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

Список покрываемых лекарственных препаратов на 2021 г. (Справочник)

Округи: Los Angeles и San Diego

Справочник обновлен . Для получения обновленной информации или по другим вопросам обращайтесь в центр поддержки участников программы Blue Shield Promise Cal MediConnect Plan по тел. 1-855-905-3825 (телетайп: 711), с 8:00 до до 20:00, без выходных. Звонок бесплатный. Или посетите веб-сайт www.blueshieldca.com/promise/calmediconnect.

Идентификатор справочника: **21409**, Версия:

blue california

Promise Health Plan

Blue Shield Promise Cal MediConnect Plan | Список покрываемых лекарственных препаратов на 2021 г. (Справочник)

Введение

Этот документ называется *Список покрываемых лекарственных препаратов* (или Список лекарств). В нем указывается, какие препараты рецептурного отпуска, а также лекарственные средства, отпускаемые без рецепта (OTC), покрываются Blue Shield Promise Cal MediConnect Plan. В Списке лекарствтакже указывается, существуют ли какие-либо особые правила или ограничения в отношении любых лекарств, покрываемых Blue Shield Promise Cal MediConnect Plan. Ключевые термины и их определения приведены в последней главе *Руководства участника*. Вы можете запросить копию, позвонив в центр поддержки участников программы Blue Shield Promise Cal MediConnect Plan по тел. 1-855-905-3825 (телетайп: 711), с 8:00 до до 20:00, без выходных. Звонок бесплатный.

Содержание

Если у вас есть вопросы, звоните в центр поддержки участников программы Blue Shield Promise Cal MediConnect Plan по номеру 1-855-905-3825 (телетайп: 711), с 8:00 до 20:00, без выходных. Звонок бесплатный. **Для получения дополнительной информации** посетите веб-сайт www.blueshieldca.com/promise/calmediconnect.

A. Оговорки и ограничения

Это список лекарств, которые участники программы могут получить в рамках Blue Shield Promise Cal MediConnect.

- Blue Shield Promise Cal MediConnect — это план медицинского страхования по договору с Medicare и Medi-Cal для предоставления участникам преимуществ обеих программ.
- Список покрываемых лекарственных препаратов и/или сетей аптек и поставщиков услуг может меняться в течение года. Мы отправим вам уведомление, прежде чем вносить изменения, которые вас коснутся.
- Преимущества и/или доплаты могут меняться 1 января каждого года.
- Вы всегда можете проверить актуальный Список покрываемых лекарственных препаратов Blue Shield Promise Cal MediConnect на веб-сайте www.blueshieldca.com/promise/calmediconnect или позвонив по номеру 1-855-905-3825 (телетайп: 711), с 8:00 до 20:00, без выходных. Звонок бесплатный.
- Могут применяться нормы, ограничения и доплаты. Для получения дополнительной информации позвоните в центр поддержки участников Blue Shield Promise Cal MediConnect или прочитайте Руководство участника Blue Shield Promise Cal MediConnect.
- Доплаты за отпускаемые по рецепту лекарства могут различаться в зависимости от уровня получаемой вами Extra Help (Дополнительной помощи). Для получения более подробной информации свяжитесь со службой поддержки плана.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-905-3825 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.
- **Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711) De 8:00 a.m. a 8:00 p.m., los siete días de la semana.
- **繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711) 每周七天办公，每天早上 8:00 至晚上 8:00。这是免费电话。
- **Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711) 8 giờ sáng–8 giờ tối, 7 ngày trong tuần. HOẶC Ban.

- **Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711) Mula 8am-8pm, 7 araw sa isang lingo.

- **한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY: 711)번으로 전화해 주십시오. 번으로 전화해 주십시오,오후 8 시, 7 일 주일 오전 8 시..

- **Հայերեն (Armenian):** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY (հեռատիպ)՝ 711) Ից 8:00 – 20:00, շաբաթը յոթ օր

- **فارسی (Persian/Farsi):**

- **توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-905-3825 (TTY: 711) تماس بگیرید.صبح تا 8 شب، همه روزه هفته 8

- **Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (телетайп: 711) С 8:00 до 20:00, без выходных.

- **العربية (Arabic):**

- ملحوظة: ذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 711)

1-855-905-3825 Blue Shield Promise Cal MediConnect Plan(رقم هاتف الصم والبكم: 711) من

الساعة 8:00 صباحًا حتى 8:00 مساءً طوال أيام الأسبوع

- **ខ្មែរ (Cambodian/Khmer):** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ Blue Shield Promise Cal MediConnect Plan 1-855-905-3825 (TTY:711)។ចាប់ពីម៉ោងម៉ោង 8:00 ព្រឹក ដល់ ម៉ោង 8:00 យប់ ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍។

- Вы можете бесплатно получить этот документ в других форматах, например напечатанный крупным шрифтом, шрифтом Брайля или в виде звукозаписи. Звоните в центр поддержки участников по номеру 1-855-905-3825 (телетайп: 711). с 8:00 до 20:00, без выходных. Звонок бесплатный.

- Вы можете сделать запрос на получение материалов не на английском языке или в другом формате сейчас и в будущем. Чтобы сделать запрос, свяжитесь с

центром поддержки участников программы Blue Shield Promise Cal MediConnect Plan.

B. Часто задаваемые вопросы (FAQ)

Здесь вы найдете ответы на вопросы об этом *Списке покрываемых лекарственных препаратов*. Вы можете прочитать все часто задаваемые вопросы (FAQ), чтобы узнать больше, или найти ответ на необходимый вопрос.

B1. Какие препараты рецептурного отпуска включены в *Список покрываемых лекарственных препаратов*? (Для краткости мы называем *Список покрываемых лекарственных препаратов* «Списком лекарств».)

Лекарственные препараты, включенные в Список лекарств, - это лекарственные препараты, которые покрываются Blue Shield Promise Cal MediConnect Plan. Препараты доступны в аптеках нашей сети. Аптека входит в нашу сеть, если у нас есть соглашение с ней о сотрудничестве и предоставлении вам услуг. Мы называем эти аптеки «сетевыми аптеками».

- Blue Shield Promise Cal MediConnect Plan покроет все необходимые для лечения лекарства, внесенные в Список лекарств, если:
  - ваш или другой врач, назначающий лекарства, скажет, что они нужны вам для лечения или поддержания здоровья, **и**
  - вы получаете лекарство по рецепту в сетевой аптеке Blue Shield Promise Cal MediConnect Plan.
- В некоторых случаях вам нужно выполнить ряд действий, прежде чем вы сможете получить лекарство (см. вопрос B4 ниже).

Вы также можете ознакомиться с обновленным списком лекарственных препаратов, которые покрываются нашей программой, на нашем веб-сайте по адресу www.blueshieldca.com/promise/calmediconnect или позвонить в центр поддержки участников программы по телефону 1-855-905-3825.

B2. Изменяется ли Список лекарств?

Да, и Blue Shield Promise Cal MediConnect Plan должен выполнять правила Medicare и Medicaid при внесении изменений. Мы можем добавлять или удалять лекарственные препараты из Списка лекарств в течение года.

Мы также можем изменять наши правила в отношении лекарственных препаратов. Например, мы можем:

- Решить потребовать или не требовать предварительного одобрения лекарственного препарата. (Предварительное одобрение — это разрешение от Blue Shield Promise Cal MediConnect Plan на получение лекарственного препарата.)
- Добавить или изменить количество препарата, которое вы можете получить (так называемые количественные нормы).
- Добавить или изменить ограничения поэтапной терапии на использование лекарственного препарата. (Поэтапная терапия означает, что вы должны попробовать один лекарственный препарат, прежде чем мы обеспечим покрытие другого лекарственного препарата.)

Для получения дополнительной информации о правилах, касающихся этих лекарств см. вопрос B4.

Если вы принимаете лекарство, которое имело покрытие в **начале** года, мы, как правило, не будем отменять или изменять покрытие этого лекарства **до конца этого года**, кроме случаев, когда:

- на рынке появится новый, более дешевый лекарственный препарат, обладающий таким же эффектом, как и лекарственный препарат из Списка лекарств, **или**
- мы узнаем, что лекарственный препарат небезопасен, **или**
- лекарственный препарат будет снят с продаж.

Вопросы B3 и B6 ниже содержат больше информации о том, что происходит при изменении Списка лекарств.

- Вы можете всегда проверить актуальный список лекарственных препаратов Blue Shield Promise Cal MediConnect Plan на веб-сайте по адресу www.blueshieldca.com/promise/calmediconnect.
- Вы также можете позвонить в центр поддержки участников, чтобы получить информацию об актуальном Списке лекарственных препаратов, по телефону 1-855-905-3825 (телетайп: 711), с 8:00 до 20:00, без выходных.

B3. Что происходит при изменении Списка лекарств?

Некоторые изменения Списка лекарств происходят **незамедлительно**. Например:

- **Появляется новый непатентованный лекарственный препарат**. Иногда на рынке появляется новый непатентованный лекарственный препарат, который работает так же хорошо, как и патентованный лекарственный препарат из Списка лекарств. В этом случае мы можем убрать из списка патентованный лекарственный препарат и добавить новый непатентованный препарат, но стоимость нового препарата останется прежней или будет ниже. Когда мы добавляем новый непатентованный лекарственный препарат, мы также можем принять решение о сохранении патентованного лекарственного средства в списке, но изменить правила его покрытия или нормы.

    - Мы можем не уведомить вас о предстоящем изменении, но вышлем вам информацию о конкретных изменениях, которые мы внесли, как только они произойдут.

    - Вы или ваш поставщик услуг можете попросить об исключении из этих изменений. Мы отправим вам уведомление с указанием действий, которые вы можете предпринять, чтобы запросить исключение. Пожалуйста, смотрите вопрос B10 для получения дополнительной информации об исключениях.

- **Лекарство снято с рынка**. Если Food and Drug Administration (FDA, Управление по санитарному надзору за качеством пищевых продуктов и медикаментов США) заявит, что лекарственный препарат, который вы принимаете, небезопасен, или производитель препарата снимает препарат с рынка, мы исключим его из Списка лекарств. Если вы принимаете лекарственный препарат, мы сообщим вам, что препарат был исключен из Списка лекарств, и расскажем, что делать дальше.

Мы можем вносить другие изменения, которые влияют на принимаемые вами лекарства. Мы заранее сообщим вам об этих других изменениях Списка лекарств. Эти изменения могут произойти, если:

- FDA предоставляет новое руководство или существуют новые клинические рекомендации о лекарственном препарате.

- Мы добавляем непатентованный лекарственный препарат, который не является новым для рынка, **и**

    - Заменяем патентованный лекарственный препарат, который в настоящее время находится в Списке лекарств, **или**

    - Изменяем правила покрытия или нормы для патентованного препарата.

Когда эти изменения произойдут, мы:

- Сообщим вам об изменении по крайней мере за 30 дней до того, как оно будет внесено в Список лекарств **или**
- Сообщим вам и предоставим вам 30-дневный запас лекарственного препарата после того, как вы сделаете запрос на пополнение.

Это даст вам время поговорить с вашим врачом или другим лицом, выписывающим рецепт. Он или она может помочь вам

- Определить, есть ли аналогичный лекарственный препарат в Списке лекарств, который вы сможете выбрать в качестве замены, **или**
- Попросить об исключении для этих изменений. Чтобы узнать больше об исключениях, см. вопрос B10.

B4. Существуют ли какие-либо нормы или ограничения на покрытие лекарственных препаратов или какие-либо условия, выполнение которых требуется для получения определенных лекарств?

Да, у некоторых лекарств есть правила покрытия или нормы на количество, которое вы можете получить. В некоторых случаях вы, ваш врач или другое лицо, выписывающее рецепт, должны выполнить определенные условия, прежде чем вы сможете получить лекарственный препарат. Например:

- **Предварительное одобрение (или предварительное разрешение):** Для получения некоторых лекарств вы, ваш врач или другое лицо, выписывающее рецепт, должны получить одобрение от Blue Shield Promise Cal MediConnect Plan, прежде чем вы получите рецепт. Blue Shield Promise Cal MediConnect Plan может не покрывать лекарственный препарат, если вы не получили одобрение.

- **Нормы по количеству:** Иногда Blue Shield Promise Cal MediConnect Plan ограничивает количество лекарства, которое вы можете получить.

- **Поэтапная терапия:** Иногда Blue Shield Promise Cal MediConnect Plan требует от вас проведения поэтапной терапии. Это означает, что вам придется пробовать лекарства в определенном порядке для вашего заболевания. Возможно, вам придется попробовать один лекарственный препарат, прежде чем мы покроем другой. Если ваш врач посчитает, что первый препарат вам не подходит, тогда мы покроем второй.

Вы можете узнать, есть ли у вашего препарата какие-либо дополнительные требования или нормы, просмотрев таблицы на страницах . Вы

также можете получить дополнительную информацию, посетив наш веб-сайт по адресу www.blueshieldca.com/promise/calmediconnect. Мы опубликовали в Интернете документы, в которых разъясняются наши ограничения на предварительное утверждение и поэтапную терапию. Вы также можете попросить нас выслать вам копию.

