hr patch wk</i>	TIER 3	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	TIER 3	
<i>zumandimine 3-0.03 mg tab</i>	TIER 3	
PROGESTINS		
<i>camila 0.35 mg tab</i>	TIER 3	
<i>deblitane 0.35 mg tab</i>	TIER 3	
DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>emzahh 0.35 mg tab</i>	TIER 3	
<i>errin 0.35 mg tab</i>	TIER 3	
<i>gallifrey 5 mg tab</i>	TIER 2	
<i>heather 0.35 mg tab</i>	TIER 3	
<i>incassia 0.35 mg tab</i>	TIER 3	
<i>jencycla 0.35 mg tab</i>	TIER 3	
LILETTA (52 MG) 20.1 MCG/DAY IUD	TIER 3	
<i>lyleq 0.35 mg tab</i>	TIER 3	
<i>lyza 0.35 mg tab</i>	TIER 3	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	TIER 3	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	TIER 2	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	TIER 2	PA - FOR NEW STARTS ONLY
<i>meleya 0.35 mg tab</i>	TIER 3	
NEXPLANON 68 MG IMPLANT	TIER 3	
<i>nora-be 0.35 mg tab</i>	TIER 3	
<i>norethindrone 0.35 mg tab</i>	TIER 3	
<i>norethindrone acetate 5 mg tab</i>	TIER 2	
<i>norlyda 0.35 mg tab</i>	TIER 3	
<i>norlyroc 0.35 mg tab</i>	TIER 3	
<i>orquidea 0.35 mg tab</i>	TIER 3	
<i>progesterone (100 mg cap, 200 mg cap)</i>	TIER 2	
<i>sharobel 0.35 mg tab</i>	TIER 3	
<i>tulana 0.35 mg tab</i>	TIER 3	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA 60 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>raloxifene hcl 60 mg tab</i>	TIER 3	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

<i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 1	
<i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 1	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	TIER 3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	TIER 2	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	TIER 5	PA, QL (1 PER 1 DAYS)
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	TIER 3	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	TIER 3	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline 0.5 mg tab</i>	TIER 3	
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You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>leuprolide acetate 1 mg/0.2ml kit</i>	TIER 4	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	TIER 5	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	TIER 5	
LUPRON DEPOT (4-MONTH) 30 MG KIT	TIER 5	
LUPRON DEPOT (6-MONTH) 45 MG KIT	TIER 5	
<i>mifepristone 300 mg tab</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution, octreotide acetate 50 mcg/ml soln prsy, octreotide acetate 100 mcg/ml soln prsy)</i>	TIER 4	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	TIER 5	PA
ORGOVYX 120 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	TIER 5	PA, LA, QL (60 PER 30 DAYS)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	TIER 5	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	TIER 5	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

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

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

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

IMMUNOGLOBULINS

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

IMMUNOLOGICAL AGENTS, OTHER

ARCALYST 220 MG RECON SOLN	TIER 5	PA, LA
AURANOFIN 3 MG CAP	TIER 3	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (300 MG DOSE) 150 /ML SOLN PRSYR	TIER 5	PA, LA
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	TIER 5	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	TIER 5	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, LA

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	TIER 5	PA, LA
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA
OTEZLA (4 X 10 51 X20 MG TAB THPK, 10 20 30 MG TAB THPK)	TIER 5	PA, QL (55 PER 28 DAYS)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB TH	TIER 5	PA, QL (41 PER 28 DAYS)
RIDAURA 3 MG CAP	TIER 3	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	TIER 5	PA, QL (168 PER 365 DAYS)
RINVOQ LQ 1 MG/ML SOLUTION	TIER 5	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 /0.83ML PREF SY KT	TIER 5	PA, QL (6 PER 365 DAYS)
SKYRIZI 150 MG/ML SOLN PRSYR	TIER 5	PA, QL (6 PER 365 DAYS)
SKYRIZI 180 MG/1.2ML SOLN CART	TIER 5	PA, QL (1.2 PER 56 DAYS)
SKYRIZI 360 MG/2.4ML SOLN CART	TIER 5	PA, QL (2.4 PER 56 DAYS)
SKYRIZI 600 MG/10ML SOLUTION	TIER 5	PA, QL (30 PER 365 DAYS)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	TIER 5	PA, QL (6 PER 365 DAYS)
STELARA 45 MG/0.5ML SOLUTION	TIER 5	PA, QL (0.5 ML PER 28 DAYS)
<i>tofacitinib citrate (5 mg tab, 10 mg tab)</i>	TIER 5	PA, QL (60 PER 30 DAYS)
<i>tofacitinib citrate 1 mg/ml solution</i>	TIER 5	PA, QL (300 ML PER 30 DAYS)
<i>tofacitinib citrate er (er 11 mg tab er, er 22 mg tab er)</i>	TIER 5	PA, QL (30 PER 30 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	TIER 5	PA, QL (3.6 PER 28 DAYS)
USTEKINUMAB 45 MG/0.5ML SOLUTION	TIER 5	PA, QL (0.5 ML PER 28 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	TIER 4	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	TIER 5	PA, QL (1 ML PER 28 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	TIER 5	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	TIER 5	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	TIER 5	PA, QL (1 PER 1 DAYS)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)
XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	TIER 5	PA, LA, QL (8 PER 28 DAYS)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	TIER 4	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	TIER 5	PA, QL (104 ML PER 365 DAYS)
YESINTEK 90 MG/ML SOLN PRSYR	TIER 5	PA, QL (1 ML PER 28 DAYS)
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	TIER 5	LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	TIER 5	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	TIER 5	PA, QL (4 PER 30 DAYS)
IMMUNOSUPPRESSANTS		
<i>azathioprine 50 mg tab</i>	TIER 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	TIER 5	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	TIER 5	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	TIER 5	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	TIER 5	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	TIER 5	PA, QL (8 PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	TIER 4	PA - FOR NEW STARTS ONLY
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	TIER 5	PA - PART B VS D DETERMINATION
<i>everolimus 0.25 mg tab</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	TIER 5	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	TIER 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	TIER 5	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	TIER 2	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	TIER 2	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)</i>	TIER 3	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	TIER 2	
<i>mycophenolate mofetil (200 mg/ml susp, 500 mg soln)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	TIER 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	TIER 4	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	TIER 5	PA, QL (3 PER 28 DAYS)
SIMLANDI (1 SYRINGE) RINGE) 80 MG/0.8ML PREF KT	TIER 5	PA, QL (3 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	TIER 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	TIER 5	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	TIER 5	PA, QL (4 PER 28 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	TIER 3	PA - PART B VS D DETERMINATION
XATMEP 2.5 MG/ML SOLUTION	TIER 4	PA - FOR NEW STARTS ONLY
VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN	TIER 3	VAC
ACTHIB RECONSOLN	TIER 3	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	TIER 3	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	TIER 3	VAC
BCG VACCINE 50 MG RECON SOLN	TIER 3	VAC
BEXSERO SUSPPRSYR	TIER 3	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	TIER 3	VAC
DAPTACEL 23-15-5SUSPENSION	TIER 3	
DENGVAXIA RECONSUSP	TIER 4	
DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	TIER 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC
GARDASIL 9 (9 SUSPENSION, 9 0.5 ML SUSP PRSYR)	TIER 3	VAC
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	TIER 3	
HAVRIX 1440 EL U/ML SUSP PRSYR	TIER 3	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	TIER 3	VAC
INFANRIX 25-58-10SUSPENSION	TIER 3	
IPOL SUSPENSION	TIER 3	VAC
IXIARO SUSPENSION	TIER 4	VAC
JYNNEOS 0.5 ML SUSPENSION	TIER 3	VAC
KINRIX 0.5 ML SUSP PRSYR	TIER 3	
M-M-R II RECONSOLN	TIER 3	VAC
MENACTRA SOLUTION	TIER 3	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	TIER 3	VAC
MENVEO (RECON SOLN, SOLUTION)	TIER 3	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	TIER 3	VAC
PEDIARIX SUSPPRSYR	TIER 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	TIER 3	
PENMENVY RECONSUSP	TIER 3	
PENTACEL RECONSUSP	TIER 3	
PRIORIX RECONSUSP	TIER 3	VAC
PROQUAD RECONSUSP	TIER 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	TIER 3	
RABAVERT RECONSUSP	TIER 3	VAC
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	TIER 3	PA - PART B VS D DETERMINATION, VAC
ROTARIX (RECON SUSP, SUSPENSION)	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ROTATEQ SOLUTION	TIER 3	
SHINGRIX 50 MCG/0.5ML RECON SUSP	TIER 3	QL (2 PER 365 DAYS), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	TIER 3	QL (1 ML PER 365 DAYS), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	TIER 3	VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	TIER 3	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	TIER 3	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	TIER 3	VAC
TRUMENBA SUSPPRSYR	TIER 3	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	TIER 3	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	TIER 4	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	TIER 3	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	TIER 3	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	TIER 3	VAC
VAXCHORA RECONSUSP	TIER 4	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	TIER 4	
VIVOTIF CAPDR	TIER 4	
YF-VAX RECONSUSP	TIER 4	VAC

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

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

GLUCOCORTICOIDS

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

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	TIER 1	
ALENDRONATE SODIUM 5 MG TAB	TIER 2	
<i>alendronate sodium 70 mg/75ml solution</i>	TIER 4	
BILDYOS 60 MG/ML SOLN PRSYR	TIER 4	PA
BILPREVDA 120 MG/1.7ML SOLUTION	TIER 5	PA, QL (1.7 ML PER 28 DAYS)
<i>calcitonin (salmon) 200 unit/act solution</i>	TIER 2	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	TIER 2	
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	TIER 4	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>doxercalciferol 4 mcg/2ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>ibandronate sodium 150 mg tab</i>	TIER 1	
<i>ibandronate sodium 3 mg/3ml solution</i>	TIER 4	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	TIER 4	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION
<i>risedronate sodium (5 mg tab, 35 mg tab, 150 mg tab)</i>	TIER 4	
<i>teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide 560 mcg/2.24ml soln pen)</i>	TIER 5	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	TIER 5	PA, QL (1.56 PER 28 DAYS)
WYOST 120 MG/1.7ML SOLUTION	TIER 5	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (zoledronic acid 4 mg/100ml solution, zoledronic acid 4 mg/5ml conc, zoledronic acid 5 mg/100ml solution)</i>	TIER 4	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

