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 31

This *Drug List* was updated on 10/20/2026 .

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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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*.

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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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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 بريل 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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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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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 नि: शुल्क 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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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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ແຈ້ງໃຫ້ຊາບພາສາລາວ (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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ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

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

مطلب به زبان فارسی (Persian (Farsi))

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

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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 TTY: 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.

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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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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.

- 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.

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

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.

- 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

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.

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 132 . 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

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.

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.

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.

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.

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.

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.

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.

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 . . . 25
ANTIGOUT AGENTS . . . 26
ANTIMIGRAINE AGENTS . . . 26
ANTIMYASTHENIC AGENTS . . . 27
ANTIMYCOBACTERIALS . . . 27
ANTINEOPLASTICS . . . 28
ANTIPARASITICS . . . 43
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ANTIPSYCHOTICS . . . 46
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BIPOLAR AGENTS . . . 58
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BLOOD PRODUCTS AND MODIFIERS . . . 63
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GENITOURINARY AGENTS . . . 91
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) . . . 92
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) . . . 93
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) . . . 93
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) . . . 102
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MISCELLANEOUS THERAPEUTIC AGENTS 113
OPHTHALMIC AGENTS 121
OTIC AGENTS 125
RESPIRATORY TRACT/PULMONARY AGENTS 125
SKELETAL MUSCLE RELAXANTS 130
SLEEP DISORDER AGENTS 131

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
butalbital-aspirin-caffeine 50-325-40 mg cap	TIER 4	PA, QL (48 PER 30 DAYS), NDS (Non-Extended Day Supply)
cataflam 50 mg tab	TIER 2	
celecoxib (50 mg cap, 100 mg cap, 200 mg cap)	TIER 2	QL (2 PER 1 DAYS)
celecoxib 400 mg cap	TIER 2	QL (1 PER 1 DAYS)
diclofenac potassium 50 mg tab	TIER 2	
diclofenac sodium (25 mg tab dr, 50 mg tab dr)	TIER 2	
diclofenac sodium 1.5 % solution	TIER 3	
diclofenac sodium 3 % gel	TIER 4	PA, QL (100 PER 30 DAYS)
diclofenac sodium 75 mg tab dr	TIER 1	
diclofenac sodium er 100 mg tab 24h	TIER 2	
diflunisal 500 mg tab	TIER 3	
ec-naproxen (375 mg tab dr, 500 mg tab dr)	TIER 2	
etodolac (200 mg cap, 300 mg cap)	TIER 3	
etodolac (400 mg tab, 500 mg tab)	TIER 2	
etodolac er (er 400 mg tab er, er 500 mg tab er, er 600 mg tab er)	TIER 3	
FLURBIPROFEN (FLURBIPROFEN 100 MG TAB, FLURBIPROFEN 50 MG TAB, FLURBIPROFEN 100 MG TAB)	TIER 2	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	TIER 1	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)	TIER 2	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	TIER 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
indomethacin (25 mg cap, 50 mg cap)	TIER 2	
meloxicam (7.5 mg tab, 15 mg tab)	TIER 1	
nabumetone (500 mg tab, 750 mg tab)	TIER 2	
naproxen (250 mg tab, 375 mg tab, 500 mg tab)	TIER 1	
naproxen (375 mg tab dr, 500 mg tab dr)	TIER 2	
naproxen dr 500 mg tab	TIER 2	
naproxen sodium (275 mg tab, 550 mg tab)	TIER 3	
oxaprozin 600 mg tab	TIER 4	
piroxicam (10 mg cap, 20 mg cap)	TIER 3	
relafen (500 mg tab, 750 mg tab)	TIER 2	
sulindac (150 mg tab, 200 mg tab)	TIER 2	
OPIOID ANALGESICS, LONG-ACTING		
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)	TIER 4	PA, QL (4 PER 28 DAYS), NDS (Non-Extended Day Supply)
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	TIER 3	PA, QL (10 PER 30 DAYS), NDS (Non-Extended Day Supply)
methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/5ml solution)	TIER 4	PA, QL (450 PER 30 DAYS), NDS (Non-Extended Day Supply)
methadone hcl (methadone hcl 10 mg/ml solution, methadone hcl 10 mg/ml solution)	TIER 4	PA, NDS (Non-Extended Day Supply)
methadone hcl (methadone hcl 5 mg/5ml solution, methadone hcl 5 mg/5ml solution)	TIER 4	PA, QL (900 PER 30 DAYS), NDS (Non-Extended Day Supply)
methadone hcl 10 mg tab	TIER 4	PA, QL (90 PER 30 DAYS), NDS (Non-Extended Day Supply)
methadone hcl 5 mg tab	TIER 4	PA, QL (180 PER 30 DAYS), NDS (Non-Extended Day Supply)
morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)	TIER 4	QL (60 PER 30 DAYS), NDS (Non-Extended Day Supply)

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
oxycodone-acetaminophen 10-325 mg tab	TIER 3	QL (84 PER 30 DAYS), NDS (Non-Extended Day Supply)
oxycodone-acetaminophen 7.5-325 mg tab	TIER 3	QL (112 PER 30 DAYS), NDS (Non-Extended Day Supply)
tramadol hcl 50 mg tab	TIER 2	QL (8 PER 1 DAYS), NDS (Non-Extended Day Supply)
tramadol-acetaminophen 37.5-325 mg tab	TIER 2	QL (112 PER 30 DAYS), NDS (Non-Extended Day Supply)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine 5 % ointment	TIER 4	QL (50 PER 30 DAYS)
lidocaine 5 % patch	TIER 3	PA, QL (3 PER 1 DAYS)
lidocaine hcl (lidocaine hcl 4 % solution, lidocaine hcl 4 % solution)	TIER 2	
lidocaine viscous hcl 2 % solution	TIER 2	
lidocaine-prilocaine 2.5-2.5 % cream	TIER 3	QL (30 PER 30 DAYS)
lidocan 5 % patch	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		
acamprosate calcium 333 mg tab dr	TIER 4	
disulfiram (250 mg tab, 500 mg tab)	TIER 2	
OPIOID DEPENDENCE		
buprenorphine hcl (2 mg tab, 8 mg tab)	TIER 2	
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)	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
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	TIER 4	QL (2 PER 30 DAYS)
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)	TIER 2	
naltrexone hcl 50 mg tab	TIER 2	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) 150 mg tab 12h	TIER 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	TIER 4	
NICOTROL NS 10 MG/ML SOLUTION	TIER 4	
varenicline tartrate (0.5 mg tab, 1 mg tab)	TIER 4	QL (2 PER 1 DAYS)
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	TIER 4	QL (53 PER 30 DAYS)
varenicline tartrate(continue) 1 mg tab	TIER 4	QL (2 PER 1 DAYS)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate 500 mg/2ml solution	TIER 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	TIER 5	PA, LA, QL (235.2 PER 28 DAYS)
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	TIER 2	
gentamicin sulfate 40 mg/ml solution	TIER 4	
neomycin sulfate 500 mg tab	TIER 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	TIER 4	

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 4	
vancomycin hcl (vancomycin hcl 5 gm recon soln, vancomycin hcl 5 gm recon soln)	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	
cefadroxil (cefadroxil 500 mg/5ml recon susp, cefadroxil 1 gm tab, cefadroxil 250 mg/5ml recon susp)	TIER 3	
cefadroxil 500 mg cap	TIER 2	
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)	TIER 4	
cefdinir (125 mg/5ml, 250 mg/5ml)	TIER 3	
cefdinir 300 mg cap	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 4	
cefixime (cefixime 100 mg/5ml recon susp, cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg cap)	TIER 4	
cefoxitin sodium (1 gm soln, 2 gm soln, 10 gm soln)	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	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	TIER 2	
ceftaroline fosamil (400 mg soln, 600 mg soln)	TIER 5	
CEFTAZIDIME (CEFTAZIDIME 6 GM RECON SOLN, CEFTAZIDIME 1 GM RECON SOLN, CEFTAZIDIME 2 GM RECON SOLN)	TIER 4	
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)	TIER 4	
cefuroxime axetil (250 mg tab, 500 mg tab)	TIER 2	
cefuroxime sodium (1.5 gm soln, 750 mg soln)	TIER 4	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BETA-LACTAM, PENICILLINS		
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)	TIER 2	
amoxicillin trihydrate 250 mg/5ml recon susp	TIER 2	
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)	TIER 2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	TIER 3	
amoxicillin-pot clavulanate er 1000-62.5 mg tab 12h	TIER 4	
ampicillin 500 mg cap	TIER 2	
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)	TIER 4	
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)	TIER 4	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	TIER 4	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
dicloxacillin sodium (250 mg cap, 500 mg cap)	TIER 2	
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)	TIER 4	
penicillin g potassium (5000000 soln, 20000000 soln)	TIER 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	TIER 4	
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)	TIER 2	
pfizerpen (5000000 soln, 20000000 soln)	TIER 4	
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)	TIER 4	
CARBAPENEMS		
ertapenem sodium 1 gm recon soln	TIER 3	
imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)	TIER 4	
meropenem (1 gm soln, 500 mg soln)	TIER 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	TIER 4	
MACROLIDES		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	TIER 2	
AZITHROMYCIN 1 GM PACKET	TIER 3	
azithromycin 500 mg recon soln	TIER 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	TIER 4	