Вы можете попросить об исключении из этих ограничений. Это даст вам время поговорить с вашим врачом или другим лицом, выписывающим рецепт. Он или она поможет вам найти аналогичный лекарственный препарат в Списке лекарств, который вы сможете использовать вместо этого препарата, или попросить об исключении. Смотрите вопросы B10-B12 для получения дополнительной информации об исключениях.

B5. Как узнать, есть ли у нужного вам лекарственного препарата нормы или требуется ли выполнение особых условий для его получения?

Список покрываемых лекарственных препаратов на стр. включает столбец «Необходимые условия, нормы или ограничения по использованию».

B6. Что произойдет, если мы изменим наши правила в отношении некоторых лекарств (например, предварительное утверждение (одобрение), нормы по количеству и/или ограничения по поэтапной терапии)?

В некоторых случаях мы заранее сообщим вам о добавлении или изменении предварительного одобрения, норм по количеству и/или ограничений по поэтапной терапии для препарата. См. вопрос B3 для получения дополнительной информации об этом предварительном уведомлении и ситуациях, когда мы не сможем сообщить вам заранее об изменении Списка лекарств.

B7. Как найти лекарство в Списке лекарств?

Есть два способа найти лекарство:

- Вы можете искать в алфавитном порядке (если знаете, как пишется название препарата), **или**
- Вы можете искать по названию заболевания.

Для поиска в **алфавитном порядке** перейдите в раздел «Указатель покрываемых лекарственных препаратов». Вы можете найти его в указателе, который начинается на странице . Указатель содержит алфавитный список всех лекарств, включенных в этот документ. Указатель включает патентованные и непатентованные лекарственные препараты. Найдите ваш лекарственный препарат в Указателе. Рядом с вашим лекарством вы увидите номер страницы, где

вы можете найти информацию о покрытии. Перейдите на страницу, определенную в Указателе, и найдите название вашего лекарственного препарата в первом столбце списка.

Для поиска **по названию заболевания** найдите раздел «Список препаратов по названию заболевания» на стр. xviii. Препараты в этом разделе сгруппированы по категориям в зависимости от типа заболевания, для лечения которого они используются. Например, если у вас есть проблемы с сердцем, вы должны искать в категории Cardiovascular agents (Лекарственные препараты для сердечно-сосудистой системы). Здесь вы найдете лекарства, которые используются для лечения сердечно-сосудистых заболеваний.

B8. Что делать, если требуемое лекарство отсутствует в Списке лекарств?

Если вы не находите свой препарат в Списке лекарств, позвоните в центр поддержки участников по телефону 1-855-905-3825 (телетайп: 711), с 8:00 до 20:00, без выходных, для получения дополнительной информации. Звонок бесплатный. Если вы узнаете, что Blue Shield Promise Cal MediConnect Plan не покрывает лекарство, вы можете выполнить одно из следующих действий:

- Обратитесь в центр поддержки участников программы, чтобы получить список лекарств, аналогичных тому, которое вы хотите принимать. Затем покажите этот список своему врачу или другому лицу, выписывающему рецепт. Он или она сможет прописать препарат из Списка лекарств, аналогичный тому, который вы хотите принимать. **Или**
- Вы можете попросить, чтобы план медицинского страхования сделал исключение для покрытия вашего лекарства. Пожалуйста, смотрите вопросы B10-B12 для получения дополнительной информации об исключениях.

B9. Что делать, если вы являетесь новым участником Blue Shield Promise Cal MediConnect Plan и не можете найти свой препарат в Списке лекарств, или у вас возникли проблемы с получением препарата?

Мы можем помочь. Мы можем покрыть временный 30-дневный запас вашего лекарства в течение первых 90дней участия в Blue Shield Promise Cal MediConnect Plan. Это даст вам время поговорить с врачом или другим лицом, выписывающим рецепт. Он или она поможет вам найти аналогичный лекарственный препарат в Списке лекарств, который вы сможете использовать вместо этого препарата, или попросить об исключении.

Если ваш рецепт выписан на меньшее количество дней, мы разрешим многократное пополнение запаса лекарств максимум на 30 дней.

Мы покроем 30-дневный запас вашего лекарства, если:

- вы принимаете лекарство, которого нет в нашем Списке лекарств, **или**
- правила плана медицинского страхования не позволяют вам получить количество, назначенное вашим врачом, **или**
- препарат требует предварительного одобрения Blue Shield Promise Cal MediConnect Plan, **или**
- вы принимаете лекарство, которое является частью ограничения поэтапной терапии.

Если вы находитесь в доме престарелых или другом учреждении длительного ухода и нуждаетесь в лекарстве, которого нет в Списке лекарств, или если вы не можете легко получить необходимое лекарство, мы можем помочь. Если вы пользовались планом более 90 дней, живете в учреждении длительного ухода и нуждаетесь в немедленном запасе:

- Мы покроем одну 31-дневную поставку необходимого вам лекарственного препарата (если у вас нет рецепта на меньшее количество дней), независимо от того, являетесь ли вы новым участником Blue Shield Promise Cal MediConnect Plan или нет.
- Это – в дополнение к временному запасу в течение первых 90 дней, когда вы являетесь участником Blue Shield Promise Cal MediConnect Plan.

Политика перехода

В условиях, когда бенефициар переходит от одной схемы лечения к другой, Blue Shield Promise Cal MediConnect Plan обеспечит быстрый процесс одобрения лекарств, не входящих в Часть D справочника. Этот процесс также применяется к лекарственным средствам из Части D справочника, которые требуют предварительного утверждения или для поэтапной терапии. Примеры изменения уровня медицинского обслуживания: бенефициары, которые выписываются из больницы домой; бенефициары, которые заканчивают свое пребывание в учреждении ухода с квалифицированными медсестрами в рамках программы Medicare, часть A, и которым необходимо вернуться к своей Части D справочника плана; бенефициары, которые прекращают пребывание в учреждении длительного ухода и возвращаются в сообщество; и бенефициары, которые выписываются из психиатрических больниц со строго индивидуализированными режимами лечения.

Если у вас есть вопросы, звоните в центр поддержки участников программы Blue Shield Promise Cal MediConnect Plan по номеру 1-855-905-3825 (телетайп: 711), с 8:00 до 20:00, без выходных. Звонок бесплатный. **Для получения дополнительной информации** посетите веб-сайт www.blueshieldca.com/promise/calmediconnect.

B10. Можете ли вы попросить об исключении для покрытия вашего лекарства?

Да. Вы можете попросить Blue Shield Promise Cal MediConnect Plan сделать исключение для покрытия лекарства, которого нет в Списке лекарств.

Вы также можете попросить нас изменить правила, касающиеся вашего лекарства.

- Например, Blue Shield Promise Cal MediConnect Plan может ограничить количество лекарства, которое мы покрываем. Если у вашего лекарства есть нормы, вы можете попросить нас изменить нормы и покрыть большее количество.
- Другие примеры: Вы можете попросить нас отменить ограничения на поэтапную терапию или требования предварительного одобрения.

B11. Как вы можете попросить об исключении?

Чтобы попросить об исключении, позвоните в центр поддержки участников программы. Центр поддержки участников программы проведет работу с вами и вашим поставщиком услуг, чтобы помочь вам попросить об исключении. Вы также можете прочитать Главу 9 *Руководства участника*, чтобы узнать больше об исключениях.

B12. Сколько времени нужно, чтобы получить исключение?

Во-первых, мы должны получить от вашего врача заявление, подтверждающее ваш запрос об исключении. После получения заявления мы предоставим вам решение по вашему запросу об исключении в течение 72 часов.

Если вы или ваш лечащий врач считаете, что вашему здоровью может быть нанесен ущерб, если вам придется ждать решения в течение 72 часов, вы можете попросить об ускоренном решении об исключении. Это более быстрое решение. Если ваш врач, назначающий лекарства, поддержит ваш запрос, мы предоставим вам решение в течение 24 часов после получения подтверждающего заявления вашего врача или лица, выписывающего рецепт.

B13. Что такое непатентованные лекарственные препараты?

Непатентованные лекарственные препараты состоят из тех же ингредиентов, что и патентованные лекарственные препараты. Они обычно стоят дешевле, чем патентованные лекарственные препараты, а их названия менее известны. Непатентованные лекарственные препараты одобряются Food and Drug Administration (FDA).

Blue Shield Promise Cal MediConnect Plan покрывает как патентованные, так и непатентованные лекарства.

B14. Что такое препараты OTC?

OTC означает «over-the-counter» (лекарственные средства, отпускаемые без рецепта). Blue Shield Promise Cal MediConnect Plan покрывает некоторые лекарственные средства, отпускаемые без рецепта, если они указаны, как рецептурные препараты вашим поставщиком услуг.

Вы можете ознакомиться со Списком лекарств Blue Shield Promise Cal MediConnect Plan, чтобы узнать, какие препараты OTC имеют покрытие.

B15. Покрывает ли Blue Shield Promise Cal MediConnect Plan нелекарственные средства OTC?

Blue Shield Promise Cal MediConnect Plan покрывает некоторые нелекарственные средства OTC, если они указаны как рецептурные препараты вашим поставщиком услуг.

Примеры нелекарственных средств OTC включают Vortex Adult Mask или Microchamber.

Вы можете ознакомиться со Списком лекарств Blue Shield Promise Cal MediConnect Plan, чтобы узнать, какие нелекарственные средства OTC имеют покрытие.

B16. Какая требуется доплата от вас?

Вы можете ознакомиться со Списком лекарств Blue Shield Promise Cal MediConnect Plan, чтобы узнать о доплате за каждый лекарственный препарат. Участники Blue Shield Promise Cal MediConnect Plan, проживающие в домах престарелых или других учреждениях длительного ухода, не будут должны производить доплату. Некоторые участники, получающие длительный уход в сообществе, также не будут производить доплат.

Доплаты перечислены по уровням. Уровни — это группы препаратов с одинаковой доплатой. Сумма доплаты будет зависеть от вашего уровня участия в Medi-Cal.

Уровень	Название	Доплата		
		30-дневный запас	**90-дневный запас**	**100-дневный запас**
Уровень 1	Предпочтительные непатентованные лекарственные препараты	$0	$0	$0
Уровень 2	Непатентованные лекарственные препараты	Доплата от $0 до $3.70	Доплата от $0 до $3.70	Недоступно
Уровень 3	Патентованные лекарственные препараты	Доплата от $0 до $9.20	Доплата от $0 до $9.20	Недоступно
Уровень 4	Препараты, не относящиеся к Medicare Rx / лекарственным средствам, отпускаемым без рецепта (OTC)	Доплата $0	Доплата $0	Недоступно

B17. Что такое уровни лекарственных препаратов?

Уровни — это группы лекарственных препаратов в нашем Списке лекарств.

- Лекарственные препараты уровня 1 являются предпочтительными непатентованными препаратами.
- Лекарственные препараты уровня 2 являются непатентованными препаратами
- Лекарственные препараты уровня 3 являются патентованными препаратами.
- Лекарственные препараты уровня 4 являются препаратами, не относящимися к лекарственным препаратам Medicare Rx, и лекарственными средствами, отпускаемыми без рецепта (OTC).

C. Обзор *Списка покрываемых лекарственных средств*

В следующем списке представлена информация о лекарственных препаратах, покрываемых Blue Shield Promise Cal MediConnect Plan. Если у вас возникли проблемы с поиском вашего лекарства в списке, обратитесь к Указателю покрываемых лекарств на стр. . В Указателе в алфавитном порядке перечислены все лекарственные средства, покрываемые Blue Shield Promise Cal MediConnect Plan.

В первом столбце таблицы указано название лекарственного препарата. Названия патентованных лекарственных препаратов пишутся с заглавной буквы (например, ELIQUIS), а непатентованные препараты написаны строчным курсивом (например, *simvastatin*).

Информация в столбце «Необходимые условия, нормы или ограничения по использованию» указывает, есть ли в Blue Shield Promise Cal MediConnect Plan какие-либо правила покрытия для вашего лекарства.

МАРКИРОВКА

УРОВЕНЬ	НАИМЕНОВАНИЕ
1	Предпочитаемый непатентованный
2	Непатентованный
3	Патентованный
4	Медицинский препарат, не относящийся к Medicare Rx / не отпускаемый без рецепта (OTC)

УСЛОВНОЕ ОБОЗНАЧЕНИЕ	НАИМЕНОВАНИЕ	ОПИСАНИЕ
LA	Ограниченный доступ	Данное лекарство по рецепту может быть доступно только в определенных аптеках. Для получения более подробной информации позвоните в центр поддержки участников Blue Shield Promise Cal MediConnect Plan.
PA	Предварительное разрешение	Вы (или ваш врач) должны получить предварительное разрешение от Blue Shield Promise Cal MediConnect Plan перед получением рецепта для данного лекарственного препарата. Blue Shield Promise Cal MediConnect Plan не может покрывать данный препарат без предварительного одобрения.
QL	Ограничение по количеству	Blue Shield Promise Cal MediConnect Plan ограничивает количество, подлежащее покрытию в течение определенного периода времени для данного лекарственного препарата.
ST	Поэтапная терапия	Прежде чем Blue Shield Promise Cal MediConnect Plan предоставит покрытие для этого лекарственного препарата, вы должны сначала попробовать другой препарат(ы) из справочника для лечения вашего заболевания. Это лекарство может быть покрыто только в том случае, если другое лекарство(а) вам не подходят.

