



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 19

This *Drug List* was updated on 03/24/2026 .

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

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



03/24/2026

Introduction

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

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A. Disclaimers

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

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

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



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

الشعار بالعربية (Arabic)

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

Հայերեն պիտակ (Armenian)

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

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



简体中文标语 (Chinese)

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

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

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

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



हिंदी टैगलाइन (Hindi)

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

Nqe Lus Hmoob Cob (Hmong)

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

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



日本語表記 (Japanese)

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

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

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

한국어 태그라인 (Korean)

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

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



ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ
1-800-452-4413

(TTY: 711).

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

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

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

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



ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

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

مطلب به زبان فارسی (Persian (Farsi))

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

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



Русский слоган (Russian)

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

Mensaje en español (Spanish)

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

This section is continued on the next page

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



Tagalog Tagline (Tagalog)

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

แท็กไลน์ภาษาไทย (Thai)

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

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



Примітка українською (Ukrainian)

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

Khẩu hiệu tiếng Việt (Vietnamese)

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

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

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



B. Frequently Asked Questions (FAQ)

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

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

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

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

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

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

B2. Does the *Drug List* ever change?

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

This section is continued on the next page

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



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

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

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

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

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

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

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

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

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

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

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



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

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

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

When these changes happen, we'll:

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

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

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

This section is continued on the next page

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



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

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

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

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

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

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

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

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

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

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



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

There are two ways to find a drug:

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

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

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

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

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

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

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

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

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

This section is continued on the next page

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



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

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

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

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

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

Transition Policy

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

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



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

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

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

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

B11. How can I ask for an exception?

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

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

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

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

B13. What are generic drugs?

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

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

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



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

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

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

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

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

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

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



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

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

B17. What's my copay?

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

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

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

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

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

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



C. Overview of the *List of Covered Drugs*

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

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

Appeals Under Part D

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

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



C1. List of Drugs by Medical Condition

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

LEGEND

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

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

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

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



D. Index of Covered Drugs

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

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



List of Drugs by Medical Condition

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

ANALGESICS

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

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

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

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

OPIOID ANALGESICS, LONG-ACTING

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|--|--|
| <i>morphine sulfate er (er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i> | TIER 4 | QL (60 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>morphine sulfate er 15 mg tab</i> | TIER 4 | QL (180 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>morphine sulfate er 30 mg tab</i> | TIER 4 | QL (90 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i> | TIER 4 | PA, QL (1 PER 1 DAYS), NDS (Non-Extended Day Supply) |

OPIOID ANALGESICS, SHORT-ACTING

| | | |
|---|--------|---|
| <i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i> | TIER 2 | QL (12 PER 1 DAYS), NDS (Non-Extended Day Supply) |
| <i>acetaminophen-codeine (acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)</i> | TIER 2 | QL (1800 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>acetaminophen-codeine 300-60 mg tab</i> | TIER 2 | QL (6 PER 1 DAYS), NDS (Non-Extended Day Supply) |
| <i>butorphanol tartrate 10 mg/ml solution</i> | TIER 3 | QL (15 PER 28 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>codeine sulfate (codeine sulfate 30 mg tab, codeine sulfate 30 mg tab)</i> | TIER 4 | QL (168 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| CODEINE SULFATE 15 MG TAB | TIER 4 | QL (336 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| CODEINE SULFATE 60 MG TAB | TIER 4 | QL (84 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>endocet (2.5-325 mg tab, 5-325 mg tab)</i> | TIER 3 | QL (168 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>endocet 10-325 mg tab</i> | TIER 3 | QL (84 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>endocet 7.5-325 mg tab</i> | TIER 3 | QL (112 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>hydrocodone-acetaminophen (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i> | TIER 4 | QL (2520 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|--|--|
| <i>hydrocodone-acetaminophen (7.5-325 mg tab, 10-325 mg tab)</i> | TIER 2 | QL (6 PER 1 DAYS), NDS (Non-Extended Day Supply) |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 2.5-325 mg tab)</i> | TIER 2 | QL (8 PER 1 DAYS), NDS (Non-Extended Day Supply) |
| <i>hydromorphone hcl 2 mg tab</i> | TIER 3 | QL (154 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>hydromorphone hcl 4 mg tab</i> | TIER 3 | QL (84 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>hydromorphone hcl 8 mg tab</i> | TIER 3 | QL (42 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i> | TIER 3 | QL (70 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 10 mg/5ml solution)</i> | TIER 3 | QL (630 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>morphine sulfate (morphine sulfate 20 mg/5ml solution, morphine sulfate 20 mg/5ml solution)</i> | TIER 3 | QL (315 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>morphine sulfate (morphine sulfate 30 mg tab, morphine sulfate 15 mg tab, morphine sulfate 30 mg tab, morphine sulfate 15 mg tab)</i> | TIER 3 | QL (120 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>oxycodone hcl (15 mg tab, 30 mg tab)</i> | TIER 3 | QL (56 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>oxycodone hcl 10 mg tab</i> | TIER 3 | QL (84 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>oxycodone hcl 100 mg/5ml conc</i> | TIER 4 | QL (120 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>oxycodone hcl 20 mg tab</i> | TIER 3 | QL (120 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>oxycodone hcl 5 mg tab</i> | TIER 3 | QL (168 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>oxycodone hcl 5 mg/5ml solution</i> | TIER 3 | QL (840 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i> | TIER 3 | QL (168 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>oxycodone-acetaminophen 10-325 mg tab</i> | TIER 3 | QL (84 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i> | TIER 3 | QL (112 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |
| <i>tramadol hcl 50 mg tab</i> | TIER 2 | QL (8 PER 1 DAYS), NDS (Non-Extended Day Supply) |
| <i>tramadol-acetaminophen 37.5-325 mg tab</i> | TIER 2 | QL (112 PER 30 OVER TIME), NDS (Non-Extended Day Supply) |

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

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

OPIOID DEPENDENCE

| | | |
|---|--------|--|
| <i>buprenorphine hcl (2 mg tab, 8 mg tab)</i> | TIER 2 | |
|---|--------|--|

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|--|
| <i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i> | TIER 2 | |
| OPIOID REVERSAL AGENTS | | |
| KLOXXADO 8 MG/0.1ML LIQUID | TIER 4 | QL (2 PER 30 OVER TIME) |
| <i>naloxone hcl (naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 4 mg/10ml solution)</i> | TIER 2 | |
| <i>naltrexone hcl 50 mg tab</i> | TIER 2 | |
| SMOKING CESSATION AGENTS | | |
| <i>bupropion hcl er (smoking det) 150 mg tab 12h</i> | TIER 2 | QL (2 PER 1 DAYS) |
| NICOTROL 10 MG INHALER | TIER 4 | |
| NICOTROL NS 10 MG/ML SOLUTION | TIER 4 | |
| <i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i> | TIER 4 | QL (2 PER 1 DAYS) |
| <i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i> | TIER 4 | QL (53 PER 30 OVER TIME) |
| <i>varenicline tartrate(continue) 1 mg tab</i> | TIER 4 | QL (2 PER 1 DAYS) |
| ANTIBACTERIALS | | |
| AMINOGLYCOSIDES | | |
| <i>amikacin sulfate 500 mg/2ml solution</i> | TIER 4 | |
| ARIKAYCE 590 MG/8.4ML SUSPENSION | TIER 5 | PA, LA, QL (235.2 PER 28 DAYS) |
| <i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i> | TIER 2 | |
| <i>gentamicin sulfate 40 mg/ml solution</i> | TIER 4 | |
| <i>neomycin sulfate 500 mg tab</i> | TIER 2 | |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN | TIER 4 | |

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

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

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

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

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

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

BETA-LACTAM, CEPHALOSPORINS

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

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

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|---|
| TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN) | TIER 5 | |
| BETA-LACTAM, PENICILLINS | | |
| <i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 125 mg chew tab, amoxicillin 200 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i> | TIER 2 | |
| <i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab, amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp)</i> | TIER 2 | |
| AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB | TIER 3 | |
| <i>amoxicillin-pot clavulanate er 1000-62.5 mg tab 12h</i> | TIER 4 | |
| <i>ampicillin 500 mg cap</i> | TIER 2 | |
| <i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 1 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 125 mg recon soln, ampicillin sodium 500 mg recon soln)</i> | TIER 4 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|--|
| <i>ampicillin-sulbactam sodium (ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 1.5 (1-0.5) gm recon soln, ampicillin-sulbactam sodium 3 (2-1) gm recon soln, ampicillin-sulbactam sodium 15 (10-5) gm recon soln)</i> | TIER 4 | |
| BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR) | TIER 4 | |
| <i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i> | TIER 2 | |
| <i>nafcillin sodium (nafcillin sodium 2 gm recon soln, nafcillin sodium 10 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 1 gm recon soln, nafcillin sodium 2 gm recon soln)</i> | TIER 4 | |
| <i>penicillin g potassium (5000000 soln, 20000000 soln)</i> | TIER 4 | |
| PENICILLIN G SODIUM 5000000 UNIT RECON SOLN | TIER 4 | |
| <i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i> | TIER 2 | |
| <i>pfizerpen (5000000 soln, 20000000 soln)</i> | TIER 4 | |
| <i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 13.5 (12-1.5) gm ln, 40.5 (36-4.5) gm ln)</i> | TIER 4 | |
| CARBAPENEMS | | |
| <i>ertapenem sodium 1 gm recon soln</i> | TIER 3 | |
| <i>imipenem-cilastatin (imipenem-cilastatin 500 mg recon soln, imipenem-cilastatin 250 mg recon soln)</i> | TIER 4 | |
| <i>meropenem (1 gm soln, 500 mg soln)</i> | TIER 4 | |
| MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN) | TIER 4 | |

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 |
|--|---|--|
| MACROLIDES | | |
| <i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i> | TIER 2 | |
| AZITHROMYCIN 1 GM PACKET | TIER 3 | |
| <i>azithromycin 500 mg recon soln</i> | TIER 4 | |
| CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP) | TIER 4 | |
| <i>clarithromycin (250 mg tab, 500 mg tab)</i> | TIER 2 | |
| <i>clarithromycin er 500 mg tab 24h</i> | TIER 4 | |
| DIFICID 40 MG/ML RECON SUSP | TIER 5 | PA, QL (136 PER 10 OVER TIME) |
| <i>erythrocin lactobionate (erythrocin lactobionate 500 mg recon soln, erythrocin lactobionate 500 mg recon soln)</i> | TIER 4 | |
| <i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg cp dr part, erythromycin base 500 mg tab)</i> | TIER 4 | |
| <i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i> | TIER 4 | |
| <i>erythromycin lactobionate 500 mg recon soln</i> | TIER 4 | |
| <i>fidaxomicin 200 mg tab</i> | TIER 5 | PA, QL (20 PER 10 OVER TIME) |
| QUINOLONES | | |
| BESIVANCE 0.6 % SUSPENSION | TIER 3 | |
| CILOXAN 0.3 % OINTMENT | TIER 4 | |
| <i>ciprofloxacin (250 mg/5ml (5%), 500 mg/5ml (10%))</i> | TIER 4 | |
| <i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i> | TIER 2 | |
| <i>ciprofloxacin in d5w (ciprofloxacin in d5w 200 mg/100ml solution, ciprofloxacin in d5w 200 mg/100ml solution)</i> | TIER 4 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|--|--|
| <i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i> | TIER 2 | |
| <i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 25 mg/ml solution)</i> | TIER 4 | |
| <i>levofloxacin in d5w (in 500 mg/100ml, in 750 mg/150ml)</i> | TIER 4 | |
| <i>moxifloxacin hcl 400 mg tab</i> | TIER 3 | |
| MOXIFLOXACIN HCL 400 MG/250ML SOLUTION | TIER 4 | PA - PART B VS D DETERMINATION |
| MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION | TIER 4 | PA - PART B VS D DETERMINATION |
| SULFONAMIDES | | |
| <i>sulfadiazine 500 mg tab</i> | TIER 3 | |
| <i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i> | TIER 2 | |
| <i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i> | TIER 4 | |
| <i>sulfatrim pediatric 200-40 mg/5ml suspension</i> | TIER 2 | |
| TETRACYCLINES | | |
| <i>avidoxy 100 mg tab</i> | TIER 3 | |
| <i>doxy 100 mg recon soln</i> | TIER 4 | |
| <i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i> | TIER 2 | |
| <i>doxycycline hyclate 100 mg recon soln</i> | TIER 4 | |
| <i>doxycycline monohydrate (50 mg cap, 100 mg cap)</i> | TIER 2 | |
| <i>doxycycline monohydrate (50 mg tab, 75 mg tab, 100 mg tab)</i> | TIER 3 | |
| <i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i> | TIER 2 | |
| <i>mondoxyne nl 100 mg cap</i> | TIER 2 | |

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 |
|---------------------|--|--|
|---------------------|--|--|

tetracycline hcl (250 mg cap, 500 mg cap)

TIER 4

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

| | | |
|---|--------|--|
| <i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i> | TIER 5 | ST, QL (2 PER 1 DAYS) |
| <i>brivaracetam 10 mg/ml solution</i> | TIER 5 | ST, QL (20 ML PER 1 DAYS) |
| BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB) | TIER 5 | ST, QL (2 PER 1 DAYS) |
| BRIVIACT 10 MG/ML SOLUTION | TIER 5 | ST, QL (20 PER 1 DAYS) |
| DIACOMIT (250 MG CAP, 250 MG PACKET) | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| DIACOMIT (500 MG CAP, 500 MG PACKET) | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i> | TIER 2 | |
| <i>divalproex sodium er (er 250 mg tab er, er 500 mg tab er)</i> | TIER 2 | |
| EPIDIOLEX 100 MG/ML SOLUTION | TIER 5 | LA, PA - FOR NEW STARTS ONLY |
| <i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i> | TIER 4 | |
| FINTEPLA 2.2 MG/ML SOLUTION | TIER 5 | LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | TIER 1 | |
| <i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i> | TIER 2 | |
| <i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i> | TIER 2 | |
| <i>levetiracetam er 500 mg tab 24h</i> | TIER 2 | QL (6 PER 1 DAYS) |
| <i>levetiracetam er 750 mg tab 24h</i> | TIER 2 | QL (4 PER 1 DAYS) |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|--|--|
| <i>perampanel (4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i> | TIER 4 | QL (1 PER 1 DAYS) |
| <i>perampanel 0.5 mg/ml suspension</i> | TIER 4 | QL (24 ML PER 1 DAYS) |
| <i>perampanel 2 mg tab</i> | TIER 4 | QL (3 PER 1 DAYS) |
| <i>roweepra 500 mg tab</i> | TIER 2 | |
| SPRITAM (250 MG TAB, 500 MG TAB) | TIER 4 | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SPRITAM 1000 MG TAB | TIER 4 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SPRITAM 750 MG TAB | TIER 4 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | TIER 2 | |
| SUBVENITE 10 MG/ML SUSPENSION | TIER 5 | QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>topiramate (15 mg cap, 25 mg cap, 50 mg cap)</i> | TIER 2 | |
| <i>topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i> | TIER 1 | |
| <i>topiramate 25 mg/ml solution</i> | TIER 4 | QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>valproate sodium (100 mg/ml, 500 mg/5ml)</i> | TIER 4 | |
| <i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i> | TIER 2 | |
| XCOPRI (150 MG TAB, 200 MG TAB) | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB) | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CALCIUM CHANNEL MODIFYING AGENTS | | |
| <i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i> | TIER 2 | |
| <i>methsuximide 300 mg cap</i> | TIER 4 | |