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

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

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
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	TIER 2	
divalproex sodium er (er 250 mg tab er, er 500 mg tab er)	TIER 2	
EPIDIOLEX 100 MG/ML SOLUTION	TIER 5	LA, PA - FOR NEW STARTS ONLY
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	TIER 4	
FINTEPLA 2.2 MG/ML SOLUTION	TIER 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	TIER 1	
lamotrigine (5 mg chew tab, 25 mg chew tab)	TIER 2	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	TIER 2	
levetiracetam er 500 mg tab 24h	TIER 2	QL (6 PER 1 DAYS)
levetiracetam er 750 mg tab 24h	TIER 2	QL (4 PER 1 DAYS)
perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	TIER 4	QL (1 PER 1 DAYS)
perampanel 0.5 mg/ml suspension	TIER 4	QL (24 ML PER 1 DAYS)
perampanel 2 mg tab	TIER 4	QL (3 PER 1 DAYS)
roweepra 500 mg tab	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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	TIER 2	
SUBVENITE 10 MG/ML SUSPENSION	TIER 5	QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
topiramate (15 mg cap, 25 mg cap, 50 mg cap)	TIER 2	
topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	TIER 1	
topiramate 25 mg/ml solution	TIER 4	QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
valproate sodium (100 mg/ml, 500 mg/5ml)	TIER 4	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	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		
ethosuximide (250 mg cap, 250 mg/5ml solution)	TIER 2	
methsuximide 300 mg cap	TIER 4	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam 10 mg tab	TIER 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
clobazam 2.5 mg/ml suspension	TIER 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
clobazam 20 mg tab	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
diazepam 10 mg gel	TIER 4	QL (20 PER 30 DAYS)
diazepam 2.5 mg gel	TIER 4	QL (5 PER 30 DAYS)
diazepam 20 mg gel	TIER 4	QL (40 PER 30 DAYS)
gabapentin (250 mg/5ml, 300 mg/6ml)	TIER 3	QL (72 PER 1 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
gabapentin (600 mg tab, 800 mg tab)	TIER 2	QL (4 PER 1 DAYS)
gabapentin 100 mg cap	TIER 2	QL (12 PER 1 DAYS)
gabapentin 300 mg cap	TIER 2	QL (8 PER 1 DAYS)
gabapentin 400 mg cap	TIER 2	QL (6 PER 1 DAYS)
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)	TIER 2	PA - FOR NEW STARTS ONLY
primidone (primidone 50 mg tab, primidone 125 mg tab, primidone 250 mg tab)	TIER 2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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)	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)
vigabatrin (500 mg packet, 500 mg tab)	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
vigadrone 500 mg packet	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
vigadrone 500 mg tab	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
vigpoder 500 mg packet	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		
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)	TIER 2	
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)	TIER 3	
DILANTIN (30 MG CAP, 100 MG CAP)	TIER 4	
epitol 200 mg tab	TIER 2	
eslicarbazepine acetate (200 mg tab, 400 mg tab)	TIER 4	QL (1 PER 1 DAYS)
eslicarbazepine acetate (600 mg tab, 800 mg tab)	TIER 4	QL (2 PER 1 DAYS)
lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)	TIER 4	QL (40 PER 1 DAYS)
lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	TIER 4	QL (2 PER 1 DAYS)
lacosamide 200 mg/20ml solution	TIER 4	PA - PART B VS D DETERMINATION
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	TIER 2	
oxcarbazepine 300 mg/5ml suspension	TIER 4	
phenytek (200 mg cap, 300 mg cap)	TIER 2	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
phenytoin infatabs infas 50 mg chew	TIER 2	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	TIER 2	
rufinamide 200 mg tab	TIER 4	ST, QL (16 PER 1 DAYS)
rufinamide 40 mg/ml suspension	TIER 5	ST, QL (80 PER 1 DAYS)
rufinamide 400 mg tab	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	
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	TIER 2	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	TIER 3	
CHOLINESTERASE INHIBITORS		
donepezil hcl (5 mg tab, 10 mg tab)	TIER 1	
donepezil hcl 23 mg tab	TIER 4	ST
donepezil hydrochloride orally disintegrating tab 10 mg	TIER 2	
donepezil hydrochloride orally disintegrating tab 5 mg	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab)	TIER 4	
galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)	TIER 2	QL (1 PER 1 DAYS)
rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)	TIER 4	QL (30 PER 30 DAYS)
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	TIER 3	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (2 mg/ml, 10 mg/5ml)	TIER 3	
memantine hcl (5 mg tab, 10 mg tab)	TIER 2	
memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)	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
bupropion hcl 100 mg tab	TIER 2	QL (4 PER 1 DAYS)
bupropion hcl 75 mg tab	TIER 2	QL (6 PER 1 DAYS)
bupropion hcl er (sr) 100 mg tab 12h	TIER 2	QL (4 PER 1 DAYS)
bupropion hcl er (sr) 150 mg tab 12h	TIER 2	QL (3 PER 1 DAYS)
bupropion hcl er (sr) 200 mg tab 12h	TIER 2	QL (2 PER 1 DAYS)
bupropion hcl er (xl) 150 mg tab 24h	TIER 2	QL (3 PER 1 DAYS)
bupropion hcl er (xl) 300 mg tab 24h	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

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
mirtazapine (15 mg tab, 30 mg tab)	TIER 1	
mirtazapine (7.5 mg tab, 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp)	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	
tranylcypromine sulfate 10 mg tab	TIER 4	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)	TIER 3	
desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)	TIER 3	QL (1 PER 1 DAYS)
desvenlafaxine succinate er 100 mg tab 24h	TIER 3	QL (4 PER 1 DAYS)
escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)	TIER 1	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
venlafaxine hcl er (er 37.5 mg cap er, er 150 mg cap er)	TIER 2	QL (2 PER 1 DAYS)
venlafaxine hcl er 75 mg cap 24h	TIER 2	QL (3 PER 1 DAYS)
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	TIER 2	QL (1 PER 1 DAYS)
TRICYCLICS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	TIER 2	PA - FOR NEW STARTS ONLY
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	TIER 3	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	TIER 4	PA - FOR NEW STARTS ONLY
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	TIER 4	
doxepin hcl (doxepin hcl 10 mg/ml conc, doxepin hcl 10 mg/ml conc)	TIER 2	PA - FOR NEW STARTS ONLY
doxepin hcl (doxepin hcl 150 mg cap, doxepin hcl 10 mg cap, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)	TIER 3	PA - FOR NEW STARTS ONLY
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	TIER 2	PA - FOR NEW STARTS ONLY
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	TIER 2	
nortriptyline hcl 10 mg/5ml solution	TIER 4	
protriptyline hcl (5 mg tab, 10 mg tab)	TIER 4	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	TIER 4	PA - FOR NEW STARTS ONLY
ANTIEMETICS		
ANTIEMETICS, OTHER		
compro 25 mg suppos	TIER 4	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
meclizine hcl (12.5 mg tab, 25 mg tab)	TIER 2	
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	TIER 2	
metoclopramide hcl 5 mg/ml solution	TIER 4	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	TIER 2	
prochlorperazine 25 mg suppos	TIER 4	
prochlorperazine maleate (5 mg tab, 10 mg tab)	TIER 2	
promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)	TIER 2	PA
scopolamine 1 mg/3days patch 72hr	TIER 4	
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)	TIER 4	PA - PART B VS D DETERMINATION
aprepitant 40 mg cap	TIER 4	PA, QL (1 PER 30 DAYS)
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	TIER 4	PA, QL (6 PER 1 DAYS)
granisetron hcl 1 mg tab	TIER 4	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 4 mg tab disp	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 8 mg tab disp	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
ondansetron hcl 4 mg tab	TIER 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron hcl 4 mg/5ml solution	TIER 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron hcl 8 mg tab	TIER 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)	TIER 2	
nystatin 100000 unit/gm powder	TIER 4	
nystop 100000 unit/gm powder	TIER 4	
posaconazole 100 mg tab dr	TIER 5	PA, QL (3 PER 1 DAYS)
terbinafine hcl 250 mg tab	TIER 2	QL (1 PER 1 DAYS)
terconazole (0.4 %, 0.8 %)	TIER 3	
terconazole 80 mg suppos	TIER 4	
voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)	TIER 4	PA
voriconazole (voriconazole 200 mg recon soln, voriconazole 200 mg recon soln)	TIER 4	PA - PART B VS D DETERMINATION
ANTIGOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	TIER 1	
colchicine 0.6 mg tab	TIER 3	QL (4 PER 1 DAYS)
colchicine-probenecid 0.5-500 mg tab	TIER 2	
febuxostat (40 mg tab, 80 mg tab)	TIER 4	ST, QL (1 PER 1 DAYS)
probenecid 500 mg tab	TIER 2	
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	TIER 3	PA, QL (1 PER 28 DAYS)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	TIER 3	PA, QL (2 PER 30 DAYS)
EMGALITY (300 MG DOSE) 100 /ML SOLN PRSYR	TIER 3	PA, QL (3 PER 30 DAYS)
NURTEC 75 MG TAB DISP	TIER 5	PA, QL (16 PER 30 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERGOT ALKALOIDS		
dihydroergotamine mesylate 4 mg/ml solution	TIER 5	PA, QL (8 PER 30 DAYS)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	TIER 3	QL (40 PER 28 DAYS)
SEROTONIN (5-HT) RECEPTOR AGONIST		
naratriptan hcl (1 mg tab, 2.5 mg tab)	TIER 3	QL (18 PER 30 DAYS)
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	TIER 2	QL (24 PER 30 DAYS)
sumatriptan (5 mg/act, 20 mg/act)	TIER 4	QL (18 PER 30 DAYS)
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	TIER 2	QL (18 PER 30 DAYS)
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	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		
pyridostigmine bromide 60 mg tab	TIER 2	
pyridostigmine bromide er 180 mg tab	TIER 4	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone (25 mg tab, 100 mg tab)	TIER 3	
rifabutin 150 mg cap	TIER 4	
ANTITUBERCULARS		
ethambutol hcl (100 mg tab, 400 mg tab)	TIER 2	
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
pyrazinamide 500 mg tab	TIER 2	
rifampin (150 mg cap, 300 mg cap)	TIER 2	
rifampin 600 mg recon soln	TIER 4	
rifapentine 150 mg tab	TIER 4	
SIRTURO (20 MG TAB, 100 MG TAB)	TIER 5	PA
TRECATOR 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	
lomustine (10 mg cap, 40 mg cap)	TIER 4	
lomustine 100 mg cap	TIER 5	
MATULANE 50 MG CAP	TIER 5	LA
ANTIANDROGENS		
abiraterone acetate 250 mg tab	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abiraterone acetate 500 mg tab	TIER 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abirtega 250 mg tab	TIER 2	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bicalutamide 50 mg tab	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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EULEXIN 125 MG CAP	TIER 3	
FLUTAMIDE 125 MG CAP	TIER 3	
nilutamide (nilutamide 150 mg tab, nilutamide 150 mg tab)	TIER 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	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		
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	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		
fulvestrant (fulvestrant 250 mg/5ml soln prsyr, fulvestrant 250 mg/5ml soln prsyr)	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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
tamoxifen citrate (10 mg tab, 20 mg tab)	TIER 2	
toremifene citrate 60 mg tab	TIER 4	
VEPPANU (100 MG TAB, 200 MG TAB)	TIER 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ANTIMETABOLITES		
mercaptopurine 2000 mg/100ml suspension	TIER 5	PA - FOR NEW STARTS ONLY
mercaptopurine 50 mg tab	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
BESREMI PEN 500 MCG/0.5ML SOLN	TIER 5	LA, QL (1 ML PER 28 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
hydroxyurea 500 mg cap	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	
leucovorin calcium (100 mg soln, 350 mg soln)	TIER 4	
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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
ZENBEXUS (0.75 MG CAP, 1 MG CAP)	TIER 5	QL (21 PER 28 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		
anastrozole 1 mg tab	TIER 1	
exemestane 25 mg tab	TIER 4	
letrozole 2.5 mg tab	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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	TIER 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 MG TAB, 180 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	TIER 5	LA, QL (30 PER 30 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 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
BOSULIF 500 MG TAB	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bosutinib (400 mg tab, 500 mg tab)	TIER 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
bosutinib 100 mg tab	TIER 5	QL (120 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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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
dasatinib (100 mg tab, 140 mg tab)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (20 mg tab, 50 mg tab)	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (70 mg tab, 80 mg tab)	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
erlotinib hcl (100 mg tab, 150 mg tab)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
erlotinib hcl 25 mg tab	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
everolimus (2 mg tab, 3 mg tab, 5 mg tab)	TIER 5	PA - FOR NEW STARTS ONLY
everolimus (2.5 mg tab, 5 mg tab)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
everolimus (7.5 mg tab, 10 mg tab)	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
GAVRETO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
gefitinib 250 mg tab	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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IDHIFA (50 MG TAB, 100 MG TAB)	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
imatinib mesylate 100 mg tab	TIER 4	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
imatinib mesylate 400 mg tab	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
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
JIDEYTRO 100 MG TAB	TIER 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JIDEYTRO 25 MG TAB	TIER 5	LA, QL (90 PER 30 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
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
lapatinib ditosylate 250 mg tab	TIER 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) (110 & CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) (0 X 10 CAP THPK	TIER 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) (X 10 & CAP THPK	TIER 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) (CAP THPK	TIER 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 CAP THPK	TIER 5	LA, QL (2 PER 1 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
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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)	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
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
pazopanib hcl 200 mg tab	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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SCEMBLIX 40 MG TAB	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sorafenib tosylate 200 mg tab	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
sunitinib malate (37.5 mg cap, 50 mg cap)	TIER 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sunitinib malate 12.5 mg cap	TIER 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sunitinib malate 25 mg cap	TIER 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	TIER 5	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	TIER 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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
TAGRISSO (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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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		
bexarotene 1 % gel	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
bexarotene 75 mg cap	TIER 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	TIER 5	PA - FOR NEW STARTS ONLY