Если у вас есть вопросы, звоните в центр поддержки участников программы Blue Shield Promise Cal MediConnect Plan по номеру 1-855-905-3825 (телетайп: 711), с 8:00 до 20:00, без выходных. Звонок бесплатный. **Для получения дополнительной информации** посетите веб-сайт www.blueshieldca.com/promise/calmediconnect.

УСЛОВНОЕ ОБОЗНАЧЕНИЕ	НАИМЕНОВАНИЕ	ОПИСАНИЕ
BvD	Часть B и Часть D	Этот лекарственный препарат можно оплатить в рамках Части B или Части D Medicare. Вы (или ваш врач) должны получить предварительное разрешение от Blue Shield Promise Cal MediConnect Plan, чтобы определить, что этот препарат покрывается Частью D Medicare, перед получением рецепта для данного лекарственного препарата. Blue Shield Promise Cal MediConnect Plan не может покрывать данный лекарственный препарат без предварительного одобрения.
NPD	Препарат, не относящийся к Части D	Этот препарат покрывается Medi-Cal и не является «препаратом Части D». Если у вас есть вопросы, позвоните в центр поддержки участников Blue Shield Promise Cal MediConnect Plan.
NDS	Дневной запас без продления	Препарат НЕ ДОСТУПЕН для долгосрочного предоставления.

Примечание: NPD рядом с названием препарата означает, что лекарство не является «препаратом Части D». Вы не будете обязаны вносить доплату за эти лекарства. Эти препараты также имеют разные правила для обращения.

- Обращение — это официальный способ попросить нас пересмотреть принятое нами решение о вашем покрытии и изменить его, если вы считаете, что мы допустили ошибку. Например, мы можем решить, что на нужный вам лекарственный препарат не имеет покрытия, или на него больше не распространяется покрытие Medicare или Medi-Cal.
- Если вы или ваш врач не согласны с нашим решением, вы можете подать обращение. При возникновении вопросов звоните в центр обслуживания участников по телефону 1-855-905-3825 (телетайп: 711), с 8:00 до 20:00, без выходных. Вы также можете прочитать Главу 9 *Руководства участника*, чтобы узнать, как подать обращение.
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C1. Лекарственные препараты, сгруппированные по названию заболевания

Лекарственные препараты в этом разделе сгруппированы по категориям в зависимости от типа заболевания, для лечения которого они используются. Например, если у вас есть проблемы с сердцем, вы должны искать в категории Cardiovascular Agents (Лекарственные препараты для сердечно-сосудистой системы). Здесь вы найдете лекарства, которые используются для лечения сердечных заболеваний.

ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib (cap 100 mg, cap 200 mg, cap 50 mg)	Tier 2	QL (2 PER 1 DAYS)
celecoxib cap 400 mg	Tier 2	QL (1 PER 1 DAYS)
diclofenac potassium tab 50 mg	Tier 2	
diclofenac sodium (tab delayed release 25 mg, tab delayed release 50 mg, tab delayed release 75 mg, tab er 24hr 100 mg)	Tier 2	
diclofenac sodium gel 1%	Tier 2	
diflunisal tab 500 mg	Tier 2	
etodolac (tab 400 mg, tab 500 mg, tab er 24hr 400 mg, tab er 24hr 500 mg, tab er 24hr 600 mg)	Tier 2	
flurbiprofen tab 100 mg	Tier 2	
ibuprofen (tab 400 mg, tab 600 mg, tab 800 mg)	Tier 2	
indomethacin (cap 25 mg, cap 50 mg)	Tier 2	PA
meloxicam (tab 15 mg, tab 7.5 mg)	Tier 2	
nabumetone (tab 500 mg, tab 750 mg)	Tier 2	
naproxen (tab 250 mg, tab 375 mg, tab 500 mg, tab ec 375 mg, tab ec 500 mg)	Tier 2	
piroxicam (cap 10 mg, cap 20 mg)	Tier 2	
sulindac (tab 150 mg, tab 200 mg)	Tier 2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl (patch 72hr 100 mcg/hr, patch 72hr 12 mcg/hr, patch 72hr 25 mcg/hr, patch 72hr 50 mcg/hr, patch 72hr 75 mcg/hr)	Tier 2	PA, QL (10 PER 30 OVER TIME), NDS

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

ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methadone hcl (10 mg/5ml solution, soln 10 mg/5ml)	Tier 2	PA, QL (450 PER 30 OVER TIME), NDS
methadone hcl (10 mg/ml solution, inj 10 mg/ml)	Tier 2	PA, NDS
methadone hcl (5 mg/5ml solution, soln 5 mg/5ml)	Tier 2	PA, QL (900 PER 30 OVER TIME), NDS
methadone hcl tab 10 mg	Tier 2	PA, QL (90 PER 30 OVER TIME), NDS
methadone hcl tab 5 mg	Tier 2	PA, QL (180 PER 30 OVER TIME), NDS
morphine sulfate (tab er 100 mg, tab er 200 mg, tab er 60 mg)	Tier 2	QL (60 PER 30 OVER TIME), NDS
morphine sulfate tab er 15 mg	Tier 2	QL (180 PER 30 OVER TIME), NDS
morphine sulfate tab er 30 mg	Tier 2	QL (90 PER 30 OVER TIME), NDS
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine (tab 300-15 mg, tab 300-30 mg)	Tier 2	QL (12 PER 1 DAYS), NDS
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 2	QL (1800 PER 30 OVER TIME), NDS
acetaminophen w/ codeine tab 300-60 mg	Tier 2	QL (6 PER 1 DAYS), NDS
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Tier 2	PA, QL (48 PER 30 OVER TIME), NDS
codeine sulfate (30 mg tab, tab 30 mg)	Tier 2	QL (168 PER 30 OVER TIME), NDS
codeine sulfate (60 mg tab, tab 60 mg)	Tier 2	QL (84 PER 30 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	Tier 2	QL (336 PER 30 OVER TIME), NDS

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

ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fentanyl citrate (100 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab, lozenge on a handle 1200 mcg, lozenge on a handle 1600 mcg, lozenge on a handle 200 mcg, lozenge on a handle 400 mcg, lozenge on a handle 600 mcg, lozenge on a handle 800 mcg)	Tier 2	PA, QL (120 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen (tab 10-325 mg, tab 7.5-325 mg)	Tier 2	QL (6 PER 1 DAYS), NDS
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 2	QL (2520 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen tab 5-325 mg	Tier 2	QL (8 PER 1 DAYS), NDS
hydromorphone hcl liqd 1 mg/ml	Tier 2	QL (675 PER 30 OVER TIME), NDS
hydromorphone hcl tab 2 mg	Tier 2	QL (154 PER 30 OVER TIME), NDS
hydromorphone hcl tab 4 mg	Tier 2	QL (84 PER 30 OVER TIME), NDS
hydromorphone hcl tab 8 mg	Tier 2	QL (42 PER 30 OVER TIME), NDS
morphine sulfate (15 mg tab, 30 mg tab, tab 15 mg, tab 30 mg)	Tier 3	QL (120 PER 30 OVER TIME), NDS
morphine sulfate (20 mg/5ml solution, oral soln 20 mg/5ml)	Tier 2	QL (315 PER 30 OVER TIME), NDS
morphine sulfate oral soln 10 mg/5ml	Tier 2	QL (630 PER 30 OVER TIME), NDS
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	Tier 2	QL (70 PER 30 OVER TIME), NDS
oxycodone hcl (tab 15 mg, tab 30 mg)	Tier 2	QL (56 PER 30 OVER TIME), NDS
oxycodone hcl soln 5 mg/5ml	Tier 2	QL (840 PER 30 OVER TIME), NDS
oxycodone hcl tab 10 mg	Tier 2	QL (84 PER 30 OVER TIME), NDS
oxycodone hcl tab 20 mg	Tier 2	QL (120 PER 30 OVER TIME), NDS

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

ANALGESICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oxycodone hcl tab 5 mg	Tier 2	QL (168 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen (tab 2.5-325 mg, tab 5-325 mg)	Tier 2	QL (168 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen tab 10-325 mg	Tier 2	QL (84 PER 30 OVER TIME), NDS
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 2	QL (112 PER 30 OVER TIME), NDS
tramadol hcl tab 50 mg	Tier 2	QL (8 PER 1 DAYS), NDS
tramadol-acetaminophen tab 37.5-325 mg	Tier 2	QL (112 PER 30 OVER TIME), NDS

ANESTHETICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOCAL ANESTHETICS		
lidocaine hcl (4 % solution, soln 4%)	Tier 2	
lidocaine hcl viscous soln 2%	Tier 2	
lidocaine oint 5%	Tier 2	QL (50 PER 30 OVER TIME)
lidocaine patch 5%	Tier 2	PA, QL (3 PER 1 DAYS)
lidocaine-prilocaine cream 2.5-2.5%	Tier 2	QL (30 PER 30 OVER TIME)
NAYZILAM 5 MG/0.1ML SOLUTION	Tier 3	QL (10 PER 30 OVER TIME)

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium tab delayed release 333 mg	Tier 2	
disulfiram (tab 250 mg, tab 500 mg)	Tier 2	
OPIOID DEPENDENCE		
buprenorphine hcl sl tab 2 mg (base equiv)	Tier 2	QL (84 PER 90 OVER TIME)
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 2	QL (21 PER 90 OVER TIME)
buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 2-0.5 mg (base equiv), -naloxone sl film 4-1 mg (base equiv))	Tier 2	QL (5 PER 1 DAYS)
buprenorphine hcl-naloxone hcl dihydrate (-naloxone sl film 8-2 mg (base equiv), -naloxone sl tab 8-2 mg (base equiv))	Tier 2	QL (3 PER 1 DAYS)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 2	QL (12 PER 1 DAYS)
ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)	Tier 3	QL (3 PER 1 DAYS)
ZUBSOLV (11.4-2.9 MG SL TAB, 2.9-0.71 MG SL TAB)	Tier 3	QL (1 PER 1 DAYS)
ZUBSOLV 8.6-2.1 MG SL TAB	Tier 3	QL (2 PER 1 DAYS)
OPIOID REVERSAL AGENTS		
naloxone hcl (0.4 mg/ml soln cart, nasal spray 4 mg/0.1ml)	Tier 2	QL (2 PER 30 OVER TIME)
naloxone hcl (inj 0.4 mg/ml, inj 4 mg/10ml, soln prefilled syringe 2 mg/2ml)	Tier 2	
naltrexone hcl tab 50 mg	Tier 2	

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

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NARCAN 4 MG/0.1ML LIQUID	Tier 3	QL (2 PER 30 OVER TIME)
SMOKING CESSATION AGENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	Tier 3	
NICOTROL NS 10 MG/ML SOLUTION	Tier 3	
VARENICLINE TARTRATE (0.5 MG TAB, 1 MG TAB)	Tier 2	QL (2 PER 1 DAYS)
VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 TAB THPK	Tier 2	QL (60 PER 30 OVER TIME)