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 |
|---------------------|--|--|
|---------------------|--|--|

GAMMA-AMINOBTYRIC ACID (GABA) MODULATING AGENTS

| | | |
|--|--------|--|
| <i>clobazam 10 mg tab</i> | TIER 4 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>clobazam 2.5 mg/ml suspension</i> | TIER 4 | QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>clobazam 20 mg tab</i> | TIER 4 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>diazepam 10 mg gel</i> | TIER 4 | QL (20 PER 30 DAYS) |
| <i>diazepam 2.5 mg gel</i> | TIER 4 | QL (5 PER 30 DAYS) |
| <i>diazepam 20 mg gel</i> | TIER 4 | QL (40 PER 30 DAYS) |
| <i>gabapentin (250 mg/5ml, 300 mg/6ml)</i> | TIER 3 | QL (72 PER 1 DAYS) |
| <i>gabapentin (600 mg tab, 800 mg tab)</i> | TIER 2 | QL (4 PER 1 DAYS) |
| <i>gabapentin 100 mg cap</i> | TIER 2 | QL (12 PER 1 DAYS) |
| <i>gabapentin 300 mg cap</i> | TIER 2 | QL (8 PER 1 DAYS) |
| <i>gabapentin 400 mg cap</i> | TIER 2 | QL (6 PER 1 DAYS) |
| <i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 97.2 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 100 mg tab, phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i> | TIER 2 | PA - FOR NEW STARTS ONLY |
| <i>primidone (primidone 50 mg tab, primidone 125 mg tab, primidone 250 mg tab)</i> | TIER 2 | |
| SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM) | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>tiagabine hcl (tiagabine hcl 12 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 16 mg tab, tiagabine hcl 2 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i> | TIER 4 | |
| VALTOCO 10 MG DOSE /0.1ML LIQUID | TIER 5 | QL (10 PER 30 DAYS) |
| VALTOCO 15 MG DOSE 2 X 7.5 /0.1ML LIQD THPK | TIER 5 | QL (10 PER 30 DAYS) |
| VALTOCO 20 MG DOSE 0 X 10 /0.1ML LIQD THPK | TIER 5 | QL (10 PER 30 DAYS) |
| VALTOCO 5 MG DOSE /0.1ML LIQUID | TIER 5 | QL (10 PER 30 DAYS) |
| <i>vigabatrin (500 mg packet, 500 mg tab)</i> | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigadrone 500 mg packet</i> | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigadrone 500 mg tab</i> | TIER 5 | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VIGAFYDE 100 MG/ML SOLUTION | TIER 5 | LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigpoder 500 mg packet</i> | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZTALMY 50 MG/ML SUSPENSION | TIER 5 | LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SODIUM CHANNEL AGENTS | | |
| <i>carbamazepine (carbamazepine 200 mg chew tab, carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab, carbamazepine 200 mg/10ml suspension)</i> | TIER 2 | |
| <i>carbamazepine er (er 100 mg cap er, er 100 mg tab er, er 200 mg cap er, er 200 mg tab er, er 300 mg cap er, er 400 mg tab er)</i> | TIER 3 | |
| DILANTIN (30 MG CAP, 100 MG CAP) | TIER 4 | |
| <i>epitol 200 mg tab</i> | TIER 2 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|--|
| <i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i> | TIER 4 | QL (1 PER 1 DAYS) |
| <i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i> | TIER 4 | QL (2 PER 1 DAYS) |
| <i>lacosamide (10 mg/ml, 50 mg/5ml, 100 mg/10ml)</i> | TIER 4 | QL (40 PER 1 DAYS) |
| <i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | TIER 4 | QL (2 PER 1 DAYS) |
| <i>lacosamide 200 mg/20ml solution</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i> | TIER 2 | |
| <i>oxcarbazepine 300 mg/5ml suspension</i> | TIER 4 | |
| <i>phenytek (200 mg cap, 300 mg cap)</i> | TIER 2 | |
| <i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i> | TIER 2 | |
| <i>phenytoin infatabs infas 50 mg chew</i> | TIER 2 | |
| <i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i> | TIER 2 | |
| <i>rufinamide 200 mg tab</i> | TIER 4 | ST, QL (16 PER 1 DAYS) |
| <i>rufinamide 40 mg/ml suspension</i> | TIER 5 | ST, QL (80 PER 1 DAYS) |
| <i>rufinamide 400 mg tab</i> | TIER 4 | ST, QL (8 PER 1 DAYS) |
| XCOPRI (250 MG DAILY DOSE) 100 & 150 TAB THPK | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (350 MG DAILY DOSE) 150 & 200 TAB THPK | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XCOPRI (COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK) | TIER 5 | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XCOPRI COPRI 14 12.5 MG & 14 25 MG TAB THPK | TIER 4 | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| ZONISADE 100 MG/5ML SUSPENSION | TIER 4 | |

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

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

| | | |
|--|--------|--|
| <i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i> | TIER 2 | |
|--|--------|--|

ANTIDEMENTIA AGENTS

ANTIDEMENTIA AGENTS, OTHER

| | | |
|-----------------------------|--------|--|
| ERGOLOID MESYLATES 1 MG TAB | TIER 3 | |
|-----------------------------|--------|--|

CHOLINESTERASE INHIBITORS

| | | |
|--|--------|--|
| <i>donepezil hcl (5 mg tab, 10 mg tab)</i> | TIER 1 | |
|--|--------|--|

| | | |
|--------------------------------|--------|----|
| <i>donepezil hcl 23 mg tab</i> | TIER 4 | ST |
|--------------------------------|--------|----|

| | | |
|--|--------|--|
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> | TIER 2 | |
|--|--------|--|

| | | |
|---|--------|--|
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i> | TIER 2 | |
|---|--------|--|

| | | |
|---|--------|--|
| <i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 12 mg tab, galantamine hydrobromide 4 mg/ml solution, galantamine hydrobromide 8 mg tab)</i> | TIER 4 | |
|---|--------|--|

| | | |
|---|--------|-------------------|
| <i>galantamine hydrobromide er (er 8 mg cap er, er 16 mg cap er, er 24 mg cap er)</i> | TIER 2 | QL (1 PER 1 DAYS) |
|---|--------|-------------------|

| | | |
|---|--------|---------------------|
| <i>rivastigmine (4.6 mg/patch, 9.5 mg/patch, 13.3 mg/patch)</i> | TIER 4 | QL (30 PER 30 DAYS) |
|---|--------|---------------------|

| | | |
|---|--------|--|
| <i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i> | TIER 3 | |
|---|--------|--|

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

| | | |
|---|--------|--|
| <i>memantine hcl (2 mg/ml, 10 mg/5ml)</i> | TIER 3 | |
|---|--------|--|

| | | |
|--|--------|--|
| <i>memantine hcl (5 mg tab, 10 mg tab)</i> | TIER 2 | |
|--|--------|--|

| | | |
|---|--------|--|
| <i>memantine hcl er (er 7 mg cap er, er 14 mg cap er, er 21 mg cap er, er 28 mg cap er)</i> | TIER 4 | |
|---|--------|--|

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 |
|---------------------|---|--|
|---------------------|---|--|

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

| | | |
|--|--------|---|
| AUVELITY 45-105 MG TAB ER | TIER 4 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>bupropion hcl 100 mg tab</i> | TIER 2 | QL (4 PER 1 DAYS) |
| <i>bupropion hcl 75 mg tab</i> | TIER 2 | QL (6 PER 1 DAYS) |
| <i>bupropion hcl er (sr) 100 mg tab 12h</i> | TIER 2 | QL (4 PER 1 DAYS) |
| <i>bupropion hcl er (sr) 150 mg tab 12h</i> | TIER 2 | QL (3 PER 1 DAYS) |
| <i>bupropion hcl er (sr) 200 mg tab 12h</i> | TIER 2 | QL (2 PER 1 DAYS) |
| <i>bupropion hcl er (xl) 150 mg tab 24h</i> | TIER 2 | QL (3 PER 1 DAYS) |
| <i>bupropion hcl er (xl) 300 mg tab 24h</i> | TIER 2 | QL (1 PER 1 DAYS) |
| EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H) | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| EXXUA TITRATION PACK 18.2 MG TAB ER 24H | TIER 5 | QL (64 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>mirtazapine (15 mg tab, 30 mg tab)</i> | TIER 1 | |
| <i>mirtazapine (7.5 mg tab, 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i> | TIER 2 | |
| PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB) | TIER 4 | PA - FOR NEW STARTS ONLY |
| ZURZUVAE (20 MG CAP, 25 MG CAP) | TIER 5 | QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| ZURZUVAE 30 MG CAP | TIER 5 | QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |

MONOAMINE OXIDASE INHIBITORS

| | | |
|---|--------|--------------------------|
| EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR) | TIER 5 | PA - FOR NEW STARTS ONLY |
| MARPLAN 10 MG TAB | TIER 4 | |

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 |
|---|---|--|
| PHENELZINE SULFATE 15 MG TAB | TIER 2 | |
| <i>tranylcypromine sulfate 10 mg tab</i> | TIER 4 | |
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR) | | |
| <i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i> | TIER 1 | |
| <i>citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)</i> | TIER 3 | |
| <i>desvenlafaxine succinate er (er 25 mg tab er, er 50 mg tab er)</i> | TIER 3 | QL (1 PER 1 DAYS) |
| <i>desvenlafaxine succinate er 100 mg tab 24h</i> | TIER 3 | QL (4 PER 1 DAYS) |
| <i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i> | TIER 1 | |
| <i>escitalopram oxalate (5 mg/5ml, 10 mg/10ml)</i> | TIER 2 | |
| FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H) | TIER 4 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FETZIMA TITRATION 20 & 40 MG CP24 THPK | TIER 4 | QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i> | TIER 1 | |
| <i>fluoxetine hcl 20 mg/5ml solution</i> | TIER 2 | |
| FLUOXETINE HCL 90 MG CAP DR | TIER 4 | QL (4 PER 28 DAYS) |
| <i>fluvoxamine maleate 100 mg tab</i> | TIER 2 | QL (3 PER 1 DAYS) |
| <i>fluvoxamine maleate 25 mg tab</i> | TIER 2 | QL (12 PER 1 DAYS) |
| <i>fluvoxamine maleate 50 mg tab</i> | TIER 2 | QL (6 PER 1 DAYS) |
| NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB) | TIER 3 | |
| <i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i> | TIER 1 | |
| PAROXETINE HCL 10 MG/5ML SUSPENSION | TIER 4 | QL (30 PER 1 DAYS) |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|--|
| <i>paroxetine hcl er (er 12.5 mg tab er, er 25 mg tab er, er 37.5 mg tab er)</i> | TIER 4 | |
| RALDESY 10 MG/ML SOLUTION | TIER 5 | QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i> | TIER 1 | |
| <i>sertraline hcl 20 mg/ml conc</i> | TIER 3 | |
| <i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i> | TIER 2 | |
| <i>trazodone hcl 300 mg tab</i> | TIER 3 | |
| TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB) | TIER 4 | ST, QL (1 PER 1 DAYS) |
| <i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i> | TIER 2 | |
| <i>venlafaxine hcl er (er 37.5 mg cap er, er 150 mg cap er)</i> | TIER 2 | QL (2 PER 1 DAYS) |
| <i>venlafaxine hcl er 75 mg cap 24h</i> | TIER 2 | QL (3 PER 1 DAYS) |
| <i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i> | TIER 4 | ST, QL (1 PER 1 DAYS) |
| TRICYCLICS | | |
| <i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i> | TIER 2 | PA - FOR NEW STARTS ONLY |
| <i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i> | TIER 3 | |
| <i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i> | TIER 4 | PA - FOR NEW STARTS ONLY |
| <i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i> | TIER 4 | |
| <i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i> | TIER 3 | PA - FOR NEW STARTS ONLY |
| <i>doxepin hcl (doxepin hcl 10 mg/ml conc, doxepin hcl 10 mg/ml conc)</i> | TIER 2 | PA - FOR NEW STARTS ONLY |
| <i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i> | TIER 2 | PA - FOR NEW STARTS ONLY |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i> | TIER 2 | |
| <i>nortriptyline hcl 10 mg/5ml solution</i> | TIER 4 | |
| <i>protriptyline hcl (5 mg tab, 10 mg tab)</i> | TIER 4 | |
| <i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i> | TIER 4 | PA - FOR NEW STARTS ONLY |

ANTIEMETICS

ANTIEMETICS, OTHER

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

EMETOGENIC THERAPY ADJUNCTS

| | | |
|---|--------|---|
| <i>aprepitant (80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>aprepitant 40 mg cap</i> | TIER 4 | PA, QL (1 PER 30 DAYS) |
| <i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i> | TIER 4 | PA, QL (6 PER 1 DAYS) |
| <i>granisetron hcl 1 mg tab</i> | TIER 4 | QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION |
| <i>ondansetron 4 mg tab disp</i> | TIER 2 | QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>ondansetron 8 mg tab disp</i> | TIER 2 | QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION |
| ONDANSETRON HCL 24 MG TAB | TIER 2 | QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| <i>ondansetron hcl 4 mg tab</i> | TIER 2 | QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION |
| <i>ondansetron hcl 4 mg/5ml solution</i> | TIER 4 | QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION |
| <i>ondansetron hcl 8 mg tab</i> | TIER 2 | QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION |

ANTIFUNGALS

| | | |
|--|--------|--------------------------------|
| ABELCET 5 MG/ML SUSPENSION | TIER 4 | PA - PART B VS D DETERMINATION |
| AMPHOTERICIN B 50 MG RECON SOLN | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>amphotericin b liposome 50 mg recon susp</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i> | TIER 2 | |
| CRESEMBA 186 MG CAP | TIER 5 | PA, QL (2 PER 1 DAYS) |
| CRESEMBA 74.5 MG CAP | TIER 5 | PA, QL (5 PER 1 DAYS) |
| <i>econazole nitrate 1 % cream</i> | TIER 4 | |
| <i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i> | TIER 2 | |
| <i>fluconazole in sodium chloride (in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%)</i> | TIER 4 | |
| <i>flucytosine (250 mg cap, 500 mg cap)</i> | TIER 5 | |
| <i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i> | TIER 4 | |
| <i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i> | TIER 4 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>itraconazole 100 mg cap</i> | TIER 4 | |
| <i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i> | TIER 2 | |
| <i>klayesta 100000 unit/gm powder</i> | TIER 4 | |
| <i>micafungin sodium (micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln, micafungin sodium 50 mg recon soln, micafungin sodium 100 mg recon soln)</i> | TIER 4 | |
| MICONAZOLE 3 200 MG SUPPOS | TIER 3 | |
| <i>nyamyc 100000 unit/gm powder</i> | TIER 4 | |
| <i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)</i> | TIER 2 | |
| <i>nystatin 100000 unit/gm powder</i> | TIER 4 | |
| <i>nystop 100000 unit/gm powder</i> | TIER 4 | |
| <i>posaconazole 100 mg tab dr</i> | TIER 5 | PA, QL (3 PER 1 DAYS) |
| <i>terbinafine hcl 250 mg tab</i> | TIER 2 | QL (1 PER 1 DAYS) |
| <i>terconazole (0.4 %, 0.8 %)</i> | TIER 3 | |
| <i>terconazole 80 mg suppos</i> | TIER 4 | |
| <i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i> | TIER 4 | PA |
| <i>voriconazole (voriconazole 200 mg recon soln, voriconazole 200 mg recon soln)</i> | TIER 4 | PA - PART B VS D DETERMINATION |