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
tretinoin 10 mg cap	TIER 5	
TREATMENT ADJUNCTS		
mesna 400 mg tab	TIER 4	
VONJO 100 MG CAP	TIER 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole 200 mg tab	TIER 4	
ivermectin 3 mg tab	TIER 2	
praziquantel 600 mg tab	TIER 3	
ANTIPROTOZOALS		
atovaquone 750 mg/5ml suspension	TIER 4	PA
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	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)
chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)	TIER 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	TIER 4	QL (24 PER 2 DAYS)
hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 100 mg tab)	TIER 2	QL (4 PER 1 DAYS)
hydroxychloroquine sulfate (hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 300 mg tab)	TIER 2	QL (2 PER 1 DAYS)
hydroxychloroquine sulfate (hydroxychloroquine sulfate 400 mg tab, hydroxychloroquine sulfate 400 mg tab)	TIER 2	QL (1 PER 1 DAYS)
hydroxychloroquine sulfate 200 mg tab	TIER 2	QL (3 PER 1 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMPAVIDO 50 MG CAP	TIER 5	PA, QL (84 PER 28 DAYS)
mefloquine hcl 250 mg tab	TIER 2	
nitazoxanide 500 mg tab	TIER 5	PA, QL (6 PER 3 DAYS)
pentamidine isethionate 300 mg recon soln	TIER 3	
pentamidine isethionate 300 mg recon soln	TIER 4	PA - PART B VS D DETERMINATION
primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)	TIER 2	
pyrimethamine 25 mg tab	TIER 5	PA
quinine sulfate 324 mg cap	TIER 3	PA, QL (6 PER 1 DAYS)
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	TIER 2	
benztropine mesylate 1 mg/ml solution	TIER 4	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	TIER 2	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)	TIER 2	
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)	TIER 4	
entacapone 200 mg tab	TIER 4	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	TIER 4	
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)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 2	
ropinirole hcl er (er 2 mg tab er, er 4 mg tab er, er 6 mg tab er)	TIER 4	QL (1 PER 1 DAYS)
ropinirole hcl er 12 mg tab 24h	TIER 4	QL (2 PER 1 DAYS)
ropinirole hcl er 8 mg tab 24h	TIER 4	QL (3 PER 1 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tab	TIER 4	
carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)	TIER 4	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	TIER 2	
carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)	TIER 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	TIER 4	QL (1 PER 1 DAYS)
selegiline hcl (5 mg cap, 5 mg tab)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
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)	TIER 4	
fluphenazine decanoate 25 mg/ml solution	TIER 4	
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)	TIER 4	
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	TIER 2	
haloperidol decanoate (50 mg/ml, 100 mg/ml)	TIER 3	
haloperidol lactate 2 mg/ml conc	TIER 3	
haloperidol lactate 5 mg/ml solution	TIER 2	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	TIER 2	
MOLINDONE HCL 10 MG TAB	TIER 4	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	TIER 4	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	TIER 4	QL (12 PER 1 DAYS)
pimozide (1 mg tab, 2 mg tab)	TIER 3	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	TIER 3	PA - FOR NEW STARTS ONLY
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	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
aripiprazole (10 mg tab disp, 15 mg tab disp)	TIER 4	QL (2 PER 1 DAYS)
aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	TIER 3	QL (1 PER 1 DAYS)
aripiprazole 1 mg/ml solution	TIER 4	QL (25 PER 1 DAYS)
aripiprazole 2 mg tab	TIER 3	QL (4 PER 1 DAYS)
aripiprazole 5 mg tab	TIER 3	QL (2 PER 1 DAYS)
asenapine maleate (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	TIER 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK A BYSNTI TITRTION PCK 1 & 2 & 4 & 6 MG TB THPK	TIER 5	QL (16 PER 365 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK B YSANTI 1 & 2 & 6 & 8 MG TATHPK	TIER 5	QL (24 PER 365 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK C PAK 1 & 2 & 6 MG TAB THPK	TIER 5	QL (16 PER 365 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
ERZOFRI 351 MG/2.25ML SUSP PRSYR	TIER 5	QL (4.5 ML PER 365 DAYS), PA - PART B VS D DETERMINATION