ADVOCATE INSULIN PEN NEEDLE 32GX4MMMISC	TIER 3	
ALCOHOL 70% PADS	TIER 2	
ALCOHOL PREP PAD	TIER 2	
ALCOHOL PREP PADS S 70 %	TIER 2	
ALCOHOL SWABS 70 % PAD	TIER 2	
ALCOHOL SWABSTICK PAD	TIER 2	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARGYLE STERILE WATER SOLUTION	TIER 2	
ASSURE ID DUO PRO PEN NEEDLES 31GX5MMMISC	TIER 3	
ASSURE ID PRO PEN NEEDLES 30GX5MMMISC	TIER 3	
AUM ALCOHOL PREP PADS S 70 %	TIER 2	
AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC)	TIER 3	
AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC)	TIER 3	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	TIER 3	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 3	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 3	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 3	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 3	
BIOGUARD GAUZE SPONGES 2"X2"PAD	TIER 2	
CARETOUCH ALCOHOL PREP 70 % PAD	TIER 2	
COMFORT EZ INSULIN SYRINGE (27G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC)	TIER 3	
COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC)	TIER 3	
CVS ALCOHOL PREP PADS S 70 %	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CVS ANTIBACTERIAL GAUZE 2"X2"PAD	TIER 2	
DROPLET INSULIN SYRINGE (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
DROPLET MICRON 34GX3.5MMMISC	TIER 3	
DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC)	TIER 3	
DROPSAFE AUTOPROTECT DUO (4 MISC, 5 MISC, 8 MISC)	TIER 3	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
EASY COMFORT INSULIN SYRINGE (29G 5/16" 0.5 ML MISC, 29G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 32G 5/16" 1 ML MISC)	TIER 3	
EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC)	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	TIER 3	
EMBECTA AUTOSHIELD DUO 30GX5MMMISC	TIER 3	
EMBECTA INS SYR U/F 1/2 UNIT (5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC)	TIER 3	
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" ML MISC	TIER 3	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	TIER 3	
EMBECTA INSULIN SYRINGE U/F (30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
EMBECTA PEN NEEDLE NANO 2 GEN 3GX4MMMISC	TIER 3	
EMBECTA PEN NEEDLE NANO 32GX4MMMISC	TIER 3	
EMBECTA PEN NEEDLE U/F 29GX12.7MMMISC	TIER 3	
EMBECTA PEN NEEDLE ULTRAFINE (PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 6 MM MISC)	TIER 3	
EMBRACE PEN NEEDLES (PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC)	TIER 3	
<i>gauze pads 2</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GNP PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC)	TIER 3	
GOODSENSE ALCOHOL SWABS 70 % PAD	TIER 2	
INSULIN PEN NEEDLES	TIER 3	
INSULIN PEN NEEDLES	TIER 3	
INSULIN PEN NEEDLES	TIER 3	
INSULIN SYRINGE 0.3 ML	TIER 3	
INSULIN SYRINGE 0.5 ML	TIER 3	
INSULIN SYRINGE 1 ML	TIER 3	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
INSUPEN PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
INSUPEN32G EXTR3ME 6MM MISC	TIER 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 4	PA - PART B VS D DETERMINATION
<i>lactated ringers solution</i>	TIER 2	
<i>methergine 0.2 mg tab</i>	TIER 4	
<i>methylergonovine maleate 0.2 mg tab</i>	TIER 4	
NOVOFINE 32G X 6 MM MISC	TIER 3	
NUTRILIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
OPVEE 2.7 MG/0.1ML SOLUTION	TIER 4	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP (PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
PENBRAYA RECONSUSP	TIER 3	VAC
PRO COMFORT ALCOHOL 70 % PAD	TIER 2	
PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC)	TIER 3	
<i>ringers irrigation (ringers irrigation solution, ringers irrigation solution)</i>	TIER 2	
SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	TIER 3	
SECURESAFE SAFETY PEN NEEDLES 31GX5MMMISC	TIER 3	
SILIGENTLE FOAM DRESSING 2"X2"PAD	TIER 2	
SMOFLIPID 20 % EMULSION	TIER 4	PA - PART B VS D DETERMINATION
<i>sterile water for irrigation (sterile water for irrigation solution, sterile water for irrigation solution)</i>	TIER 2	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TECHLITE PLUS PEN NEEDLES 32GX4MMMISC	TIER 3	
<i>tis-u-sol solution</i>	TIER 2	
TRUE COMFORT INSULIN SYRINGE (30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC)	TIER 3	
TRUE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
TRUE COMFORT PRO PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
TRUE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC)	TIER 3	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN 4 MISC, PEN 6 MISC)	TIER 3	
UNIFINE OTC PEN NEEDLES (PEN 31G 5 MISC, PEN 32G 4 MISC)	TIER 3	
UNIFINE PENTIPS 32GX4MMMISC	TIER 3	
UNIFINE PROTECT PEN NEEDLE (PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC)	TIER 3	
UNIFINE SAFECONTROL PEN NEEDLE (PEN 5 MISC, PEN 6 MISC, PEN 8 MISC)	TIER 3	
VERIFINE INSULIN PEN NEEDLE (PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC)	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VERIFINE INSULIN SYRINGE (28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	TIER 3	
VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
VOWST CAP	TIER 5	PA, LA, QL (12 PER 30 DAYS)
WEBCOL ALCOHOL PREP LARGE 70 % PAD	TIER 2	

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

<i>ak-poly-bac 500-10000 unit/gm ointment</i>	TIER 2	
<i>atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)</i>	TIER 3	
<i>bacitra-neomycin-polymyxin-hc (bacitra-neomycin-polymyxin-hc 1 % ointment, bacitra-neomycin-polymyxin-hc 1 % ointment)</i>	TIER 2	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	TIER 2	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	TIER 3	
<i>dorzolamide hcl-timolol mal (dorzolamide hcl-timolol mal 2-0.5 % solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution)</i>	TIER 2	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	TIER 3	
<i>loteprednol-tobramycin 0.5-0.3 % suspension</i>	TIER 3	
<i>neo-polycin 3.5-400-10000 ointment</i>	TIER 2	
<i>neo-polycin hc 1 % ointment</i>	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)</i>	TIER 2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	TIER 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION	TIER 2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1SUSPENSION	TIER 4	
<i>polycin 500-10000 unit/gm ointment</i>	TIER 2	
RESTASIS 0.05 % EMULSION	TIER 3	QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	TIER 4	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	TIER 2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	TIER 2	
XDEMVY 0.25 % SOLUTION	TIER 5	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	TIER 3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	TIER 2	
<i>cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)</i>	TIER 2	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	TIER 4	
<i>erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)</i>	TIER 2	
GENTAK 0.3 % OINTMENT	TIER 2	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>gentamicin sulfate 0.3 % solution</i>	TIER 2	
LEVOFLOXACIN (LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 1.5 % SOLUTION)	TIER 3	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	TIER 2	
<i>moxifloxacin hcl 0.5 % solution</i>	TIER 3	
NATACYN 5 % SUSPENSION	TIER 3	
<i>ofloxacin 0.3 % solution</i>	TIER 2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	TIER 2	
<i>sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i>	TIER 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	TIER 3	
<i>tobramycin 0.3 % solution</i>	TIER 2	
TRIFLURIDINE 1 % SOLUTION	TIER 3	
ZIRGAN 0.15 % GEL	TIER 4	QL (5 PER 30 DAYS)
OPHTHALMIC ANTI-INFLAMMATORIES		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	TIER 2	
<i>diclofenac sodium 0.1 % solution</i>	TIER 2	
<i>difluprednate 0.05 % emulsion</i>	TIER 4	
<i>fluorometholone 0.1 % suspension</i>	TIER 2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 2	
FML 0.1 % OINTMENT	TIER 4	
FML FORTE 0.25 % SUSPENSION	TIER 4	
ILEVRO 0.3 % SUSPENSION	TIER 3	QL (3 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	TIER 2	
<i>prednisolone acetate 1 % suspension</i>	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl (betaxolol hcl 0.5 % solution, betaxolol hcl 0.5 % solution)</i>	TIER 2	
CARTEOLOL HCL 1 % SOLUTION	TIER 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 2	
<i>timolol maleate (0.25 % gel soln, 0.5 % gel soln)</i>	TIER 3	
<i>timolol maleate (0.25 %, 0.5 %)</i>	TIER 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap 12h</i>	TIER 2	
<i>apraclonidine hcl (apraclonidine hcl 0.5 % solution, apraclonidine hcl 0.5 % solution)</i>	TIER 3	
<i>brimonidine tartrate 0.1 % solution</i>	TIER 3	
<i>brimonidine tartrate 0.15 % solution</i>	TIER 4	
<i>brimonidine tartrate 0.2 % solution</i>	TIER 2	
<i>brinzolamide 1 % suspension</i>	TIER 3	
<i>dorzolamide hcl (dorzolamide hcl 2 % solution, dorzolamide hcl 2 % solution)</i>	TIER 2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	TIER 4	
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	TIER 2	
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	TIER 3	

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS

<i>bimatoprost 0.03 % solution</i>	TIER 4	ST, QL (5 PER 30 DAYS)
<i>latanoprost (latanoprost 0.005 % solution, latanoprost 0.005 % solution)</i>	TIER 1	
LUMIGAN 0.01 % SOLUTION	TIER 3	QL (5 ML PER 30 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	TIER 3	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	TIER 4	

OTIC AGENTS

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

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	TIER 3	QL (30 PER 30 DAYS)
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	TIER 3	QL (1 PER 30 DAYS)
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	TIER 3	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	TIER 3	QL (1 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	TIER 3	QL (1 PER 30 DAYS)
ASMANEX HFA (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	TIER 3	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	TIER 4	PA - PART B VS D DETERMINATION
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	TIER 3	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	TIER 2	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml, 5 mg/5ml)</i>	TIER 2	
<i>cyproheptadine hcl 4 mg tab</i>	TIER 3	PA
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	TIER 2	PA
<i>hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)</i>	TIER 4	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	TIER 1	
<i>promethazine hcl (6.25 mg/5ml, 12.5 mg/10ml)</i>	TIER 2	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	TIER 2	QL (1 PER 1 DAYS)
<i>montelukast sodium 10 mg tab</i>	TIER 1	QL (1 PER 1 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	TIER 4	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	TIER 4	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	TIER 3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	TIER 2	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ipratropium bromide 0.03 % solution</i>	TIER 2	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	TIER 2	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	TIER 3	QL (4 PER 30 DAYS)
<i>tiotropium bromide 18 mcg cap</i>	TIER 3	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol 90mcg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proair)</i>	TIER 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	TIER 2	QL (13.4 PER 30 DAYS)
ALBUTEROL 90MG HFA INHALER (GENERIC VENTOLIN)	TIER 2	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	TIER 4	
<i>albuterol sulfate (2 mg/5ml, 8 mg/20ml)</i>	TIER 2	
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	TIER 2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	TIER 2	QL (17 PER 30 DAYS)
<i>epinephrine (epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj)</i>	TIER 3	QL (24 PER 365 DAYS)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	TIER 3	QL (24 PER 365 DAYS)
<i>levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)</i>	TIER 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 3	QL (30 PER 30 DAYS)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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CYSTIC FIBROSIS AGENTS