ANTIGOUT AGENTS

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

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 |
|---------------------|---|--|
|---------------------|---|--|

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) |

ERGOT ALKALOIDS

| | | |
|--|--------|------------------------|
| <i>dihydroergotamine mesylate 4 mg/ml solution</i> | 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

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

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

| | | |
|---|--------|--|
| <i>pyridostigmine bromide 60 mg tab</i> | TIER 2 | |
|---|--------|--|

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>pyridostigmine bromide er 180 mg tab</i> | TIER 4 | |
| ANTIMYCOBACTERIALS | | |
| ANTIMYCOBACTERIALS, OTHER | | |
| <i>dapsone (25 mg tab, 100 mg tab)</i> | TIER 3 | |
| <i>rifabutin 150 mg cap</i> | TIER 4 | |
| ANTITUBERCULARS | | |
| <i>ethambutol hcl (100 mg tab, 400 mg tab)</i> | TIER 2 | |
| <i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i> | TIER 2 | |
| PRIFTIN 150 MG TAB | TIER 4 | |
| <i>pyrazinamide 500 mg tab</i> | TIER 2 | |
| <i>rifampin (150 mg cap, 300 mg cap)</i> | TIER 2 | |
| <i>rifampin 600 mg recon soln</i> | TIER 4 | |
| SIRTURO (20 MG TAB, 100 MG TAB) | TIER 5 | PA |
| TRECTOR 250 MG TAB | TIER 4 | |
| ANTINEOPLASTICS | | |
| ALKYLATING AGENTS | | |
| CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB) | TIER 3 | PA - PART B VS D DETERMINATION |
| LEUKERAN 2 MG TAB | TIER 4 | |
| <i>lomustine (10 mg cap, 40 mg cap)</i> | TIER 4 | |
| <i>lomustine 100 mg cap</i> | TIER 5 | |
| MATULANE 50 MG CAP | TIER 5 | LA |

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 |
|--|---|--|
| ANTIANDROGENS | | |
| <i>abiraterone acetate 250 mg tab</i> | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>abiraterone acetate 500 mg tab</i> | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>abirtega 250 mg tab</i> | TIER 2 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>bicalutamide 50 mg tab</i> | TIER 2 | |
| ERLEADA 240 MG TAB | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ERLEADA 60 MG TAB | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| EULEXIN 125 MG CAP | TIER 3 | |
| FLUTAMIDE 125 MG CAP | TIER 3 | |
| <i>nilutamide 150 mg tab</i> | TIER 5 | QL (1 PER 1 DAYS) |
| NUBEQA 300 MG TAB | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ORSERDU 345 MG TAB | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ORSERDU 86 MG TAB | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI 40 MG CAP | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI 40 MG TAB | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XTANDI 80 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ANTIANGIOGENIC AGENTS | | |
| <i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i> | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i> | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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 |
|---|--|--|
| POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| THALOMID (150 MG CAP, 200 MG CAP) | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| THALOMID 100 MG CAP | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| THALOMID 50 MG CAP | TIER 5 | QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ANTIESTROGENS/MODIFIERS | | |
| <i>fulvestrant (fulvestrant 250 mg/5ml soln prsyr, fulvestrant 250 mg/5ml soln prsyr)</i> | TIER 5 | |
| INLURIYO 200 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SOLTAMOX 10 MG/5ML SOLUTION | TIER 5 | PA - FOR NEW STARTS ONLY |
| <i>tamoxifen citrate (10 mg tab, 20 mg tab)</i> | TIER 2 | |
| <i>toremifene citrate 60 mg tab</i> | TIER 4 | |
| ANTIMETABOLITES | | |
| <i>mercaptopurine 2000 mg/100ml suspension</i> | TIER 5 | PA - FOR NEW STARTS ONLY |
| <i>mercaptopurine 50 mg tab</i> | TIER 2 | |
| ONUREG (200 MG TAB, 300 MG TAB) | TIER 5 | QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| TABLOID LOID 40 MG | TIER 3 | |
| ANTINEOPLASTICS, OTHER | | |
| AKEEGA (50-500 MG TAB, 100-500 MG TAB) | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| AUGTYRO 160 MG CAP | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| AUGTYRO 40 MG CAP | TIER 5 | QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FRUZAQLA 1 MG CAP | TIER 5 | LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY |

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 |
|---|---|--|
| FRUZAQLA 5 MG CAP | TIER 5 | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| <i>hydroxyurea 500 mg cap</i> | TIER 2 | |
| INQOVI 35-100 MG TAB | TIER 5 | LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| IWILFIN 192 MG TAB | TIER 5 | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LEDERLE LEUCOVORIN 5 MG TAB | TIER 2 | |
| <i>leucovorin calcium (100 mg soln, 350 mg soln)</i> | TIER 4 | |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i> | TIER 2 | |
| LONSURF 15-6.14 MG TAB | TIER 5 | LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LONSURF 20-8.19 MG TAB | TIER 5 | LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| LYSODREN 500 MG TAB | TIER 5 | |
| MODEYSO 125 MG CAP | TIER 5 | LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| QINLOCK 50 MG TAB | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| WELIREG 40 MG TAB | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ZOLINZA 100 MG CAP | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| AROMATASE INHIBITORS, 3RD GENERATION | | |
| <i>anastrozole 1 mg tab</i> | TIER 1 | |
| <i>exemestane 25 mg tab</i> | TIER 4 | |
| <i>letrozole 2.5 mg tab</i> | TIER 2 | |

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 |
|--|---|--|
| ENZYME INHIBITORS | | |
| AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER | TIER 5 | LA, QL (66 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| ENSACOVE 100 MG CAP | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ENSACOVE 25 MG CAP | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LAZCLUZE 240 MG TAB | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LAZCLUZE 80 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| MOLECULAR TARGET INHIBITORS | | |
| ALECENSA 150 MG CAP | TIER 5 | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG (90 MG TAB, 180 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG 30 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ALUNBRIG 90 & 180 MG TAB THPK | TIER 5 | LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BALVERSA 3 MG TAB | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BALVERSA 4 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BALVERSA 5 MG TAB | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF (400 MG TAB, 500 MG TAB) | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BOSULIF 100 MG CAP | TIER 5 | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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 |
|--|--|--|
| 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 |
| BRAFTOVI 75 MG CAP | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BRUKINSA 160 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| BRUKINSA 80 MG CAP | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CALQUENCE (100 MG CAP, 100 MG TAB) | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CAPRELSA 100 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| CAPRELSA 300 MG TAB | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (100 MG DAILY DOSE) 80 & 20 KIT | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (140 MG DAILY DOSE) 3 X 20 & 80 KIT | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COMETRIQ (60 MG DAILY DOSE) 20 KIT | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| COPIKTRA (15 MG CAP, 25 MG CAP) | TIER 5 | LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| COTELLIC 20 MG TAB | TIER 5 | LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| <i>dasatinib (100 mg tab, 140 mg tab)</i> | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>dasatinib (20 mg tab, 50 mg tab)</i> | TIER 5 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>dasatinib (70 mg tab, 80 mg tab)</i> | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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 |
|--|--|--|
| DAURISMO 100 MG TAB | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| DAURISMO 25 MG TAB | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ERIVEDGE 150 MG CAP | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>erlotinib hcl (100 mg tab, 150 mg tab)</i> | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>erlotinib hcl 25 mg tab</i> | TIER 5 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>everolimus (2 mg tab, 3 mg tab, 5 mg tab)</i> | TIER 5 | PA - FOR NEW STARTS ONLY |
| <i>everolimus (2.5 mg tab, 5 mg tab)</i> | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>everolimus (7.5 mg tab, 10 mg tab)</i> | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FOTIVDA (0.89 MG CAP, 1.34 MG CAP) | TIER 5 | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| GAVRETO 100 MG CAP | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>gefitinib 250 mg tab</i> | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| GOMEKLI 1 MG CAP | TIER 5 | LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| GOMEKLI 1 MG TAB SOL | TIER 5 | LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| GOMEKLI 2 MG CAP | TIER 5 | LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| HERNEXEOS 60 MG TAB | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| HYRNUO 10 MG TAB | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IBRANCE (75 MG CAP, 75 MG TAB, 100 MG TAB, 125 MG CAP, 125 MG TAB) | TIER 5 | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |

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 |
|---|--|--|
| IBRANCE 100 MG CAP | TIER 5 | LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| IBTROZI 200 MG CAP | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IDHIFA (50 MG TAB, 100 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>imatinib mesylate 100 mg tab</i> | TIER 4 | QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>imatinib mesylate 400 mg tab</i> | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA (140 MG CAP, 140 MG TAB) | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| IMBRUVICA (70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| 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 |
| JAYPIRCA 100 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|--|
| JAYPIRCA 50 MG TAB | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (200 MG DOSE) (TAB THPK | TIER 5 | QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (400 MG DOSE) 200 TAB THPK | TIER 5 | QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI (600 MG DOSE) 200 TAB THPK | TIER 5 | QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (200 MG DOSE) (& 2.5 TAB THPK | TIER 5 | QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (400 MG DOSE) 200 & 2.5 TAB THPK | TIER 5 | QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KISQALI FEMARA (600 MG DOSE) 200 & 2.5 TAB THPK | TIER 5 | QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| KOSELUGO 10 MG CAP | TIER 5 | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KOSELUGO 25 MG CAP | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KOSELUGO 5 MG CAP SPRINK | TIER 5 | QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KOSELUGO 7.5 MG CAP SPRINK | TIER 5 | QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| KRAZATI 200 MG TAB | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>lapatinib ditosylate 250 mg tab</i> | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| LENVIMA (10 MG DAILY DOSE) CAP THPK | TIER 5 | LA, QL (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 |
| LENVIMA (18 MG DAILY DOSE) 10 & 2 X 4 CAP THPK | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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

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

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 |
|--|--|--|
| NERLYNX 40 MG TAB | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i> | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP) | TIER 5 | QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY |
| ODOMZO 200 MG CAP | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OGSIVEO 100 MG TAB | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OGSIVEO 150 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OGSIVEO 50 MG TAB | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OJEMDA 100 MG TAB | TIER 5 | LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| OJEMDA 25 MG/ML RECON SUSP | TIER 5 | LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| <i>pazopanib hcl 200 mg tab</i> | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PAZOPANIB HCL 400 MG TAB | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB) | TIER 5 | LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| PIQRAY (200 MG DAILY DOSE) (TAB THPK | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PIQRAY (250 MG DAILY DOSE) 200 & TAB THPK | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PIQRAY (300 MG DAILY DOSE) 2 X 150 TAB THPK | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB) | TIER 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RETEVMO 40 MG CAP | TIER 5 | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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 |
|--|---|--|
| 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 |
| SCEMBLIX 40 MG TAB | TIER 5 | QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>sorafenib tosylate 200 mg tab</i> | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| STIVARGA 40 MG TAB | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>sunitinib malate (37.5 mg cap, 50 mg cap)</i> | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>sunitinib malate 12.5 mg cap</i> | TIER 5 | QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>sunitinib malate 25 mg cap</i> | TIER 5 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SYNRIBO 3.5 MG RECON SOLN | TIER 5 | PA - PART B VS D DETERMINATION |
| TABRECTA (150 MG TAB, 200 MG TAB) | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAFINLAR (50 MG CAP, 75 MG CAP) | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAFINLAR 10 MG TAB SOL | TIER 5 | LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAGRISSE (40 MG TAB, 80 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TALZENNA 0.25 MG CAP | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TAZVERIK 200 MG TAB | TIER 5 | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TEPMETKO 225 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TIBSOVO 250 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK) | TIER 5 | LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| TUKYSA (50 MG TAB, 150 MG TAB) | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| TURALIO 125 MG CAP | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VANFLYTA 17.7 MG TAB | TIER 5 | LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY |

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 |
|--|--|--|
| 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 OVER TIME), PA - FOR NEW STARTS ONLY |
| VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 100 MG CAP | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 20 MG/ML SOLUTION | TIER 5 | LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VITRAKVI 25 MG CAP | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VORANIGO 10 MG TAB | TIER 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VORANIGO 40 MG TAB | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP) | TIER 5 | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XALKORI 150 MG CAP SPRINK | TIER 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XOSPATA 40 MG TAB | TIER 5 | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK | TIER 5 | LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK | TIER 5 | LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY |

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

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

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 |
|---------------------|--|--|
|---------------------|--|--|

ANTIPARASITICS

ANTHELMINTHICS

| | | |
|--------------------------------|--------|--|
| <i>albendazole 200 mg tab</i> | TIER 4 | |
| <i>ivermectin 3 mg tab</i> | TIER 2 | |
| <i>praziquantel 600 mg tab</i> | TIER 3 | |

ANTIPROTOZOALS

| | | |
|---|--------|--------------------------------|
| <i>atovaquone 750 mg/5ml suspension</i> | TIER 4 | PA |
| <i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i> | TIER 2 | |
| BENZNIDAZOLE 100 MG TAB | TIER 4 | QL (240 PER 365 OVER TIME) |
| BENZNIDAZOLE 12.5 MG TAB | TIER 4 | QL (720 PER 365 OVER TIME) |
| <i>chloroquine phosphate (chloroquine phosphate 250 mg tab, chloroquine phosphate 250 mg tab, chloroquine phosphate 500 mg tab)</i> | TIER 2 | QL (25 PER 30 DAYS) |
| COARTEM 20-120 MG TAB | TIER 4 | QL (24 PER 2 OVER TIME) |
| <i>hydroxychloroquine sulfate 100 mg tab</i> | TIER 2 | QL (4 PER 1 DAYS) |
| <i>hydroxychloroquine sulfate 200 mg tab</i> | TIER 2 | QL (3 PER 1 DAYS) |
| <i>hydroxychloroquine sulfate 300 mg tab</i> | TIER 2 | QL (2 PER 1 DAYS) |
| <i>hydroxychloroquine sulfate 400 mg tab</i> | TIER 2 | QL (1 PER 1 DAYS) |
| IMPAVIDO 50 MG CAP | TIER 5 | PA, QL (84 PER 28 DAYS) |
| <i>mefloquine hcl 250 mg tab</i> | TIER 2 | |
| <i>nitazoxanide 500 mg tab</i> | TIER 5 | PA, QL (6 PER 3 OVER TIME) |
| <i>pentamidine isethionate 300 mg recon soln</i> | TIER 3 | PA - PART B VS D DETERMINATION |
| <i>primaquine phosphate (primaquine phosphate 26.3 base mg tab, primaquine phosphate 26.3 base mg tab)</i> | TIER 2 | |
| <i>pyrimethamine 25 mg tab</i> | TIER 5 | PA |
| <i>quinine sulfate 324 mg cap</i> | TIER 3 | PA, QL (6 PER 1 DAYS) |

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

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

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

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

ANTIPARKINSON AGENTS, OTHER

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

DOPAMINE AGONISTS

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

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

| | | |
|----------------------------|--------|--|
| <i>carbidopa 25 mg tab</i> | TIER 4 | |
|----------------------------|--------|--|