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	TIER 5	QL (1.75 PER 84 DAYS), PA - PART B VS D DETERMINATION

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	TIER 5	QL (2.63 PER 84 DAYS), PA - PART B VS D DETERMINATION
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)	TIER 4	QL (1 PER 1 DAYS)
lurasidone hcl 80 mg tab	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
olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)	TIER 2	
olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)	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
paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)	TIER 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
paliperidone er 6 mg tab 24h	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
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)	TIER 2	
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)	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
risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 4	
risperidone 1 mg/ml solution	TIER 3	
risperidone microspheres er (er 12.5 mg, er 25 mg)	TIER 4	PA - PART B VS D DETERMINATION
risperidone microspheres er (er 37.5 mg, er 50 mg)	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
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	TIER 3	
ziprasidone mesylate 20 mg recon soln	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		
clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)	TIER 4	
clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VERSACLOZ 50 MG/ML SUSPENSION	TIER 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTISPASTICITY AGENTS		
baclofen (10 mg tab, 20 mg tab)	TIER 2	
baclofen 15 mg tab	TIER 2	QL (6 PER 1 DAYS)
baclofen 5 mg tab	TIER 2	QL (16 PER 1 DAYS)
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	TIER 4	
tizanidine hcl (2 mg tab, 4 mg tab)	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)
valganciclovir hcl 450 mg tab	TIER 3	QL (2 PER 1 DAYS)
valganciclovir hcl 50 mg/ml recon soln	TIER 4	QL (18 PER 1 DAYS)
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil 10 mg tab	TIER 4	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	TIER 5	QL (21 PER 1 DAYS)
entecavir (0.5 mg tab, 1 mg tab)	TIER 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	TIER 3	
lamivudine 100 mg tab	TIER 3	
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RIBAVIRIN (200 MG CAP, 200 MG TAB)	TIER 2	
ribavirin (ribavirin 6 gm recon soln, ribavirin 6 gm recon soln)	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)
BIXLENVO 75-50 MG TAB	TIER 5	QL (30 PER 30 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 PED 2.5 MG TAB SOL	TIER 5	QL (6 PER 1 DAYS)
EFAVIRENZ 200 MG CAP	TIER 4	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	TIER 4	QL (6 PER 1 DAYS)
efavirenz 600 mg tab	TIER 4	QL (1 PER 1 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
efavirenz-emtricitab-tenofo df 600-200-300 mg	TIER 4	QL (1 PER 1 DAYS)
efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)	TIER 5	QL (1 PER 1 DAYS)
emtricitab-rilpivir-tenofov df 200-25-300 mg	TIER 5	QL (1 PER 1 DAYS)
etravirine 100 mg tab	TIER 5	QL (4 PER 1 DAYS)
etravirine 200 mg tab	TIER 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	TIER 4	QL (12 PER 1 DAYS)
nevirapine 200 mg tab	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)
nevirapine er 400 mg tab 24h	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)
rilpivirine hcl 25 mg tab	TIER 5	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	TIER 4	QL (30 PER 1 DAYS)
abacavir sulfate 300 mg tab	TIER 4	QL (2 PER 1 DAYS)
abacavir sulfate-lamivudine 600-300 mg tab	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)
emtricitabine 200 mg cap	TIER 4	QL (1 PER 1 DAYS)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)	TIER 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	TIER 4	QL (24 PER 1 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
lamivudine (10 mg/ml, 300 mg/30ml)	TIER 3	QL (30 PER 1 DAYS)
lamivudine 150 mg tab	TIER 3	QL (2 PER 1 DAYS)
lamivudine 300 mg tab	TIER 3	QL (1 PER 1 DAYS)
lamivudine-zidovudine 150-300 mg tab	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)
tenofovir disoproxil fumarate 300 mg tab	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)
zidovudine 100 mg cap	TIER 2	QL (6 PER 1 DAYS)
zidovudine 300 mg tab	TIER 2	QL (2 PER 1 DAYS)
zidovudine 50 mg/5ml syrup	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
IDVYNSO 100-0.25 MG TAB	TIER 5	QL (1 PER 1 DAYS)
maraviroc 150 mg tab	TIER 5	QL (2 PER 1 DAYS)
maraviroc 300 mg tab	TIER 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	TIER 5	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	TIER 5	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	TIER 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	TIER 5	QL (8 PER 1 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
atazanavir sulfate (150 mg cap, 200 mg cap)	TIER 4	QL (2 PER 1 DAYS)
atazanavir sulfate 300 mg cap	TIER 4	QL (1 PER 1 DAYS)
darunavir 600 mg tab	TIER 4	QL (2 PER 1 DAYS)
darunavir 800 mg tab	TIER 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	TIER 5	QL (1 PER 1 DAYS)
fosamprenavir calcium 700 mg tab	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)
lopinavir-ritonavir 100-25 mg tab	TIER 4	QL (10 PER 1 DAYS)
lopinavir-ritonavir 200-50 mg tab	TIER 4	QL (4 PER 1 DAYS)
lopinavir-ritonavir 400-100 mg/5ml solution	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)
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REYATAZ 50 MG PACKET	TIER 5	QL (8 PER 1 DAYS)
ritonavir 100 mg tab	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		
oseltamivir phosphate 30 mg cap	TIER 3	QL (120 PER 180 DAYS)
oseltamivir phosphate 45 mg cap	TIER 3	QL (42 PER 180 DAYS)
oseltamivir phosphate 6 mg/ml recon susp	TIER 3	QL (1080 PER 365 DAYS)
oseltamivir phosphate 75 mg cap	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		
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	TIER 2	
acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)	TIER 4	
acyclovir sodium 50 mg/ml solution	TIER 4	PA - PART B VS D DETERMINATION
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	TIER 2	
valacyclovir hcl (1 gm tab, 500 mg tab)	TIER 2	
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	TIER 2	
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)	TIER 2	QL (4 PER 1 DAYS)
alprazolam 2 mg tab	TIER 2	QL (5 PER 1 DAYS)
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)	TIER 3	QL (40 PER 1 DAYS)
clonazepam 0.5 mg tab	TIER 2	QL (40 PER 1 DAYS)
clonazepam 1 mg tab	TIER 2	QL (20 PER 1 DAYS)
clonazepam 1 mg tab disp	TIER 3	QL (20 PER 1 DAYS)
clonazepam 2 mg tab	TIER 2	QL (10 PER 1 DAYS)
clonazepam 2 mg tab disp	TIER 3	QL (10 PER 1 DAYS)
clorazepate dipotassium 15 mg tab	TIER 4	QL (6 PER 1 DAYS)
clorazepate dipotassium 3.75 mg tab	TIER 4	QL (24 PER 1 DAYS)
clorazepate dipotassium 7.5 mg tab	TIER 4	QL (12 PER 1 DAYS)
diazepam (5 mg tab, 5 mg/ml conc)	TIER 2	QL (12 PER 1 DAYS)
diazepam 10 mg tab	TIER 2	QL (6 PER 1 DAYS)
diazepam 2 mg tab	TIER 2	QL (30 PER 1 DAYS)
diazepam 5 mg/5ml solution	TIER 2	QL (60 PER 1 DAYS)
diazepam intensol 5 mg/ml conc	TIER 2	QL (12 PER 1 DAYS)
lorazepam 0.5 mg tab	TIER 2	QL (20 PER 1 DAYS)
lorazepam 1 mg tab	TIER 2	QL (10 PER 1 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
lorazepam 2 mg tab	TIER 2	QL (5 PER 1 DAYS)
lorazepam 2 mg/ml conc	TIER 3	QL (5 PER 1 DAYS)
lorazepam intensol 2 mg/ml conc	TIER 3	QL (5 PER 1 DAYS)
BIPOLAR AGENTS		
MOOD STABILIZERS		
lithium 8 meq/5ml solution	TIER 2	
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)	TIER 2	
lithium carbonate er (er 300 mg tab er, er 450 mg tab er)	TIER 2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	TIER 2	
dapagliflozin base-metformin er (er 5-500 mg tab er, er 10-1000 mg tab er, er 10-500 mg tab er)	TIER 2	QL (30 PER 30 DAYS)
dapagliflozin base-metformin er 5-1000 mg tab 24h	TIER 2	QL (60 PER 30 DAYS)
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	TIER 1	
glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)	TIER 1	
glipizide er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)	TIER 1	
glipizide xl (2.5 mg tab er, 5 mg tab er, 10 mg tab er)	TIER 1	
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	TIER 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	TIER 1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	TIER 1	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	TIER 1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB, 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)
metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)	TIER 1	
metformin hcl er (er 500 mg tab er, er 750 mg tab er)	TIER 1	
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)
nateglinide (60 mg tab, 120 mg tab)	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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	TIER 1	
pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)	TIER 1	QL (1 PER 1 DAYS)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	TIER 1	
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	TIER 1	
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	TIER 3	PA, QL (1 PER 1 DAYS)
sitaglip phos-metformin hcl er (er 50-500 mg tab er, er 100-1000 mg tab er)	TIER 2	QL (30 PER 30 DAYS)
sitaglip phos-metformin hcl er 50-1000 mg tab 24h	TIER 2	QL (60 PER 30 DAYS)
sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)	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)
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	TIER 3	QL (2 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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
diazoxide 50 mg/ml suspension	TIER 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	TIER 3	QL (2 PER 2 DAYS)
glucagon emergency (glucagon emergency 1 mg recon soln, glucagon emergency 1 mg recon soln, glucagon emergency 1 mg/ml recon soln)	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	
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	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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		
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	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)
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)
enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)	TIER 4	QL (60 PER 30 DAYS)
enoxaparin sodium (80 mg/0.8ml soln, 120 mg/0.8ml soln)	TIER 4	QL (48 PER 30 DAYS)
enoxaparin sodium 30 mg/0.3ml soln prsyr	TIER 4	QL (18 PER 30 DAYS)
enoxaparin sodium 40 mg/0.4ml soln prsyr	TIER 4	QL (24 PER 30 DAYS)
enoxaparin sodium 60 mg/0.6ml soln prsyr	TIER 4	QL (36 PER 30 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
fondaparinux sodium 10 mg/0.8ml solution	TIER 5	QL (24 PER 30 DAYS)
fondaparinux sodium 2.5 mg/0.5ml solution	TIER 4	QL (15 PER 30 DAYS)
fondaparinux sodium 5 mg/0.4ml solution	TIER 5	QL (12 PER 30 DAYS)
fondaparinux sodium 7.5 mg/0.6ml solution	TIER 5	QL (18 PER 30 DAYS)
heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)	TIER 2	PA - PART B VS D DETERMINATION
heparin sodium (porcine) pf 1000 unit/ml solution	TIER 2	PA - PART B VS D DETERMINATION
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)	TIER 1	
rivaroxaban 1 mg/ml recon susp	TIER 3	QL (20 ML PER 1 DAYS)
rivaroxaban 2.5 mg tab	TIER 3	QL (2 PER 1 DAYS)
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)	TIER 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	TIER 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	TIER 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	TIER 3	QL (51 PER 180 DAYS)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl (0.5 mg cap, 1 mg cap)	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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
eltrombopag olamine (12.5 mg packet, 12.5 mg tab)	TIER 5	PA, QL (1 PER 1 DAYS)
eltrombopag olamine (25 mg tab, 50 mg tab)	TIER 5	PA, QL (3 PER 1 DAYS)
eltrombopag olamine 25 mg packet	TIER 5	PA, QL (6 PER 1 DAYS)
eltrombopag olamine 75 mg tab	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
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		
tranexamic acid 650 mg tab	TIER 3	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er 25-200 mg cap 12h	TIER 4	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
cilostazol (50 mg tab, 100 mg tab)	TIER 2	
clopidogrel bisulfate 75 mg tab	TIER 1	QL (1 PER 1 DAYS)
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	TIER 3	
prasugrel hcl (5 mg tab, 10 mg tab)	TIER 3	QL (1 PER 1 DAYS)
ticagrelor (60 mg tab, 90 mg tab)	TIER 3	QL (2 PER 1 DAYS)
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	TIER 3	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	TIER 1	
droxidopa 100 mg cap	TIER 4	PA, QL (18 PER 1 DAYS)
droxidopa 200 mg cap	TIER 5	PA, QL (9 PER 1 DAYS)
droxidopa 300 mg cap	TIER 5	PA, QL (84 PER 90 DAYS)
guanfacine hcl (1 mg tab, 2 mg tab)	TIER 2	
METHYLDOPA (METHYLDOPA 500 MG TAB, METHYLDOPA 250 MG TAB)	TIER 2	
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 3	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	TIER 2	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	TIER 2	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	TIER 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	TIER 1	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	TIER 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	TIER 1	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	TIER 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	TIER 1	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	TIER 1	
moexipril hcl (7.5 mg tab, 15 mg tab)	TIER 1	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB)	TIER 1	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	TIER 1	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	TIER 1	
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tab, 400 mg tab)	TIER 4	
amiodarone hcl 200 mg tab	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
digitek (125 mcg tab, 250 mcg tab)	TIER 2	QL (1 PER 1 DAYS)
digox 125 mcg tab	TIER 2	QL (1 PER 1 DAYS)
digoxin (125 mcg tab, 250 mcg tab)	TIER 2	QL (1 PER 1 DAYS)
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	TIER 4	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	TIER 2	
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	TIER 2	
MULTAQ 400 MG TAB	TIER 3	QL (2 PER 1 DAYS)
pacerone (100 mg tab, 400 mg tab)	TIER 4	
pacerone 200 mg tab	TIER 2	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	TIER 2	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	TIER 2	
sorine (80 mg tab, 120 mg tab, 160 mg tab)	TIER 2	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	TIER 2	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	TIER 2	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (200 mg cap, 400 mg cap)	TIER 2	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
betaxolol hcl (10 mg tab, 20 mg tab)	TIER 2	
bisoprolol fumarate (5 mg tab, 10 mg tab)	TIER 2	
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	TIER 1	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	TIER 2	
metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)	TIER 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	TIER 2	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	TIER 3	
pindolol (5 mg tab, 10 mg tab)	TIER 2	
propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	TIER 2	
PROPRANOLOL HCL (PROPRANOLOL HCL 40 MG/5ML SOLUTION, PROPRANOLOL HCL 20 MG/5ML SOLUTION)	TIER 3	
propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)	TIER 2	
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)	TIER 4	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 1	
felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)	TIER 2	
isradipine (2.5 mg cap, 5 mg cap)	TIER 3	
nicardipine hcl (20 mg cap, 30 mg cap)	TIER 2	
nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	TIER 2	
nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)	TIER 2	
nimodipine 30 mg cap	TIER 4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)	TIER 2	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	TIER 2	
diltiazem hcl 120 mg extended release 24hr capsule	TIER 2	
diltiazem hcl 180 mg extended release 24hr capsule	TIER 2	
diltiazem hcl 240 mg extended release 24hr capsule	TIER 2	
diltiazem hcl 300 mg extended release 24hr capsule	TIER 2	
diltiazem hcl 360 mg extended release 24hr capsule	TIER 2	
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)	TIER 2	
diltiazem hcl er beads 420 mg cap 24h	TIER 2	
matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)	TIER 2	
taztia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er, 360 mg cap er)	TIER 2	
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)	TIER 2	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 2	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (125 mg tab, 250 mg tab)	TIER 2	
aliskiren fumarate (150 mg tab, 300 mg tab)	TIER 4	
amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide 5-50 mg tab, amiloride-hydrochlorothiazide 5-50 mg tab)	TIER 2	
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)	TIER 1	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	TIER 1	
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)	TIER 3	
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	TIER 1	
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)	TIER 1	
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	TIER 1	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	TIER 1	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	TIER 2	
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	TIER 1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	TIER 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CORLANOR 5 MG/5ML SOLUTION	TIER 4	PA, QL (20 PER 1 DAYS)
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	TIER 1	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	TIER 3	QL (8 PER 1 DAYS)
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	TIER 1	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	TIER 1	
ivabradine hcl (5 mg tab, 7.5 mg tab)	TIER 4	PA, QL (2 PER 1 DAYS)
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	TIER 1	
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	TIER 1	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	TIER 2	
metyrosine 250 mg cap	TIER 5	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	TIER 1	
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)	TIER 1	
pentoxifylline er 400 mg tab	TIER 2	
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)	TIER 1	
ranolazine er (er 500 mg tab er, er 1000 mg tab er)	TIER 4	QL (2 PER 1 DAYS)
sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)	TIER 3	QL (2 PER 1 DAYS)
spironolactone-hctz 25-25 mg tab	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 1	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	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	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	TIER 1	
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)	TIER 1	
VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	TIER 4	PA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	TIER 2	
bumetanide 0.25 mg/ml solution	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	
furosemide 10 mg/ml solution	TIER 4	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	TIER 2	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
eplerenone (25 mg tab, 50 mg tab)	TIER 3	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
DIURETICS, THIAZIDE		
chlorthalidone (25 mg tab, 50 mg tab)	TIER 2	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	TIER 1	
indapamide (1.25 mg tab, 2.5 mg tab)	TIER 1	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	TIER 2	
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	TIER 2	
fenofibric acid (45 mg cap dr, 135 mg cap dr)	TIER 3	
gemfibrozil 600 mg tab	TIER 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	TIER 1	
fluvastatin sodium (20 mg cap, 40 mg cap)	TIER 1	
fluvastatin sodium er 80 mg tab 24h	TIER 2	
lovastatin (10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	TIER 1	
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	TIER 1	
simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	TIER 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DYSLIPIDEMICS, OTHER		
cholestyramine (4 gm packet, 4 gm/dose powder)	TIER 3	
cholestyramine light (4 gm packet, 4 gm/dose powder)	TIER 2	
colesevelam hcl (3.75 gm packet, 625 mg tab)	TIER 4	
colestipol hcl (5 gm granules, 5 gm packet)	TIER 3	
colestipol hcl 1 gm tab	TIER 2	
ezetimibe 10 mg tab	TIER 2	
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	TIER 2	
icosapent ethyl (0.5 gm cap, 1 gm cap)	TIER 4	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 4	
niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)	TIER 3	QL (2 PER 1 DAYS)
niacin er (antihyperlipidemic) 500 mg tab	TIER 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	TIER 4	
omega-3-acid ethyl esters 1 gm cap	TIER 2	QL (4 PER 1 DAYS)
prevalite (4 gm packet, 4 gm/dose powder)	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)		
dapagliflozin (5 mg tab, 10 mg tab)	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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	TIER 1	
minoxidil (2.5 mg tab, 10 mg tab)	TIER 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	TIER 2	
isosorbide mononitrate (10 mg tab, 20 mg tab)	TIER 2	
isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er)	TIER 1	
isosorbide mononitrate er 120 mg tab 24h	TIER 2	
nitro-bid 2 % ointment	TIER 3	
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)	TIER 2	
nitroglycerin 0.4 % ointment	TIER 4	QL (30 PER 30 DAYS)
nitroglycerin 2 % ointment	TIER 3	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
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)	TIER 4	QL (2 PER 1 DAYS)
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)	TIER 2	QL (4 PER 1 DAYS)
amphetamine-dextroamphetamine 12.5 mg tab	TIER 2	QL (5 PER 1 DAYS)
amphetamine-dextroamphetamine 20 mg tab	TIER 2	QL (3 PER 1 DAYS)
amphetamine-dextroamphetamine 30 mg tab	TIER 2	QL (2 PER 1 DAYS)
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	TIER 4	QL (6 PER 1 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
dextroamphetamine sulfate 15 mg tab	TIER 4	QL (4 PER 1 DAYS)
dextroamphetamine sulfate 20 mg tab	TIER 4	QL (3 PER 1 DAYS)
dextroamphetamine sulfate 30 mg tab	TIER 4	QL (2 PER 1 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)	TIER 3	QL (4 PER 1 DAYS)
atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)	TIER 3	QL (1 PER 1 DAYS)
atomoxetine hcl 40 mg cap	TIER 3	QL (2 PER 1 DAYS)
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 2	QL (2 PER 1 DAYS)
guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)	TIER 3	QL (1 PER 1 DAYS)
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)	TIER 4	QL (3 PER 1 DAYS)
methylphenidate hcl 10 mg chew tab	TIER 4	QL (6 PER 1 DAYS)
methylphenidate hcl 10 mg tab	TIER 2	QL (6 PER 1 DAYS)
methylphenidate hcl 20 mg tab	TIER 2	QL (3 PER 1 DAYS)
methylphenidate hcl 5 mg tab	TIER 2	QL (12 PER 1 DAYS)
methylphenidate hcl er 10 mg tab	TIER 3	QL (6 PER 1 DAYS)
methylphenidate hcl er 20 mg tab	TIER 3	QL (3 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
bac (butalbital-acetamin-caff) 50-325-40 mg tab	TIER 3	PA, QL (48 PER 30 DAYS), NDS (Non-Extended Day Supply)
butalbital-apap-caffeine 50-325-40 mg tab	TIER 3	PA, QL (48 PER 30 DAYS), NDS (Non-Extended Day Supply)
riluzole 50 mg tab	TIER 3	
tetrabenazine 12.5 mg tab	TIER 4	PA, LA, QL (8 PER 1 DAYS)
tetrabenazine 25 mg tab	TIER 5	PA, LA, QL (4 PER 1 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
duloxetine hcl 20 mg cp dr part	TIER 2	QL (4 PER 1 DAYS)
duloxetine hcl 30 mg cp dr part	TIER 2	QL (3 PER 1 DAYS)
duloxetine hcl 40 mg cp dr part	TIER 4	QL (2 PER 1 DAYS)
duloxetine hcl 60 mg cp dr part	TIER 2	QL (2 PER 1 DAYS)
pregabalin (200 mg cap, 225 mg cap, 300 mg cap)	TIER 3	QL (2 PER 1 DAYS)
pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	TIER 3	QL (3 PER 1 DAYS)
pregabalin 20 mg/ml solution	TIER 3	QL (30 PER 1 DAYS)
MULTIPLE SCLEROSIS AGENTS		
BETASERON 0.3 MG KIT	TIER 5	PA, QL (15 PER 30 DAYS)
dalfampridine er 10 mg tab 12h	TIER 3	PA, QL (2 PER 1 DAYS)
dimethyl fumarate 120 mg cap dr	TIER 4	PA, QL (2 PER 1 DAYS)
dimethyl fumarate 240 mg cap dr	TIER 5	PA, QL (2 PER 1 DAYS)
dimethyl fumarate starter pack 120 & 240 mg cpdr thpk	TIER 4	PA, QL (2 PER 1 DAYS)
fingolimod hcl 0.5 mg cap	TIER 5	PA, QL (1 PER 1 DAYS)
glatiramer acetate 20 mg/ml soln prsyr	TIER 5	PA, QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml soln prsyr	TIER 5	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml soln prsyr	TIER 5	PA, QL (30 PER 30 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
glatopa 40 mg/ml soln prsyr	TIER 5	PA, QL (12 PER 28 DAYS)
teriflunomide (7 mg tab, 14 mg tab)	TIER 4	PA, QL (1 PER 1 DAYS)
DENTAL AND ORAL AGENTS		
cevimeline hcl 30 mg cap	TIER 4	
chlorhexidine gluconate 0.12 % solution	TIER 2	
kourzeq 0.1 % paste	TIER 3	
oralone 0.1 % paste	TIER 3	
periogard 0.12 % solution	TIER 2	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	TIER 3	
triamcinolone acetonide 0.1 % paste	TIER 3	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
accutane (10 mg cap, 20 mg cap, 40 mg cap)	TIER 4	
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	TIER 4	
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	TIER 4	
benzoyl peroxide-erythromycin 5-3 % gel	TIER 4	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	TIER 4	
clindamycin phos-benzoyl perox 1.2-5 % gel	TIER 3	
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	TIER 4	
myorisan (10 mg cap, 20 mg cap, 40 mg cap)	TIER 4	
sulfacetamide sodium (acne) 10 % lotion	TIER 3	
tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)	TIER 4	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)	TIER 4	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	TIER 4	
DERMATITIS AND PRURITUS AGENTS		
ala-cort 1 % cream	TIER 2	
alclometasone dipropionate (alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment, alclometasone dipropionate 0.05 % cream, alclometasone dipropionate 0.05 % ointment)	TIER 3	
ammonium lactate (12 % cream, 12 % lotion)	TIER 2	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	TIER 2	
betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % ointment)	TIER 3	
betamethasone dipropionate aug 0.05 % cream	TIER 2	
betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.1 % lotion)	TIER 2	
clobetasol prop emollient base 0.05 % cream	TIER 4	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)	TIER 4	
clobetasol propionate 0.05 % liquid	TIER 4	QL (250 PER 30 DAYS)
desonide (0.05 % cream, 0.05 % ointment)	TIER 4	
desoximetasone 0.25 % cream	TIER 4	
EUCRISA 2 % OINTMENT	TIER 4	PA, QL (100 PER 30 DAYS)
fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)	TIER 3	
fluocinolone acetonide 0.01 % solution	TIER 4	
fluocinolone acetonide body 0.01 % oil	TIER 4	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
fluocinolone acetonide scalp 0.01 % oil	TIER 4	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	TIER 3	
fluocinonide emulsified base 0.05 % cream	TIER 3	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	TIER 2	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	TIER 4	QL (200 PER 28 DAYS)
hydrocortisone (hydrocortisone 1 % cream, hydrocortisone 1 % ointment, hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment, hydrocortisone 2.5 % lotion, hydrocortisone 2.5 % lotion)	TIER 2	
hydrocortisone (perianal) (hydrocortisone (perianal) 1 % cream, hydrocortisone (perianal) 2.5 % cream)	TIER 2	
hydrocortisone butyrate (hydrocortisone butyrate 0.1 % ointment, hydrocortisone butyrate 0.1 % ointment)	TIER 4	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	TIER 2	
procto-med hc 2.5 % cream	TIER 2	
proctosol hc 2.5 % cream	TIER 2	
proctozone-hc 2.5 % cream	TIER 2	
selenium sulfide (selenium sulfide 2.5 % lotion, selenium sulfide 2.5 % lotion)	TIER 2	
tacrolimus (0.03 %, 0.1 %)	TIER 4	QL (100 PER 30 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 2	
triderm 0.5 % cream	TIER 2	
DERMATOLOGICAL AGENTS, OTHER		
alcohol wipes 70 % misc	TIER 2	
calcipotriene (0.005 % cream, 0.005 % ointment)	TIER 4	
calcipotriene (calcipotriene 0.005 % solution, calcipotriene 0.005 % solution)	TIER 3	
calcitrene 0.005 % ointment	TIER 3	
clotrimazole-betamethasone (clotrimazole-betamethasone 1-0.05 % lotion, clotrimazole-betamethasone 1-0.05 % lotion)	TIER 4	
clotrimazole-betamethasone 1-0.05 % cream	TIER 2	
cvs isopropyl alcohol wipes 70 % misc	TIER 2	
fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % solution)	TIER 2	
fluorouracil 5 % cream	TIER 3	
imiquimod 5 % cream	TIER 2	QL (24 PER 30 DAYS)
isopropyl alcohol 70 % misc	TIER 2	
isopropyl alcohol wipes 70 % misc	TIER 2	
medpura alcohol pads 70 % misc	TIER 2	
METHOXSALEN RAPID 10 MG CAP	TIER 5	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	TIER 4	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)	TIER 2	
qc alcohol 70 % misc	TIER 2	
ra isopropyl alcohol wipes 70 % misc	TIER 2	
SANTYL 250 UNIT/GM OINTMENT	TIER 4	QL (180 PER 30 DAYS)
silver sulfadiazine 1 % cream	TIER 2	
ssd 1 % cream	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		
malathion 0.5 % lotion	TIER 4	
permethrin 5 % cream	TIER 2	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % ointment	TIER 4	PA, QL (30 PER 30 DAYS)
ciclodan 8 % solution	TIER 2	
ciclopirox (0.77 % gel, 1 % shampoo)	TIER 4	
ciclopirox 8 % solution	TIER 2	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	TIER 2	
clindamycin phos (once-daily) 1 % gel	TIER 2	
clindamycin phos (twice-daily) 1 % gel	TIER 2	
clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)	TIER 2	
ERY 2 % PAD	TIER 3	
erythromycin (erythromycin 2 % gel, erythromycin 2 % gel)	TIER 4	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
erythromycin 2 % solution	TIER 2	
mupirocin 2 % ointment	TIER 2	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	TIER 4	
klor-con (klor-con 8 meq tab er, klor-con 8 meq tab er)	TIER 2	
klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)	TIER 2	
klor-con m10 meq tab er	TIER 2	
klor-con m15 meq tab er	TIER 2	
klor-con m20 meq tab er	TIER 2	
lactated ringers (lactated ringers solution, lactated ringers solution)	TIER 4	
magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)	TIER 4	
nafrinse 2.2 (1 f) mg chew tab	TIER 2	
PNV 27-CA/FE/FA 60-1 MG TAB	TIER 3	
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)	TIER 4	
potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 2	
potassium chloride in dextrose 20-5 meq/l-% solution	TIER 4	
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)	TIER 4	
potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)	TIER 3	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	TIER 4	
PREMASOL 10 % SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
prenatal vitamins	TIER 3	
ringers solution	TIER 4	
sodium chloride (pf) 0.9 % solution	TIER 4	
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)	TIER 4	
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB)	TIER 2	
TPN ELECTROLYTES CONC	TIER 4	PA - PART B VS D DETERMINATION