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

MAST CELL STABILIZERS

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

<i>roflumilast 250 mcg tab</i>	TIER 4	QL (28 PER 180 DAYS)
<i>roflumilast 500 mcg tab</i>	TIER 4	QL (1 PER 1 DAYS)
<i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)</i>	TIER 3	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	TIER 5	PA, LA, QL (3 PER 1 DAYS)
<i>alyq 20 mg tab</i>	TIER 5	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (5 mg tab, 10 mg tab)</i>	TIER 5	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	TIER 5	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 32 mg tab sol</i>	TIER 5	PA, LA, QL (4 PER 1 DAYS)
<i>macitentan 10 mg tab</i>	TIER 5	PA, QL (30 PER 30 DAYS)
OPSUMIT 10 MG TAB	TIER 5	PA, LA, QL (1 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sildenafil citrate 20 mg tab</i>	TIER 3	PA, QL (12 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	TIER 4	PA, QL (2 PER 1 DAYS)
UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	TIER 5	PA, LA, QL (200 PER 180 DAYS)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	TIER 5	PA, QL (1 PER 21 DAYS)
PULMONARY FIBROSIS AGENTS		
<i>nintedanib esylate (100 mg cap, 150 mg cap)</i>	TIER 5	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	TIER 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	TIER 5	PA, QL (5 PER 1 DAYS)
<i>pirfenidone 801 mg tab</i>	TIER 5	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 %, 20 %)</i>	TIER 2	PA - PART B VS D DETERMINATION
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	TIER 3	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	TIER 3	QL (60 PER 30 DAYS)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>breyana (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	TIER 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	TIER 3	QL (10.7 GM PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	TIER 3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)</i>	TIER 3	QL (10.2 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 4	QL (4 PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	TIER 2	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	TIER 2	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	TIER 2	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	TIER 2	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	TIER 2	PA - PART B VS D DETERMINATION
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	TIER 3	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	TIER 3	QL (60 PER 30 DAYS)
<i>wixela inhub (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i>	TIER 2	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

<i>carisoprodol 350 mg tab</i>	TIER 2	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	TIER 2	PA
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	TIER 3	PA
<i>vanadom 350 mg tab</i>	TIER 2	PA, QL (4 PER 1 DAYS)

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	TIER 3	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	TIER 5	PA, QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>temazepam 30 mg cap</i>	TIER 2	QL (1 PER 1 DAYS)
<i>triazolam 0.125 mg tab</i>	TIER 4	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tab</i>	TIER 4	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	TIER 2	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	TIER 2	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	TIER 2	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	TIER 2	QL (2 PER 1 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	TIER 4	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	TIER 3	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tab</i>	TIER 3	PA, QL (2 PER 1 DAYS)
<i>sodium oxybate (sodium oxybate 500 mg/ml solution, sodium oxybate 500 mg/ml solution)</i>	TIER 5	PA, LA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations in this table mean by going to the legend listed in Section C1.

Index of Covered Drugs

A

abacavir sulfate	52	Albuterol 90mg HFA inhaler (Generic Ventolin)	126
abacavir sulfate-lamivudine	52	albuterol sulfate	126
ABELCET	24	albuterol sulfate hfa	126
ABILIFY MAINTENA	46	alclometasone dipropionate	79
abiraterone acetate	28	ALCOHOL 70% PADS	113
abirtega	28	ALCOHOL PREP	113
ABRYSSVO	109	ALCOHOL PREP PADS	113
acamprosate calcium	5	ALCOHOL SWABS	113
acarbose	57	ALCOHOL SWABSTICK	113
accutane	78	alcohol wipes	81
acebutolol hcl	68	ALDURAZYME	89
acetaminophen-codeine	3	ALECENSA	31
acetazolamide	70	alendronate sodium	112
acetazolamide er	123	ALENDRONATE SODIUM	112
acetic acid	124	alfuzosin hcl er	90
acetylcysteine	128	aliskiren fumarate	70
acitretin	78	allopurinol	26
ACTHIB	109	alosetron hcl	87
ACTIMMUNE	106	alprazolam	56
acyclovir	55,82	altavera	93
acyclovir sodium	55	ALUNBRIG	31,32
ADACEL	109	alyacen 1/35	93
adefovir dipivoxil	50	alyacen 7/7/7	93
ADEMPAS	127	alyq	127
ADVAIR HFA	128	amantadine hcl	44
ADVOCATE INSULIN PEN NEEDLE	113	ambrisentan	127
afirmelle	93	amethia	93
AIMOVIG	26	amikacin sulfate	6
ak-poly-bac	120	amiloride hcl	73
AKEEGA	30	amiloride-hydrochlorothiazide	70
ala-cort	79	amiodarone hcl	67
albendazole	42	amitriptyline hcl	23
ALBUTEROL 90MCG HFA INHALER (GENERIC PROAIR)	126	amlodipine besy-benazepril hcl	70
Albuterol 90mg HFA inhaler (Generic Proair)	126	amlodipine besylate	68
Albuterol 90mg HFA inhaler (Generic Proventil)	126	amlodipine besylate-valsartan	70
		amlodipine-atorvastatin	71
		amlodipine-olmesartan	71
		amlodipine-valsartan-hctz	71
		ammonium lactate	79
		amnesteem	79

amoxapine	23	atazanavir sulfate	54
amoxicillin	11	atenolol	68
amoxicillin-pot clavulanate	11	atenolol-chlorthalidone	71
AMOXICILLIN-POT CLAVULANATE	11	atomoxetine hcl	76
amoxicillin-pot clavulanate er	11	atorvastatin calcium	74
amphetamine-dextroamphet er	76	atovaquone	43
amphetamine-dextroamphetamine	76	atovaquone-proguanil hcl	43
AMPHOTERICIN B	25	atropine sulfate	120
amphotericin b liposome	25	ATROVENT HFA	125
ampicillin	11	aubra	94
ampicillin sodium	11	aubra eq	94
ampicillin-sulbactam sodium	11	AUGTYRO	30
anagrelide hcl	64	AUM ALCOHOL PREP PADS	114
anastrozole	31	AUM INSULIN SAFETY PEN NEEDLE	114
ANORO ELLIPTA	128	AUM PEN NEEDLE	114
apraclonidine hcl	123	AURANOFIN	104
aprepitant	24	aurovela 1.5/30	94
apri	93	aurovela 1/20	94
APTIVUS	54	aurovela fe 1.5/30	94
AQ INSULIN SYRINGE	113	aurovela fe 1/20	94
AQINJECT PEN NEEDLE	113	AUVELITY	20
ARALAST NP	89	AUVELITY TITRATION PACK	20
ARANELLE	93	aviane	94
ARANESP (ALBUMIN FREE)	64	avidoxy	14
ARCALYST	104	AVMAPKI FAKZYNJA CO-PACK	31
AREXVY	109	ayuna	94
ARGYLE STERILE WATER	114	AYVAKIT	32
ARIKAYCE	6	azathioprine	106
aripiprazole	46	AZATHIOPRINE SODIUM	106
armodafinil	130	azelastine hcl	121,125
ARNUIITY ELLIPTA	124	azithromycin	12
asenapine maleate	46	AZITHROMYCIN	12
ashlyna	94	aztreonam	7
ASMANEX (120 METERED DOSES)	124	azurette	94
ASMANEX (14 METERED DOSES)	124		
ASMANEX (30 METERED DOSES)	124	B	
ASMANEX (60 METERED DOSES)	125	bac (butalbital-acetamin-caff)	77
ASMANEX HFA	125	bacitra-neomycin-polymyxin-hc	120
aspirin-dipyridamole er	65	BACITRACIN	121
ASSURE ID DUO PRO PEN NEEDLES	114	BACITRACIN-POLYMYXIN B	120
ASSURE ID PRO PEN NEEDLES	114	baclofen	50

balsalazide disodium.....	112	bisoprolol-hydrochlorothiazide.....	71
BALVERSA.....	32	blisovi fe 1.5/30.....	94
balziva.....	94	blisovi fe 1/20.....	94
BAQSIMI ONE PACK.....	60	BOOSTRIX.....	109
BAQSIMI TWO PACK.....	60	bosentan.....	127
BARACLUDE.....	50	BOSULIF.....	32
BCG VACCINE.....	109	bosutinib.....	32
BD INSULIN SYRINGE.....	114	BRAFTOVI.....	32
BD Pen Needle Mini U/F 31G X 5 MM		BREO ELLIPTA.....	128
MISC.....	114	breyana.....	128
BD Pen Needle Nano U/F 32G X 4 MM		BREZTRI AEROSPHERE.....	128
MISC.....	114	briellyn.....	94
BD Pen Needle Original U/F 29G X 12.7MM		brimonidine tartrate.....	123
MISC.....	114	brimonidine tartrate-timolol.....	120
BD Pen Needle Short U/F 31G X 8 MM		brinzolamide.....	123
MISC.....	114	brivaracetam.....	14
benazepril hcl.....	66	bromocriptine mesylate.....	44
benazepril-hydrochlorothiazide.....	71	BRUKINSA.....	32
BENLYSTA.....	104	budesonide.....	112,125
BENZNIDAZOLE.....	43	budesonide er.....	112
benzoyl peroxide-erythromycin.....	79	budesonide-formoterol fumarate.....	128
benztropine mesylate.....	44	bumetanide.....	73
BESIVANCE.....	13	buprenorphine.....	2
BESREMI.....	106	buprenorphine hcl.....	5
betaine.....	89	buprenorphine hcl-naloxone hcl.....	5
betamethasone dipropionate.....	79	bupropion hcl.....	20
betamethasone dipropionate aug.....	79	bupropion hcl er (smoking det).....	6
betamethasone valerate.....	80	bupropion hcl er (sr).....	20
BETASERON.....	78	bupropion hcl er (xl).....	20
betaxolol hcl.....	68,123	buspironone hcl.....	56
bethanechol chloride.....	91	butalbital-apap-caffeine.....	77
bexarotene.....	42	butalbital-aspirin-caffeine.....	1
BEXSERO.....	109	butorphanol tartrate.....	3
bicalutamide.....	28		
BICILLIN L-A.....	11	C	
BIKTARVY.....	51	CABENUVA.....	53
BILDYOS.....	112	cabergoline.....	102
BILPREVDA.....	112	CABOMETYX.....	32
bimatoprost.....	124	calcipotriene.....	81
BIOGUARD GAUZE SPONGES.....	114	calcitonin (salmon).....	112
bisoprolol fumarate.....	68	calcitrene.....	81