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

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

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

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

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

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|--|
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR | TIER 5 | QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR | TIER 5 | QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR | TIER 5 | QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| <i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i> | TIER 4 | QL (1 PER 1 DAYS) |
| <i>lurasidone hcl 80 mg tab</i> | TIER 4 | QL (2 PER 1 DAYS) |
| NUPLAZID (10 MG TAB, 34 MG CAP) | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i> | TIER 2 | |
| <i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i> | TIER 4 | |
| OPIPZA (5 MG FILM, 10 MG FILM) | TIER 5 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| OPIPZA 2 MG FILM | TIER 5 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>paliperidone er (er 1.5 mg tab er, er 3 mg tab er, er 9 mg tab er)</i> | TIER 4 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>paliperidone er 6 mg tab 24h</i> | TIER 4 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| PERSERIS (90 MG PRSYR, 120 MG PRSYR) | TIER 5 | QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|--|
| <i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i> | TIER 2 | |
| <i>quetiapine fumarate er (er 50 mg tab er, er 150 mg tab er, er 200 mg tab er, er 300 mg tab er, er 400 mg tab er)</i> | TIER 4 | |
| REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB) | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i> | TIER 2 | |
| <i>risperidone (risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i> | TIER 4 | |
| <i>risperidone 1 mg/ml solution</i> | TIER 3 | |
| <i>risperidone microspheres er (er 12.5 mg, er 25 mg)</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>risperidone microspheres er (er 37.5 mg, er 50 mg)</i> | TIER 5 | PA - PART B VS D DETERMINATION |
| SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR) | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP) | TIER 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VRAYLAR 1.5 & 3 MG CAP THPK | TIER 4 | QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i> | TIER 3 | |
| <i>ziprasidone mesylate 20 mg recon soln</i> | TIER 4 | |
| ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP) | TIER 4 | PA - PART B VS D DETERMINATION |

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 |
|--|--|--|
| 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 OVER TIME), PA - FOR NEW STARTS ONLY |
| TREATMENT-RESISTANT | | |
| <i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i> | TIER 4 | |
| <i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i> | TIER 2 | |
| VERSACLOZ 50 MG/ML SUSPENSION | TIER 5 | QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| ANTISPASTICITY AGENTS | | |
| <i>baclofen (10 mg tab, 20 mg tab)</i> | TIER 2 | |
| <i>baclofen 15 mg tab</i> | TIER 2 | QL (6 PER 1 DAYS) |
| <i>baclofen 5 mg tab</i> | TIER 2 | QL (16 PER 1 DAYS) |
| <i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i> | TIER 4 | |
| <i>tizanidine hcl (2 mg tab, 4 mg tab)</i> | TIER 2 | |
| ANTIVIRALS | | |
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS | | |
| LIVTENCITY 200 MG TAB | TIER 5 | PA, LA, QL (4 PER 1 DAYS) |
| PREVYMIS (20 MG PACKET, 120 MG PACKET) | TIER 5 | QL (4 PER 1 DAYS) |
| PREVYMIS (240 MG TAB, 480 MG TAB) | TIER 5 | QL (200 PER 365 OVER TIME) |
| <i>valganciclovir hcl 450 mg tab</i> | TIER 3 | QL (2 PER 1 DAYS) |
| <i>valganciclovir hcl 50 mg/ml recon soln</i> | TIER 4 | QL (18 PER 1 DAYS) |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| ANTI-HEPATITIS B (HBV) AGENTS | | |
| <i>adefovir dipivoxil 10 mg tab</i> | TIER 4 | QL (1 PER 1 DAYS) |
| BARACLUDE 0.05 MG/ML SOLUTION | TIER 5 | QL (21 PER 1 DAYS) |
| <i>entecavir (0.5 mg tab, 1 mg tab)</i> | TIER 4 | QL (1 PER 1 DAYS) |
| EPIVIR HBV 5 MG/ML SOLUTION | TIER 3 | |
| <i>lamivudine 100 mg tab</i> | TIER 3 | |
| ANTI-HEPATITIS C (HCV) AGENTS | | |
| MAVYRET 100-40 MG TAB | TIER 5 | PA, QL (3 PER 1 DAYS) |
| MAVYRET 50-20 MG PACKET | TIER 5 | PA, QL (6 PER 1 DAYS) |
| RIBAVIRIN (200 MG CAP, 200 MG TAB) | TIER 2 | |
| <i>ribavirin 6 gm recon soln</i> | TIER 5 | PA - PART B VS D DETERMINATION |
| VOSEVI 400-100-100 MG TAB | TIER 5 | PA, QL (1 PER 1 DAYS) |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI) | | |
| BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB) | TIER 5 | QL (1 PER 1 DAYS) |
| DOVATO 50-300 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| GENVOYA 150-150-200-10 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| ISENTRESS 100 MG CHEW TAB | TIER 5 | QL (6 PER 1 DAYS) |
| ISENTRESS 100 MG PACKET | TIER 5 | QL (2 PER 1 DAYS) |
| ISENTRESS 25 MG CHEW TAB | TIER 3 | QL (6 PER 1 DAYS) |
| ISENTRESS 400 MG TAB | TIER 5 | QL (4 PER 1 DAYS) |
| ISENTRESS HD 600 MG TAB | TIER 5 | QL (2 PER 1 DAYS) |
| JULUCA 50-25 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| STRIBILD 150-150-200-300 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| TIVICAY (25 MG TAB, 50 MG TAB) | TIER 5 | QL (2 PER 1 DAYS) |
| TIVICAY 10 MG TAB | TIER 4 | QL (2 PER 1 DAYS) |

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 |
|---------------------|---|--|
|---------------------|---|--|

| | | |
|-------------------------|--------|-------------------|
| TIVICAY PD 5 MG TAB SOL | TIER 4 | QL (6 PER 1 DAYS) |
|-------------------------|--------|-------------------|

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

| | | |
|--|--------|--------------------|
| DELSTRIGO 100-300-300 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| EDURANT 25 MG TAB | TIER 5 | QL (2 PER 1 DAYS) |
| EDURANT PED 2.5 MG TAB SOL | TIER 5 | QL (6 PER 1 DAYS) |
| EFAVIRENZ 200 MG CAP | TIER 4 | QL (3 PER 1 DAYS) |
| EFAVIRENZ 50 MG CAP | TIER 4 | QL (6 PER 1 DAYS) |
| <i>efavirenz 600 mg tab</i> | TIER 4 | QL (1 PER 1 DAYS) |
| <i>efavirenz-emtricitab-tenofo df 600-200-300 mg</i> | TIER 4 | QL (1 PER 1 DAYS) |
| <i>efavirenz-lamivudine-tenofovir (efavirenz-lamivudine-tenofovir 400-300-300 mg tab, efavirenz-lamivudine-tenofovir 600-300-300 mg tab)</i> | TIER 5 | QL (1 PER 1 DAYS) |
| <i>emtricitab- rilpivir-tenofov df 200-25-300 mg</i> | TIER 5 | QL (1 PER 1 DAYS) |
| <i>etravirine 100 mg tab</i> | TIER 5 | QL (4 PER 1 DAYS) |
| <i>etravirine 200 mg tab</i> | TIER 5 | QL (2 PER 1 DAYS) |
| INTELENCE 25 MG TAB | TIER 4 | QL (12 PER 1 DAYS) |
| <i>nevirapine 200 mg tab</i> | TIER 2 | QL (2 PER 1 DAYS) |
| NEVIRAPINE 50 MG/5ML SUSPENSION | TIER 4 | QL (40 PER 1 DAYS) |
| NEVIRAPINE ER 100 MG TAB 24H | TIER 4 | QL (3 PER 1 DAYS) |
| <i>nevirapine er 400 mg tab 24h</i> | TIER 4 | QL (1 PER 1 DAYS) |
| ODEFSEY 200-25-25 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| PIFELTRO 100 MG TAB | TIER 5 | QL (2 PER 1 DAYS) |
| <i>rilpivirine hcl 25 mg tab</i> | TIER 5 | QL (2 PER 1 DAYS) |

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

| | | |
|---|--------|--------------------|
| <i>abacavir sulfate 20 mg/ml solution</i> | TIER 4 | QL (30 PER 1 DAYS) |
|---|--------|--------------------|

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>abacavir sulfate 300 mg tab</i> | TIER 4 | QL (2 PER 1 DAYS) |
| <i>abacavir sulfate-lamivudine 600-300 mg tab</i> | TIER 4 | QL (1 PER 1 DAYS) |
| CIMDUO 300-300 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| DESCOVY (120-15 MG TAB, 200-25 MG TAB) | TIER 5 | QL (1 PER 1 DAYS) |
| <i>emtricitabine 200 mg cap</i> | TIER 4 | QL (1 PER 1 DAYS) |
| <i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i> | TIER 4 | QL (1 PER 1 DAYS) |
| EMTRIVA 10 MG/ML SOLUTION | TIER 4 | QL (24 PER 1 DAYS) |
| <i>lamivudine (10 mg/ml, 300 mg/30ml)</i> | TIER 3 | QL (30 PER 1 DAYS) |
| <i>lamivudine 150 mg tab</i> | TIER 3 | QL (2 PER 1 DAYS) |
| <i>lamivudine 300 mg tab</i> | TIER 3 | QL (1 PER 1 DAYS) |
| <i>lamivudine-zidovudine 150-300 mg tab</i> | TIER 4 | QL (2 PER 1 DAYS) |
| STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP) | TIER 2 | QL (2 PER 1 DAYS) |
| <i>tenofovir disoproxil fumarate 300 mg tab</i> | TIER 3 | QL (1 PER 1 DAYS) |
| TRIUMEQ 600-50-300 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| TRIUMEQ PD 60-5-30 MG TAB SOL | TIER 4 | QL (6 PER 1 DAYS) |
| TRIZIVIR 300-150-300 MG TAB | TIER 5 | QL (2 PER 1 DAYS) |
| VIREAD (200 MG TAB, 250 MG TAB) | TIER 5 | QL (1 PER 1 DAYS) |
| VIREAD 150 MG TAB | TIER 5 | QL (2 PER 1 DAYS) |
| VIREAD 40 MG/GM POWDER | TIER 4 | QL (240 PER 30 DAYS) |
| <i>zidovudine 100 mg cap</i> | TIER 2 | QL (6 PER 1 DAYS) |
| <i>zidovudine 300 mg tab</i> | TIER 2 | QL (2 PER 1 DAYS) |
| <i>zidovudine 50 mg/5ml syrup</i> | TIER 2 | QL (60 PER 1 DAYS) |
| ANTI-HIV AGENTS, OTHER | | |
| CABENUVA 400 & 600 MG/2ML SUSP | TIER 5 | QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION |

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 |
|--|---|--|
| CABENUVA 600 & 900 MG/3ML SUSP | TIER 5 | QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| <i>maraviroc 150 mg tab</i> | TIER 5 | QL (2 PER 1 DAYS) |
| <i>maraviroc 300 mg tab</i> | TIER 5 | QL (4 PER 1 DAYS) |
| RUKOBIA 600 MG TAB ER 12H | TIER 5 | QL (2 PER 1 DAYS) |
| SELZENTRY 20 MG/ML SOLUTION | TIER 5 | QL (60 PER 1 DAYS) |
| SELZENTRY 25 MG TAB | TIER 3 | QL (8 PER 1 DAYS) |
| SELZENTRY 75 MG TAB | TIER 5 | QL (8 PER 1 DAYS) |
| SUNLENCA 300 MG TAB | TIER 5 | LA, QL (24 PER 168 OVER TIME) |
| SUNLENCA 4 X 300 MG TAB THPK | TIER 5 | QL (4 PER 180 OVER TIME) |
| SUNLENCA 463.5 MG/1.5ML SOLUTION | TIER 5 | QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION |
| SUNLENCA 5 X 300 MG TAB THPK | TIER 5 | QL (5 PER 180 OVER TIME) |
| TYBOST 150 MG TAB | TIER 3 | QL (1 PER 1 DAYS) |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI) | | |
| APTIVUS 250 MG CAP | TIER 5 | QL (4 PER 1 DAYS) |
| <i>atazanavir sulfate (150 mg cap, 200 mg cap)</i> | TIER 4 | QL (2 PER 1 DAYS) |
| <i>atazanavir sulfate 300 mg cap</i> | TIER 4 | QL (1 PER 1 DAYS) |
| <i>darunavir 600 mg tab</i> | TIER 4 | QL (2 PER 1 DAYS) |
| <i>darunavir 800 mg tab</i> | TIER 5 | QL (1 PER 1 DAYS) |
| EVOTAZ 300-150 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| <i>fosamprenavir calcium 700 mg tab</i> | TIER 4 | QL (4 PER 1 DAYS) |
| KALETRA 400-100 MG/5ML SOLUTION | TIER 4 | QL (13 PER 1 DAYS) |
| LEXIVA 50 MG/ML SUSPENSION | TIER 4 | QL (56 PER 1 DAYS) |
| <i>lopinavir-ritonavir 100-25 mg tab</i> | TIER 4 | QL (10 PER 1 DAYS) |
| <i>lopinavir-ritonavir 200-50 mg tab</i> | TIER 4 | QL (4 PER 1 DAYS) |
| <i>lopinavir-ritonavir 400-100 mg/5ml solution</i> | TIER 4 | QL (13 PER 1 DAYS) |

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 |
|--|--|--|
| 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) |
| REYATAZ 50 MG PACKET | TIER 5 | QL (8 PER 1 DAYS) |
| <i>ritonavir 100 mg tab</i> | TIER 3 | QL (12 PER 1 DAYS) |
| SYMTUZA 800-150-200-10 MG TAB | TIER 5 | QL (1 PER 1 DAYS) |
| VIRACEPT 250 MG TAB | TIER 5 | QL (9 PER 1 DAYS) |
| VIRACEPT 625 MG TAB | TIER 5 | QL (4 PER 1 DAYS) |

ANTI-INFLUENZA AGENTS

| | | |
|---|--------|-----------------------------|
| <i>oseltamivir phosphate 30 mg cap</i> | TIER 3 | QL (120 PER 180 OVER TIME) |
| <i>oseltamivir phosphate 45 mg cap</i> | TIER 3 | QL (42 PER 180 OVER TIME) |
| <i>oseltamivir phosphate 6 mg/ml recon susp</i> | TIER 3 | QL (1080 PER 365 OVER TIME) |
| <i>oseltamivir phosphate 75 mg cap</i> | TIER 3 | QL (60 PER 180 OVER TIME) |
| RELENZA DISKHALER 5 MG/ACT AER POW BA | TIER 3 | QL (60 PER 180 OVER TIME) |
| RIMANTADINE HCL 100 MG TAB | TIER 4 | |
| XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK | TIER 4 | QL (2 PER 30 OVER TIME) |
| XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK | TIER 4 | QL (1 PER 30 OVER TIME) |