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOGLYCOSIDES		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	Tier 2	
gentamicin sulfate (topical) (cream 0.1%, oint 0.1%)	Tier 2	
gentamicin sulfate inj 40 mg/ml	Tier 2	
neomycin sulfate tab 500 mg	Tier 2	
paromomycin sulfate cap 250 mg	Tier 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 2	
tobramycin sulfate (10 mg/ml solution, 2 gm/50ml solution, for inj 1.2 gm, inj 1.2 gm/30ml (40 mg/ml) (base equiv), inj 80 mg/2ml (40 mg/ml) (base equiv))	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS, OTHER		
acetic acid otic soln 2%	Tier 2	
aztreonam (inj 1 gm, inj 2 gm)	Tier 2	
clindamycin hcl (cap 150 mg, cap 300 mg, cap 75 mg)	Tier 2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	Tier 2	
clindamycin phosphate (inj 300 mg/2ml, inj 600 mg/4ml, inj 9 gm/60ml, inj 900 mg/6ml, iv soln 300 mg/2ml, iv soln 600 mg/4ml, iv soln 900 mg/6ml)	Tier 2	
clindamycin phosphate in d5w (soln 300 mg/50ml, soln 600 mg/50ml, soln 900 mg/50ml)	Tier 2	
CLINDAMYCIN PHOSPHATE IN NACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	Tier 2	
clindamycin phosphate swab 1%	Tier 2	
clindamycin phosphate vaginal cream 2%	Tier 2	
colistimethate sod for inj 150 mg (colistin base activity)	Tier 2	
daptomycin (350 mg recon soln, for iv soln 350 mg, for iv soln 500 mg)	Tier 2	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	Tier 2	QL (1 PER 30 OVER TIME)
linezolid (for susp 100 mg/5ml, tab 600 mg)	Tier 2	PA
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 2	
linezolid iv soln 600 mg/300ml (2 mg/ml)	Tier 2	
methenamine hippurate tab 1 gm	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metronidazole (5 mg/ml solution, iv soln 500 mg/100ml, tab 250 mg, tab 500 mg)	Tier 2	
metronidazole (topical) (cream 0.75%, gel 0.75%, gel 1%, lotion 0.75%)	Tier 2	
metronidazole vaginal gel 0.75%	Tier 2	
nitrofurantoin macrocrystal (line cap 100 mg, line cap 25 mg, line cap 50 mg)	Tier 2	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Tier 2	
ORBACTIV 400 MG RECON SOLN	Tier 3	PA, QL (9 PER 30 OVER TIME)
SYNERCID 150-350 MG RECON SOLN	Tier 3	
tigecycline (50 mg recon soln, for iv soln 50 mg)	Tier 2	
trimethoprim (100 mg tab, tab 100 mg)	Tier 2	
vancomycin hcl (1.25 gm recon soln, 1.5 gm recon soln, 100 gm recon soln, 250 mg recon soln, 750 mg recon soln, cap 125 mg (base equivalent), cap 250 mg (base equivalent), for iv soln 1 gm (base equivalent), for iv soln 10 gm (base equivalent), for iv soln 500 mg (base equivalent), for iv soln 750 mg (base equivalent))	Tier 2	
VANDAZOLE 0.75 % GEL	Tier 3	
XIFAXAN 200 MG TAB	Tier 3	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap, cap 250 mg, cap 500 mg)	Tier 2	
cefadroxil (1 gm tab, cap 500 mg, for susp 250 mg/5ml, for susp 500 mg/5ml, tab 1 gm)	Tier 2	
cefazolin sodium (1 gm recon soln, 100 gm recon soln, 2 gm recon soln, 20 gm recon soln, 300 gm recon soln, for inj 1 gm, for inj 10 gm, for inj 500 mg)	Tier 2	
cefdinir (cap 300 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	Tier 2	
cefepime hcl (2 gm recon soln, for inj 1 gm, for inj 2 gm)	Tier 2	
cefixime (cap 400 mg, for susp 100 mg/5ml, for susp 200 mg/5ml)	Tier 2	
cefotaxime sodium (1 gm recon soln, for inj 1 gm)	Tier 2	
cefotetan disodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm)	Tier 2	
cefoxitin sodium (soln 1 gm, soln 10 gm, soln 2 gm)	Tier 2	
cefpodoxime proxetil (for susp 100 mg/5ml, for susp 50 mg/5ml, tab 100 mg, tab 200 mg)	Tier 2	
cefprozil (for susp 125 mg/5ml, for susp 250 mg/5ml, tab 250 mg, tab 500 mg)	Tier 2	
ceftazidime (inj 1 gm, inj 6 gm, iv soln 2 gm)	Tier 2	
ceftriaxone sodium (inj 1 gm, inj 10 gm, inj 2 gm, inj 250 mg, inj 500 mg, iv soln 1 gm, iv soln 2 gm)	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefuroxime axetil (tab 250 mg, tab 500 mg)	Tier 2	
cefuroxime sodium (inj 7.5 gm, inj 750 mg, iv soln 1.5 gm)	Tier 2	
cephalexin (cap 250 mg, cap 500 mg, for susp 125 mg/5ml, for susp 250 mg/5ml)	Tier 2	
TAZICEF (1 GM RECON SOLN, 6 GM RECON SOLN)	Tier 2	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	Tier 3	
BETA-LACTAM, PENICILLINS		
amoxicillin & pot clavulanate (k clavulanate for susp 200-28.5 mg/5ml, k clavulanate for susp 250-62.5 mg/5ml, k clavulanate for susp 400-57 mg/5ml, k clavulanate for susp 600-42.9 mg/5ml, k clavulanate tab 250-125 mg, k clavulanate tab 500-125 mg, k clavulanate tab 875-125 mg)	Tier 2	
AMOXICILLIN ((TRIHYDRATE) CAP 250 MG, (TRIHYDRATE) CAP 500 MG, (TRIHYDRATE) FOR SUSP 125 MG/5ML, (TRIHYDRATE) FOR SUSP 200 MG/5ML, (TRIHYDRATE) FOR SUSP 250 MG/5ML, (TRIHYDRATE) FOR SUSP 400 MG/5ML, (TRIHYDRATE) TAB 500 MG, (TRIHYDRATE) TAB 875 MG, 125 MG CHEW TAB, 250 MG CHEW TAB)	Tier 2	
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 400-57 MG CHEW TAB)	Tier 2	
ampicillin & sulbactam sodium (for inj 1.5 (1-0.5) gm, for inj 3 (2-1) gm, for iv soln 15 (10-5) gm)	Tier 2	
AMPICILLIN 500 MG CAP	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ampicillin sodium (1 gm recon soln, 125 mg recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm, for inj 250 mg, for inj 500 mg, for iv soln 10 gm, for iv soln 2 gm)	Tier 2	
AMPICILLIN-SULBACTAM SODIUM (1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN)	Tier 2	
BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSPENSION, 600000 UNIT/ML SUSP PRSYR)	Tier 3	
dicloxacillin sodium (cap 250 mg, cap 500 mg)	Tier 2	
nafcillin sodium (1 gm recon soln, 2 gm recon soln, for inj 1 gm, for inj 2 gm, for iv soln 10 gm)	Tier 2	
penicillin g potassium (for inj 20000000 unit, for inj 5000000 unit)	Tier 2	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 2	
penicillin v potassium (125 mg/5ml recon soln, 250 mg/5ml recon soln, tab 250 mg, tab 500 mg)	Tier 2	
PFIZERPEN (20000000 UNIT RECON SOLN, 5000000 UNIT RECON SOLN)	Tier 2	
piperacillin sodium-tazobactam sodium (na for inj 3.375 gm (3-0.375 gm), sod for inj 13.5 gm (12-1.5 gm), sod for inj 2.25 gm (2-0.25 gm), sod for inj 4.5 gm (4-0.5 gm), sod for inj 40.5 gm (36-4.5 gm))	Tier 2	
CARBAPENEMS		
ertapenem sodium for inj 1 gm (base equivalent)	Tier 2	
imipenem-cilastatin (250 mg recon soln, intravenous for soln 250 mg, intravenous for soln 500 mg)	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
meropenem (soln 1 gm, soln 500 mg)	Tier 2	
MACROLIDES		
azithromycin (1 gm packet, for susp 100 mg/5ml, for susp 200 mg/5ml, iv for soln 500 mg, tab 250 mg, tab 500 mg, tab 600 mg)	Tier 2	
clarithromycin (125 mg/5ml recon susp, 250 mg/5ml recon susp, tab 250 mg, tab 500 mg, tab er 24hr 500 mg)	Tier 2	
E.E.S. 400 400 MG TAB	Tier 2	
ERYTHROCIN LACTOBIONATE 500 MG RECON SOLN	Tier 3	
erythromycin base (250 mg cp dr part, tab 250 mg, tab 500 mg, w/ delayed release particles cap 250 mg)	Tier 2	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	Tier 2	
erythromycin lactobionate for inj 500 mg	Tier 3	
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	Tier 3	
CILOXAN 0.3 % OINTMENT	Tier 3	
ciprofloxacin 200 mg/100ml in d5w	Tier 2	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	Tier 2	
ciprofloxacin hcl (100 mg tab, tab 250 mg (base equiv), tab 500 mg (base equiv), tab 750 mg (base equiv))	Tier 2	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	Tier 2	
levofloxacin (iv soln 25 mg/ml, oral soln 25 mg/ml, tab 250 mg, tab 500 mg, tab 750 mg)	Tier 2	

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

ANTIBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levofloxacin in d5w (soln 500 mg/100ml, soln 750 mg/150ml)	Tier 2	
moxifloxacin hcl tab 400 mg (base equiv)	Tier 2	
ofloxacin (300 mg tab, tab 400 mg)	Tier 2	
SULFONAMIDES		
sulfacetamide sodium lotion 10% (acne)	Tier 2	
sulfadiazine (500 mg tab, tab 500 mg)	Tier 2	
sulfamethoxazole-trimethoprim (iv soln 400-80 mg/5ml, susp 200-40 mg/5ml, tab 400-80 mg, tab 800-160 mg)	Tier 2	
TETRACYCLINES		
doxycycline (monohydrate) (cap 100 mg, cap 50 mg, tab 100 mg, tab 50 mg, tab 75 mg)	Tier 2	
doxycycline hyclate (cap 100 mg, cap 50 mg, for inj 100 mg, tab 100 mg, tab 20 mg)	Tier 2	
minocycline hcl (cap 100 mg, cap 50 mg, cap 75 mg, tab 100 mg, tab 50 mg, tab 75 mg)	Tier 2	
tetracycline hcl (cap 250 mg, cap 500 mg)	Tier 2	

ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS, OTHER		
BRIVIACT (10 MG TAB, 100 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	Tier 3	ST, QL (2 PER 1 DAYS)

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

ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BRIVIACT 10 MG/ML SOLUTION	Tier 3	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
DIACOMIT (500 MG CAP, 500 MG PACKET)	Tier 3	PA, LA, QL (6 PER 1 DAYS)
divalproex sodium (cap delayed release sprinkle 125 mg, tab delayed release 125 mg, tab delayed release 250 mg, tab delayed release 500 mg, tab er 24 hr 250 mg, tab er 24 hr 500 mg)	Tier 2	
EPIDIOLEX 100 MG/ML SOLUTION	Tier 3	PA, LA
EPRONTIA 25 MG/ML SOLUTION	Tier 3	PA, QL (16 PER 1 DAYS)
felbamate (susp 600 mg/5ml, tab 400 mg, tab 600 mg)	Tier 2	
FINTEPLA 2.2 MG/ML SOLUTION	Tier 3	PA, LA, QL (12 PER 1 DAYS)
FYCOMPA (10 MG TAB, 12 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	Tier 3	QL (24 PER 1 DAYS)
FYCOMPA 2 MG TAB	Tier 3	QL (3 PER 1 DAYS)
lamotrigine (tab 100 mg, tab 150 mg, tab 200 mg, tab 25 mg, tab chewable dispersible 25 mg, tab chewable dispersible 5 mg)	Tier 2	
levetiracetam (oral soln 100 mg/ml, tab 1000 mg, tab 250 mg, tab 500 mg, tab 750 mg)	Tier 2	
levetiracetam tab er 24hr 500 mg	Tier 2	QL (6 PER 1 DAYS)
levetiracetam tab er 24hr 750 mg	Tier 2	QL (4 PER 1 DAYS)
SPRITAM (250 MG TAB, 500 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SPRITAM 1000 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)

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

ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SPRITAM 750 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
topiramate (sprinkle cap 15 mg, sprinkle cap 25 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)	Tier 2	
valproate sodium (inj 100 mg/ml, oral soln 250 mg/5ml (base equiv))	Tier 2	
valproic acid cap 250 mg	Tier 2	
XCOPRI (100 MG TAB, 50 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	Tier 3	PA, QL (28 PER 28 OVER TIME)
XCOPRI (150 MG TAB, 200 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
XCOPRI (250 MG DAILY DOSE) (100 & 150 MG TAB THPK, 50 & 200 MG TAB THPK)	Tier 3	PA, QL (2 PER 1 DAYS)
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	Tier 3	PA, QL (2 PER 1 DAYS)
ZTALMY 50 MG/ML SUSPENSION	Tier 3	PA, LA, QL (36 PER 1 DAYS)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN 300 MG CAP	Tier 3	
ethosuximide (cap 250 mg, soln 250 mg/5ml)	Tier 2	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam suspension 2.5 mg/ml	Tier 2	PA, QL (16 PER 1 DAYS)
clobazam tab 10 mg	Tier 2	PA, QL (4 PER 1 DAYS)
clobazam tab 20 mg	Tier 2	PA, QL (2 PER 1 DAYS)
DIAZEPAM 10 MG GEL	Tier 2	QL (20 PER 30 OVER TIME)
DIAZEPAM 2.5 MG GEL	Tier 2	QL (5 PER 30 OVER TIME)

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

ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIAZEPAM 20 MG GEL	Tier 2	QL (40 PER 30 OVER TIME)
gabapentin (tab 600 mg, tab 800 mg)	Tier 2	QL (4 PER 1 DAYS)
gabapentin cap 100 mg	Tier 2	QL (12 PER 1 DAYS)
gabapentin cap 300 mg	Tier 2	QL (8 PER 1 DAYS)
gabapentin cap 400 mg	Tier 2	QL (6 PER 1 DAYS)
gabapentin oral soln 250 mg/5ml	Tier 2	QL (72 PER 1 DAYS)
phenobarbital (elixir 20 mg/5ml, tab 100 mg, tab 15 mg, tab 16.2 mg, tab 30 mg, tab 32.4 mg, tab 60 mg, tab 64.8 mg, tab 97.2 mg)	Tier 2	PA
primidone (tab 250 mg, tab 50 mg)	Tier 2	
SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)	Tier 3	PA, QL (2 PER 1 DAYS)
tiagabine hcl (tab 12 mg, tab 16 mg, tab 2 mg, tab 4 mg)	Tier 2	PA
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	Tier 3	QL (10 PER 30 OVER TIME)
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	Tier 3	QL (10 PER 30 OVER TIME)
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	Tier 3	QL (10 PER 30 OVER TIME)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	Tier 3	QL (10 PER 30 OVER TIME)
vigabatrin (powd pack 500 mg, tab 500 mg)	Tier 2	PA, LA, QL (6 PER 1 DAYS)
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TAB, 400 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	Tier 3	QL (2 PER 1 DAYS)