calcitriol	112	cefuroxime sodium	10
CALCITRIOL	112	celecoxib	1
calcium acetate (phos binder)	86	cephalexin	10
CALQUENCE	32	cetirizine hcl	125
camila	100	cevimeline hcl	78
camrese	94	chateal	94
camrese lo	94	chateal eq	94
candesartan cilexetil	66	chlorhexidine gluconate	78
candesartan cilexetil-hctz	71	chloroquine phosphate	43
CAPLYTA	46	chlorpromazine hcl	45
CAPRELSA	32,33	chlorthalidone	73
captopril	66	cholestyramine	74
CAPTOPRIL-HYDROCHLOROTHIAZIDE	71	cholestyramine light	74
carbamazepine	18	ciclodan	82
carbamazepine er	18	ciclopirox	83
carbidopa	44	ciclopirox olamine	83
carbidopa-levodopa	45	cilostazol	65
carbidopa-levodopa er	45	CILOXAN	13
carbidopa-levodopa-entacapone	44	CIMDUO	52
CARETOUCH ALCOHOL PREP	114	cimetidine	88
carglumic acid	89	cinacalcet hcl	112
carisoprodol	129	ciprofloxacin	13
CARTEOLOL HCL	123	ciprofloxacin hcl	13
cartia xt	69	ciprofloxacin in d5w	13
carvedilol	68	ciprofloxacin-dexamethasone	124
cataflam	1	citalopram hydrobromide	21
CAYSTON	7	claravis	79
caziant	94	CLARITHROMYCIN	12
CEFACLOR	9	clarithromycin	13
cefadroxil	9	clarithromycin er	13
cefazolin sodium	9	clindamycin hcl	7
cefdinir	9	clindamycin palmitate hcl	7
cefepime hcl	10	clindamycin phos (once-daily)	83
cefixime	10	clindamycin phos (twice-daily)	83
cefoxitin sodium	10	clindamycin phos-benzoyl perox	79
CEFPODOXIME PROXETIL	10	clindamycin phosphate	7,83
cefprozil	10	clindamycin phosphate in d5w	7
ceftaroline fosamil	10	CLINDAMYCIN PHOSPHATE IN NAACL	7
CEFTAZIDIME	10	clobazam	16
ceftriaxone sodium	10	clobetasol prop emollient base	80
cefuroxime axetil	10	clobetasol propionate	80

clobetasol propionate e.....	80	cromolyn sodium.....	88,121,127
clomipramine hcl.....	23	cryselle.....	94
clonazepam.....	56	cryselle-28.....	94
clonidine.....	65	CVS ALCOHOL PREP PADS.....	114
clonidine hcl.....	65	CVS ANTIBACTERIAL GAUZE.....	115
clopidogrel bisulfate.....	65	cvs isopropyl alcohol wipes.....	81
clorazepate dipotassium.....	56	cyclobenzaprine hcl.....	129
clotrimazole.....	25	CYCLOPHOSPHAMIDE.....	28
clotrimazole-betamethasone.....	81	cyclosporine.....	106
clozapine.....	49,50	cyclosporine modified.....	107
COARTEM.....	43	cyproheptadine hcl.....	125
COBENFY.....	49	cyred.....	94
COBENFY STARTER PACK.....	49	cyred eq.....	94
codeine sulfate.....	3		
CODEINE SULFATE.....	3	D	
colchicine.....	26	dabigatran etexilate mesylate.....	62
colchicine-probenecid.....	26	dalfampridine er.....	78
colesevelam hcl.....	74	danazol.....	93
colestipol hcl.....	74	dantrolene sodium.....	50
colistimethate sodium (cba).....	7	dapaglifloz base-metformin er.....	57
COMBIVENT RESPIMAT.....	129	dapagliflozin.....	75
COMETRIQ (100 MG DAILY DOSE).....	33	dapsone.....	27
COMETRIQ (140 MG DAILY DOSE).....	33	DAPTACEL.....	109
COMETRIQ (60 MG DAILY DOSE).....	33	daptomycin.....	7
COMFORT EZ INSULIN SYRINGE.....	114	darunavir.....	54
COMFORT EZ PRO PEN NEEDLES.....	114	dasatinib.....	33
compro.....	23	dasetta 1/35.....	94
constulose.....	87	dasetta 7/7/7.....	94
COPIKTRA.....	33	DAURISMO.....	33
CORLANOR.....	71	daysee.....	94
CORTIFOAM.....	112	deblitane.....	100
CORTISONE ACETATE.....	91	deferasirox.....	86
CORTISPORIN-TC.....	124	DELSTRIGO.....	51
COSENTYX.....	104	delyla.....	94
COSENTYX (300 MG DOSE).....	104	DENGVAIXA.....	109
COSENTYX SENSOREADY (300 MG).....	104	DEPO-SUBQ PROVERA 104.....	100
COSENTYX SENSOREADY PEN.....	104	depo-testosterone.....	93
COSENTYX UNOREADY.....	105	DERMOTIC.....	124
COTELLIC.....	33	DESCOVY.....	52
CREON.....	89	desipramine hcl.....	23
CRESEMBA.....	25	desmopressin ace spray refrig.....	92

desmopressin acetate.....	92	DILTIAZEM HCL 240 MG EXTENDED RELEASE 24HR CAPSULE	69
desmopressin acetate pf.....	92	DILTIAZEM HCL 300 MG EXTENDED RELEASE 24HR CAPSULE	69
desmopressin acetate spray.....	92	DILTIAZEM HCL 360 MG EXTENDED RELEASE 24HR CAPSULE	69
desogestrel-ethinyl estradiol.....	95	diltiazem hcl er.....	70
desonide.....	80	diltiazem hcl er beads.....	70
desoximetasone.....	80	dimethyl fumarate.....	78
desvenlafaxine succinate er.....	21	dimethyl fumarate starter pack.....	78
dexamethasone.....	91	diphenoxylate-atropine.....	87
DEXAMETHASONE SOD PHOS +RFID.....	91	DIPHENOXYLATE-ATROPINE.....	87
dexamethasone sod phosphate pf.....	91	DIPHThERIA-TETANUS TOXOIDS DT... ..	109
DEXAMETHASONE SODIUM PHOSPHATE.....	91,122	dipyridamole.....	65
dexmethylphenidate hcl.....	76	disulfiram.....	5
dextroamphetamine sulfate.....	76	divalproex sodium.....	15
dextrose.....	83	divalproex sodium er.....	15
dextrose in lactated ringers.....	83	dofetilide.....	67
DEXTROSE-NACL.....	83	donepezil hcl.....	19
dextrose-sodium chloride.....	84	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG.....	19
DIACOMIT.....	15	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG.....	19
diazepam.....	16,56,57	dorzolamide hcl.....	123
diazepam intensol.....	57	dorzolamide hcl-timolol mal.....	120
diazoxide.....	60	dorzolamide hcl-timolol mal pf.....	120
diclofenac potassium.....	1	dotti.....	95
diclofenac sodium.....	1,122	DOVATO.....	51
diclofenac sodium er.....	1	doxazosin mesylate.....	66
dicloxacillin sodium.....	12	doxepin hcl.....	23
dicyclomine hcl.....	88	doxercalciferol.....	113
DIFICID.....	13	doxy 100.....	14
diflunisal.....	1	doxycycline hyclate.....	14
difluprednate.....	122	doxycycline monohydrate.....	14
digitek.....	67	DRIZALMA SPRINKLE.....	77
digox.....	67	dronabinol.....	24
digoxin.....	67	DROPLET INSULIN SYRINGE.....	115
dihydroergotamine mesylate.....	26	DROPLET MICRON.....	115
DILANTIN.....	18	DROPLET PEN NEEDLES.....	115
dilt-xr.....	69	DROPSAFE AUTOPROTECT DUO.....	115
diltiazem hcl.....	69	DROPSAFE SAFETY SYRINGE/NEEDLE.....	115
DILTIAZEM HCL 120 MG EXTENDED RELEASE 24HR CAPSULE	69		
DILTIAZEM HCL 180 MG EXTENDED RELEASE 24HR CAPSULE	69		

drospirenone-ethinyl estradiol	95	emoquette	95
DROXIA	89	EMSAM	21
droxidopa	65	emtricitab-rilpivir-tenofov df	52
duloxetine hcl	77	emtricitabine	52
DUPIXENT	105	emtricitabine-tenofovir df	53
dutasteride	90	EMTRIVA	53
dutasteride-tamsulosin hcl	90	emzahn	101
E		enalapril maleate	66
EASY COMFORT INSULIN SYRINGE	115	enalapril-hydrochlorothiazide	71
EASY COMFORT PEN NEEDLES	115	ENBREL	107
EASY TOUCH INSULIN BARRELS	116	ENBREL MINI	107
ec-naproxen	1	ENBREL SURECLICK	107
econazole nitrate	25	endocet	3
EDURANT	51	ENGERIX-B	109
EDURANT PED	51	enilloring	95
EFAVIRENZ	52	enoxaparin sodium	63
efavirenz	52	enpresse-28	95
efavirenz-emtricitab-tenofo df	52	ENSACOVE	31
efavirenz-lamivudine-tenofovir	52	enskyce	95
ELAPRASE	89	entacapone	44
elinest	95	entecavir	50
ELIQUIS	62,63	ENTRESTO	71
ELIQUIS (1.5 MG PACK)	62	enulose	87
ELIQUIS (2 MG PACK)	63	ENVARUSUS XR	107
ELIQUIS DVT/PE STARTER PACK	63	EPIDIOLEX	15
eltrombopag olamine	64	epinephrine	126
eluryng	95	EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	126
EMBECTA AUTOSHIELD DUO	116	epitol	18
EMBECTA INS SYR U/F 1/2 UNIT	116	EPIVIR HBV	50
EMBECTA INSULIN SYRINGE	116	eplerenone	73
EMBECTA INSULIN SYRINGE U-100	116	ERGOLOID MESYLATES	19
EMBECTA INSULIN SYRINGE U-500	116	ERGOTAMINE-CAFFEINE	26
EMBECTA INSULIN SYRINGE U/F	116	ERIVEDGE	33
EMBECTA PEN NEEDLE NANO	116	ERLEADA	28
EMBECTA PEN NEEDLE NANO 2 GEN	116	erlotinib hcl	33
EMBECTA PEN NEEDLE U/F	116	errin	101
EMBECTA PEN NEEDLE ULTRAFINE	116	ertapenem sodium	12
EMBRACE PEN NEEDLES	116	ERY	83
EMGALITY	26	erythrocin lactobionate	13
EMGALITY (300 MG DOSE)	26	erythromycin	83,121