ANTIHERPETIC AGENTS

| | | |
|--|--------|--|
| <i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i> | TIER 2 | |
| <i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i> | TIER 4 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>acyclovir sodium 50 mg/ml solution</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i> | TIER 2 | |
| <i>valacyclovir hcl (1 gm tab, 500 mg tab)</i> | TIER 2 | |
| ANTIVIRAL, CORONAVIRUS AGENTS | | |
| LAGEVRIO 200 MG CAP | TIER 5 | QL (40 PER 30 OVER TIME) |
| PAXLOVID (150/100) MG & 0MG TAB THPK | TIER 2 | QL (20 PER 30 OVER TIME) |
| PAXLOVID (300/100 & 150/100) 6 10 MG 100MG TAB THPK | TIER 2 | QL (11 PER 30 OVER TIME) |
| PAXLOVID (300/100) 20 150 MG & 0MG TAB THPK | TIER 2 | QL (30 PER 30 OVER TIME) |
| ANXIOLYTICS | | |
| ANXIOLYTICS, OTHER | | |
| <i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i> | TIER 2 | |
| BENZODIAZEPINES | | |
| <i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i> | TIER 2 | QL (4 PER 1 DAYS) |
| <i>alprazolam 2 mg tab</i> | TIER 2 | QL (5 PER 1 DAYS) |
| <i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)</i> | TIER 3 | QL (40 PER 1 DAYS) |
| <i>clonazepam 0.5 mg tab</i> | TIER 2 | QL (40 PER 1 DAYS) |
| <i>clonazepam 1 mg tab</i> | TIER 2 | QL (20 PER 1 DAYS) |
| <i>clonazepam 1 mg tab disp</i> | TIER 3 | QL (20 PER 1 DAYS) |
| <i>clonazepam 2 mg tab</i> | TIER 2 | QL (10 PER 1 DAYS) |
| <i>clonazepam 2 mg tab disp</i> | TIER 3 | QL (10 PER 1 DAYS) |
| <i>clorazepate dipotassium 15 mg tab</i> | TIER 4 | QL (6 PER 1 DAYS) |
| <i>clorazepate dipotassium 3.75 mg tab</i> | TIER 4 | QL (24 PER 1 DAYS) |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>clorazepate dipotassium 7.5 mg tab</i> | TIER 4 | QL (12 PER 1 DAYS) |
| <i>diazepam (5 mg tab, 5 mg/ml conc)</i> | TIER 2 | QL (12 PER 1 DAYS) |
| <i>diazepam 10 mg tab</i> | TIER 2 | QL (6 PER 1 DAYS) |
| <i>diazepam 2 mg tab</i> | TIER 2 | QL (30 PER 1 DAYS) |
| <i>diazepam 5 mg/5ml solution</i> | TIER 2 | QL (60 PER 1 DAYS) |
| <i>diazepam intensol 5 mg/ml conc</i> | TIER 2 | QL (12 PER 1 DAYS) |
| <i>lorazepam 0.5 mg tab</i> | TIER 2 | QL (20 PER 1 DAYS) |
| <i>lorazepam 1 mg tab</i> | TIER 2 | QL (10 PER 1 DAYS) |
| <i>lorazepam 2 mg tab</i> | TIER 2 | QL (5 PER 1 DAYS) |
| <i>lorazepam 2 mg/ml conc</i> | TIER 3 | QL (5 PER 1 DAYS) |
| <i>lorazepam intensol 2 mg/ml conc</i> | TIER 3 | QL (5 PER 1 DAYS) |

BIPOLAR AGENTS

MOOD STABILIZERS

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

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

| | | |
|--|--------|--|
| <i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i> | TIER 2 | |
| <i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i> | TIER 1 | |
| <i>glipizide (glipizide 2.5 mg tab, glipizide 5 mg tab, glipizide 10 mg tab)</i> | TIER 1 | |

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

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

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

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|--|--|
| XIGDUO XR (5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H) | TIER 3 | QL (1 PER 1 DAYS) |
| GLYCEMIC AGENTS | | |
| BAQSIMI ONE PACK 3 MG/DOSE POWDER | TIER 3 | QL (2 PER 30 OVER TIME) |
| BAQSIMI TWO PACK 3 MG/DOSE POWDER | TIER 3 | QL (2 PER 30 OVER TIME) |
| <i>diazoxide 50 mg/ml suspension</i> | TIER 5 | |
| GLUCAGEN HYPOKIT 1 MG RECON SOLN | TIER 3 | QL (2 PER 2 OVER TIME) |
| GLUCAGON EMERGENCY (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 OVER TIME) |
| 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 | |

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

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

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 |
|---|---|--|
| NOVOLIN R FLEXPEN RELION FLEXELION 100 UNIT/ML SOLN | TIER 3 | |
| NOVOLOG 100 UNIT/ML SOLUTION | TIER 3 | |
| NOVOLOG FLEXPEN FLEX100 UNIT/ML SOLN | TIER 3 | |
| NOVOLOG FLEXPEN RELION FLEX100 UNIT/ML SOLN | TIER 3 | |
| NOVOLOG PENFILL 100 UNIT/ML SOLN CART | TIER 3 | |
| NOVOLOG RELION 100 UNIT/ML SOLUTION | TIER 3 | |
| TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN | TIER 3 | QL (18 PER 28 DAYS) |
| TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN | TIER 3 | QL (18 PER 28 DAYS) |
| TRESIBA 100 UNIT/ML SOLUTION | TIER 3 | QL (30 PER 30 DAYS) |
| TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN | TIER 3 | QL (30 PER 30 DAYS) |
| TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN | TIER 3 | QL (27 PER 30 DAYS) |

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>enoxaparin sodium (100 mg/ml soln prsy, 150 mg/ml soln prsy, 300 mg/3ml solution)</i> | TIER 4 | QL (60 PER 30 DAYS) |
| <i>enoxaparin sodium (80 mg/0.8ml soln, 120 mg/0.8ml soln)</i> | TIER 4 | QL (48 PER 30 DAYS) |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsy</i> | TIER 4 | QL (18 PER 30 DAYS) |
| <i>enoxaparin sodium 40 mg/0.4ml soln prsy</i> | TIER 4 | QL (24 PER 30 DAYS) |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsy</i> | TIER 4 | QL (36 PER 30 DAYS) |
| <i>fondaparinux sodium 10 mg/0.8ml solution</i> | TIER 5 | QL (24 PER 30 DAYS) |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i> | TIER 4 | QL (15 PER 30 DAYS) |
| <i>fondaparinux sodium 5 mg/0.4ml solution</i> | TIER 5 | QL (12 PER 30 DAYS) |
| <i>fondaparinux sodium 7.5 mg/0.6ml solution</i> | TIER 5 | QL (18 PER 30 DAYS) |
| <i>heparin sodium (porcine) (1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml)</i> | TIER 2 | PA - PART B VS D DETERMINATION |
| <i>heparin sodium (porcine) pf 1000 unit/ml solution</i> | TIER 2 | PA - PART B VS D DETERMINATION |
| <i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i> | TIER 1 | |
| <i>rivaroxaban 1 mg/ml recon susp</i> | TIER 3 | QL (20 ML PER 1 DAYS) |
| <i>rivaroxaban 2.5 mg tab</i> | TIER 3 | QL (2 PER 1 DAYS) |
| <i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i> | TIER 1 | |
| XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB) | TIER 3 | QL (1 PER 1 DAYS) |
| XARELTO 1 MG/ML RECON SUSP | TIER 3 | QL (20 PER 1 DAYS) |
| XARELTO 2.5 MG TAB | TIER 3 | QL (2 PER 1 DAYS) |
| XARELTO STARTER PACK 15 & 20 MG TAB THPK | TIER 3 | QL (51 PER 180 OVER TIME) |
| BLOOD PRODUCTS AND MODIFIERS, OTHER | | |
| <i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i> | TIER 3 | |

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 |
|--|--|--|
| ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/ML SOLUTION, 100 MCG/ML SOLUTION) | TIER 4 | PA |
| ARANESP (ALBUMIN FREE) (60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR) | TIER 5 | PA |
| ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR | TIER 5 | PA |
| <i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab)</i> | TIER 5 | PA, QL (1 PER 1 DAYS) |
| <i>eltrombopag olamine (25 mg tab, 50 mg tab)</i> | TIER 5 | PA, QL (3 PER 1 DAYS) |
| <i>eltrombopag olamine 25 mg packet</i> | TIER 5 | PA, QL (6 PER 1 DAYS) |
| <i>eltrombopag olamine 75 mg tab</i> | TIER 5 | PA, QL (2 PER 1 DAYS) |
| FULPHILA 6 MG/0.6ML SOLN PRSYR | TIER 5 | PA |
| NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) | TIER 5 | PA |
| RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION) | TIER 4 | PA |
| 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 |

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 |
|---------------------|---|--|
|---------------------|---|--|

HEMOSTASIS AGENTS

| | | |
|-----------------------------------|--------|-------------------|
| <i>tranexamic acid 650 mg tab</i> | TIER 3 | QL (1 PER 1 DAYS) |
|-----------------------------------|--------|-------------------|

PLATELET MODIFYING AGENTS

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

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGONISTS

| | | |
|---|--------|------------------------------|
| <i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i> | TIER 3 | |
| <i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i> | TIER 1 | |
| <i>droxidopa 100 mg cap</i> | TIER 4 | PA, QL (18 PER 1 DAYS) |
| <i>droxidopa 200 mg cap</i> | TIER 5 | PA, QL (9 PER 1 DAYS) |
| <i>droxidopa 300 mg cap</i> | TIER 5 | PA, QL (84 PER 90 OVER TIME) |
| <i>guanfacine hcl (1 mg tab, 2 mg tab)</i> | TIER 2 | |
| METHYLDOPA (METHYLDOPA 500 MG TAB, METHYLDOPA 250 MG TAB, METHYLDOPA 250 MG TAB) | TIER 2 | |
| <i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | TIER 3 | |

ALPHA-ADRENERGIC BLOCKING AGENTS

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

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 |
|---------------------|--|--|
|---------------------|--|--|

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

| | | |
|--|--------|--|
| <i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i> | TIER 1 | |
| <i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i> | TIER 1 | |
| <i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | TIER 1 | |
| <i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i> | TIER 1 | |
| <i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i> | TIER 1 | |
| <i>moexipril hcl (7.5 mg tab, 15 mg tab)</i> | TIER 1 | |
| PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 8 MG TAB, PERINDOPRIL ERBUMINE 2 MG TAB, PERINDOPRIL ERBUMINE 4 MG TAB) | TIER 1 | |
| <i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i> | TIER 1 | |
| <i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i> | TIER 1 | |

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

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i> | TIER 1 | |
| <i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i> | TIER 2 | |
| <i>metoprolol succinate er (er 25 mg tab er, er 50 mg tab er, er 100 mg tab er, er 200 mg tab er)</i> | TIER 1 | |
| <i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i> | TIER 1 | |
| <i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i> | TIER 2 | |
| <i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i> | TIER 3 | |
| <i>pindolol (5 mg tab, 10 mg tab)</i> | TIER 2 | |
| <i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i> | TIER 2 | |
| PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION) | TIER 3 | |
| <i>propranolol hcl er (er 60 mg cap er, er 80 mg cap er, er 120 mg cap er, er 160 mg cap er)</i> | TIER 2 | |
| <i>timolol maleate (timolol maleate 20 mg tab, timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab, timolol maleate 5 mg tab)</i> | TIER 4 | |
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES | | |
| <i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | TIER 1 | |
| <i>felodipine er (er 2.5 mg tab er, er 5 mg tab er, er 10 mg tab er)</i> | TIER 2 | |
| <i>isradipine (2.5 mg cap, 5 mg cap)</i> | TIER 3 | |
| <i>nicardipine hcl (20 mg cap, 30 mg cap)</i> | TIER 2 | |
| <i>nifedipine er (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i> | TIER 2 | |
| <i>nifedipine er osmotic release (er 30 mg tab er, er 60 mg tab er, er 90 mg tab er)</i> | TIER 2 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|--|--|
| <i>nimodipine 30 mg cap</i> | TIER 4 | |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES | | |
| <i>cartia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er)</i> | TIER 2 | |
| <i>dilt-xr (120 mg cap er, 180 mg cap er, 240 mg cap er)</i> | TIER 2 | |
| <i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i> | TIER 2 | |
| <i>diltiazem hcl 120 mg extended release 24hr capsule</i> | TIER 2 | |
| <i>diltiazem hcl 180 mg extended release 24hr capsule</i> | TIER 2 | |
| <i>diltiazem hcl 240 mg extended release 24hr capsule</i> | TIER 2 | |
| <i>diltiazem hcl 300 mg extended release 24hr capsule</i> | TIER 2 | |
| <i>diltiazem hcl 360 mg extended release 24hr capsule</i> | TIER 2 | |
| <i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i> | TIER 2 | |
| <i>diltiazem hcl er beads 420 mg cap 24h</i> | TIER 2 | |
| <i>matzim la (180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er)</i> | TIER 2 | |
| <i>taztia xt (120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er, 360 mg cap er)</i> | TIER 2 | |
| <i>tiadylt er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er, er 420 mg cap er)</i> | TIER 2 | |
| <i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i> | TIER 1 | |

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 |
|--|---|--|
| VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H) | TIER 4 | |
| <i>verapamil hcl er (er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 240 mg tab er)</i> | TIER 2 | |
| CARDIOVASCULAR AGENTS, OTHER | | |
| <i>acetazolamide (125 mg tab, 250 mg tab)</i> | TIER 2 | |
| <i>aliskiren fumarate (150 mg tab, 300 mg tab)</i> | TIER 4 | |
| <i>amiloride-hydrochlorothiazide (amiloride-hydrochlorothiazide 5-50 mg tab, amiloride-hydrochlorothiazide 5-50 mg tab)</i> | TIER 2 | |
| <i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i> | TIER 1 | |
| <i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i> | TIER 1 | |
| <i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i> | TIER 3 | |
| <i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i> | TIER 1 | |
| <i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i> | TIER 1 | |
| <i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i> | TIER 1 | |
| <i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i> | TIER 1 | |
| <i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i> | TIER 2 | |
| <i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i> | TIER 1 | |

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 |
|--|--|--|
| CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB) | TIER 1 | |
| CORLANOR 5 MG/5ML SOLUTION | TIER 4 | PA, QL (20 PER 1 DAYS) |
| <i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i> | TIER 1 | |
| ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK) | TIER 3 | QL (8 PER 1 DAYS) |
| <i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i> | TIER 1 | |
| <i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i> | TIER 1 | |
| <i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i> | TIER 4 | PA, QL (2 PER 1 DAYS) |
| <i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i> | TIER 1 | |
| <i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i> | TIER 1 | |
| <i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i> | TIER 2 | |
| <i>metyrosine 250 mg cap</i> | TIER 5 | |
| <i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i> | TIER 1 | |
| <i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i> | TIER 1 | |
| <i>pentoxifylline er 400 mg tab</i> | TIER 2 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i> | TIER 1 | |
| <i>ranolazine er (er 500 mg tab er, er 1000 mg tab er)</i> | TIER 4 | QL (2 PER 1 DAYS) |
| <i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i> | TIER 3 | QL (2 PER 1 DAYS) |
| <i>spironolactone-hctz 25-25 mg tab</i> | TIER 2 | |
| <i>telmisartan-amlodipine (telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 80-10 mg tab, telmisartan-amlodipine 80-5 mg tab, telmisartan-amlodipine 40-10 mg tab, telmisartan-amlodipine 40-5 mg tab, telmisartan-amlodipine 80-10 mg tab)</i> | TIER 1 | |
| <i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i> | TIER 1 | |
| TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER) | TIER 1 | |
| <i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i> | TIER 1 | |
| <i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i> | TIER 1 | |
| VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB) | TIER 4 | PA, QL (1 PER 1 DAYS) |
| DIURETICS, LOOP | | |
| <i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | TIER 2 | |
| <i>bumetanide 0.25 mg/ml solution</i> | TIER 4 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>furosemide (furosemide 8 mg/ml solution, furosemide 40 mg tab, furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 80 mg tab)</i> | TIER 1 | |
| <i>furosemide 10 mg/ml solution</i> | TIER 4 | |
| <i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i> | TIER 2 | |
| DIURETICS, POTASSIUM-SPARING | | |
| <i>amiloride hcl 5 mg tab</i> | TIER 2 | |
| <i>epplerenone (25 mg tab, 50 mg tab)</i> | TIER 3 | |
| <i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i> | TIER 1 | |
| DIURETICS, THIAZIDE | | |
| <i>chlorthalidone (25 mg tab, 50 mg tab)</i> | TIER 2 | |
| <i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i> | TIER 1 | |
| <i>indapamide (1.25 mg tab, 2.5 mg tab)</i> | TIER 1 | |
| <i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | TIER 2 | |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | | |
| <i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i> | TIER 2 | |
| <i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i> | TIER 2 | |
| <i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i> | TIER 3 | |
| <i>gemfibrozil 600 mg tab</i> | TIER 2 | |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | TIER 1 | |
| <i>fluvastatin sodium (20 mg cap, 40 mg cap)</i> | TIER 1 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>fluvastatin sodium er 80 mg tab 24h</i> | TIER 2 | |
| <i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i> | TIER 1 | |
| <i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | TIER 1 | |
| <i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i> | TIER 1 | |
| <i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | TIER 1 | |
| DYSLIPIDEMICS, OTHER | | |
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i> | TIER 3 | |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i> | TIER 2 | |
| <i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i> | TIER 4 | |
| <i>colestipol hcl (5 gm granules, 5 gm packet)</i> | TIER 3 | |
| <i>colestipol hcl 1 gm tab</i> | TIER 2 | |
| <i>ezetimibe 10 mg tab</i> | TIER 2 | |
| <i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i> | TIER 2 | |
| <i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i> | TIER 4 | QL (4 PER 1 DAYS) |
| NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB | TIER 4 | |
| <i>niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)</i> | TIER 3 | QL (2 PER 1 DAYS) |
| <i>niacin er (antihyperlipidemic) 500 mg tab</i> | TIER 3 | QL (4 PER 1 DAYS) |
| NIACOR 500 MG TAB | TIER 4 | |
| <i>omega-3-acid ethyl esters 1 gm cap</i> | TIER 2 | QL (4 PER 1 DAYS) |
| <i>prevalite (4 gm packet, 4 gm/dose powder)</i> | TIER 3 | |
| REPATHA 140 MG/ML SOLN PRSYR | TIER 3 | PA |
| REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART | TIER 3 | PA |