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELECTROLYTE/MINERAL/METAL MODIFIERS		
deferasirox (250 mg tab, 500 mg tab)	TIER 5	
deferasirox 125 mg tab sol	TIER 3	
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)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
tolvaptan 15 mg tab	TIER 5	PA, LA, QL (8 PER 1 DAYS)
tolvaptan 30 mg tab	TIER 5	PA, LA, QL (4 PER 1 DAYS)
trientine hcl 250 mg cap	TIER 5	PA, QL (8 PER 1 DAYS)
TRIENTINE HCL 500 MG CAP	TIER 5	PA, QL (4 PER 1 DAYS)
PHOSPHATE BINDERS		
calcium acetate (phos binder) 667 mg cap	TIER 2	PA - PART B VS D DETERMINATION
sevelamer carbonate 800 mg tab	TIER 3	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
kionex 15 gm/60ml suspension	TIER 2	
LOKELMA (5 GM PACKET, 10 GM PACKET)	TIER 3	
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	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		
constulose 10 gm/15ml solution	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
enulose 10 gm/15ml solution	TIER 2	
gavilyte-n with flavor pack 420 gm recon soln	TIER 2	
generlac 10 gm/15ml solution	TIER 2	
lactulose (10 gm/15ml, 20 gm/30ml)	TIER 2	
lactulose encephalopathy 10 gm/15ml solution	TIER 2	
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	TIER 3	QL (1 PER 1 DAYS)
lubiprostone (8 mcg cap, 24 mcg cap)	TIER 2	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	TIER 3	QL (1 PER 1 DAYS)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	TIER 3	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	TIER 2	
ANTI-DIARRHEAL AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	TIER 4	PA
diphenoxylate-atropine 2.5-0.025 mg tab	TIER 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	TIER 4	
loperamide hcl 2 mg cap	TIER 2	
XERMELO 250 MG TAB	TIER 5	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (10 mg cap, 20 mg tab)	TIER 2	PA
dicyclomine hcl 10 mg/5ml solution	TIER 4	PA
glycopyrrolate (1 mg tab, 2 mg tab)	TIER 2	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	TIER 4	
GASTROINTESTINAL AGENTS, OTHER		
cromolyn sodium 100 mg/5ml conc	TIER 4	
GAVILYTE-C 240 GM RECON SOLN	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
gavilyte-g 236 gm recon soln	TIER 2	
OMNITROPE 10 MG/1.5ML SOLN CART	TIER 5	PA
peg-3350/electrolytes 236 gm recon soln	TIER 2	
ursodiol (250 mg tab, 500 mg tab)	TIER 3	
ursodiol 300 mg cap	TIER 4	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	TIER 2	
famotidine (20 mg tab, 40 mg tab)	TIER 1	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	TIER 2	
PROTECTANTS		
misoprostol (100 mcg tab, 200 mcg tab)	TIER 2	
sucralfate 1 gm tab	TIER 2	
PROTON PUMP INHIBITORS		
esomeprazole magnesium 20 mg cap dr	TIER 4	
esomeprazole magnesium 40 mg cap dr	TIER 4	QL (2 PER 1 DAYS)
lansoprazole 15 mg cap dr	TIER 2	
lansoprazole 30 mg cap dr	TIER 2	QL (2 PER 1 DAYS)
omeprazole 10 mg cap dr	TIER 2	
omeprazole 20 mg cap dr	TIER 1	
omeprazole 40 mg cap dr	TIER 1	QL (2 PER 1 DAYS)
pantoprazole sodium (pantoprazole sodium 40 mg recon soln, pantoprazole sodium 40 mg recon soln)	TIER 4	
pantoprazole sodium 20 mg tab dr	TIER 1	
pantoprazole sodium 40 mg tab dr	TIER 1	QL (2 PER 1 DAYS)
rabeprazole sodium 20 mg tab dr	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
betaine powder	TIER 5	
carglumic acid 200 mg tab sol	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
l-glutamine 5 gm packet	TIER 5	PA, QL (6 PER 1 DAYS)
levocarnitine 330 mg tab	TIER 2	
NAGLAZYME 1 MG/ML SOLUTION	TIER 5	LA, PA - PART B VS D DETERMINATION
nitisinone (2 mg cap, 5 mg cap, 10 mg cap)	TIER 5	PA
REVCOVI 2.4 MG/1.5ML SOLUTION	TIER 5	PA, LA
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	TIER 5	PA
sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)	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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
oxybutynin chloride 5 mg tab	TIER 2	
oxybutynin chloride er (er 5 mg tab er, er 10 mg tab er, er 15 mg tab er)	TIER 2	
solifenacin succinate (5 mg tab, 10 mg tab)	TIER 2	QL (1 PER 1 DAYS)
tolterodine tartrate (1 mg tab, 2 mg tab)	TIER 4	ST
tolterodine tartrate er (er 2 mg cap er, er 4 mg cap er)	TIER 4	ST
trospium chloride 20 mg tab	TIER 2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tab 24h	TIER 2	
dutasteride 0.5 mg cap	TIER 2	QL (1 PER 1 DAYS)
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	TIER 4	QL (1 PER 1 DAYS)
finasteride 5 mg tab	TIER 1	
silodosin (4 mg cap, 8 mg cap)	TIER 3	QL (1 PER 1 DAYS)
tadalafil 2.5 mg tab	TIER 4	PA, QL (2 PER 1 DAYS)
tadalafil 5 mg tab	TIER 4	PA, QL (1 PER 1 DAYS)
tamsulosin hcl 0.4 mg cap	TIER 1	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	TIER 2	
penicillamine 250 mg tab	TIER 5	PA