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

ANTICONVULSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbamazepine (cap er 12hr 100 mg, cap er 12hr 200 mg, cap er 12hr 300 mg, chew tab 100 mg, susp 100 mg/5ml, tab 200 mg, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 400 mg)	Tier 2	
DILANTIN (100 MG CAP, 30 MG CAP)	Tier 3	
DILANTIN INFATABS 50 MG CHEW TAB	Tier 3	
lacosamide (tab 100 mg, tab 150 mg, tab 200 mg, tab 50 mg)	Tier 2	QL (2 PER 1 DAYS)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	Tier 2	BvD
lacosamide oral solution 10 mg/ml	Tier 2	QL (40 PER 1 DAYS)
oxcarbazepine (susp 300 mg/5ml (60 mg/ml), tab 150 mg, tab 300 mg, tab 600 mg)	Tier 2	
PEGANONE 250 MG TAB	Tier 3	
PHENYTEK (200 MG CAP, 300 MG CAP)	Tier 3	
phenytoin (chew tab 50 mg, susp 125 mg/5ml)	Tier 2	
phenytoin sodium extended (cap 100 mg, cap 200 mg, cap 300 mg)	Tier 2	
rufinamide susp 40 mg/ml	Tier 2	ST, QL (80 PER 1 DAYS)
rufinamide tab 200 mg	Tier 2	ST, QL (16 PER 1 DAYS)
rufinamide tab 400 mg	Tier 2	ST, QL (8 PER 1 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	Tier 3	
zonisamide (cap 100 mg, cap 25 mg, cap 50 mg)	Tier 2	

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

ANTIDEMENTIA AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	Tier 2	PA
CHOLINESTERASE INHIBITORS		
donepezil hydrochloride (orally disintegrating tab 10 mg, orally disintegrating tab 5 mg, tab 10 mg, tab 5 mg)	Tier 2	
rivastigmine (patch 24hr 13.3 mg/24hr, patch 24hr 4.6 mg/24hr, patch 24hr 9.5 mg/24hr)	Tier 2	QL (30 PER 30 OVER TIME)
rivastigmine tartrate (cap 1.5 mg (base equivalent), cap 3 mg (base equivalent), cap 4.5 mg (base equivalent), cap 6 mg (base equivalent))	Tier 2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (cap er 24hr 14 mg, cap er 24hr 21 mg, cap er 24hr 28 mg, cap er 24hr 7 mg, oral solution 2 mg/ml, tab 10 mg, tab 28 x 5 mg & 21 x 10 mg titration pack, tab 5 mg)	Tier 2	

ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	Tier 3	PA, QL (2 PER 1 DAYS)
bupropion hcl (tab 100 mg, tab er 12hr 100 mg)	Tier 2	QL (4 PER 1 DAYS)
bupropion hcl (tab er 12hr 150 mg, tab er 24hr 150 mg)	Tier 2	QL (3 PER 1 DAYS)
bupropion hcl tab 75 mg	Tier 2	QL (6 PER 1 DAYS)
bupropion hcl tab er 12hr 200 mg	Tier 2	QL (2 PER 1 DAYS)

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

ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bupropion hcl tab er 24hr 300 mg	Tier 2	QL (1 PER 1 DAYS)
LYBALVI (10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB, 5-10 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB)	Tier 2	
mirtazapine (orally disintegrating tab 15 mg, orally disintegrating tab 30 mg, orally disintegrating tab 45 mg, tab 15 mg, tab 30 mg, tab 45 mg, tab 7.5 mg)	Tier 2	
MONOAMINE OXIDASE INHIBITORS		
EMSAM (12 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR)	Tier 3	PA
MARPLAN 10 MG TAB	Tier 3	
phenelzine sulfate (15 mg tab, tab 15 mg)	Tier 2	
tranylcypromine sulfate tab 10 mg	Tier 2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hydrobromide (oral soln 10 mg/5ml, tab 10 mg (base equiv), tab 20 mg (base equiv), tab 40 mg (base equiv))	Tier 2	
desvenlafaxine succinate (tab er 24hr 25 mg (base equiv), tab er 24hr 50 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	Tier 2	QL (4 PER 1 DAYS)
escitalopram oxalate (soln 5 mg/5ml (base equiv), tab 10 mg (base equiv), tab 20 mg (base equiv), tab 5 mg (base equiv))	Tier 2	
FETZIMA (120 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)

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

ANTIDEPRESSANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FETZIMA TITRATION 20 & 40 MG CP24 THPK	Tier 3	PA, QL (28 PER 30 OVER TIME)
fluoxetine hcl (cap 10 mg, cap 20 mg, cap 40 mg, solution 20 mg/5ml)	Tier 2	
FLUOXETINE HCL (PMDD) (10 MG CAP, 20 MG CAP)	Tier 2	
FLUOXETINE HCL 90 MG CAP DR	Tier 2	QL (4 PER 28 OVER TIME)
fluvoxamine maleate (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, 50 MG TAB)	Tier 2	
paroxetine hcl (tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg)	Tier 2	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	Tier 2	QL (30 PER 1 DAYS)
sertraline hcl (oral concentrate for solution 20 mg/ml, tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
trazodone hcl (tab 100 mg, tab 150 mg, tab 300 mg, tab 50 mg)	Tier 2	
TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB)	Tier 3	ST, QL (1 PER 1 DAYS)
venlafaxine hcl (cap er 24hr 150 mg (base equivalent), cap er 24hr 37.5 mg (base equivalent))	Tier 2	QL (2 PER 1 DAYS)
venlafaxine hcl (tab 100 mg (base equivalent), tab 25 mg (base equivalent), tab 37.5 mg (base equivalent), tab 50 mg (base equivalent), tab 75 mg (base equivalent))	Tier 2	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	Tier 2	QL (3 PER 1 DAYS)
VIIBRYD STARTER PACK 10 & 20 MG KIT	Tier 3	ST, QL (30 PER 30 OVER TIME)
vilazodone hcl (tab 10 mg, tab 20 mg, tab 40 mg)	Tier 2	ST, QL (1 PER 1 DAYS)

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

ANTIDEPRESSANTS

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

ANTIEMETICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIEMETICS, OTHER		
meclizine hcl (tab 12.5 mg, tab 25 mg)	Tier 2	
metoclopramide hcl (inj 5 mg/ml (base equivalent), soln 5 mg/5ml (10 mg/10ml) (base equiv), tab 10 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	

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

ANTIEMETICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
perphenazine (tab 16 mg, tab 2 mg, tab 4 mg, tab 8 mg)	Tier 2	
prochlorperazine maleate (tab 10 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	
prochlorperazine suppos 25 mg	Tier 2	
promethazine hcl (tab 12.5 mg, tab 25 mg, tab 50 mg)	Tier 2	PA
scopolamine td patch 72hr 1 mg/3days	Tier 2	PA
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (capsule 125 mg, capsule 80 mg, capsule therapy pack 80 & 125 mg)	Tier 2	BvD
aprepitant capsule 40 mg	Tier 2	PA, QL (1 PER 30 OVER TIME)
dronabinol (cap 10 mg, cap 2.5 mg, cap 5 mg)	Tier 2	PA, QL (6 PER 1 DAYS)
granisetron hcl (0.1 mg/ml solution, inj 1 mg/ml, inj 4 mg/4ml (1 mg/ml))	Tier 2	BvD
granisetron hcl tab 1 mg	Tier 2	QL (2 PER 1 DAYS), BvD
ondansetron (tab 4 mg, tab 8 mg)	Tier 2	QL (3 PER 1 DAYS), BvD
ondansetron hcl (24 mg tab, tab 24 mg)	Tier 2	QL (15 PER 30 OVER TIME), BvD
ondansetron hcl (tab 4 mg, tab 8 mg)	Tier 2	QL (3 PER 1 DAYS), BvD
ondansetron hcl oral soln 4 mg/5ml	Tier 2	QL (30 PER 1 DAYS), BvD

ANTIFUNGALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION	Tier 3	BvD

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

ANTIFUNGALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMBISOME 50 MG RECON SUSP	Tier 3	BvD
AMPHOTERICIN B 50 MG RECON SOLN	Tier 2	BvD
amphotericin b liposome iv for susp 50 mg	Tier 2	BvD
caspofungin acetate (50 mg recon soln, 70 mg recon soln, for iv soln 50 mg, for iv soln 70 mg)	Tier 2	PA
ciclopirox olamine (cream 0.77% (base equiv), susp 0.77% (base equiv))	Tier 2	
clotrimazole (topical) (cream 1%, soln 1%)	Tier 2	
clotrimazole troche 10 mg	Tier 2	
CRESEMBA (186 MG CAP, 372 MG RECON SOLN)	Tier 3	PA
econazole nitrate cream 1%	Tier 2	
fluconazole (for susp 10 mg/ml, for susp 40 mg/ml, tab 100 mg, tab 150 mg, tab 200 mg, tab 50 mg)	Tier 2	
fluconazole in nacl (inj 200 mg/100ml, inj 400 mg/200ml)	Tier 2	
flucytosine (cap 250 mg, cap 500 mg)	Tier 2	
griseofulvin microsize (susp 125 mg/5ml, tab 500 mg)	Tier 2	
griseofulvin ultramicrosize (tab 125 mg, tab 250 mg)	Tier 2	
itraconazole cap 100 mg	Tier 2	PA
ketoconazole (topical) (cream 2%, shampoo 2%)	Tier 2	
ketoconazole tab 200 mg	Tier 2	
micafungin sodium (soln 100 mg, soln 50 mg)	Tier 2	
MICONAZOLE 3 200 MG SUPPOS	Tier 2	

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

ANTIFUNGALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOXAFIL 40 MG/ML SUSPENSION	Tier 3	PA
nystatin (topical) (cream 100000 unit/gm, oint 100000 unit/gm, topical powder 100000 unit/gm)	Tier 2	
nystatin susp 100000 unit/ml	Tier 2	
nystatin tab 500000 unit	Tier 2	
posaconazole tab delayed release 100 mg	Tier 2	PA, QL (3 PER 1 DAYS)
terbinafine hcl tab 250 mg	Tier 2	QL (1 PER 1 DAYS)
terconazole vaginal (cream 0.4%, cream 0.8%, suppos 80 mg)	Tier 2	
voriconazole (for susp 40 mg/ml, tab 200 mg, tab 50 mg)	Tier 2	PA
voriconazole for inj 200 mg	Tier 2	BvD

ANTIGOUT AGENTS

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

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

ANTIMIGRAINE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMIGRAINE AGENTS, OTHER		
UBRELVY (100 MG TAB, 50 MG TAB)	Tier 3	PA, QL (16 PER 30 OVER TIME)
ERGOT ALKALOIDS		
dihydroergotamine mesylate inj 1 mg/ml	Tier 2	PA
dihydroergotamine mesylate nasal spray 4 mg/ml	Tier 2	PA, QL (8 PER 30 OVER TIME)
MIGERGOT 2-100 MG SUPPOS	Tier 3	QL (20 PER 30 OVER TIME)
PROPHYLACTIC		
AIMOVIG (140 MG DOSE) 70 MG/ML SOLN A-INJ	Tier 3	PA, QL (1 PER 28 OVER TIME)
AIMOVIG (140 MG/ML SOLN A-INJ, 70 MG/ML SOLN A-INJ)	Tier 3	PA, QL (1 PER 28 OVER TIME)
timolol maleate (tab 10 mg, tab 20 mg, tab 5 mg)	Tier 2	
SEROTONIN (5-HT) RECEPTOR AGONIST		
naratriptan hcl (tab 1 mg (base equiv), tab 2.5 mg (base equiv))	Tier 2	QL (18 PER 30 OVER TIME)
rizatriptan benzoate (oral disintegrating tab 10 mg (base eq), oral disintegrating tab 5 mg (base eq), tab 10 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	QL (24 PER 30 OVER TIME)
sumatriptan (20 mg/act, 5 mg/act)	Tier 2	QL (18 PER 30 OVER TIME)
sumatriptan succinate (6 mg/0.5ml soln prsyr, inj 6 mg/0.5ml, solution auto-injector 4 mg/0.5ml, solution auto-injector 6 mg/0.5ml, solution cartridge 4 mg/0.5ml, solution cartridge 6 mg/0.5ml)	Tier 2	QL (8 PER 30 OVER TIME)
sumatriptan succinate (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	QL (18 PER 30 OVER TIME)