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 |
|--|---|--|
| REPATHA SURECLICK 140 MG/ML SOLN A-INJ | TIER 3 | PA |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I) | | |
| DAPAGLIFLOZIN PROPANEDIOL (5 MG TAB, 10 MG TAB) | TIER 3 | QL (1 PER 1 DAYS) |
| FARXIGA (5 MG TAB, 10 MG TAB) | TIER 3 | QL (1 PER 1 DAYS) |
| JARDIANCE (10 MG TAB, 25 MG TAB) | TIER 3 | QL (1 PER 1 DAYS) |
| VASODILATORS, DIRECT-ACTING ARTERIAL | | |
| <i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i> | TIER 1 | |
| <i>minoxidil (2.5 mg tab, 10 mg tab)</i> | TIER 2 | |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS | | |
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i> | TIER 2 | |
| <i>isosorbide mononitrate (isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab, isosorbide mononitrate 10 mg tab, isosorbide mononitrate 20 mg tab)</i> | TIER 2 | |
| <i>isosorbide mononitrate er (er 30 mg tab er, er 60 mg tab er)</i> | TIER 1 | |
| <i>isosorbide mononitrate er 120 mg tab 24h</i> | TIER 2 | |
| NITRO-BID 2 % OINTMENT | TIER 3 | |
| <i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i> | TIER 2 | |
| <i>nitroglycerin 0.4 % ointment</i> | TIER 4 | QL (30 PER 30 DAYS) |

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

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

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

| | | |
|---|--------|-------------------|
| <i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i> | TIER 3 | QL (4 PER 1 DAYS) |
| <i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i> | TIER 3 | QL (1 PER 1 DAYS) |
| <i>atomoxetine hcl 40 mg cap</i> | TIER 3 | QL (2 PER 1 DAYS) |
| <i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | TIER 2 | QL (2 PER 1 DAYS) |
| <i>guanfacine hcl er (er 1 mg tab er, er 2 mg tab er, er 3 mg tab er, er 4 mg tab er)</i> | TIER 3 | QL (1 PER 1 DAYS) |
| <i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)</i> | TIER 4 | QL (3 PER 1 DAYS) |
| <i>methylphenidate hcl 10 mg chew tab</i> | TIER 4 | QL (6 PER 1 DAYS) |

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

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

CENTRAL NERVOUS SYSTEM, OTHER

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

FIBROMYALGIA AGENTS

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

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

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

| | | |
|-------------------------------------|--------|--------------------|
| <i>pregabalin 20 mg/ml solution</i> | TIER 3 | QL (30 PER 1 DAYS) |
|-------------------------------------|--------|--------------------|

MULTIPLE SCLEROSIS AGENTS

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

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

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

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

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

DERMATITIS AND PRURITUS AGENTS

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

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

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

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

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % solution)</i> | TIER 2 | |
| <i>fluorouracil 5 % cream</i> | TIER 3 | |
| <i>imiquimod 5 % cream</i> | TIER 2 | QL (24 PER 30 DAYS) |
| <i>isopropyl alcohol 70 % misc</i> | TIER 2 | |
| <i>isopropyl alcohol wipes 70 % misc</i> | TIER 2 | |
| <i>medpura alcohol pads 70 % misc</i> | TIER 2 | |
| METHOXSALEN RAPID 10 MG CAP | TIER 5 | |
| <i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i> | TIER 4 | |
| OTEZLA (20 MG TAB, 30 MG TAB) | TIER 5 | PA, QL (2 PER 1 DAYS) |
| OTEZLA XR 75 MG TAB ER 24H | TIER 5 | PA, QL (1 PER 1 DAYS) |
| <i>podofilox (podofilox 0.5 % solution, podofilox 0.5 % solution)</i> | TIER 2 | |
| <i>qc alcohol 70 % misc</i> | TIER 2 | |
| <i>ra isopropyl alcohol wipes 70 % misc</i> | TIER 2 | |
| SANTYL 250 UNIT/GM OINTMENT | TIER 4 | QL (180 PER 30 DAYS) |
| <i>silver sulfadiazine 1 % cream</i> | TIER 2 | |
| <i>ssd 1 % cream</i> | TIER 2 | |
| TOLAK 4 % CREAM | TIER 3 | |
| VALCHLOR 0.016 % GEL | TIER 5 | LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| PEDICULICIDES/SCABICIDES | | |
| <i>malathion 0.5 % lotion</i> | TIER 4 | |
| <i>permethrin 5 % cream</i> | TIER 2 | |
| TOPICAL ANTI-INFECTIVES | | |
| <i>acyclovir 5 % ointment</i> | TIER 4 | PA, QL (30 PER 30 DAYS) |
| <i>ciclodan 8 % solution</i> | TIER 2 | |
| <i>ciclopirox (0.77 % gel, 1 % shampoo)</i> | TIER 4 | |

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

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|--|---|
| 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 | |
| <i>dextrose-sodium chloride (dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution, dextrose-sodium chloride 5-0.9 % solution)</i> | TIER 3 | |
| <i>kcl in dextrose-nacl (kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.225 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i> | TIER 4 | |
| KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION | TIER 4 | |
| <i>klor-con 10 (klor-con 10 10 meq tab er, klor-con 10 10 meq tab er)</i> | TIER 2 | |
| KLOR-CON 8 MEQ TAB ER | TIER 2 | |
| <i>klor-con m10 meq tab er</i> | TIER 2 | |
| <i>klor-con m15 meq tab er</i> | TIER 2 | |
| <i>klor-con m20 meq tab er</i> | TIER 2 | |
| <i>lactated ringers (lactated ringers solution, lactated ringers solution)</i> | TIER 4 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|--|--|
| <i>magnesium sulfate (magnesium sulfate 50 % solution, magnesium sulfate 50 % solution)</i> | TIER 4 | |
| <i>nafrinse 2.2 (1 f) mg chew tab</i> | TIER 2 | |
| PNV 27-CA/FE/FA 60-1 MG TAB | TIER 3 | |
| <i>potassium chloride (potassium chloride 20 meq/100ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 2 meq/ml solution, potassium chloride 10 % solution, potassium chloride 10 meq/100ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i> | TIER 4 | |
| <i>potassium chloride crys er (er 10 tab er, er 15 tab er, er 20 tab er)</i> | TIER 2 | |
| <i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i> | TIER 2 | |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i> | TIER 4 | |
| <i>potassium chloride in nacl (potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)</i> | TIER 4 | |
| <i>potassium citrate er (er 5 (540 mg) tab er, er 10 (1080 mg) tab er, er 15 (1620 mg) tab er)</i> | TIER 3 | |
| POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION | TIER 4 | |
| PREMASOL 10 % SOLUTION | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>prenatal vitamins</i> | TIER 3 | |

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

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

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

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

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

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

ANTI-DIARRHEAL AGENTS

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

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

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

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

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

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

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

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

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

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

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

BENIGN PROSTATIC HYPERTROPHY AGENTS

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>finasteride 5 mg tab</i> | TIER 1 | |
| <i>silodosin (4 mg cap, 8 mg cap)</i> | TIER 3 | QL (1 PER 1 DAYS) |
| <i>tadalafil (pah) 20 mg tab</i> | TIER 4 | PA, QL (2 PER 1 DAYS) |
| <i>tadalafil 2.5 mg tab</i> | TIER 4 | PA, QL (2 PER 1 DAYS) |
| <i>tadalafil 5 mg tab</i> | TIER 4 | PA, QL (1 PER 1 DAYS) |
| <i>tamsulosin hcl 0.4 mg cap</i> | TIER 1 | |
| GENITOURINARY AGENTS, OTHER | | |
| <i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i> | TIER 2 | |
| <i>penicillamine 250 mg tab</i> | TIER 5 | PA |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | |
| CORTISONE ACETATE 25 MG TAB | TIER 4 | |
| <i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i> | TIER 2 | |
| <i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 6 mg tab, dexamethasone 0.5 mg/5ml solution, dexamethasone 4 mg tab)</i> | TIER 2 | |
| DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR | TIER 4 | |
| <i>dexamethasone sod phosphate pf 10 mg/ml solution</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR | TIER 4 | |
| <i>fludrocortisone acetate 0.1 mg tab</i> | TIER 2 | |
| <i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i> | TIER 2 | |

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

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| | | |
|--|--------|--|
| <i>desmopressin ace spray refrig 0.01 % solution</i> | TIER 4 | |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i> | TIER 3 | |
| <i>desmopressin acetate 4 mcg/ml solution</i> | TIER 4 | |
| <i>desmopressin acetate pf 4 mcg/ml solution</i> | TIER 4 | |
| <i>desmopressin acetate spray (desmopressin acetate spray 0.01 % solution, desmopressin acetate spray 0.01 % solution)</i> | TIER 4 | |

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 |
|---|---|--|
| 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

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

ESTROGENS

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

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 |
|--|---|--|
| ARANELLE 0.5/1/0.5-35 MG-MCG TAB | TIER 3 | |
| <i>ashlyna 0.15-0.03 & 0.01 mg tab</i> | TIER 4 | |
| <i>aubra 0.1-20 mg-mcg tab</i> | TIER 3 | |
| <i>aubra eq 0.1-20 mg-mcg tab</i> | TIER 3 | |
| <i>aurovela 1.5/30 1.5-30 mg-mcg tab</i> | TIER 3 | |
| <i>aurovela 1/20 1-20 mg-mcg tab</i> | TIER 3 | |
| <i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i> | TIER 3 | |
| <i>aurovela fe 1/20 1-20 mg-mcg tab</i> | TIER 3 | |
| <i>aviane 0.1-20 mg-mcg tab</i> | TIER 3 | |
| <i>ayuna 0.15-30 mg-mcg tab</i> | TIER 3 | |
| <i>azurette 0.15-0.02/0.01 mg (21/5) tab</i> | TIER 3 | |
| <i>balziva 0.4-35 mg-mcg tab</i> | TIER 3 | |
| <i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i> | TIER 3 | |
| <i>blisovi fe 1/20 1-20 mg-mcg tab</i> | TIER 3 | |
| <i>briellyn 0.4-35 mg-mcg tab</i> | TIER 3 | |
| <i>camrese 0.15-0.03 & 0.01 mg tab</i> | TIER 4 | |
| <i>camrese lo 0.1-0.02 & 0.01 mg tab</i> | TIER 3 | |
| <i>caziant 0.1/0.125/0.15 -0.025 mg tab</i> | TIER 3 | |
| <i>chateal 0.15-30 mg-mcg tab</i> | TIER 3 | |
| <i>chateal eq 0.15-30 mg-mcg tab</i> | TIER 3 | |
| <i>cryselle 0.3-30 mg-mcg tab</i> | TIER 3 | |
| <i>cryselle-28 0.3-30 mg-mcg tab</i> | TIER 3 | |
| <i>cyclafem 1/35 1-35 mg-mcg tab</i> | TIER 3 | |
| <i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | TIER 3 | |
| <i>cyred 0.15-30 mg-mcg tab</i> | TIER 3 | |
| <i>cyred eq 0.15-30 mg-mcg tab</i> | TIER 3 | |
| <i>dasetta 1/35 1-35 mg-mcg tab</i> | TIER 3 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | TIER 3 | |
| <i>daysee 0.15-0.03 & 0.01 mg tab</i> | TIER 4 | |
| <i>delyla 0.1-20 mg-mcg tab</i> | TIER 3 | |
| <i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i> | TIER 3 | |
| <i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i> | TIER 3 | QL (16 PER 28 DAYS) |
| <i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i> | TIER 3 | |
| <i>elinest 0.3-30 mg-mcg tab</i> | TIER 3 | |
| <i>eluryng 0.12-0.015 mg/24hr ring</i> | TIER 3 | |
| <i>emoquette 0.15-30 mg-mcg tab</i> | TIER 3 | |
| <i>enilloring 0.12-0.015 mg/24hr</i> | TIER 3 | |
| <i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i> | TIER 3 | |
| <i>enskyce 0.15-30 mg-mcg tab</i> | TIER 3 | |
| <i>estarylla 0.25-35 mg-mcg tab</i> | TIER 3 | |
| <i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i> | TIER 3 | QL (16 PER 28 DAYS) |
| <i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i> | TIER 3 | QL (8 PER 28 DAYS) |
| <i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i> | TIER 1 | |
| <i>estradiol 0.01 % cream</i> | TIER 2 | |
| <i>estradiol 10 mcg tab</i> | TIER 3 | |
| <i>estradiol valerate (10 mg/ml, 20 mg/ml, 40 mg/ml)</i> | TIER 4 | |
| ESTRING (2 MG RING, 7.5 MCG/24HR RING) | TIER 3 | QL (1 PER 84 OVER TIME) |
| <i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i> | TIER 4 | |