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	TIER 4	
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)	TIER 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	TIER 4	
dexamethasone sod phosphate pf 10 mg/ml solution	TIER 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	TIER 4	
fludrocortisone acetate 0.1 mg tab	TIER 2	
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	TIER 2	
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)	TIER 4	
methylprednisolone sodium succ 125 mg recon soln	TIER 4	PA - PART B VS D DETERMINATION
methylprednisolone sodium succ 40 mg recon soln	TIER 4	
prednisolone 15 mg/5ml solution	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
prednisolone sodium phosphate (prednisolone sodium phosphate 5 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)	TIER 2	
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)	TIER 2	
PREDNISONE 5 MG/5ML SOLUTION	TIER 3	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig 0.01 % solution	TIER 4	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	TIER 3	
desmopressin acetate 4 mcg/ml solution	TIER 4	
desmopressin acetate pf 4 mcg/ml solution	TIER 4	
desmopressin acetate spray (desmopressin acetate spray 0.01 % solution, desmopressin acetate spray 0.01 % solution)	TIER 4	
INCRELEX 40 MG/4ML SOLUTION	TIER 5	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	TIER 5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
danazol (50 mg cap, 100 mg cap, 200 mg cap)	TIER 4	
depo-testosterone (100 mg/ml, 200 mg/ml)	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
testosterone (20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)	TIER 4	PA, QL (150 PER 30 DAYS)
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)	TIER 3	PA, QL (300 PER 30 DAYS)
testosterone (testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel)	TIER 4	PA, QL (37.5 PER 30 DAYS)
testosterone cypionate (testosterone cypionate 200 mg/ml solution, testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)	TIER 3	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 4	QL (5 PER 30 DAYS)
ESTROGENS		
afirmelle 0.1-20 mg-mcg tab	TIER 3	
altavera 0.15-30 mg-mcg tab	TIER 3	
alyacen 1/35 1-35 mg-mcg tab	TIER 3	
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
amethia 0.15-0.03 &0.01 mg tab	TIER 4	
apri 0.15-30 mg-mcg tab	TIER 3	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	TIER 3	
ashlyna 0.15-0.03 &0.01 mg tab	TIER 4	
aubra 0.1-20 mg-mcg tab	TIER 3	
aubra eq 0.1-20 mg-mcg tab	TIER 3	
aurovela 1.5/30 1.5-30 mg-mcg tab	TIER 3	
aurovela 1/20 1-20 mg-mcg tab	TIER 3	
aurovela fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
aurovela fe 1/20 1-20 mg-mcg tab	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
aviane 0.1-20 mg-mcg tab	TIER 3	
ayuna 0.15-30 mg-mcg tab	TIER 3	
azurette 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
balziva 0.4-35 mg-mcg tab	TIER 3	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
blisovi fe 1/20 1-20 mg-mcg tab	TIER 3	
briellyn 0.4-35 mg-mcg tab	TIER 3	
camrese 0.15-0.03 &0.01 mg tab	TIER 4	
camrese lo 0.1-0.02 & 0.01 mg tab	TIER 3	
chateal 0.15-30 mg-mcg tab	TIER 3	
chateal eq 0.15-30 mg-mcg tab	TIER 3	
cryselle 0.3-30 mg-mcg tab	TIER 3	
cryselle-28 0.3-30 mg-mcg tab	TIER 3	
cyred 0.15-30 mg-mcg tab	TIER 3	
cyred eq 0.15-30 mg-mcg tab	TIER 3	
dasetta 1/35 1-35 mg-mcg tab	TIER 3	
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
daysee 0.15-0.03 &0.01 mg tab	TIER 4	
delyla 0.1-20 mg-mcg tab	TIER 3	
desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)	TIER 3	
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)	TIER 3	QL (16 PER 28 DAYS)
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	TIER 3	
elinest 0.3-30 mg-mcg tab	TIER 3	
eluryng 0.12-0.015 mg/24hr ring	TIER 3	
enilloring 0.12-0.015 mg/24hr	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
enpresse-28 50-30/75-40/ 125-30 mcg tab	TIER 3	
enskyce 0.15-30 mg-mcg tab	TIER 3	
estarylla 0.25-35 mg-mcg tab	TIER 3	
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)	TIER 3	QL (16 PER 28 DAYS)
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)	TIER 3	QL (8 PER 28 DAYS)
estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)	TIER 1	
estradiol 0.01 % cream	TIER 2	
estradiol 10 mcg tab	TIER 3	
estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)	TIER 4	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	TIER 3	QL (1 PER 84 DAYS)
estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)	TIER 4	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	TIER 3	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	TIER 3	
falmina 0.1-20 mg-mcg tab	TIER 3	
feirza 1.5/30 1.5-30 mg-mcg tab	TIER 3	
feirza 1/20 1-20 mg-mcg tab	TIER 3	
femynor 0.25-35 mg-mcg tab	TIER 3	
fyavolv (0.5-2.5 tab, 1-5 tab)	TIER 4	
hailey 1.5/30 1.5-30 mg-mcg tab	TIER 3	
hailey fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
hailey fe 1/20 1-20 mg-mcg tab	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
haloette 0.12-0.015 mg/24hr ring	TIER 3	
iclevia 0.15-0.03 mg tab	TIER 3	
introvale 0.15-0.03 mg tab	TIER 3	
isibloom 0.15-30 mg-mcg tab	TIER 3	
jaimiess 0.15-0.03 &0.01 mg tab	TIER 4	
jasmiel 3-0.02 mg tab	TIER 3	
jinteli 1-5 mg-mcg tab	TIER 4	
jolessa 0.15-0.03 mg tab	TIER 3	
joyeaux 0.1-20 mg-mcg(21) tab	TIER 3	
juleber 0.15-30 mg-mcg tab	TIER 3	
junel 1.5/30 1.5-30 mg-mcg tab	TIER 3	
junel 1/20 1-20 mg-mcg tab	TIER 3	
junel fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
junel fe 1/20 1-20 mg-mcg tab	TIER 3	
kalliga 0.15-30 mg-mcg tab	TIER 3	
kariva 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
kelnor 1/35 1-35 mg-mcg tab	TIER 3	
kelnor 1/50 1-50 mg-mcg tab	TIER 3	
kurvelo 0.15-30 mg-mcg tab	TIER 3	
larin 1.5/30 1.5-30 mg-mcg tab	TIER 3	
larin 1/20 1-20 mg-mcg tab	TIER 3	
larin fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
larin fe 1/20 1-20 mg-mcg tab	TIER 3	
larissia 0.1-20 mg-mcg tab	TIER 3	
leena 0.5/1/0.5-35 mg-mcg tab	TIER 3	
lessina 0.1-20 mg-mcg tab	TIER 3	
levonest 50-30/75-40/ 125-30 mcg tab	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	TIER 3	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)	TIER 3	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	TIER 4	
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	TIER 3	
levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)	TIER 3	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	TIER 3	
lillow 0.15-30 mg-mcg tab	TIER 3	
lo-zumandimine 3-0.02 mg tab	TIER 3	
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	TIER 3	
loestrin 1/20 (21) 1-20 mg-mcg tab	TIER 3	
loestrin fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
loestrin fe 1/20 1-20 mg-mcg tab	TIER 3	
lojaimiess 0.1-0.02 & 0.01 mg tab	TIER 3	
loryna 3-0.02 mg tab	TIER 3	
low-ogestrel 0.3-30 mg-mcg tab	TIER 3	
luizza 1.5/30 1.5-30 mg-mcg tab	TIER 3	
luizza 1/20 1-20 mg-mcg tab	TIER 3	
lutera 0.1-20 mg-mcg tab	TIER 3	
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)	TIER 3	QL (16 PER 28 DAYS)
marlissa 0.15-30 mg-mcg tab	TIER 3	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	TIER 4	
microgestin 1.5/30 1.5-30 mg-mcg tab	TIER 3	
microgestin 1/20 1-20 mg-mcg tab	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
microgestin fe 1.5/30 1.5-30 mg-mcg tab	TIER 3	
microgestin fe 1/20 1-20 mg-mcg tab	TIER 3	
mili 0.25-35 mg-mcg tab	TIER 3	
minzoya 0.1-20 mg-mcg(21) tab	TIER 3	
mono-linyah 0.25-35 mg-mcg tab	TIER 3	
necon 0.5/35 (28) 0.5-35 mg-mcg tab	TIER 3	
nikki 3-0.02 mg tab	TIER 3	
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	TIER 3	
norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)	TIER 3	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	TIER 3	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	TIER 3	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	TIER 4	
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	TIER 3	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	TIER 3	
nortrel 1/35 (21) 1-35 mg-mcg tab	TIER 3	
nortrel 1/35 (28) 1-35 mg-mcg tab	TIER 3	
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
nylia 1/35 1-35 mg-mcg tab	TIER 3	
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
nymyo 0.25-35 mg-mcg tab	TIER 3	
ocella 3-0.03 mg tab	TIER 3	
philith 0.4-35 mg-mcg tab	TIER 3	
pimtrea 0.15-0.02/0.01 mg (21/5) tab	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
pirmella 1/35 1-35 mg-mcg tab	TIER 3	
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	TIER 3	
portia-28 0.15-30 mg-mcg tab	TIER 3	
PREMARIN 0.625 MG/GM CREAM	TIER 3	
reclipsen 0.15-30 mg-mcg tab	TIER 3	
setlakin 0.15-0.03 mg tab	TIER 3	
simliya 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
simpesse 0.15-0.03 &0.01 mg tab	TIER 4	
sprintec 28 0.25-35 mg-mcg tab	TIER 3	
sronyx 0.1-20 mg-mcg tab	TIER 3	
syeda 3-0.03 mg tab	TIER 3	
tarina fe 1/20 1-20 mg-mcg tab	TIER 3	
tarina fe 1/20 eq 1-20 mg-mcg tab	TIER 3	
tri femynor 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	TIER 3	
trivora (28) 50-30/75-40/ 125-30 mcg tab	TIER 3	
turqoz 0.3-30 mg-mcg tab	TIER 3	
valtya 1/35 1-35 mg-mcg tab	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	
vestura 3-0.02 mg tab	TIER 3	
vienva 0.1-20 mg-mcg tab	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
viorele 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
volnea 0.15-0.02/0.01 mg (21/5) tab	TIER 3	
vyfemla 0.4-35 mg-mcg tab	TIER 3	
vylibra 0.25-35 mg-mcg tab	TIER 3	
wera 0.5-35 mg-mcg tab	TIER 3	
wymzya fe 0.4-35 mg-mcg chew tab	TIER 3	
xelria fe 0.4-35 mg-mcg chew tab	TIER 3	
xulane 150-35 mcg/24hr patch wk	TIER 3	
yuvafem 10 mcg tab	TIER 3	
zafemy 150-35 mcg/24hr patch wk	TIER 3	
zovia 1/35 (28) 1-35 mg-mcg tab	TIER 3	
zumandimine 3-0.03 mg tab	TIER 3	
PROGESTINS		
camila 0.35 mg tab	TIER 3	
deblitane 0.35 mg tab	TIER 3	
DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR	TIER 3	
emzahh 0.35 mg tab	TIER 3	
errin 0.35 mg tab	TIER 3	
gallifrey 5 mg tab	TIER 2	
heather 0.35 mg tab	TIER 3	
incassia 0.35 mg tab	TIER 3	
jencycla 0.35 mg tab	TIER 3	
LILETTA (52 MG) 20.1 MCG/DAY IUD	TIER 3	
lyleq 0.35 mg tab	TIER 3	
lyza 0.35 mg tab	TIER 3	
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	TIER 2	
megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	TIER 2	PA - FOR NEW STARTS ONLY
meleya 0.35 mg tab	TIER 3	
NEXPLANON 68 MG IMPLANT	TIER 3	
nora-be 0.35 mg tab	TIER 3	
norethindrone 0.35 mg tab	TIER 3	
norethindrone acetate 5 mg tab	TIER 2	
norlyda 0.35 mg tab	TIER 3	
norlyroc 0.35 mg tab	TIER 3	
orquidea 0.35 mg tab	TIER 3	
progesterone (100 mg cap, 200 mg cap)	TIER 2	
sharobel 0.35 mg tab	TIER 3	
tulana 0.35 mg tab	TIER 3	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA 60 MG TAB	TIER 4	PA, QL (1 PER 1 DAYS)
raloxifene hcl 60 mg tab	TIER 3	QL (1 PER 1 DAYS)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
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)	TIER 1	
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)	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	TIER 1	
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)	TIER 3	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	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	
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)	TIER 3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg tab	TIER 3	
leuprolide acetate 1 mg/0.2ml kit	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	
mifepristone 300 mg tab	TIER 5	PA, LA, QL (4 PER 1 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 prsyr, octreotide acetate 100 mcg/ml soln prsyr)	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		
methimazole (5 mg tab, 10 mg tab)	TIER 2	
propylthiouracil 50 mg tab	TIER 2	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	TIER 5	PA, LA
icatibant acetate 30 mg/3ml soln prsyr	TIER 5	PA, QL (36 PER 60 DAYS)
sajazir 30 mg/3ml soln prsyr	TIER 5	PA, QL (36 PER 60 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 55 MG/0.37ML SOLN PRSYR	TIER 5	PA, QL (2.22 ML PER 365 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)
tofacitinib citrate (5 mg tab, 10 mg tab)	TIER 5	PA, QL (60 PER 30 DAYS)
tofacitinib citrate 1 mg/ml solution	TIER 5	PA, QL (300 ML PER 30 DAYS)
tofacitinib citrate er (er 11 mg tab er, er 22 mg tab er)	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)
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)
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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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		
azathioprine 50 mg tab	TIER 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	TIER 4	PA - PART B VS D DETERMINATION
cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)	TIER 4	PA - PART B VS D DETERMINATION
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	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)
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	TIER 4	PA - FOR NEW STARTS ONLY