erythromycin base	13	feirza 1.5/30	96
erythromycin ethylsuccinate	13	feirza 1/20	96
erythromycin lactobionate	13	felbamate	15
ERZOFRI	46,47	felodipine er	69
escitalopram oxalate	21,22	femynor	96
eslicarbazepine acetate	18	fenofibrate	73
esomeprazole magnesium	88	fenofibrate micronized	74
estarylla	95	fenofibric acid	74
estradiol	95	fentanyl	2
estradiol valerate	95	FETZIMA	22
ESTRING	95	FETZIMA TITRATION	22
estrogens conjugated	95	FIASP	60
eszopiclone	129	FIASP FLEXTOUCH	60
ethambutol hcl	27	FIASP PENFILL	60
ethosuximide	16	FIASP PUMPCART	60
ethynodiol diac-eth estradiol	95	fidaxomicin	13
etodolac	1	finasteride	91
etodolac er	1	fingolimod hcl	78
etonogestrel-ethinyl estradiol	95	FINTEPLA	15
etravirine	52	flecainide acetate	67
EUCRISA	80	fluconazole	25
EULEXIN	28	fluconazole in sodium chloride	25
euthyrox	102	flucytosine	25
everolimus	33,107	fludrocortisone acetate	91
EVOTAZ	54	flunisolide	129
exemestane	31	fluocinolone acetonide	80
EXXUA	20	fluocinolone acetonide body	80
EXXUA TITRATION PACK	21	fluocinolone acetonide scalp	80
ezetimibe	74	fluocinonide	80
ezetimibe-simvastatin	74	fluocinonide emulsified base	80
F		fluorometholone	122
falmina	96	fluorouracil	82
famciclovir	55	fluoxetine hcl	22
famotidine	88	FLUOXETINE HCL	22
FANAPT	47	fluphenazine decanoate	45
FANAPT TITRATION PACK A	47	fluphenazine hcl	45
FANAPT TITRATION PACK B	47	FLURBIPROFEN	1
FANAPT TITRATION PACK C	47	FLURBIPROFEN SODIUM	122
FARXIGA	75	FLUTAMIDE	28
febuxostat	26	fluticasone propionate	80,129
		fluticasone-salmeterol	129

FLUTICASONE-SALMETEROL	129
fluvastatin sodium	74
fluvastatin sodium er	74
fluvoxamine maleate	22
FML	122
FML FORTE	122
fondaparinux sodium	63
fosamprenavir calcium	54
fosfomycin tromethamine	7
fosinopril sodium	66
fosinopril sodium-hctz	71
FOTIVDA	33
FRUZAQLA	30
FULPHILA	64
fulvestrant	29
FUROSEMIDE	73
furosemide	73
fyavolv	96

G

gabapentin	16,17
galantamine hydrobromide	20
galantamine hydrobromide er	20
gallifrey	101
GAMUNEX-C	104
GARDASIL 9	109
GAUZE PADS 2	116
GAVILYTE-C	88
gavilyte-g	88
gavilyte-n with flavor pack	87
GAVRETO	34
gefitinib	34
gemfibrozil	74
GEMTESA	90
generlac	87
gengraf	107
GENTAK	121
gentamicin sulfate	6,122
GENVOYA	51
GILOTRIF	34
glatiramer acetate	78

glatopa	78
glimepiride	57
glipizide	57
glipizide er	57
glipizide xl	58
glipizide-metformin hcl	58
GLUCAGEN HYPOKIT	60
glucagon emergency	60
glyburide	58
GLYBURIDE MICRONIZED	58
glyburide-metformin	58
glycopyrrolate	88
GLYXAMBI	58
GNP PEN NEEDLES	117
GOMEKLI	34
GOODSENSE ALCOHOL SWABS	117
granisetron hcl	24
griseofulvin microsize	25
griseofulvin ultramicrosize	25
guanfacine hcl	65
guanfacine hcl er	76

H

HADLIMA	107
HADLIMA PUSH TOUCH	107
HAEGARDA	104
hailey 1.5/30	96
hailey fe 1.5/30	96
hailey fe 1/20	96
halobetasol propionate	80
haloette	96
haloperidol	45
haloperidol decanoate	45
haloperidol lactate	45
HAVRIX	109
heather	101
heparin sodium (porcine)	63
heparin sodium (porcine) pf	63
HEPLISAV-B	109
HERNEXEOS	34
HIBERIX	109

HIZENTRA.....	104	imatinib mesylate.....	34
HUMALOG.....	60	IMBRUVICA.....	34,35
HUMALOG JUNIOR KWIKPEN.....	60	imipenem-cilastatin.....	12
HUMALOG KWIKPEN.....	60	imipramine hcl.....	23
HUMALOG MIX 50/50 KWIKPEN.....	61	imiquimod.....	82
HUMALOG MIX 75/25.....	61	IMKELDI.....	35
HUMALOG MIX 75/25 KWIKPEN.....	61	IMOVAX RABIES.....	110
HUMULIN 70/30.....	61	IMPAVIDO.....	43
HUMULIN 70/30 KWIKPEN.....	61	incassia.....	101
HUMULIN N.....	61	INCRELEX.....	92
HUMULIN N KWIKPEN.....	61	INCRUSE ELLIPTA.....	125
HUMULIN R.....	61	indapamide.....	73
HUMULIN R U-500 (CONCENTRATED)...	61	indomethacin.....	2
HUMULIN R U-500 KWIKPEN.....	61	INFANRIX.....	110
hydralazine hcl.....	75	INLURIYO.....	29
hydrochlorothiazide.....	73	INLYTA.....	35
hydrocodone-acetaminophen.....	3,4	INQOVI.....	30
hydrocortisone.....	80,112	INREBIC.....	35
hydrocortisone (perianal).....	80	INSULIN ASPART.....	61
hydrocortisone butyrate.....	81	INSULIN ASPART FLEXPEN.....	61
hydrocortisone-acetic acid.....	124	INSULIN ASPART PENFILL.....	61
hydromorphone hcl.....	4	INSULIN LISPRO.....	61
hydroxychloroquine sulfate.....	43	INSULIN LISPRO (1 UNIT DIAL).....	61
hydroxyurea.....	30	INSULIN LISPRO JUNIOR KWIKPEN.....	61
hydroxyzine hcl.....	125	INSULIN LISPRO PROT & LISPRO.....	61
hydroxyzine pamoate.....	125	INSULIN PEN NEEDLES.....	117
HYRNUO.....	34	INSULIN PEN NEEDLES.....	117
		INSULIN SYRINGE 0.3 ML.....	117
		INSULIN SYRINGE 0.5 ML.....	117
		INSULIN SYRINGE 1 ML.....	117
		INSULIN SYRINGE-NEEDLE U-100.....	117
		INSUPEN PEN NEEDLES.....	117
		INSUPEN32G EXTR3ME.....	117
		INTELENCE.....	52
		INTRALIPID.....	117
		introvale.....	96
		INVEGA HAFYERA.....	47
		INVEGA SUSTENNA.....	47
		INVEGA TRINZA.....	47,48
		IPOL.....	110
		ipratropium bromide.....	125,126
I			
ibandronate sodium.....	113		
IBRANCE.....	34		
IBTROZI.....	34		
ibu.....	1		
ibuprofen.....	1		
icatibant acetate.....	104		
iclevia.....	96		
ICLUSIG.....	34		
icosapent ethyl.....	74		
IDHIFA.....	34		
IDVYNZO.....	53		
ILEVRO.....	122		

ipratropium-albuterol	129
irbesartan	66
irbesartan-hydrochlorothiazide	71
ISENTRESS	51
ISENTRESS HD	51
isibloom	96
isoniazid	27
isopropyl alcohol	82
isopropyl alcohol wipes	82
isosorbide dinitrate	75
isosorbide mononitrate	75
isosorbide mononitrate er	75
isotretinoin	79
isradipine	69
ITOVEBI	35
itraconazole	25
ivabradine hcl	71
ivermectin	42
IWILFIN	30
IXIARO	110

J

jaimiess	96
JAKAFI	35
JAKAFI XR	35
jantoven	63
JANUMET	58
JANUMET XR	58
JANUVIA	58
JARDIANCE	75
jasmiel	96
JAYPIRCA	35
jencycla	101
JENTADUETO	58
JENTADUETO XR	58
jinteli	96
jolessa	96
joyeaux	96
JUBBONTI	113
juleber	96
JULUCA	51

junel 1.5/30	96
junel 1/20	96
junel fe 1.5/30	96
junel fe 1/20	96
JYNNEOS	110

K

KALETRA	54
kalliga	96
KALYDECO	127
kariva	96
kcl in dextrose-nacl	84
KCL-LACTATED RINGERS-D5W	84
kelnor 1/35	96
kelnor 1/50	96
KERENDIA	58
ketoconazole	25
ketorolac tromethamine	123
KINRIX	110
kionex	86
KISQALI (200 MG DOSE)	35
KISQALI (400 MG DOSE)	35
KISQALI (600 MG DOSE)	35
KISQALI FEMARA (200 MG DOSE)	35
KISQALI FEMARA (400 MG DOSE)	35
KISQALI FEMARA (600 MG DOSE)	35
klayesta	25
klor-con	84
klor-con 10	84
klor-con m10	84
klor-con m15	84
klor-con m20	84
KLOXXADO	6
KOMZIFTI	36
KOSELUGO	36
kourzeq	78
KRAZATI	36
kurvelo	96