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

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

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

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

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

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

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

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

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

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| PROGESTINS | | |
| <i>camila 0.35 mg tab</i> | TIER 3 | |
| <i>deblitane 0.35 mg tab</i> | TIER 3 | |
| DEPO-SUBQ PROVERA 104 MG/0.65ML SUSP PRSYR | TIER 3 | |
| <i>emzahh 0.35 mg tab</i> | TIER 3 | |
| <i>errin 0.35 mg tab</i> | TIER 3 | |
| <i>gallifrey 5 mg tab</i> | TIER 2 | |
| <i>heather 0.35 mg tab</i> | TIER 3 | |
| <i>incassia 0.35 mg tab</i> | TIER 3 | |
| <i>jencycla 0.35 mg tab</i> | TIER 3 | |
| LILETTA (52 MG) 20.1 MCG/DAY IUD | TIER 3 | |
| <i>lyleq 0.35 mg tab</i> | TIER 3 | |
| <i>lyza 0.35 mg tab</i> | TIER 3 | |
| <i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i> | TIER 3 | |
| <i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | TIER 2 | |
| <i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i> | TIER 2 | PA - FOR NEW STARTS ONLY |
| <i>meleya 0.35 mg tab</i> | TIER 3 | |
| NEXPLANON 68 MG IMPLANT | TIER 3 | |
| <i>nora-be 0.35 mg tab</i> | TIER 3 | |
| <i>norethindrone 0.35 mg tab</i> | TIER 3 | |
| <i>norethindrone acetate 5 mg tab</i> | TIER 2 | |
| <i>norlyda 0.35 mg tab</i> | TIER 3 | |
| <i>norlyroc 0.35 mg tab</i> | TIER 3 | |
| <i>orquidea 0.35 mg tab</i> | TIER 3 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>progesterone (100 mg cap, 200 mg cap)</i> | TIER 2 | |
| <i>sharobel 0.35 mg tab</i> | TIER 3 | |
| <i>tulana 0.35 mg tab</i> | TIER 3 | |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS | | |
| OSPHENA 60 MG TAB | TIER 4 | PA, QL (1 PER 1 DAYS) |
| <i>raloxifene hcl 60 mg tab</i> | TIER 3 | QL (1 PER 1 DAYS) |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) | | |
| <i>euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i> | TIER 1 | |
| <i>levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> | TIER 3 | |
| <i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> | TIER 1 | |
| <i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i> | TIER 3 | |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i> | TIER 2 | |
| REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB) | TIER 5 | PA, QL (1 PER 1 DAYS) |
| SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB) | TIER 3 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i> | TIER 3 | |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) | | |
| <i>cabergoline 0.5 mg tab</i> | TIER 3 | |
| <i>leuprolide acetate 1 mg/0.2ml kit</i> | TIER 4 | |
| LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT) | TIER 5 | |
| LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT) | TIER 5 | |
| LUPRON DEPOT (4-MONTH) 30 MG KIT | TIER 5 | |
| LUPRON DEPOT (6-MONTH) 45 MG KIT | TIER 5 | |
| <i>mifepristone 300 mg tab</i> | TIER 5 | PA, LA, QL (4 PER 1 DAYS) |
| <i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution, octreotide acetate 50 mcg/ml soln prsy, octreotide acetate 100 mcg/ml soln prsy)</i> | TIER 4 | PA |
| OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR | TIER 5 | PA |
| ORGOVYX 120 MG TAB | TIER 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION) | TIER 5 | PA, LA, QL (60 PER 30 DAYS) |
| SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN) | TIER 5 | PA, QL (1 PER 1 DAYS) |

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 |
|---|---|--|
| SYNAREL 2 MG/ML SOLUTION | TIER 5 | |
| HORMONAL AGENTS, SUPPRESSANT (THYROID) | | |
| ANTITHYROID AGENTS | | |
| <i>methimazole (5 mg tab, 10 mg tab)</i> | TIER 2 | |
| <i>propylthiouracil 50 mg tab</i> | TIER 2 | |
| IMMUNOLOGICAL AGENTS | | |
| ANGIOEDEMA AGENTS | | |
| HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN) | TIER 5 | PA, LA |
| <i>icatibant acetate 30 mg/3ml soln prsyr</i> | TIER 5 | PA, QL (36 PER 60 OVER TIME) |
| <i>sajazir 30 mg/3ml soln prsyr</i> | TIER 5 | PA, QL (36 PER 60 OVER TIME) |
| IMMUNOGLOBULINS | | |
| 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) |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| COSENTYX (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 OVER TIME) |
| 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 OVER TIME) |
| 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 OVER TIME) |
| SKYRIZI 150 MG/ML SOLN PRSYR | TIER 5 | PA, QL (6 PER 365 OVER TIME) |
| SKYRIZI 180 MG/1.2ML SOLN CART | TIER 5 | PA, QL (1.2 PER 56 OVER TIME) |
| SKYRIZI 360 MG/2.4ML SOLN CART | TIER 5 | PA, QL (2.4 PER 56 OVER TIME) |
| SKYRIZI 600 MG/10ML SOLUTION | TIER 5 | PA, QL (30 PER 365 OVER TIME) |
| SKYRIZI PEN 150 MG/ML SOLN A-INJ | TIER 5 | PA, QL (6 PER 365 OVER TIME) |

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 |
|---|--|--|
| STELARA 45 MG/0.5ML SOLUTION | TIER 5 | PA, QL (0.5 ML PER 28 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) |
| XELJANZ (5 MG TAB, 10 MG TAB) | TIER 5 | PA, QL (2 PER 1 DAYS) |
| XELJANZ 1 MG/ML SOLUTION | TIER 5 | PA, QL (10 PER 1 DAYS) |
| XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H) | TIER 5 | PA, QL (1 PER 1 DAYS) |
| XOLAIR (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) | TIER 5 | PA, QL (8 PER 28 DAYS) |
| XOLAIR (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR) | TIER 5 | PA, LA, QL (8 PER 28 DAYS) |
| YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION) | TIER 4 | PA, QL (0.5 ML PER 28 DAYS) |
| YESINTEK 130 MG/26ML SOLUTION | TIER 5 | PA, QL (104 ML PER 365 OVER TIME) |
| 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) |

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 |
|---|--|--|
| IMMUNOSUPPRESSANTS | | |
| <i>azathioprine 50 mg tab</i> | TIER 2 | PA - PART B VS D DETERMINATION |
| AZATHIOPRINE SODIUM 100 MG RECON SOLN | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i> | TIER 3 | PA - PART B VS D DETERMINATION |
| ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR) | TIER 5 | PA, QL (8 PER 28 DAYS) |
| ENBREL 25 MG/0.5ML SOLN PRSYR | TIER 5 | PA, QL (4.08 PER 28 DAYS) |
| ENBREL 25 MG/0.5ML SOLUTION | TIER 5 | PA, QL (4 PER 28 DAYS) |
| ENBREL MINI 50 MG/ML SOLN CART | TIER 5 | PA, QL (8 PER 28 DAYS) |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ | TIER 5 | PA, QL (8 PER 28 DAYS) |
| ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H) | TIER 4 | PA - FOR NEW STARTS ONLY |
| <i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i> | TIER 5 | PA - PART B VS D DETERMINATION |
| <i>everolimus 0.25 mg tab</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i> | TIER 3 | PA - PART B VS D DETERMINATION |
| HADLIMA 40 MG/0.4ML SOLN PRSYR | TIER 5 | PA, QL (2.4 ML PER 28 DAYS) |
| HADLIMA 40 MG/0.8ML SOLN PRSYR | TIER 5 | PA, QL (4.8 ML PER 28 DAYS) |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ | TIER 5 | PA, QL (2.4 ML PER 28 DAYS) |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ | TIER 5 | PA, QL (4.8 ML PER 28 DAYS) |

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

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

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 |
|---|---|--|
| SIMLANDI (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT | TIER 5 | PA, QL (4 PER 28 DAYS) |
| <i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i> | TIER 3 | PA - PART B VS D DETERMINATION |
| XATMEP 2.5 MG/ML SOLUTION | TIER 4 | PA - FOR NEW STARTS ONLY |
| VACCINES | | |
| ABRYSVO 120 MCG/0.5ML RECON SOLN | TIER 3 | VAC |
| ACTHIB RECONSOLN | TIER 3 | |
| ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION) | TIER 3 | VAC |
| AREXVY 120 MCG/0.5ML RECON SUSP | TIER 3 | VAC |
| BCG VACCINE 50 MG RECON SOLN | TIER 3 | VAC |
| BEXSERO SUSPPRSYR | TIER 3 | VAC |
| BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION) | TIER 3 | VAC |
| DAPTACEL 23-15-5SUSPENSION | TIER 3 | |
| DENGVAXIA RECONSUSP | TIER 4 | |
| DIPHThERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION | TIER 3 | |
| ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) | TIER 3 | PA - PART B VS D DETERMINATION, VAC |
| GARDASIL 9 (9 SUSPENSION, 9 0.5 ML SUSP PRSYR) | TIER 3 | VAC |
| HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION) | TIER 3 | |
| HAVRIX 1440 EL U/ML SUSP PRSYR | TIER 3 | VAC |

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 |
|--|--|--|
| 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 | |
| PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION | TIER 3 | |
| PENMENVY RECONSUSP | TIER 3 | |
| PENTACEL RECONSUSP | TIER 3 | |
| PRIORIX RECONSUSP | TIER 3 | VAC |
| PROQUAD RECONSUSP | TIER 3 | |
| QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION) | TIER 3 | |
| RABAVERT RECONSUSP | TIER 3 | VAC |
| RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) | TIER 3 | PA - PART B VS D DETERMINATION, VAC |

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 |
|--|--|--|
| ROTARIX (RECON SUSP, SUSPENSION) | TIER 3 | |
| ROTATEQ SOLUTION | TIER 3 | |
| SHINGRIX 50 MCG/0.5ML RECON SUSP | TIER 3 | QL (2 PER 365 OVER TIME), VAC |
| SHINGRIX 50 MCG/0.5ML SUSP PRSYR | TIER 3 | QL (1 ML PER 365 DAYS), VAC |
| TDVAX 2-2 LF/0.5ML SUSPENSION | TIER 3 | VAC |
| TENIVAC 5-2 LF/0.5ML SUSPENSION | TIER 3 | VAC |
| TICOVAC 1.2 MCG/0.25ML SUSP PRSYR | TIER 3 | |
| TICOVAC 2.4 MCG/0.5ML SUSP PRSYR | TIER 3 | VAC |
| TRUMENBA SUSPPRSYR | TIER 3 | VAC |
| TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR | TIER 3 | PA - PART B VS D DETERMINATION, VAC |
| TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION) | TIER 4 | VAC |
| VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION) | TIER 3 | |
| VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION) | TIER 3 | VAC |
| VARIVAX 1350 PFU/0.5ML RECON SUSP | TIER 3 | VAC |
| VAXCHORA RECONSUSP | TIER 4 | VAC |
| VIMKUNYA 40 MCG/0.8ML SUSP PRSYR | TIER 4 | |
| VIVOTIF CAPDR | TIER 4 | |
| YF-VAX RECONSUSP | TIER 4 | VAC |

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

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

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

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

GLUCOCORTICOIDS

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

METABOLIC BONE DISEASE AGENTS

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

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

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

MISCELLANEOUS THERAPEUTIC AGENTS

| | | |
|---|--------|--|
| ADVOCATE INSULIN PEN NEEDLE 32GX4MMMISC | TIER 3 | |
| ALCOHOL 70% PADS | TIER 2 | |
| ALCOHOL PREP PAD | TIER 2 | |
| ALCOHOL PREP PADS S 70 % | TIER 2 | |
| ALCOHOL SWABS 70 % PAD | TIER 2 | |
| ALCOHOL SWABSTICK PAD | TIER 2 | |
| AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC) | TIER 3 | |
| ARGYLE STERILE WATER SOLUTION | 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 |
|---|--|--|
| ASSURE ID DUO PRO PEN NEEDLES 31GX5MMMISC | TIER 3 | |
| ASSURE ID PRO PEN NEEDLES 30GX5MMMISC | TIER 3 | |
| AUM ALCOHOL PREP PADS S 70 % | TIER 2 | |
| AUM INSULIN SAFETY PEN NEEDLE (PEN 4 MISC, PEN 5 MISC) | TIER 3 | |
| AUM PEN NEEDLE (PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC) | TIER 3 | |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC | TIER 3 | |
| BD PEN NEEDLE MINI U/F 31G X 5 MM MISC | TIER 3 | |
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC | TIER 3 | |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC | TIER 3 | |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC | TIER 3 | |
| BIOGUARD GAUZE SPONGES 2"X2"PAD | TIER 2 | |
| CARETOUCH ALCOHOL PREP 70 % PAD | TIER 2 | |
| COMFORT EZ INSULIN SYRINGE (27G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC) | TIER 3 | |
| COMFORT EZ PRO PEN NEEDLES (PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC) | TIER 3 | |
| CVS ALCOHOL PREP PADS S 70 % | TIER 2 | |
| CVS ANTIBACTERIAL GAUZE 2"X2"PAD | 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 |
|--|--|--|
| 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 34GX3.5MM MISC | TIER 3 | |
| DROPLET PEN NEEDLES (PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC) | TIER 3 | |
| DROPSAFE AUTOPROTECT DUO (4 MISC, 5 MISC, 8 MISC) | TIER 3 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| EASY COMFORT INSULIN SYRINGE (29G 5/16" 0.5 ML MISC, 29G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 32G 5/16" 1 ML MISC) | TIER 3 | |
| EASY COMFORT PEN NEEDLES (PEN 29G 4MM MISC, PEN 29G 5MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 32G 4 MM MISC) | TIER 3 | |
| EASY TOUCH INSULIN BARRELS U-100 1 ML MISC | TIER 3 | |

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

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

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

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

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 |
|--|--|--|
| PENBRAYA RECONSUSP | TIER 3 | VAC |
| PRO COMFORT ALCOHOL 70 % PAD | TIER 2 | |
| PRO COMFORT INSULIN SYRINGE (30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC) | TIER 3 | |
| PURE COMFORT SAFETY PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC) | TIER 3 | |
| QUICK TOUCH INSULIN PEN NEEDLE (PEN 29G 12.7MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC, PEN 33G 4 MM MISC, PEN 33G 5 MM MISC, PEN 33G 6 MM MISC, PEN 33G 8 MM MISC) | TIER 3 | |
| <i>ringers irrigation (ringers irrigation solution, ringers irrigation solution)</i> | TIER 2 | |
| SECURESAFE INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC) | TIER 3 | |
| SILIGENTLE FOAM DRESSING 2"X2"PAD | TIER 2 | |
| SMOFLIPID 20 % EMULSION | TIER 4 | PA - PART B VS D DETERMINATION |
| <i>sterile water for irrigation (sterile water for irrigation solution, sterile water for irrigation solution)</i> | TIER 2 | |
| SURE COMFORT PEN NEEDLES (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| TECHLITE PLUS PEN NEEDLES 32GX4MMMISC | TIER 3 | |
| <i>tis-u-sol solution</i> | TIER 2 | |

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

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|--|
| VERIFINE PLUS PEN NEEDLE (PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC) | TIER 3 | |
| VOWST CAP | TIER 5 | PA, LA, QL (12 PER 30 DAYS) |
| WEBCOL ALCOHOL PREP LARGE 70 % PAD | TIER 2 | |