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)	TIER 5	PA - PART B VS D DETERMINATION
everolimus 0.25 mg tab	TIER 4	PA - PART B VS D DETERMINATION
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	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)
leflunomide (10 mg tab, 20 mg tab)	TIER 2	
METHOTREXATE SODIUM (50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	TIER 2	PA - PART B VS D DETERMINATION
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)	TIER 3	PA - PART B VS D DETERMINATION
methotrexate sodium (pf) 50 mg/2ml solution	TIER 2	PA - PART B VS D DETERMINATION
methotrexate sodium 2.5 mg tab	TIER 2	
mycophenolate mofetil (200 mg/ml susp, 500 mg soln)	TIER 4	PA - PART B VS D DETERMINATION
mycophenolate mofetil (250 mg cap, 500 mg tab)	TIER 2	PA - PART B VS D DETERMINATION
mycophenolate mofetil hcl 500 mg recon soln	TIER 4	PA - PART B VS D DETERMINATION
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	TIER 4	PA - PART B VS D DETERMINATION
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	TIER 4	PA - PART B VS D DETERMINATION

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	TIER 4	PA - PART B VS D DETERMINATION
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide disodium 750 mg cap	TIER 3	
mesalamine (4 gm enema, 1000 mg suppos)	TIER 4	
mesalamine 1.2 gm tab dr	TIER 4	QL (4 PER 1 DAYS)
mesalamine er 0.375 gm cap 24h	TIER 3	QL (4 PER 1 DAYS)
sulfasalazine (500 mg tab, 500 mg tab dr)	TIER 2	
GLUCOCORTICOIDS		
budesonide 3 mg cp dr part	TIER 4	QL (3 PER 1 DAYS)
budesonide er 9 mg tab 24h	TIER 4	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 %	TIER 4	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	TIER 2	
hydrocortisone 100 mg/60ml enema	TIER 3	
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	TIER 1	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ALENDRONATE SODIUM 5 MG TAB	TIER 2	
alendronate sodium 70 mg/75ml solution	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)
calcitonin (salmon) 200 unit/act solution	TIER 2	QL (3.7 PER 30 DAYS)
calcitriol (0.25 mcg cap, 0.5 mcg cap)	TIER 2	
CALCITRIOL 1 MCG/ML SOLUTION	TIER 4	PA - PART B VS D DETERMINATION
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	TIER 4	PA - PART B VS D DETERMINATION
doxercalciferol 4 mcg/2ml solution	TIER 4	PA - PART B VS D DETERMINATION
ibandronate sodium 150 mg tab	TIER 1	
ibandronate sodium 3 mg/3ml solution	TIER 4	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	TIER 4	PA
paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)	TIER 4	PA - PART B VS D DETERMINATION
risedronate sodium (5 mg tab, 35 mg tab, 150 mg tab)	TIER 4	
teriparatide (teriparatide 560 mcg/2.24ml soln pen, teriparatide 560 mcg/2.24ml soln pen)	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
zoledronic acid (zoledronic acid 4 mg/100ml solution, zoledronic acid 4 mg/5ml conc, zoledronic acid 5 mg/100ml solution)	TIER 4	PA - PART B VS D DETERMINATION