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

ANTIMIGRAINE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	Tier 2	QL (8 PER 30 OVER TIME)
zolmitriptan (orally disintegrating tab 2.5 mg, orally disintegrating tab 5 mg, tab 2.5 mg, tab 5 mg)	Tier 2	QL (18 PER 30 OVER TIME)

ANTIMYASTHENIC AGENTS

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

ANTIMYCOBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMYCOBACTERIALS, OTHER		
dapsone (tab 100 mg, tab 25 mg)	Tier 2	
rifabutin cap 150 mg	Tier 2	
ANTITUBERCULARS		
CAPASTAT SULFATE 1 GM RECON SOLN	Tier 3	
ethambutol hcl (tab 100 mg, tab 400 mg)	Tier 2	
isoniazid (100 mg tab, 100 mg/ml solution, 50 mg/5ml syrup, tab 100 mg, tab 300 mg)	Tier 2	
PASER 4 GM PACKET	Tier 3	

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

ANTIMYCOBACTERIALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRIFTIN 150 MG TAB	Tier 3	
pyrazinamide tab 500 mg	Tier 2	
rifampin (cap 150 mg, cap 300 mg, for inj 600 mg)	Tier 2	
RIFATER 50-120-300 MG TAB	Tier 3	
SIRTURO 100 MG TAB	Tier 3	PA, QL (24 PER 28 OVER TIME)
SIRTURO 20 MG TAB	Tier 3	PA, QL (120 PER 28 OVER TIME)
TRECATOR 250 MG TAB	Tier 3	

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALKYLATING AGENTS		
cyclophosphamide (25 mg cap, 25 mg tab, 50 mg cap, 50 mg tab, cap 25 mg, cap 50 mg)	Tier 3	BvD
GLEOSTINE (10 MG CAP, 100 MG CAP, 40 MG CAP)	Tier 3	
LEUKERAN 2 MG TAB	Tier 3	
MATULANE 50 MG CAP	Tier 3	LA
thiotepa (inj 100 mg, inj 15 mg)	Tier 2	BvD
VALCHLOR 0.016 % GEL	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
ANTIANDROGENS		
abiraterone acetate tab 250 mg	Tier 2	PA, QL (4 PER 1 DAYS)
abiraterone acetate tab 500 mg	Tier 2	PA, QL (2 PER 1 DAYS)
bicalutamide tab 50 mg	Tier 2	
ERLEADA 60 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
flutamide (125 mg cap, cap 125 mg)	Tier 2	
nilutamide tab 150 mg	Tier 2	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
XTANDI (40 MG CAP, 40 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
XTANDI 80 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
ANTIANGIOGENIC AGENTS		
lenalidomide (cap 10 mg, cap 15 mg, cap 25 mg, cap 5 mg)	Tier 2	PA, LA, QL (1 PER 1 DAYS)
lenalidomide (cap 20 mg, caps 2.5 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
REVLIMID (2.5 MG CAP, 20 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
THALOMID (100 MG CAP, 50 MG CAP)	Tier 3	PA, QL (1 PER 1 DAYS)
THALOMID (150 MG CAP, 200 MG CAP)	Tier 3	PA, QL (2 PER 1 DAYS)
ANTIESTROGENS/MODIFIERS		
EMCYT 140 MG CAP	Tier 3	
fulvestrant (250 mg/5ml soln prsyr, inj soln pref syr 250 mg/5ml)	Tier 2	
SOLTAMOX 10 MG/5ML SOLUTION	Tier 3	PA
tamoxifen citrate (tab 10 mg (base equivalent), tab 20 mg (base equivalent))	Tier 2	
toremifene citrate tab 60 mg (base equivalent)	Tier 2	
ANTIMETABOLITES		
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	Tier 3	

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydroxyurea cap 500 mg	Tier 2	
INQOVI 35-100 MG TAB	Tier 3	PA, LA, QL (5 PER 28 OVER TIME)
mercaptopurine tab 50 mg	Tier 2	
PURIXAN 2000 MG/100ML SUSPENSION	Tier 3	PA, LA
TABLOID 40 MG TAB	Tier 3	
ANTINEOPLASTICS, OTHER		
AYVAKIT (100 MG TAB, 200 MG TAB, 25 MG TAB, 300 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
BESREMI 500 MCG/ML SOLN PRSYR	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
BRUKINSA 80 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
EXKIVITY 40 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	Tier 3	PA, LA, QL (21 PER 28 OVER TIME)
IDHIFA (100 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
INREBIC 100 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 3	PA, QL (70 PER 28 OVER TIME)
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 3	PA, QL (91 PER 28 OVER TIME)
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 3	PA, QL (49 PER 28 OVER TIME)
KOSELUGO 10 MG CAP	Tier 3	PA, LA, QL (8 PER 1 DAYS)
KOSELUGO 25 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
leucovorin calcium (for inj 100 mg, for inj 350 mg, tab 10 mg, tab 15 mg, tab 25 mg, tab 5 mg)	Tier 2	

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ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LONSURF 15-6.14 MG TAB	Tier 3	PA, LA, QL (100 PER 28 OVER TIME)
LONSURF 20-8.19 MG TAB	Tier 3	PA, LA, QL (80 PER 28 OVER TIME)
LUMAKRAS 120 MG TAB	Tier 3	PA, QL (8 PER 1 DAYS)
LYSODREN 500 MG TAB	Tier 3	
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 3	PA, QL (3 PER 21 OVER TIME)
ONUREG (200 MG TAB, 300 MG TAB)	Tier 3	PA, QL (14 PER 28 OVER TIME)
QINLOCK 50 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
RETEVMO 40 MG CAP	Tier 3	PA, QL (6 PER 1 DAYS)
RETEVMO 80 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
ROZLYTREK 100 MG CAP	Tier 3	PA, QL (5 PER 1 DAYS)
ROZLYTREK 200 MG CAP	Tier 3	PA, QL (3 PER 1 DAYS)
SYNRIBO 3.5 MG RECON SOLN	Tier 3	BvD
TABRECTA (150 MG TAB, 200 MG TAB)	Tier 3	PA, QL (4 PER 1 DAYS)
TAZVERIK 200 MG TAB	Tier 3	PA, LA, QL (8 PER 1 DAYS)
WELIREG 40 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (20 PER 28 OVER TIME)
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 3	PA, LA, QL (4 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (16 PER 28 OVER TIME)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (12 PER 28 OVER TIME)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	Tier 3	PA, LA, QL (4 PER 28 OVER TIME)
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (24 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (16 PER 28 OVER TIME)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 3	PA, LA, QL (32 PER 28 OVER TIME)
ZOLINZA 100 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole tab 1 mg	Tier 2	
exemestane tab 25 mg	Tier 2	
letrozole tab 2.5 mg	Tier 2	
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	Tier 3	PA, LA, QL (8 PER 1 DAYS)
ALUNBRIG (180 MG TAB, 90 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
ALUNBRIG 30 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
ALUNBRIG 90 & 180 MG TAB THPK	Tier 3	PA, LA, QL (30 PER 30 OVER TIME)
BALVERSA 3 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
BALVERSA 4 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
BALVERSA 5 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
BOSULIF (400 MG TAB, 500 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOSULIF 100 MG TAB	Tier 3	PA, QL (4 PER 1 DAYS)
BRAFTOVI 50 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
BRAFTOVI 75 MG CAP	Tier 3	PA, LA, QL (6 PER 1 DAYS)
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
CALQUENCE (100 MG CAP, 100 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
CAPRELSA 100 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
CAPRELSA 300 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	Tier 3	PA, LA, QL (2 PER 1 DAYS)
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	Tier 3	PA, LA, QL (4 PER 1 DAYS)
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	Tier 3	PA, LA, QL (3 PER 1 DAYS)
COPIKTRA (15 MG CAP, 25 MG CAP)	Tier 3	PA, LA, QL (56 PER 28 OVER TIME)
COTELLIC 20 MG TAB	Tier 3	PA, LA, QL (63 PER 28 OVER TIME)
DAURISMO 100 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
DAURISMO 25 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ERIVEDGE 150 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
erlotinib hcl (tab 100 mg (base equivalent), tab 150 mg (base equivalent))	Tier 2	PA, QL (1 PER 1 DAYS)
erlotinib hcl tab 25 mg (base equivalent)	Tier 2	PA, QL (3 PER 1 DAYS)
everolimus (tab 10 mg, tab 7.5 mg)	Tier 2	PA, QL (2 PER 1 DAYS)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
everolimus (tab 2.5 mg, tab 5 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
everolimus (tab for oral susp 2 mg, tab for oral susp 3 mg, tab for oral susp 5 mg)	Tier 2	PA
FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP)	Tier 3	PA, LA, QL (6 PER 21 OVER TIME)
GAVRETO 100 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
IBRANCE (100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB)	Tier 3	PA, LA, QL (21 PER 28 OVER TIME)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
imatinib mesylate tab 100 mg (base equivalent)	Tier 2	PA, QL (8 PER 1 DAYS)
imatinib mesylate tab 400 mg (base equivalent)	Tier 2	PA, QL (2 PER 1 DAYS)
IMBRUVICA (280 MG TAB, 420 MG TAB, 560 MG TAB, 70 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
IMBRUVICA 140 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	Tier 3	PA, LA, QL (8 PER 1 DAYS)
INLYTA 1 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
INLYTA 5 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
IRESSA 250 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
JAKAFI (10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB, 5 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
KISQALI (200 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (21 PER 28 OVER TIME)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI (400 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (42 PER 28 OVER TIME)
KISQALI (600 MG DOSE) 200 MG TAB THPK	Tier 3	PA, QL (63 PER 28 OVER TIME)
lapatinib ditosylate tab 250 mg (base equiv)	Tier 2	PA, LA, QL (6 PER 1 DAYS)
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	Tier 3	PA, LA, QL (2 PER 1 DAYS)
LORBRENA 100 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
LORBRENA 25 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
LYNPARZA (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
MEKINIST 0.5 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
MEKINIST 2 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
MEKTOVI 15 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)
NERLYNX 40 MG TAB	Tier 3	PA, LA, QL (6 PER 1 DAYS)

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ODOMZO 200 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
PEMAZYRE (13.5 MG TAB, 4.5 MG TAB, 9 MG TAB)	Tier 3	PA, LA, QL (14 PER 21 OVER TIME)
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	Tier 3	PA, QL (1 PER 1 DAYS)
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	Tier 3	PA, QL (2 PER 1 DAYS)
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	Tier 3	PA, QL (2 PER 1 DAYS)
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
RYDAPT 25 MG CAP	Tier 3	PA, QL (8 PER 1 DAYS)
SCEMBLIX 20 MG TAB	Tier 3	PA, QL (20 PER 1 DAYS)
SCEMBLIX 40 MG TAB	Tier 3	PA, QL (10 PER 1 DAYS)
sorafenib tosylate tab 200 mg (base equivalent)	Tier 2	PA, QL (4 PER 1 DAYS)
SPRYCEL (100 MG TAB, 140 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
SPRYCEL (70 MG TAB, 80 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SPRYCEL 20 MG TAB	Tier 3	PA, QL (6 PER 1 DAYS)
SPRYCEL 50 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
STIVARGA 40 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
sunitinib malate (cap 37.5 mg (base equivalent), cap 50 mg (base equivalent))	Tier 2	PA, QL (1 PER 1 DAYS)
sunitinib malate cap 12.5 mg (base equivalent)	Tier 2	PA, QL (7 PER 1 DAYS)
sunitinib malate cap 25 mg (base equivalent)	Tier 2	PA, QL (3 PER 1 DAYS)
TAFINLAR (50 MG CAP, 75 MG CAP)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
TAGRISSO (40 MG TAB, 80 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)

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

ANTINEOPLASTICS

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

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

ANTINEOPLASTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITRAKVI 20 MG/ML SOLUTION	Tier 3	PA, LA, QL (10 PER 1 DAYS)
VITRAKVI 25 MG CAP	Tier 3	PA, LA, QL (6 PER 1 DAYS)
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
VOTRIENT 200 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
XALKORI (200 MG CAP, 250 MG CAP)	Tier 3	PA, LA, QL (4 PER 1 DAYS)
XOSPATA 40 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ZEJULA 100 MG CAP	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ZELBORAF 240 MG TAB	Tier 3	PA, LA, QL (8 PER 1 DAYS)
ZYDELIG (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
ZYKADIA (150 MG CAP, 150 MG TAB)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
RETINOIDS		
bexarotene cap 75 mg	Tier 2	PA, QL (10 PER 1 DAYS)
bexarotene gel 1%	Tier 2	PA, QL (60 PER 30 OVER TIME)
PANRETIN 0.1 % GEL	Tier 3	PA
tretinoin cap 10 mg	Tier 2	
TREATMENT ADJUNCTS		
mesna inj 100 mg/ml	Tier 2	
MESNEX 400 MG TAB	Tier 3	
VONJO 100 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)