L

l-glutamine	89
-------------	----

labetalol hcl.....	68	levo-t.....	102
lacosamide.....	18	LEVOBUNOLOL HCL.....	123
lactated ringers.....	84,117	levocarnitine.....	89
lactulose.....	87	levocetirizine dihydrochloride.....	125
lactulose encephalopathy.....	87	levofloxacin.....	13
LAGEVRIO.....	56	LEVOFLOXACIN.....	122
lamivudine.....	50,53	levofloxacin in d5w.....	13
lamivudine-zidovudine.....	53	levonest.....	97
lamotrigine.....	15	levonorg-eth estrad triphasic.....	97
lansoprazole.....	89	levonorgest-eth estrad 91-day.....	97
LANTUS.....	62	levonorgest-eth estradiol-iron.....	97
LANTUS SOLOSTAR.....	62	levonorgestrel-ethinyl estrad.....	97
lapatinib ditosylate.....	36	levora 0.15/30 (28).....	97
larin 1.5/30.....	97	levothyroxine sodium.....	102
larin 1/20.....	97	levoxyl.....	102
larin fe 1.5/30.....	97	LEXIVA.....	54
larin fe 1/20.....	97	lidocaine.....	5
larissia.....	97	lidocaine hcl.....	5
latanoprost.....	124	lidocaine viscous hcl.....	5
LAZCLUZE.....	31	lidocaine-prilocaine.....	5
LEDERLE LEUCOVORIN.....	30	lidocan.....	5
leena.....	97	LIFYORLI (125 MG DOSE).....	36
leflunomide.....	107	LIFYORLI (150 MG DOSE).....	36
lenalidomide.....	29	LILETTA (52 MG).....	101
LENVIMA (10 MG DAILY DOSE).....	36	lillow.....	97
LENVIMA (12 MG DAILY DOSE).....	36	lincomycin hcl.....	7
LENVIMA (14 MG DAILY DOSE).....	36	linezolid.....	7
LENVIMA (18 MG DAILY DOSE).....	36	LINEZOLID IN SODIUM CHLORIDE.....	7
LENVIMA (20 MG DAILY DOSE).....	36	LINZESS.....	87
LENVIMA (24 MG DAILY DOSE).....	36	liothyronine sodium.....	102
LENVIMA (4 MG DAILY DOSE).....	36	lisinopril.....	66
LENVIMA (8 MG DAILY DOSE).....	36	lisinopril-hydrochlorothiazide.....	71
lessina.....	97	lithium.....	57
letrozole.....	31	lithium carbonate.....	57
leucovorin calcium.....	30	lithium carbonate er.....	57
LEUKERAN.....	28	LIVTENCITY.....	50
leuprolide acetate.....	103	lo-zumandimine.....	97
levalbuterol hcl.....	126	loestrin 1.5/30 (21).....	97
LEVALBUTEROL TARTRATE.....	126	loestrin 1/20 (21).....	97
levetiracetam.....	15	loestrin fe 1.5/30.....	97
levetiracetam er.....	15	loestrin fe 1/20.....	97

lojaimiess	97	malathion	82
LOKELMA	86	maraviroc	53
lomustine	28	marlissa	98
LONSURF	30	MARPLAN	21
loperamide hcl	87	MATULANE	28
lopinavir-ritonavir	54	matzim la	70
lorazepam	57	MAVYRET	51
lorazepam intensol	57	meclizine hcl	23
LORBRENA	37	medpura alcohol pads	82
loryna	97	medroxyprogesterone acetate	101
losartan potassium	66	mefloquine hcl	43
losartan potassium-hctz	71	megestrol acetate	101
loteprednol-tobramycin	120	MEKINIST	37
lovastatin	74	MEKTOVI	37
low-ogestrel	97	meleya	101
loxapine succinate	46	meloxicam	2
lubiprostone	87	memantine hcl	20
luizza 1.5/30	97	memantine hcl er	20
luizza 1/20	98	MENACTRA	110
LUMAKRAS	37	MENEST	98
LUMIGAN	124	MENQUADFI	110
LUPRON DEPOT (1-MONTH)	103	MENVEO	110
LUPRON DEPOT (3-MONTH)	103	mercaptapurine	30
LUPRON DEPOT (4-MONTH)	103	meropenem	12
LUPRON DEPOT (6-MONTH)	103	MEROPENEM-SODIUM CHLORIDE	12
lurasidone hcl	48	mesalamine	112
lutra	98	mesalamine er	112
LYBALVI	21	mesna	42
lyleq	101	metformin hcl	58
lyllana	98	metformin hcl er	58
LYNPARZA	37	methadone hcl	2
LYSODREN	30	methazolamide	123
LYTGOBI (12 MG DAILY DOSE)	37	methenamine hippurate	8
LYTGOBI (16 MG DAILY DOSE)	37	methergine	117
LYTGOBI (20 MG DAILY DOSE)	37	methimazole	103
lyza	101	methocarbamol	129
		METHOTREXATE SODIUM	107
M		methotrexate sodium	108
M-M-R II	110	methotrexate sodium (pf)	108
macitentan	127	METHOXSALEN RAPID	82
magnesium sulfate	84	methscopolamine bromide	88

methsuximide	16	MOUNJARO	59
METHYLDOPA	65	MOVANTIK	87
methylergonovine maleate	117	moxifloxacin hcl	13,122
methylphenidate hcl	76,77	MOXIFLOXACIN HCL	13
methylphenidate hcl er	77	MOXIFLOXACIN HCL (2X DAY)	122
methylprednisolone	91	MOXIFLOXACIN HCL IN NAACL	14
methylprednisolone acetate	92	MRESVIA	110
methylprednisolone sodium succ	92	MULTAQ	67
metoclopramide hcl	23,24	mupirocin	83
metolazone	73	mycophenolate mofetil	108
metoprolol succinate er	68	mycophenolate mofetil hcl	108
metoprolol tartrate	68	mycophenolate sodium	108
metoprolol-hydrochlorothiazide	72	mycophenolic acid	108
metronidazole	8	myorisan	79
metyrosine	72	MYRBETRIQ	90
mexiletine hcl	67		
micafungin sodium	25	N	
MICONAZOLE 3	25	na sulfate-k sulfate-mg sulf	87
microgestin 1.5/30	98	nabumetone	2
microgestin 1/20	98	nadolol	68
microgestin fe 1.5/30	98	nafcillin sodium	12
microgestin fe 1/20	98	nafrinse	84
midodrine hcl	65	NAGLAZYME	89
mifepristone	103	naloxone hcl	6
mili	98	naltrexone hcl	6
minocycline hcl	14	naproxen	2
minoxidil	75	naproxen dr	2
minzoya	98	naproxen sodium	2
mirtazapine	21	naratriptan hcl	27
misoprostol	88	NATACYN	122
modafinil	130	nateglinide	59
MODEYSO	31	NAYZILAM	5
moexipril hcl	66	nebivolol hcl	68
MOLINDONE HCL	46	necon 0.5/35 (28)	98
mometasone furoate	81	NEFAZODONE HCL	22
mondoxyne nl	14	neo-polycin	120
mono-linyah	98	neo-polycin hc	120
montelukast sodium	125	neomycin sulfate	6
morphine sulfate	4	neomycin-bacitracin zn-polymyx	121
morphine sulfate (concentrate)	4	neomycin-polymyxin-dexameth	121
morphine sulfate er	2,3	NEOMYCIN-POLYMYXIN-GRAMICIDIN	121

NEOMYCIN-POLYMYXIN-HC.....	121	norlyroc.....	101
neomycin-polymyxin-hc.....	124	nortrel 0.5/35 (28).....	98
NERLYNX.....	37	nortrel 1/35 (21).....	99
nevirapine.....	52	nortrel 1/35 (28).....	99
NEVIRAPINE.....	52	nortrel 7/7/7.....	99
NEVIRAPINE ER.....	52	nortriptyline hcl.....	23
nevirapine er.....	52	NORVIR.....	54
NEXPLANON.....	101	NovoFine 32G X 6 MM MISC.....	117
NIACIN (ANTHYPERLIPIDEMIC).....	74	NOVOLIN R FLEXPEN.....	62
niacin er (antihyperlipidemic).....	74,75	NOVOLIN R FLEXPEN RELION.....	62
NIACOR.....	75	NOVOLOG.....	62
nicardipine hcl.....	69	NOVOLOG FLEXPEN.....	62
NICOTROL.....	6	NOVOLOG FLEXPEN RELION.....	62
NICOTROL NS.....	6	NOVOLOG PENFILL.....	62
nifedipine er.....	69	NOVOLOG RELION.....	62
nifedipine er osmotic release.....	69	NUBEQA.....	29
nikki.....	98	NUPLAZID.....	48
nilotinib hcl.....	37	NURTEC.....	26
nilutamide.....	28	NUTRILIPID.....	117
nimodipine.....	69	nyamyc.....	25
NINLARO.....	37	nylia 1/35.....	99
nintedanib esylate.....	128	nylia 7/7/7.....	99
nitazoxanide.....	43	nymyo.....	99
nitisinone.....	90	nystatin.....	25
nitro-bid.....	75	nystatin-triamcinolone.....	82
nitrofurantoin macrocrystal.....	8	nystop.....	26
nitrofurantoin monohyd macro.....	8		
nitroglycerin.....	75,76	O	
NIVESTYM.....	64	ocella.....	99
NIZATIDINE.....	88	octreotide acetate.....	103
nora-be.....	101	OCTREOTIDE ACETATE.....	103
norelgestromin-eth estradiol.....	98	ODEFSEY.....	52
norethin ace-eth estrad-fe.....	98	ODOMZO.....	37
norethin-eth estradiol-fe.....	98	ofloxacin.....	122,124
norethindrone.....	101	OGSIVEO.....	38
norethindrone acet-ethinyl est.....	98	OJEMDA.....	38
norethindrone acetate.....	101	OJJAARA.....	31
norethindrone-eth estradiol.....	98	olanzapine.....	48
norgestim-eth estrad triphasic.....	98	olmesartan medoxomil.....	66
norgestimate-eth estradiol.....	98	olmesartan medoxomil-hctz.....	72
norlyda.....	101	olmesartan-amlodipine-hctz.....	72

omega-3-acid ethyl esters	75	PAXLOVID (300/100)	56
omeprazole	89	pazopanib hcl	38
OMNITROPE	88,93	PAZOPANIB HCL	38
ondansetron	24	PEDIARIX	110
ONDANSETRON HCL	24	PEDVAX HIB	110
ondansetron hcl	24	peg 3350-kcl-na bicarb-nacl	87
ONUREG	30	peg-3350/electrolytes	88
OPIPZA	48	PEGASYS	106
OPSUMIT	127	PEMAZYRE	38
OPVEE	117	PEN NEEDLE/5-BEVEL TIP	117
oralone	78	PEN NEEDLES	118
ORGOVYX	103	PENBRAYA	118
orquidea	101	penicillamine	91
ORSERDU	29	penicillin g potassium	12
oseltamivir phosphate	55	PENICILLIN G SODIUM	12
OSPHENA	101	penicillin v potassium	12
OTEZLA	82,105	PENMENVY	110
OTEZLA XR	82	PENTACEL	110
OTEZLA/OTEZLA XR INITIATION PK	105	pentamidine isethionate	43
oxaprozin	2	pentoxifylline er	72
oxcarbazepine	18	perampanel	15
oxybutynin chloride	90	PERINDOPRIL ERBUMINE	67
oxybutynin chloride er	90	periogard	78
oxycodone hcl	4	permethrin	82
oxycodone-acetaminophen	4,5	perphenazine	24
OZEMPIC	59	PERPHENAZINE-AMITRIPTYLINE	21
OZEMPIC (0.25 OR 0.5 MG/DOSE)	59	PERSERIS	48
OZEMPIC (1 MG/DOSE)	59	pfizerpen	12
OZEMPIC (2 MG/DOSE)	59	PHENELZINE SULFATE	21
P		phenobarbital	17
pacerone	67	phenytek	18
paliperidone er	48	phenytoin	18
PANRETIN	42	phenytoin infatabs	19
pantoprazole sodium	89	phenytoin sodium extended	19
paricalcitol	113	philit	99
paroxetine hcl	22	PIFELTRO	52
PAROXETINE HCL	22	pilocarpine hcl	78,123
paroxetine hcl er	22	pimozide	46
PAXLOVID (150/100)	56	pimtrea	99
PAXLOVID (300/100 & 150/100)	56	pindolol	68
		pioglitazone hcl	59