MISCELLANEOUS THERAPEUTIC AGENTS

ADVOCATE INSULIN PEN NEEDLE 32GX4MMMISC	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ALCOHOL 70% PADS	TIER 2	
ALCOHOL PADS S 70 %	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	
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	
AUTOKEEPER SAFETY PEN NEEDLE (PEN 5 MISC, PEN 8 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
CARETOUCH ALCOHOL PREP 70 % PAD	TIER 2	
CLEVER CHOICE COMFORT EZ PLUS 32GX4MMMISC	TIER 3	
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	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
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 SYR ULTRAFINE (29G 1/2" 0.5 ML MISC, 31G 15/64" 0.5 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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
gauze pads 2	TIER 2	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 6MMMISC	TIER 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	TIER 4	PA - PART B VS D DETERMINATION
lactated ringers solution	TIER 2	
methergine 0.2 mg tab	TIER 4	
methylergonovine maleate 0.2 mg tab	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	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
ringers irrigation (ringers irrigation solution, ringers irrigation solution)	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
sterile water for irrigation (sterile water for irrigation solution, sterile water for irrigation solution)	TIER 2	
SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	TIER 3	
TECHLITE PLUS PEN NEEDLES 32GX4MMMISC	TIER 3	
tis-u-sol solution	TIER 2	
TOPFINE INSULIN PEN NEEDLE 32GX4MMMISC	TIER 3	
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	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	
ULTRA COMFORT PEN NEEDLES 32GX4MMMISC	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	
UNIFINE ULTRA PEN NEEDLE (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 6 MM MISC, PEN 34G 3.5 MM 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	

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	
VERISAFE SAFETY INSULIN SYR 29G X 1/2" 1 ML 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		
ak-poly-bac 500-10000 unit/gm ointment	TIER 2	
atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)	TIER 3	
bacitra-neomycin-polymyxin-hc (bacitra-neomycin-polymyxin-hc 1 % ointment, bacitra-neomycin-polymyxin-hc 1 % ointment)	TIER 2	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	TIER 2	
brimonidine tartrate-timolol 0.2-0.5 % solution	TIER 3	
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)	TIER 2	
dorzolamide hcl-timolol mal pf 2-0.5 % solution	TIER 3	
loteprednol-tobramycin 0.5-0.3 % suspension	TIER 3	
neo-polycin 3.5-400-10000ointment	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
neo-polycin hc 1 % ointment	TIER 2	
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)	TIER 2	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	TIER 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION	TIER 2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1SUSPENSION	TIER 4	
polycin 500-10000 unit/gm ointment	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	
tobramycin-dexamethasone 0.3-0.1 % suspension	TIER 2	
XDEMVY 0.25 % SOLUTION	TIER 5	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	TIER 3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl 0.05 % solution	TIER 2	
cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)	TIER 2	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	TIER 4	
erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)	TIER 2	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GENTAK 0.3 % OINTMENT	TIER 2	
gentamicin sulfate 0.3 % solution	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	
moxifloxacin hcl 0.5 % solution	TIER 3	
NATACYN 5 % SUSPENSION	TIER 3	
ofloxacin 0.3 % solution	TIER 2	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution	TIER 2	
sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)	TIER 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	TIER 3	
tobramycin 0.3 % solution	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	
diclofenac sodium 0.1 % solution	TIER 2	
difluprednate 0.05 % emulsion	TIER 4	
fluorometholone 0.1 % suspension	TIER 2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 2	
FML 0.1 % OINTMENT	TIER 4	
FML FORTE 0.25 % SUSPENSION	TIER 4	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ILEVRO 0.3 % SUSPENSION	TIER 3	QL (3 PER 30 DAYS)
ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)	TIER 2	
prednisolone acetate 1 % suspension	TIER 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	TIER 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl (betaxolol hcl 0.5 % solution, betaxolol hcl 0.5 % solution)	TIER 2	
CARTEOLOL HCL 1 % SOLUTION	TIER 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 2	
timolol maleate (0.25 % gel soln, 0.5 % gel soln)	TIER 3	
timolol maleate (0.25 %, 0.5 %)	TIER 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er 500 mg cap 12h	TIER 2	
apraclonidine hcl (apraclonidine hcl 0.5 % solution, apraclonidine hcl 0.5 % solution)	TIER 3	
brimonidine tartrate 0.1 % solution	TIER 3	
brimonidine tartrate 0.15 % solution	TIER 4	
brimonidine tartrate 0.2 % solution	TIER 2	
brinzolamide 1 % suspension	TIER 3	
dorzolamide hcl (dorzolamide hcl 2 % solution, dorzolamide hcl 2 % solution)	TIER 2	
methazolamide (25 mg tab, 50 mg tab)	TIER 4	
pilocarpine hcl (1 %, 2 %, 4 %)	TIER 2	
RHOPRESSA 0.02 % SOLUTION	TIER 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	TIER 3	

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03 % solution	TIER 4	ST, QL (5 PER 30 DAYS)
latanoprost (latanoprost 0.005 % solution, latanoprost 0.005 % solution)	TIER 1	
LUMIGAN 0.01 % SOLUTION	TIER 3	QL (5 ML PER 30 DAYS)
travoprost (bak free) 0.004 % solution	TIER 3	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	TIER 4	
OTIC AGENTS		
acetic acid 2 % solution	TIER 2	
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	TIER 4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC 0.01 % OIL	TIER 3	
hydrocortisone-acetic acid 1-2 % solution	TIER 3	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	TIER 2	
ofloxacin 0.3 % solution	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)

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)
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	TIER 4	PA - PART B VS D DETERMINATION
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	TIER 3	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
azelastine hcl (0.1 %, 137 mcg/spray)	TIER 2	QL (30 PER 25 DAYS)
cetirizine hcl (1 mg/ml, 5 mg/5ml)	TIER 2	
cyproheptadine hcl 4 mg tab	TIER 3	PA
hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)	TIER 2	PA
hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)	TIER 4	PA
levocetirizine dihydrochloride 5 mg tab	TIER 1	
promethazine hcl (6.25 mg/5ml, 12.5 mg/10ml)	TIER 2	PA
ANTILEUKOTRIENES		
montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)	TIER 2	QL (1 PER 1 DAYS)
montelukast sodium 10 mg tab	TIER 1	QL (1 PER 1 DAYS)
zafirlukast (10 mg tab, 20 mg tab)	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)
ipratropium bromide 0.02 % solution	TIER 2	PA - PART B VS D DETERMINATION

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ipratropium bromide 0.03 % solution	TIER 2	QL (30 PER 30 DAYS)
ipratropium bromide 0.06 % solution	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)
tiotropium bromide 18 mcg cap	TIER 3	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol 90mcg hfa inhaler (generic proair)	TIER 2	QL (17 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic proair)	TIER 2	QL (17 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic proventil)	TIER 2	QL (13.4 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic ventolin)	TIER 2	QL (36 PER 30 DAYS)
albuterol sulfate (2 mg tab, 4 mg tab)	TIER 4	
albuterol sulfate (2 mg/5ml, 8 mg/20ml)	TIER 2	
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)	TIER 2	PA - PART B VS D DETERMINATION
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	TIER 2	QL (36 PER 30 DAYS)
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)	TIER 3	QL (24 PER 365 DAYS)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	TIER 3	QL (24 PER 365 DAYS)
levalbuterol hcl (0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln)	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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
tobramycin 300 mg/4ml nebu soln	TIER 5	PA, QL (224 PER 28 DAYS)
tobramycin 300 mg/5ml nebu soln	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		
cromolyn sodium 20 mg/2ml nebu soln	TIER 3	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
roflumilast 250 mcg tab	TIER 4	QL (28 PER 180 DAYS)
roflumilast 500 mcg tab	TIER 4	QL (1 PER 1 DAYS)
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)	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)
alyq 20 mg tab	TIER 5	PA, QL (2 PER 1 DAYS)
ambrisentan (5 mg tab, 10 mg tab)	TIER 5	PA, LA, QL (1 PER 1 DAYS)
bosentan (62.5 mg tab, 125 mg tab)	TIER 5	PA, LA, QL (2 PER 1 DAYS)
bosentan 32 mg tab sol	TIER 5	PA, LA, QL (4 PER 1 DAYS)
macitentan 10 mg tab	TIER 5	PA, QL (30 PER 30 DAYS)
riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)	TIER 5	PA, QL (90 PER 30 DAYS)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
sildenafil citrate 20 mg tab	TIER 3	PA, QL (12 PER 1 DAYS)
tadalafil (pah) 20 mg tab	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 100 MCG TAB	TIER 5	PA, LA, QL (420 PER 30 DAYS)
UPTRAVI 150 MCG TAB	TIER 5	PA, LA, QL (560 PER 28 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		
nintedanib esylate (100 mg cap, 150 mg cap)	TIER 5	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg cap, 267 mg tab)	TIER 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	TIER 5	PA, QL (5 PER 1 DAYS)
pirfenidone 801 mg tab	TIER 5	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10 %, 20 %)	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)
breyna (80-4.5 mcg/act, 160-4.5 mcg/act)	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)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	TIER 3	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)	TIER 3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	TIER 4	QL (4 PER 30 DAYS)
flunisolide 25 mcg/act (0.025%) solution	TIER 2	QL (50 PER 30 DAYS)
fluticasone propionate 50 mcg/act suspension	TIER 2	QL (16 PER 30 DAYS)
fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	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)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	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)
wixela inhub (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	TIER 2	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU(TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	TIER 3	QL (1 PER 1 DAYS)
ramelteon 8 mg tab	TIER 2	QL (1 PER 1 DAYS)
tasimelteon 20 mg cap	TIER 5	PA, QL (1 PER 1 DAYS)
temazepam 15 mg cap	TIER 2	QL (2 PER 1 DAYS)
temazepam 30 mg cap	TIER 2	QL (1 PER 1 DAYS)
triazolam 0.125 mg tab	TIER 4	QL (4 PER 1 DAYS)
triazolam 0.25 mg tab	TIER 4	QL (2 PER 1 DAYS)
zaleplon 10 mg cap	TIER 2	QL (2 PER 1 DAYS)
zaleplon 5 mg cap	TIER 2	QL (4 PER 1 DAYS)
zolpidem tartrate 10 mg tab	TIER 2	QL (1 PER 1 DAYS)
zolpidem tartrate 5 mg tab	TIER 2	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	TIER 4	PA, QL (1 PER 1 DAYS)
modafinil 100 mg tab	TIER 3	PA, QL (3 PER 1 DAYS)
modafinil 200 mg tab	TIER 3	PA, QL (2 PER 1 DAYS)
sodium oxybate (sodium oxybate 500 mg/ml solution, sodium oxybate 500 mg/ml solution)	TIER 5	PA, LA, QL (540 PER 30 DAYS)

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Notice of Availability of
Language Services and Auxiliary Aids and Services

English Tagline

ATTENTION: If you need help in your language call **1-800-452-4413** (**TTY:711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-452-4413** (**TTY:711**). These services are free.

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 بريل 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:

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。

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 नि: शुल्क 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.

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.

ແຫກໄລພາສາລາວ (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.

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-800-452-4413** (**TTY:711**)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក

ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។
ទូរស័ព្ទមកលេខ **1-800-452-4413** (**TTY:711**)។
សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

مطلب به زبان فارسی ((Persian (Farsi)

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

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 **TTY: 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 serbisyong ito.

แท็กไลน์ภาษาไทย (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 10/20/2026 .

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.