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

ANTIPARASITICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTHELMINTHICS		
albendazole tab 200 mg	Tier 2	
ivermectin tab 3 mg	Tier 2	QL (16 PER 365 OVER TIME)
praziquantel tab 600 mg	Tier 2	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	Tier 3	PA, QL (180 PER 3 OVER TIME)
atovaquone susp 750 mg/5ml	Tier 2	PA
atovaquone-proguanil hcl (tab 250-100 mg, tab 62.5-25 mg)	Tier 2	
BENZNIDAZOLE 100 MG TAB	Tier 3	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	Tier 3	QL (720 PER 365 OVER TIME)
chloroquine phosphate tab 250 mg	Tier 2	QL (50 PER 30 OVER TIME)
chloroquine phosphate tab 500 mg	Tier 2	QL (25 PER 30 OVER TIME)
COARTEM 20-120 MG TAB	Tier 3	QL (24 PER 2 OVER TIME)
HYDROXYCHLOROQUINE SULFATE 100 MG TAB	Tier 2	QL (4 PER 1 DAYS)
HYDROXYCHLOROQUINE SULFATE 300 MG TAB	Tier 2	QL (2 PER 1 DAYS)
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	Tier 2	QL (1 PER 1 DAYS)
hydroxychloroquine sulfate tab 200 mg	Tier 2	QL (3 PER 1 DAYS)
mefloquine hcl tab 250 mg	Tier 2	
nitazoxanide tab 500 mg	Tier 2	PA, QL (6 PER 3 OVER TIME)
pentamidine isethionate for nebulization soln 300 mg	Tier 2	BvD
pentamidine isethionate for soln 300 mg	Tier 2	

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

ANTIPARASITICS

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

ANTIPARKINSON AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICHOLINERGICS		
benztropine mesylate (inj 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	
trihexyphenidyl hcl (0.4 mg/ml solution, oral soln 0.4 mg/ml, tab 2 mg, tab 5 mg)	Tier 2	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (cap 100 mg, soln 50 mg/5ml, tab 100 mg)	Tier 2	
carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 37.5-150-200 mg tab, tabs 12.5-50-200 mg, tabs 18.75-75-200 mg, tabs 25-100-200 mg, tabs 31.25-125-200 mg, tabs 37.5-150-200 mg, tabs 50-200-200 mg)	Tier 2	
entacapone tab 200 mg	Tier 2	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
apomorphine hcl soln cartridge 30 mg/3ml	Tier 2	PA
bromocriptine mesylate (cap 5 mg (base equivalent), tab 2.5 mg (base equivalent))	Tier 2	

ANTIPARKINSON AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pramipexole dihydrochloride (tab 0.125 mg, tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg, tab 1.5 mg)	Tier 2	
ropinirole hydrochloride (tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg, tab 5 mg)	Tier 2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa tab 25 mg	Tier 2	
CARBIDOPA-LEVODOPA (CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG, CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG, CARBIDOPA & LEVODOPA TAB 10-100 MG, CARBIDOPA & LEVODOPA TAB 25-100 MG, CARBIDOPA & LEVODOPA TAB 25-250 MG, CARBIDOPA & LEVODOPA TAB ER 25-100 MG, CARBIDOPA & LEVODOPA TAB ER 50-200 MG, CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	Tier 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate (tab 0.5 mg (base equiv), tab 1 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
selegiline hcl (cap 5 mg, tab 5 mg)	Tier 2	

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

ANTIPSYCHOTICS

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

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

ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	Tier 3	PA
aripiprazole (orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, tab 5 mg)	Tier 2	QL (2 PER 1 DAYS)
aripiprazole (tab 10 mg, tab 15 mg, tab 20 mg, tab 30 mg)	Tier 2	QL (1 PER 1 DAYS)
aripiprazole oral solution 1 mg/ml	Tier 2	QL (25 PER 1 DAYS)
aripiprazole tab 2 mg	Tier 2	QL (4 PER 1 DAYS)
ARISTADA (1064 MG/3.9ML PRSYR, 441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR)	Tier 3	PA
ARISTADA INITIO 675 MG/2.4ML PRSYR	Tier 3	PA, QL (2.4 PER 42 OVER TIME)
asenapine maleate (sl tab 10 mg (base equiv), sl tab 2.5 mg (base equiv), sl tab 5 mg (base equiv))	Tier 2	PA, QL (2 PER 1 DAYS)
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	Tier 3	PA, QL (1 PER 1 DAYS)
FANAPT (1 MG TAB, 10 MG TAB, 12 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	Tier 3	PA, QL (8 PER 30 OVER TIME)
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Tier 3	PA, QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Tier 3	PA, QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	Tier 3	PA, QL (0.75 PER 28 OVER TIME)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	Tier 3	PA, QL (1 PER 28 OVER TIME)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	Tier 3	PA, QL (1.5 PER 28 OVER TIME)

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

ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	Tier 3	PA, QL (0.25 PER 28 OVER TIME)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	Tier 3	PA, QL (0.5 PER 28 OVER TIME)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	Tier 3	PA, QL (0.88 PER 30 OVER TIME)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	Tier 3	PA, QL (1.32 PER 30 OVER TIME)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	Tier 3	PA, QL (1.75 PER 30 OVER TIME)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	Tier 3	PA, QL (2.62 PER 30 OVER TIME)
LATUDA (120 MG TAB, 80 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
NUPLAZID 17 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
olanzapine (for im inj 10 mg, orally disintegrating tab 10 mg, orally disintegrating tab 15 mg, orally disintegrating tab 20 mg, orally disintegrating tab 5 mg, tab 10 mg, tab 15 mg, tab 2.5 mg, tab 20 mg, tab 5 mg, tab 7.5 mg)	Tier 2	
paliperidone (tab er 24hr 1.5 mg, tab er 24hr 3 mg, tab er 24hr 9 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
paliperidone tab er 24hr 6 mg	Tier 2	PA, QL (2 PER 1 DAYS)
PERSERIS (120 MG PRSYR, 90 MG PRSYR)	Tier 3	PA, QL (1 PER 28 OVER TIME)

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

ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
quetiapine fumarate (150 mg tab, tab 100 mg, tab 200 mg, tab 25 mg, tab 300 mg, tab 400 mg, tab 50 mg, tab er 24hr 150 mg, tab er 24hr 200 mg, tab er 24hr 300 mg, tab er 24hr 400 mg, tab er 24hr 50 mg)	Tier 2	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
RISPERDAL CONSTA (12.5 MG SRER, 25 MG SRER, 37.5 MG SRER, 50 MG SRER)	Tier 3	
risperidone (0.25 mg tab disp, orally disintegrating tab 0.5 mg, orally disintegrating tab 1 mg, orally disintegrating tab 2 mg, orally disintegrating tab 3 mg, orally disintegrating tab 4 mg, soln 1 mg/ml, tab 0.25 mg, tab 0.5 mg, tab 1 mg, tab 2 mg, tab 3 mg, tab 4 mg)	Tier 2	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	Tier 3	PA, QL (1 PER 1 DAYS)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	Tier 3	PA, QL (1 PER 1 DAYS)
VRAYLAR 1.5 & 3 MG CAP THPK	Tier 3	PA, QL (7 PER 30 OVER TIME)
ziprasidone hcl (cap 20 mg, cap 40 mg, cap 60 mg, cap 80 mg)	Tier 2	
ziprasidone mesylate for inj 20 mg (base equivalent)	Tier 2	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	Tier 3	PA

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

ANTIPSYCHOTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TREATMENT-RESISTANT		
clozapine (12.5 mg tab disp, 150 mg tab disp, 200 mg tab disp, orally disintegrating tab 100 mg, orally disintegrating tab 25 mg, tab 100 mg, tab 200 mg, tab 25 mg, tab 50 mg)	Tier 2	
VERSACLOZ 50 MG/ML SUSPENSION	Tier 3	PA, QL (18 PER 1 DAYS)

ANTISPASTICITY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTISPASTICITY AGENTS		
baclofen tab 10 mg	Tier 2	QL (8 PER 1 DAYS)
baclofen tab 20 mg	Tier 2	QL (4 PER 1 DAYS)
baclofen tab 5 mg	Tier 2	QL (3 PER 1 DAYS)
dantrolene sodium (cap 100 mg, cap 25 mg, cap 50 mg)	Tier 2	
tizanidine hcl (tab 2 mg (base equivalent), tab 4 mg (base equivalent))	Tier 2	

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS 240 MG TAB	Tier 3	QL (200 PER 365 OVER TIME)
PREVYMIS 480 MG TAB	Tier 3	QL (100 PER 365 OVER TIME)

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

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valganciclovir hcl for soln 50 mg/ml (base equiv)	Tier 2	QL (18 PER 1 DAYS)
valganciclovir hcl tab 450 mg (base equivalent)	Tier 2	QL (2 PER 1 DAYS)
ZIRGAN 0.15 % GEL	Tier 3	QL (5 PER 30 OVER TIME)
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil tab 10 mg	Tier 2	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 3	QL (21 PER 1 DAYS)
entecavir (tab 0.5 mg, tab 1 mg)	Tier 2	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
lamivudine tab 100 mg (hbv)	Tier 2	
VEMLIDY 25 MG TAB	Tier 3	QL (1 PER 1 DAYS)
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
EPCLUSA 200-50 MG PACKET	Tier 3	PA, QL (2 PER 1 DAYS)
HARVONI (33.75-150 MG PACKET, 45-200 MG TAB, 90-400 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
HARVONI 45-200 MG PACKET	Tier 3	PA, QL (2 PER 1 DAYS)
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
MAVYRET 100-40 MG TAB	Tier 3	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	Tier 3	PA, QL (6 PER 1 DAYS)
ribavirin (hepatitis c) (cap 200 mg, tab 200 mg)	Tier 2	
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
VOSEVI 400-100-100 MG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE 600 MG/3ML SUSP	Tier 3	QL (21 PER 365 OVER TIME), BvD

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

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	Tier 3	QL (1 PER 1 DAYS)
ISENTRESS (100 MG CHEW TAB, 25 MG CHEW TAB)	Tier 3	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	Tier 3	QL (2 PER 1 DAYS)
ISENTRESS 400 MG TAB	Tier 3	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	Tier 3	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	Tier 3	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	Tier 3	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA 200-25-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
DELSTRIGO 100-300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	Tier 3	QL (2 PER 1 DAYS)
efavirenz cap 200 mg	Tier 2	QL (3 PER 1 DAYS)
efavirenz cap 50 mg	Tier 2	QL (6 PER 1 DAYS)
efavirenz tab 600 mg	Tier 2	QL (1 PER 1 DAYS)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 2	QL (1 PER 1 DAYS)
efavirenz-lamivudine-tenofovir disoproxil fumarate (tab 400-300-300 mg, tab 600-300-300 mg)	Tier 2	QL (1 PER 1 DAYS)
etravirine tab 100 mg	Tier 2	QL (4 PER 1 DAYS)
etravirine tab 200 mg	Tier 2	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	Tier 3	QL (12 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	Tier 2	QL (40 PER 1 DAYS)

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

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEVIRAPINE ER 100 MG TAB ER 24H	Tier 2	QL (3 PER 1 DAYS)
nevirapine tab 200 mg	Tier 2	QL (2 PER 1 DAYS)
nevirapine tab er 24hr 100 mg	Tier 2	QL (3 PER 1 DAYS)
nevirapine tab er 24hr 400 mg	Tier 2	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	Tier 3	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	Tier 3	QL (2 PER 1 DAYS)
RESCRIPTOR 200 MG TAB	Tier 3	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate soln 20 mg/ml (base equiv)	Tier 2	QL (30 PER 1 DAYS)
abacavir sulfate tab 300 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
abacavir sulfate-lamivudine tab 600-300 mg	Tier 2	QL (1 PER 1 DAYS)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	Tier 2	QL (2 PER 1 DAYS)
CIMDUO 300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
DIDANOSINE (200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR)	Tier 2	QL (1 PER 1 DAYS)
emtricitabine caps 200 mg	Tier 2	QL (1 PER 1 DAYS)
emtricitabine-tenofovir disoproxil fumarate (tab 100-150 mg, tab 133-200 mg, tab 167-250 mg, tab 200-300 mg)	Tier 2	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 3	QL (24 PER 1 DAYS)
lamivudine oral soln 10 mg/ml	Tier 2	QL (30 PER 1 DAYS)
lamivudine tab 150 mg	Tier 2	QL (2 PER 1 DAYS)
lamivudine tab 300 mg	Tier 2	QL (1 PER 1 DAYS)