pioglitazone hcl-glimepiride	59	Prenatal vitamins	85
pioglitazone hcl-metformin hcl	59	prevalite	75
piperacillin sod-tazobactam so	12	previfem	99
PIQRAY (200 MG DAILY DOSE)	38	PREVYMIS	50
PIQRAY (250 MG DAILY DOSE)	38	PREZCOBIX	54
PIQRAY (300 MG DAILY DOSE)	38	PREZISTA	55
pirfenidone	128	PRIFTIN	27
PIRFENIDONE	128	primaquine phosphate	43
pirmella 1/35	99	primidone	17
pirmella 7/7/7	99	PRIORIX	110
piroxicam	2	PRO COMFORT ALCOHOL	118
PNV 27-CA/FE/FA	85	PRO COMFORT INSULIN SYRINGE	118
podofilox	82	probenecid	26
polycin	121	prochlorperazine	24
polymyxin b-trimethoprim	122	prochlorperazine maleate	24
pomalidomide	29	procto-med hc	81
portia-28	99	proctosol hc	81
posaconazole	26	proctozone-hc	81
potassium chloride	85	progesterone	101
potassium chloride crys er	85	PROGRAF	108
potassium chloride er	85	promethazine hcl	24,125
potassium chloride in dextrose	85	propafenone hcl	67
potassium chloride in nacl	85	propranolol hcl	68
potassium citrate er	85	PROPRANOLOL HCL	68
POTASSIUM CL IN DEXTROSE 5%	85	propranolol hcl er	68
pramipexole dihydrochloride	44	propylthiouracil	103
prasugrel hcl	65	PROQUAD	110
pravastatin sodium	74	protriptyline hcl	23
praziquantel	42	PULMOZYME	127
prazosin hcl	66	PURE COMFORT SAFETY PEN	
prednisolone	92	NEEDLE	118
prednisolone acetate	123	pyrazinamide	27
prednisolone sodium phosphate	92	pyridostigmine bromide	27
PREDNISOLONE SODIUM PHOSPHATE	123	pyridostigmine bromide er	27
prednisone	92	pyrimethamine	43
PREDNISONE	92		
PREDNISONE INTENSOL	92	Q	
pregabalin	77,78	qc alcohol	82
PREMARIN	99	QINLOCK	31
PREMASOL	85	QUADRACEL	110
PREMIUM LIDOCAINE	5	quetiapine fumarate	48

quetiapine fumarate er.....	48
QUICK TOUCH INSULIN PEN NEEDLE..	118
quinapril hcl.....	67
quinapril-hydrochlorothiazide.....	72
QUINIDINE SULFATE.....	67
quinine sulfate.....	43
QVAR REDIHALER.....	125

R

ra isopropyl alcohol wipes.....	82
RABAVERT.....	110
rabeprazole sodium.....	89
RALDESY.....	22
raloxifene hcl.....	102
ramelteon.....	129
ramipril.....	67
ranolazine er.....	72
rasagiline mesylate.....	45
reclipsen.....	99
RECOMBIVAX HB.....	110
relafen.....	2
RELENZA DISKHALER.....	55
repaglinide.....	59
REPATHA.....	75
REPATHA PUSHTRONEX SYSTEM.....	75
REPATHA SURECLICK.....	75
RESTASIS.....	121
RETACRIT.....	64
RETEVMO.....	38
REVCovi.....	90
REVUFORJ.....	38,39
REXULTI.....	48
REYATAZ.....	55
REZDIFFRA.....	102
REZLIDHIA.....	39
RHOPRESSA.....	123
RIBAVIRIN.....	51
ribavirin.....	51
RIDAURA.....	105
rifabutin.....	27
rifampin.....	27,28

rilpivirine hcl.....	52
riluzole.....	77
RIMANTADINE HCL.....	55
ringers.....	85
ringers irrigation.....	118
RINVOQ.....	105
RINVOQ LQ.....	105
risedronate sodium.....	113
risperidone.....	49
risperidone microspheres er.....	49
ritonavir.....	55
rivaroxaban.....	63
rivastigmine.....	20
rivastigmine tartrate.....	20
rizatriptan benzoate.....	27
ROCKLATAN.....	121
roflumilast.....	127
ROMVIMZA.....	39
ropinirole hcl.....	44
ropinirole hcl er.....	44
rosadan.....	8
rosuvastatin calcium.....	74
ROTARIX.....	110
ROTATEQ.....	111
rowepra.....	15
ROZLYTREK.....	39
RUBRACA.....	39
rufinamide.....	19
RUKOBIA.....	53
RYBELSUS.....	59
RYDAPT.....	39

S

sacubitril-valsartan.....	72
sajazir.....	104
SANDIMMUNE.....	108
SANTYL.....	82
sapropterin dihydrochloride.....	90
SCSEMBLIX.....	39
scopolamine.....	24
SECUADO.....	49

SECURES SAFE INSULIN SYRINGE.....	118	sorine.....	67
SECURES SAFE SAFETY PEN NEEDLES.....	118	sotalol hcl.....	67
selegiline hcl.....	45	sotalol hcl (af).....	68
selenium sulfide.....	81	SPIRIVA RESPIMAT.....	126
SELZENTRY.....	54	spironolactone.....	73
SEREVENT DISKUS.....	126	spironolactone-hctz.....	72
sertraline hcl.....	22	sprintec 28.....	99
setlakin.....	99	SPRITAM.....	15
sevelamer carbonate.....	86	SPS (SODIUM POLYSTYRENE SULF).....	87
sharobel.....	101	sronyx.....	99
SHINGRIX.....	111	ssd.....	82
SIGNIFOR.....	103	STAVUDINE.....	53
sildenafil citrate.....	128	STELARA.....	105
SILIGENTLE FOAM DRESSING.....	118	sterile water for irrigation.....	118
silodosin.....	91	STIOLTO RESPIMAT.....	129
silver sulfadiazine.....	82	STIVARGA.....	39
SIMBRINZA.....	123	STREPTOMYCIN SULFATE.....	6
SIMLANDI (1 PEN).....	108	STRIBILD.....	51
SIMLANDI (1 SYRINGE).....	108	subvenite.....	16
SIMLANDI (2 PEN).....	108	SUBVENITE.....	16
SIMLANDI (2 SYRINGE).....	108	sucalfate.....	88
simliya.....	99	sulfacetamide sodium.....	122
simpesse.....	99	SULFACETAMIDE SODIUM.....	122
simvastatin.....	74	sulfacetamide sodium (acne).....	79
sirolimus.....	108	SULFACETAMIDE-PREDNISOLONE.....	121
SIRTURO.....	28	sulfadiazine.....	14
sitagliptin phos-metformin hcl.....	59	sulfamethoxazole-trimethoprim.....	14
SKYRIZI.....	105	sulfasalazine.....	112
SKYRIZI (150 MG DOSE).....	105	sulfatrim pediatric.....	14
SKYRIZI PEN.....	105	sulindac.....	2
SMOFLIPID.....	118	sumatriptan.....	27
sodium chloride.....	86	sumatriptan succinate.....	27
sodium chloride (pf).....	85	SUMATRIPTAN SUCCINATE REFILL.....	27
sodium fluoride.....	86	sunitinib malate.....	39
sodium oxybate.....	130	SUNLENCA.....	54
sodium phenylbutyrate.....	90	SURE COMFORT PEN NEEDLES.....	118
sodium polystyrene sulfonate.....	87	syeda.....	99
solifenacin succinate.....	90	SYMPAZAN.....	17
SOLTAMOX.....	29	SYMTUZA.....	55
SOMAVERT.....	103	SYNAREL.....	103
sorafenib tosylate.....	39	SYNJARDY.....	59

SYNJARDY XR.....	59
SYNRIBO.....	39
SYNTHROID.....	102

T

TABLOID.....	30
TABRECTA.....	40
tacrolimus.....	81,109
tadalafil.....	91
tadalafil (pah).....	128
TAFINLAR.....	40
TAGRISSE.....	40
TALZENNA.....	40
tamoxifen citrate.....	29
tamsulosin hcl.....	91
tarina fe 1/20.....	99
tarina fe 1/20 eq.....	99
tasimelteon.....	129
tazarotene.....	79
TAZICEF.....	10
taztia xt.....	70
TAZVERIK.....	40
TDVAX.....	111
TECHLITE PLUS PEN NEEDLES.....	119
telmisartan.....	66
telmisartan-amlodipine.....	72
telmisartan-hctz.....	72
temazepam.....	129,130
TENIVAC.....	111
tenofovir disoproxil fumarate.....	53
TEPMETKO.....	40
terazosin hcl.....	66
terbinafine hcl.....	26
terconazole.....	26
teriflunomide.....	78
teriparatide.....	113
testosterone.....	93
testosterone cypionate.....	93
TESTOSTERONE ENANTHATE.....	93
tetrabenazine.....	77
tetracycline hcl.....	14