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

| | | |
|---|--------|--|
| <i>ak-poly-bac 500-10000 unit/gm ointment</i> | TIER 2 | |
| <i>atropine sulfate (atropine sulfate 1 % solution, atropine sulfate 1 % solution)</i> | TIER 3 | |
| <i>bacitra-neomycin-polymyxin-hc (bacitra-neomycin-polymyxin-hc 1 % ointment, bacitra-neomycin-polymyxin-hc 1 % ointment)</i> | TIER 2 | |
| BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT | TIER 2 | |
| <i>brimonidine tartrate-timolol 0.2-0.5 % solution</i> | TIER 3 | |
| <i>dorzolamide hcl-timolol mal (dorzolamide hcl-timolol mal 2-0.5 % solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution, dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution)</i> | TIER 2 | |
| <i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i> | TIER 3 | |
| <i>loteprednol-tobramycin 0.5-0.3 % suspension</i> | TIER 4 | |
| <i>neo-polycin 3.5-400-10000 ointment</i> | TIER 2 | |
| <i>neo-polycin hc 1 % ointment</i> | TIER 2 | |
| <i>neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)</i> | TIER 2 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i> | TIER 2 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION | TIER 2 | |
| NEOMYCIN-POLYMYXIN-HC 3.5-10000-1SUSPENSION | TIER 4 | |
| <i>polycin 500-10000 unit/gm ointment</i> | TIER 2 | |
| RESTASIS 0.05 % EMULSION | TIER 3 | QL (60 PER 30 DAYS) |
| ROCKLATAN 0.02-0.005 % SOLUTION | TIER 4 | QL (2.5 PER 25 DAYS) |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION | TIER 2 | |
| <i>tobramycin-dexamethasone 0.3-0.1 % suspension</i> | TIER 2 | |
| XDEMVY 0.25 % SOLUTION | TIER 5 | PA, QL (10 PER 30 DAYS) |
| XIIDRA 5 % SOLUTION | TIER 3 | |
| ZYLET 0.5-0.3 % SUSPENSION | TIER 3 | |
| OPHTHALMIC ANTI-ALLERGY AGENTS | | |
| <i>azelastine hcl 0.05 % solution</i> | TIER 2 | |
| <i>cromolyn sodium (cromolyn sodium 4 % solution, cromolyn sodium 4 % solution)</i> | TIER 2 | |
| OPHTHALMIC ANTI-INFECTIVES | | |
| BACITRACIN 500 UNIT/GM OINTMENT | TIER 4 | |
| <i>erythromycin (erythromycin 5 mg/gm ointment, erythromycin 5 mg/gm ointment)</i> | TIER 2 | |
| GENTAK 0.3 % OINTMENT | TIER 2 | |
| <i>gentamicin sulfate 0.3 % solution</i> | TIER 2 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| LEVOFLOXACIN (LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 0.5 % SOLUTION, LEVOFLOXACIN 1.5 % SOLUTION) | TIER 3 | |
| MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION | TIER 2 | |
| <i>moxifloxacin hcl 0.5 % solution</i> | TIER 3 | |
| NATACYN 5 % SUSPENSION | TIER 3 | |
| <i>ofloxacin 0.3 % solution</i> | TIER 2 | |
| <i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i> | TIER 2 | |
| <i>sulfacetamide sodium (sulfacetamide sodium 10 % solution, sulfacetamide sodium 10 % solution)</i> | TIER 2 | |
| SULFACETAMIDE SODIUM 10 % OINTMENT | TIER 3 | |
| <i>tobramycin 0.3 % solution</i> | TIER 2 | |
| TRIFLURIDINE 1 % SOLUTION | TIER 3 | |
| ZIRGAN 0.15 % GEL | TIER 4 | QL (5 PER 30 DAYS) |
| OPHTHALMIC ANTI-INFLAMMATORIES | | |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION | TIER 2 | |
| <i>diclofenac sodium 0.1 % solution</i> | TIER 2 | |
| <i>difluprednate 0.05 % emulsion</i> | TIER 4 | |
| <i>fluorometholone 0.1 % suspension</i> | TIER 2 | |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION | TIER 2 | |
| FML 0.1 % OINTMENT | TIER 4 | |
| FML FORTE 0.25 % SUSPENSION | TIER 4 | |
| ILEVRO 0.3 % SUSPENSION | TIER 3 | QL (3 PER 30 DAYS) |
| <i>ketorolac tromethamine (0.4 %, 0.5 %)</i> | TIER 2 | |

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|---|--|
| <i>prednisolone acetate 1 % suspension</i> | TIER 2 | |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | TIER 3 | |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>betaxolol hcl (betaxolol hcl 0.5 % solution, betaxolol hcl 0.5 % solution)</i> | TIER 2 | |
| CARTEOLOL HCL 1 % SOLUTION | TIER 2 | |
| LEVOBUNOLOL HCL 0.5 % SOLUTION | TIER 2 | |
| <i>timolol maleate (0.25 % gel soln, 0.5 % gel soln)</i> | TIER 3 | |
| <i>timolol maleate (0.25 %, 0.5 %)</i> | TIER 1 | |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER | | |
| <i>acetazolamide er 500 mg cap 12h</i> | TIER 2 | |
| <i>apraclonidine hcl (apraclonidine hcl 0.5 % solution, apraclonidine hcl 0.5 % solution)</i> | TIER 3 | |
| <i>brimonidine tartrate 0.1 % solution</i> | TIER 3 | |
| <i>brimonidine tartrate 0.15 % solution</i> | TIER 4 | |
| <i>brimonidine tartrate 0.2 % solution</i> | TIER 2 | |
| <i>brinzolamide 1 % suspension</i> | TIER 3 | |
| <i>dorzolamide hcl (dorzolamide hcl 2 % solution, dorzolamide hcl 2 % solution)</i> | TIER 2 | |
| <i>methazolamide (25 mg tab, 50 mg tab)</i> | TIER 4 | |
| <i>pilocarpine hcl (1 %, 2 %, 4 %)</i> | TIER 2 | |
| RHOPRESSA 0.02 % SOLUTION | TIER 3 | QL (2.5 PER 25 DAYS) |
| SIMBRINZA 1-0.2 % SUSPENSION | TIER 3 | |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS | | |
| <i>bimatoprost 0.03 % solution</i> | TIER 4 | ST, QL (5 PER 30 DAYS) |
| <i>latanoprost (latanoprost 0.005 % solution, latanoprost 0.005 % solution)</i> | TIER 1 | |

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 |
|---|---|--|
| LUMIGAN 0.01 % SOLUTION | TIER 3 | QL (5 PER 30 DAYS) |
| <i>travoprost (bak free) 0.004 % solution</i> | TIER 3 | QL (5 PER 30 DAYS) |
| VYZULTA 0.024 % SOLUTION | TIER 4 | |

OTIC AGENTS

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

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU(TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|---|--|--|
| <i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i> | TIER 4 | PA - PART B VS D DETERMINATION |
| QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA) | TIER 3 | QL (21.2 PER 30 DAYS) |
| ANTIHISTAMINES | | |
| <i>azelastine hcl (0.1 %, 137 mcg/spray)</i> | TIER 2 | QL (30 PER 25 DAYS) |
| <i>cetirizine hcl (1 mg/ml, 5 mg/5ml)</i> | TIER 2 | |
| <i>cyproheptadine hcl 4 mg tab</i> | TIER 3 | PA |
| <i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i> | TIER 2 | PA |
| <i>hydroxyzine pamoate (hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap, hydroxyzine pamoate 25 mg cap)</i> | TIER 4 | PA |
| <i>levocetirizine dihydrochloride 5 mg tab</i> | TIER 1 | |
| <i>promethazine hcl (6.25 mg/5ml, 12.5 mg/10ml)</i> | TIER 2 | PA |
| ANTILEUKOTRIENES | | |
| <i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i> | TIER 2 | QL (1 PER 1 DAYS) |
| <i>montelukast sodium 10 mg tab</i> | TIER 1 | QL (1 PER 1 DAYS) |
| <i>zafirlukast (10 mg tab, 20 mg tab)</i> | TIER 4 | QL (2 PER 1 DAYS) |
| BRONCHODILATORS, ANTICHOLINERGIC | | |
| ATROVENT HFA 17 MCG/ACT AERO SOLN | TIER 4 | QL (25.8 GM PER 30 DAYS) |
| INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA | TIER 3 | QL (30 PER 30 DAYS) |
| <i>ipratropium bromide 0.02 % solution</i> | TIER 2 | PA - PART B VS D DETERMINATION |
| <i>ipratropium bromide 0.03 % solution</i> | TIER 2 | QL (30 PER 30 DAYS) |
| <i>ipratropium bromide 0.06 % solution</i> | TIER 2 | QL (45 PER 30 DAYS) |
| SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN) | TIER 3 | QL (4 PER 30 DAYS) |

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

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

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 |
|---|---|--|
| PULMOZYME 2.5 MG/2.5ML SOLUTION | TIER 5 | QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION |
| <i>tobramycin 300 mg/4ml nebu soln</i> | TIER 5 | PA, QL (224 PER 28 DAYS) |
| <i>tobramycin 300 mg/5ml nebu soln</i> | TIER 5 | PA, QL (280 PER 56 OVER TIME) |
| TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK) | TIER 5 | PA, LA, QL (3 PER 1 DAYS) |
| MAST CELL STABILIZERS | | |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | TIER 3 | PA - PART B VS D DETERMINATION |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | | |
| <i>roflumilast 250 mcg tab</i> | TIER 4 | QL (28 PER 180 OVER TIME) |
| <i>roflumilast 500 mcg tab</i> | TIER 4 | QL (1 PER 1 DAYS) |
| <i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h, theophylline er 100 mg tab er 12h, theophylline er 200 mg tab er 12h)</i> | TIER 3 | |
| PULMONARY ANTIHYPERTENSIVES | | |
| ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB) | TIER 5 | PA, LA, QL (3 PER 1 DAYS) |
| <i>alyq 20 mg tab</i> | TIER 5 | PA, QL (2 PER 1 DAYS) |
| <i>ambrisentan (5 mg tab, 10 mg tab)</i> | TIER 5 | PA, LA, QL (1 PER 1 DAYS) |
| <i>bosentan (62.5 mg tab, 125 mg tab)</i> | TIER 5 | PA, LA, QL (2 PER 1 DAYS) |
| <i>bosentan 32 mg tab sol</i> | TIER 5 | PA, LA, QL (4 PER 1 DAYS) |
| OPSUMIT 10 MG TAB | TIER 5 | PA, LA, QL (1 PER 1 DAYS) |
| <i>sildenafil citrate 20 mg tab</i> | TIER 3 | PA, QL (12 PER 1 DAYS) |
| <i>tadalafil (pah) 20 mg tab</i> | TIER 4 | PA, QL (2 PER 1 DAYS) |
| UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB) | TIER 5 | PA, LA, QL (2 PER 1 DAYS) |

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 |
|---|---|--|
| UPTRAVI 200 & 800 MCG TAB THPK | TIER 5 | PA, LA, QL (200 PER 180 OVER TIME) |
| WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT) | TIER 5 | PA, QL (1 PER 21 OVER TIME) |
| PULMONARY FIBROSIS AGENTS | | |
| OFEV (100 MG CAP, 150 MG CAP) | TIER 5 | PA, LA, QL (2 PER 1 DAYS) |
| <i>pirfenidone (267 mg cap, 267 mg tab)</i> | TIER 5 | PA, QL (9 PER 1 DAYS) |
| PIRFENIDONE 534 MG TAB | TIER 5 | PA, QL (5 PER 1 DAYS) |
| <i>pirfenidone 801 mg tab</i> | TIER 5 | PA, QL (3 PER 1 DAYS) |
| RESPIRATORY TRACT AGENTS, OTHER | | |
| <i>acetylcysteine (10 %, 20 %)</i> | TIER 2 | PA - PART B VS D DETERMINATION |
| ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL) | TIER 3 | QL (12 PER 30 DAYS) |
| ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA | TIER 3 | QL (60 PER 30 DAYS) |
| BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA) | TIER 3 | QL (60 PER 30 DAYS) |
| <i>breyna (80-4.5 mcg/act, 160-4.5 mcg/act)</i> | TIER 3 | QL (10.3 PER 30 DAYS) |
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL | TIER 3 | QL (10.7 PER 30 DAYS) |
| <i>budesonide-formoterol fumarate (80-4.5 mcg/act, 160-4.5 mcg/act)</i> | TIER 3 | QL (10.2 PER 30 DAYS) |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN | TIER 4 | QL (4 PER 30 DAYS) |
| <i>flunisolide 25 mcg/act (0.025%) solution</i> | TIER 2 | QL (50 PER 30 DAYS) |
| <i>fluticasone propionate 50 mcg/act suspension</i> | TIER 2 | QL (16 PER 30 DAYS) |
| <i>fluticasone-salmeterol (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i> | TIER 2 | QL (60 PER 30 DAYS) |

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 |
|---|---|--|
| FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA) | TIER 2 | QL (1 PER 30 DAYS) |
| <i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i> | TIER 2 | PA - PART B VS D DETERMINATION |
| STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN | TIER 3 | |
| TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA) | TIER 3 | QL (60 PER 30 DAYS) |
| <i>wixela inhub (100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)</i> | TIER 2 | QL (60 PER 30 DAYS) |

SKELLETAL MUSCLE RELAXANTS

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

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

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

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

| NAME OF DRUG | WHAT THE DRUG WILL COST YOU (TIER LEVEL) | NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE |
|--|---|--|
| <i>zolpidem tartrate 10 mg tab</i> | TIER 2 | QL (1 PER 1 DAYS) |
| <i>zolpidem tartrate 5 mg tab</i> | TIER 2 | QL (2 PER 1 DAYS) |
| WAKEFULNESS PROMOTING AGENTS | | |
| <i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i> | TIER 4 | PA, QL (1 PER 1 DAYS) |
| <i>modafinil 100 mg tab</i> | TIER 3 | PA, QL (3 PER 1 DAYS) |
| <i>modafinil 200 mg tab</i> | TIER 3 | PA, QL (2 PER 1 DAYS) |
| <i>sodium oxybate (sodium oxybate 500 mg/ml solution, sodium oxybate 500 mg/ml solution)</i> | TIER 5 | PA, LA, QL (540 PER 30 DAYS) |

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

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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 بريـل والخط الكبير. اتصل بـ **1-800-452-4413 (TTY:711)**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-800-452-4413 (TTY:711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու

խոշորատառ տպագրված նյութեր: Չանգահարեք **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.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:

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

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

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

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

ພາສາມູ່ລຳຊາກາສາໂຊ່ງ (Mon-Khmer, Cambodian)

ចំណាំ: ເບີຜູ້ ຫຼື ການຊ່ວຍ ຈາກາສາ ກບສ່ຜູ້ ສູບ ອຸງສັຕູເອາເລຂ
1-800-452-4413 (TTY:711) ຈຳນຸຍ ສິຂ ເສຣາກມູ ສບຣາບ
ຊສຕິກາ ສູວຊາລັກສາກສາສາເສຣາເສຣາເສຣາເສຣາ ສບຣາບຊສຕິກາເສຣາ

ਪ੍ਰੋਗਰਾਮ ਸਰਵੋਤਮ ਸੇਵਾ ਮਹਾਂਕ੍ਰਮ ਪ੍ਰੋਗਰਾਮ ਕੰਮ ਕਰ ਰਿਹਾ ਹੈ।

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

ਸੇਵਾ ਮੁਢਲੇ ਤੌਰ 'ਤੇ ਖੋਲ੍ਹੀ ਜਾਵੇਗੀ।

مطلب به زبان فارسی (Persian (Farsi))

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

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

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

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

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

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

Русский слоган (Russian)

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

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

крупным шрифтом или шрифтом Брайля. Звоните по номеру

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

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al

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

Tagalog Tagline (Tagalog)

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

เท็กไลน์ภาษาไทย (Thai)

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

Примітка українською (Ukrainian)

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

Khẩu hiệu tiếng Việt (Vietnamese)

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

NONDISCRIMINATION NOTICE

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

Blue Shield of California provides:

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

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

Blue Shield of California

601 12th Street

Oakland, CA 94607-3613

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

HOW TO FILE A GRIEVANCE

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

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

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

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

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

- » By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).
- » In writing: Fill out a complaint form or send a letter to:

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

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

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

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

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

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

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

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

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

This *Drug List* was updated on 03/24/2026 .

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

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



03/24/2026