THALOMID.....	29
theophylline er.....	127
thioridazine hcl.....	46
thiothixene.....	46
tiadylt er.....	70
tiagabine hcl.....	17
TIBSOVO.....	40
ticagrelor.....	65
TICOVAC.....	111
tigecycline.....	8
timolol maleate.....	68,123
tinidazole.....	8
tiotropium bromide.....	126
tis-u-sol.....	119
TIVICAY.....	51
TIVICAY PD.....	51
tizanidine hcl.....	50
tobramycin.....	122,127
tobramycin sulfate.....	7
tobramycin-dexamethasone.....	121
tofacitinib citrate.....	105
tofacitinib citrate er.....	105
TOLAK.....	82
tolterodine tartrate.....	90
tolterodine tartrate er.....	90
tolvaptan.....	86
topiramate.....	16
toremifene citrate.....	29
toremide.....	73
TOUJEO MAX SOLOSTAR.....	62
TOUJEO SOLOSTAR.....	62
TPN ELECTROLYTES.....	86
TRADJENTA.....	59
tramadol hcl.....	5
tramadol hcl er.....	3
tramadol-acetaminophen.....	5
trandolapril.....	67
TRANDOLAPRIL-VERAPAMIL HCL ER.....	72
tranexamic acid.....	65
tranylcypromine sulfate.....	21
travoprost (bak free).....	124

trazodone hcl.....	22	TURALIO.....	40
TRECATOR.....	28	turqoz.....	100
TRELEGY ELLIPTA.....	129	TWINRIX.....	111
TRESIBA.....	62	TYBOST.....	54
TRESIBA FLEXTOUCH.....	62	TYENNE.....	105
tretinoin.....	42,79	TYMLOS.....	113
tri femynor.....	99	TYPHIM VI.....	111
tri-estarylla.....	99	U	
tri-linyah.....	99	UDENYCA.....	65
tri-mili.....	99	ULTIGUARD SAFEPACK PEN NEEDLE.....	119
tri-nymyo.....	100	UNIFINE OTC PEN NEEDLES.....	119
tri-sprintec.....	100	UNIFINE PENTIPS.....	119
tri-vylibra.....	100	UNIFINE PROTECT PEN NEEDLE.....	119
triamcinolone acetonide.....	78,81	UNIFINE SAFECONTROL PEN NEEDLE.....	119
triamterene-hctz.....	72	unithroid.....	102
triazolam.....	130	UPTRAVI.....	128
triderm.....	81	ursodiol.....	88
trientine hcl.....	86	USTEKINUMAB.....	105
TRIENTINE HCL.....	86	USTEKINUMAB-AEKN.....	106
trifluoperazine hcl.....	46	V	
TRIFLURIDINE.....	122	valacyclovir hcl.....	55
trihexyphenidyl hcl.....	44	VALCHLOR.....	82
TRIKAFTA.....	127	valganciclovir hcl.....	50
trimethoprim.....	8	valproate sodium.....	16
trimipramine maleate.....	23	valproic acid.....	16
TRINTELLIX.....	22	valsartan.....	66
TRIUMEQ.....	53	valsartan-hydrochlorothiazide.....	73
TRIUMEQ PD.....	53	VALTOCO 10 MG DOSE.....	17
trivora (28).....	100	VALTOCO 15 MG DOSE.....	17
TRIZIVIR.....	53	VALTOCO 20 MG DOSE.....	17
tropium chloride.....	90	VALTOCO 5 MG DOSE.....	17
TRUE COMFORT INSULIN SYRINGE.....	119	valtya 1/35.....	100
TRUE COMFORT PEN NEEDLES.....	119	VALTYA 1/50.....	100
TRUE COMFORT PRO PEN NEEDLES.....	119	vanadom.....	129
TRUE COMFORT SAFETY PEN NEEDLE.....	119	vancomycin hcl.....	9
TRULICITY.....	60	VANFLYTA.....	40
TRUMENBA.....	111	VAQTA.....	111
TRUQAP.....	40	varenicline tartrate.....	6
TUKYSA.....	40	varenicline tartrate (starter).....	6
tulana.....	101		

varenicline tartrate(continue)	6
VARIVAX	111
VAXCHORA	111
VELIVET	100
VENCLEXTA	40
VENCLEXTA STARTING PACK	41
venlafaxine hcl	22
venlafaxine hcl er	23
VEOZAH	77
verapamil hcl	70
VERAPAMIL HCL ER	70
verapamil hcl er	70
VERIFINE INSULIN PEN NEEDLE	119
VERIFINE INSULIN SYRINGE	120
VERIFINE PLUS PEN NEEDLE	120
VERQUVO	73
VERSACLOZ	50
VERZENIO	41
vestura	100
vienna	100
vigabatrin	17
vigadrone	17,18
VIGAFYDE	18
vigpoder	18
vilazodone hcl	23
VIMKUNYA	111
viorele	100
VIRACEPT	55
VIREAD	53
VITRAKVI	41
VIVOTIF	111
VIZIMPRO	41
volnea	100
VONJO	42
VORANIGO	41
voriconazole	26
VOSEVI	51
VOWST	120
VRAYLAR	49
vyfemla	100
vylibra	100

VYZULTA	124
---------	-----

W

warfarin sodium	63
WEBCOL ALCOHOL PREP LARGE	120
WELIREG	31
wera	100
WINREVAIR	128
wixela inhub	129
wymzya fe	100
WYOST	113

X

XALKORI	41
XARELTO	63
XARELTO STARTER PACK	64
XATMEP	109
XCOPRI	16,19
XCOPRI (250 MG DAILY DOSE)	19
XCOPRI (350 MG DAILY DOSE)	19
XDEMZY	121
XELJANZ	106
XELJANZ XR	106
xelria fe	100
XERMELO	88
XIFAXAN	9
XIGDUO XR	60
XIIDRA	121
XOFLUZA (40 MG DOSE)	55
XOFLUZA (80 MG DOSE)	55
XOLAIR	106
XOSPATA	41
XPOVIO (100 MG ONCE WEEKLY)	41
XPOVIO (40 MG ONCE WEEKLY)	41
XPOVIO (40 MG TWICE WEEKLY)	41
XPOVIO (60 MG ONCE WEEKLY)	41
XPOVIO (60 MG TWICE WEEKLY)	41
XPOVIO (80 MG ONCE WEEKLY)	42
XPOVIO (80 MG TWICE WEEKLY)	42
XTANDI	29
xulane	100

Y

YESINTEK.....	106
YF-VAX.....	111
yuvafem.....	100

Z

zafemy.....	100
zafirlukast.....	125
zaleplon.....	130
ZARXIO.....	65
ZEJULA.....	42
ZELBORAF.....	42
zenatane.....	79
ZENPEP.....	90
zidovudine.....	53
ziprasidone hcl.....	49
ziprasidone mesylate.....	49
ZIRGAN.....	122
zoledronic acid.....	113
ZOLINZA.....	31
zolpidem tartrate.....	130
ZONISADE.....	19
zonisamide.....	19
zovia 1/35 (28).....	100
ZTALMY.....	18
zumandimine.....	100
ZURZUVAE.....	21
ZYDELIG.....	42
ZYKADIA.....	42
ZYPREXA RELPREVV.....	49

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CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-800-452-4413 (TTY: 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-800-452-4413 (TTY: 711)**. Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-800-452-4413 (TTY: 711)**

へお電話ください。

点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

1-800-452-4413 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-800-452-4413 (TTY: 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다.

1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ
1-800-452-4413 (TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-800-452-4413 (TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx
longc mienh tengx faan benx meih nyei waac nor douc waac
daaih lorx taux **1-800-452-4413 (TTY: 711).** Liouh lorx jauv-louc
tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx
mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx
caux aamz mborqv benx domh sou se mbenc nzoih bun longc.
Douc waac daaih lorx **1-800-452-4413 (TTY: 711).** Naaiv deix
nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc
cuotv nyaanh oc.

ພາສາຜູ້ເປັນຜູ້ເປັນ (Mon-Khmer, Cambodian)

ចໍ້ຳ: ເບີຜູ້ ຫຼື ການຊ່ວຍ ຜູ້ເປັນຜູ້ ຫຼື ການຊ່ວຍ ຜູ້ເປັນຜູ້ ຫຼື ການຊ່ວຍ
1-800-452-4413 (TTY:711) ຜູ້ ຫຼື ການຊ່ວຍ ຜູ້ເປັນຜູ້ ຫຼື ການຊ່ວຍ
ຜູ້ ຫຼື ການຊ່ວຍ ຜູ້ເປັນຜູ້ ຫຼື ການຊ່ວຍ ຜູ້ເປັນຜູ້ ຫຼື ການຊ່ວຍ

ਪ੍ਰੋਗਰਾਮ ਸਰਵੋਤਮ ਸੇਵਾ ਮਹਾਂਕ੍ਰਮ ਪ੍ਰੋਗਰਾਮ ਕੰਮ ਕਰਨ ਦਾ ਸਫਲ ਫੈਸਲਾ

ਦੁਰਸੰਪਰਕ ਨੰਬਰ **1-800-452-4413 (TTY:711)**।

ਸੇਵਾ ਕਮਿਊਨਿਟੀ ਨੇ: ਖੋਲ੍ਹਣ ਦੀ ਸਹੂਲਤ ਪ੍ਰਦਾਨ ਕੀਤੀ।

مطلب به زبان فارسی (Persian (Farsi))

تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های (TTY: 711) 1-800-452-4413 توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با خط بریل و چاپ با حروف بزرگ، نیز موجود است. با تماس بگیرید. این خدمات رایگان ارائه می‌شوند. (TTY: 711) 1-800-452-4413

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ

1-800-452-4413 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ,

ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ

1-800-452-4413 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-800-452-4413** (линия TTY: 711).

Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы

крупным шрифтом или шрифтом Брайля. Звоните по номеру

1-800-452-4413 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al

1-800-452-4413 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-800-452-4413** (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-800-452-4413** (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-452-4413** (TTY: 711). Libre ang mga serbisyonang ito.

เท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-452-4413** (TTY: 711) นอกจากนี้ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-452-4413** (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-800-452-4413 (TTY: 711)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-800-452-4413 (TTY: 711)**. Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-800-452-4413 (TTY: 711)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-800-452-4413 (TTY: 711)**. Các dịch vụ này đều miễn phí.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Blue Shield of California follows State and Federal civil rights laws. Blue Shield of California does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Blue Shield of California provides:

- » Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- » Free language services in a timely manner to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- » If you need these services, contact *Blue Shield of California* between 8 a.m. to 8 p.m. PT, seven days a week by calling

1-800-452-4413. If you cannot hear or speak well, please call TTY: 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Blue Shield of California

601 12th Street

Oakland, CA 94607-3613

1-800-452-4413 (TTY: 711)

HOW TO FILE A GRIEVANCE

If you believe that Blue Shield of California has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Blue Shield of California's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- » By phone: Contact Blue Shield of California's Civil Rights Coordinator between 8 a.m. to 8 p.m., seven days a week by calling 1-844-831-4133. Or, if you cannot hear or speak well, please call TTY: 711.

- » In writing: Fill out a complaint form or write a letter and send it to:

Blue Shield of California's Civil Rights Coordinator, P.O. Box 5588, El Dorado Hills, CA 95762-0011 or email BlueShieldCivilRightsCoordinator@blueshieldca.com.

- » In person: Visit your doctor's office or Blue Shield of California and say you want to file a grievance.

- » Electronically: Visit Blue Shield of California's website at blueshieldca.com.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- » By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).

- » In writing: Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights Department of Health Care Services Office of Civil Rights, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- » Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- » By phone: Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.
- » In writing: Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

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

- » Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

This *Drug List* was updated on 06/23/2026 .

For more recent information or other questions, contact us at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week or visit blueshieldca.com/medformulary2026.

If you have questions, please call Blue Shield TotalDual Plan at (800) 452-4413 (TTY:711), 8 a.m. to 8 p.m. PT, seven days a week. The call is free. **For more information**, visit blueshieldca.com/medformulary2026.



06/23/2026