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

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lamivudine-zidovudine tab 150-300 mg	Tier 2	QL (2 PER 1 DAYS)
stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, cap 15 mg, cap 20 mg, cap 30 mg, cap 40 mg)	Tier 2	QL (2 PER 1 DAYS)
TEMIXYS 300-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
tenofovir disoproxil fumarate tab 300 mg	Tier 2	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	Tier 3	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	Tier 3	QL (2 PER 1 DAYS)
VIDEX 2 GM RECON SOLN	Tier 3	
VIDEX EC 125 MG CAP DR	Tier 3	QL (1 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	Tier 3	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	Tier 3	QL (240 PER 30 OVER TIME)
zidovudine cap 100 mg	Tier 2	QL (6 PER 1 DAYS)
zidovudine syrup 10 mg/ml	Tier 2	QL (60 PER 1 DAYS)
zidovudine tab 300 mg	Tier 2	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	Tier 3	QL (4 PER 30 OVER TIME), BvD
CABENUVA 600 & 900 MG/3ML SUSP	Tier 3	QL (6 PER 30 OVER TIME), BvD
FUZEON 90 MG RECON SOLN	Tier 3	QL (60 PER 30 OVER TIME)
maraviroc tab 150 mg	Tier 2	QL (2 PER 1 DAYS)
maraviroc tab 300 mg	Tier 2	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	Tier 3	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	Tier 3	QL (60 PER 1 DAYS)

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

ANTIVIRALS

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

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

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREZISTA 800 MG TAB	Tier 3	QL (1 PER 1 DAYS)
REYATAZ 50 MG PACKET	Tier 3	QL (8 PER 1 DAYS)
ritonavir tab 100 mg	Tier 2	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	Tier 3	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	Tier 3	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	Tier 3	QL (4 PER 1 DAYS)
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	Tier 2	QL (120 PER 180 OVER TIME)
oseltamivir phosphate cap 45 mg (base equiv)	Tier 2	QL (42 PER 180 OVER TIME)
oseltamivir phosphate cap 75 mg (base equiv)	Tier 2	QL (60 PER 180 OVER TIME)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 2	QL (1080 PER 365 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	Tier 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	Tier 2	
XOFLUZA (40 MG DOSE) (1 X 40 MG TAB THPK, 2 X 20 MG TAB THPK)	Tier 3	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Tier 3	QL (1 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	Tier 3	QL (2 PER 30 OVER TIME)
ANTIHERPETIC AGENTS		
acyclovir (cap 200 mg, susp 200 mg/5ml, tab 400 mg, tab 800 mg)	Tier 2	
acyclovir sodium iv soln 50 mg/ml	Tier 2	BvD
famciclovir (tab 125 mg, tab 250 mg, tab 500 mg)	Tier 2	
TRIFLURIDINE 1 % SOLUTION	Tier 2	

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

ANTIVIRALS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valacyclovir hcl (tab 1 gm, tab 500 mg)	Tier 2	

ANXIOLYTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANXIOLYTICS, OTHER		
buspirone hcl (tab 10 mg, tab 15 mg, tab 30 mg, tab 5 mg, tab 7.5 mg)	Tier 2	
meprobamate (tab 200 mg, tab 400 mg)	Tier 2	PA
BENZODIAZEPINES		
alprazolam (tab 0.25 mg, tab 0.5 mg, tab 1 mg)	Tier 2	QL (4 PER 1 DAYS)
alprazolam tab 2 mg	Tier 2	QL (5 PER 1 DAYS)
chlordiazepoxide hcl cap 10 mg	Tier 2	PA, QL (30 PER 1 DAYS)
chlordiazepoxide hcl cap 25 mg	Tier 2	PA, QL (12 PER 1 DAYS)
chlordiazepoxide hcl cap 5 mg	Tier 2	PA, QL (60 PER 1 DAYS)
clonazepam (orally disintegrating tab 0.125 mg, orally disintegrating tab 0.25 mg, orally disintegrating tab 0.5 mg, tab 0.5 mg)	Tier 2	QL (40 PER 1 DAYS)
clonazepam (orally disintegrating tab 1 mg, tab 1 mg)	Tier 2	QL (20 PER 1 DAYS)
clonazepam (orally disintegrating tab 2 mg, tab 2 mg)	Tier 2	QL (10 PER 1 DAYS)
clorazepate dipotassium tab 15 mg	Tier 2	QL (6 PER 1 DAYS)
clorazepate dipotassium tab 3.75 mg	Tier 2	QL (24 PER 1 DAYS)
clorazepate dipotassium tab 7.5 mg	Tier 2	QL (12 PER 1 DAYS)

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

ANXIOLYTICS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam (conc 5 mg/ml, tab 5 mg)	Tier 2	QL (12 PER 1 DAYS)
diazepam oral soln 1 mg/ml	Tier 2	QL (60 PER 1 DAYS)
diazepam tab 10 mg	Tier 2	QL (6 PER 1 DAYS)
diazepam tab 2 mg	Tier 2	QL (30 PER 1 DAYS)
lorazepam (conc 2 mg/ml, tab 2 mg)	Tier 2	QL (5 PER 1 DAYS)
lorazepam tab 0.5 mg	Tier 2	QL (20 PER 1 DAYS)
lorazepam tab 1 mg	Tier 2	QL (10 PER 1 DAYS)

BIPOLAR AGENTS

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

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDIABETIC AGENTS		
acarbose (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
FARXIGA (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
glimepiride (tab 1 mg, tab 2 mg, tab 4 mg)	Tier 1	

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glipizide (tab 10 mg, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)	Tier 1	
glipizide-metformin hcl (tab 2.5-250 mg, tab 2.5-500 mg, tab 5-500 mg)	Tier 1	
glyburide (tab 1.25 mg, tab 2.5 mg, tab 5 mg)	Tier 1	PA
glyburide micronized (tab 1.5 mg, tab 3 mg, tab 6 mg)	Tier 1	PA
glyburide-metformin (tab 1.25-250 mg, tab 2.5-500 mg, tab 5-500 mg)	Tier 1	PA
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
JANUMET XR (100-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	Tier 3	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	Tier 3	QL (2 PER 1 DAYS)
JANUVIA (100 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	Tier 3	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	Tier 3	QL (1 PER 1 DAYS)
metformin hcl (tab 1000 mg, tab 500 mg, tab 850 mg, tab er 24hr 500 mg, tab er 24hr 750 mg)	Tier 1	
miglitol (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	QL (3 PER 1 DAYS)
nateglinide (tab 120 mg, tab 60 mg)	Tier 2	

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

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	Tier 3	QL (1.5 PER 28 OVER TIME)
OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN)	Tier 3	QL (3 PER 28 OVER TIME)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	Tier 3	QL (3 PER 28 OVER TIME)
pioglitazone hcl (tab 15 mg (base equiv), tab 30 mg (base equiv), tab 45 mg (base equiv))	Tier 2	
repaglinide (tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	
RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
SYNJARDY (12.5-1000 MG TAB, 12.5-500 MG TAB, 5-1000 MG TAB, 5-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
SYNJARDY XR (10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	Tier 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN)	Tier 3	QL (2 PER 28 OVER TIME)
VICTOZA 18 MG/3ML SOLN PEN	Tier 3	QL (9 PER 30 OVER TIME)
XIGDUO XR (10-1000 MG TAB ER 24H, 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
XIGDUO XR (10-500 MG TAB ER 24H, 5-500 MG TAB ER 24H)	Tier 3	QL (1 PER 1 DAYS)
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)

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

BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazoxide susp 50 mg/ml	Tier 2	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	Tier 3	QL (2 PER 2 OVER TIME)
glucagon (rdna) for inj kit 1 mg	Tier 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)	Tier 3	QL (2 PER 2 OVER TIME)
INSULINS		
HUMALOG (100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION)	Tier 3	
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Tier 3	
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 3	
HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION	Tier 3	
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	Tier 3	
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	Tier 3	
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	Tier 3	
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN N 100 UNIT/ML SUSPENSION	Tier 3	
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN R 100 UNIT/ML SOLUTION	Tier 3	
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	Tier 3	

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BLOOD GLUCOSE REGULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO 100 UNIT/ML SOLUTION	Tier 3	
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
LANTUS 100 UNIT/ML SOLUTION	Tier 3	QL (40 PER 30 OVER TIME)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	Tier 3	QL (45 PER 30 OVER TIME)
LYUMJEV 100 UNIT/ML SOLUTION	Tier 3	
LYUMJEV KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 3	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN N 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	Tier 3	
NOVOLIN R 100 UNIT/ML SOLUTION	Tier 3	
NOVOLIN R RELION 100 UNIT/ML SOLUTION	Tier 3	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	QL (18 PER 28 OVER TIME)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	QL (18 PER 28 OVER TIME)

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

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICOAGULANTS		
dabigatran etexilate mesylate (cap 150 mg (base eq), cap 75 mg (base eq))	Tier 2	QL (2 PER 1 DAYS)
ELIQUIS (2.5 MG TAB, 5 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	Tier 3	QL (74 PER 180 OVER TIME)
enoxaparin sodium (inj 300 mg/3ml, inj soln pref syr 100 mg/ml, inj soln pref syr 150 mg/ml)	Tier 2	QL (60 PER 30 OVER TIME)
enoxaparin sodium (inj soln pref syr 120 mg/0.8ml, inj soln pref syr 80 mg/0.8ml)	Tier 2	QL (48 PER 30 OVER TIME)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 2	QL (18 PER 30 OVER TIME)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 2	QL (24 PER 30 OVER TIME)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	Tier 2	QL (36 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	Tier 2	QL (24 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 2	QL (15 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 2	QL (12 PER 30 OVER TIME)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	Tier 2	QL (18 PER 30 OVER TIME)
heparin sodium (porcine) (inj 1000 unit/ml, inj 10000 unit/ml, inj 20000 unit/ml, inj 5000 unit/ml)	Tier 2	BvD
PRADAXA (110 MG CAP, 150 MG CAP, 75 MG CAP)	Tier 3	QL (2 PER 1 DAYS)
warfarin sodium (tab 1 mg, tab 10 mg, tab 2 mg, tab 2.5 mg, tab 3 mg, tab 4 mg, tab 5 mg, tab 6 mg, tab 7.5 mg)	Tier 2	

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

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	Tier 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	Tier 3	QL (2 PER 1 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	Tier 3	QL (51 PER 180 OVER TIME)
ZONTIVITY 2.08 MG TAB	Tier 3	QL (1 PER 1 DAYS)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl (cap 0.5 mg, cap 1 mg)	Tier 2	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION)	Tier 3	PA
MOZOBIL 24 MG/1.2ML SOLUTION	Tier 3	PA, LA
PROMACTA (12.5 MG PACKET, 12.5 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
PROMACTA (25 MG TAB, 50 MG TAB)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
PROMACTA 25 MG PACKET	Tier 3	PA, LA, QL (6 PER 1 DAYS)
PROMACTA 75 MG TAB	Tier 3	PA, LA, QL (2 PER 1 DAYS)
RETACRIT (10000 UNIT/ML SOLUTION, 2000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	Tier 3	PA

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

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	Tier 3	PA
HEMOSTASIS AGENTS		
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	Tier 2	
tranexamic acid tab 650 mg	Tier 2	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 2	
BRILINTA (60 MG TAB, 90 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
CABLIVI 11 MG KIT	Tier 3	PA, LA, QL (1 PER 1 DAYS)
cilostazol (tab 100 mg, tab 50 mg)	Tier 2	
clopidogrel bisulfate tab 75 mg (base equiv)	Tier 2	QL (1 PER 1 DAYS)
dipyridamole (tab 25 mg, tab 50 mg, tab 75 mg)	Tier 2	PA
OXBRYTA (300 MG TAB SOL, 500 MG TAB)	Tier 3	PA, LA, QL (5 PER 1 DAYS)
prasugrel hcl (tab 10 mg (base equiv), tab 5 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
TAVALISSE (100 MG TAB, 150 MG TAB)	Tier 3	PA, LA, QL (2 PER 1 DAYS)

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALPHA-ADRENERGIC AGONISTS		
clonidine (patch weekly 0.1 mg/24hr, patch weekly 0.2 mg/24hr, patch weekly 0.3 mg/24hr)	Tier 2	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clonidine hcl (tab 0.1 mg, tab 0.2 mg, tab 0.3 mg)	Tier 2	
droxidopa cap 100 mg	Tier 2	PA, QL (252 PER 90 OVER TIME)
droxidopa cap 200 mg	Tier 2	PA, QL (120 PER 30 OVER TIME)
droxidopa cap 300 mg	Tier 2	PA, QL (84 PER 90 OVER TIME)
guanfacine hcl (tab 1 mg, tab 2 mg)	Tier 2	
methyldopa (250 mg tab, 500 mg tab, tab 250 mg, tab 500 mg)	Tier 2	
midodrine hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (tab 1 mg, tab 2 mg, tab 4 mg, tab 8 mg)	Tier 2	
prazosin hcl (cap 1 mg, cap 2 mg, cap 5 mg)	Tier 2	
terazosin hcl (cap 1 mg (base equivalent), cap 10 mg (base equivalent), cap 2 mg (base equivalent), cap 5 mg (base equivalent))	Tier 2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (tab 16 mg, tab 32 mg, tab 4 mg, tab 8 mg)	Tier 2	
EPROSARTAN MESYLATE 600 MG TAB	Tier 1	QL (1 PER 1 DAYS)
irbesartan (tab 150 mg, tab 300 mg, tab 75 mg)	Tier 1	
losartan potassium (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 1	
olmesartan medoxomil (tab 20 mg, tab 40 mg, tab 5 mg)	Tier 2	
telmisartan (tab 20 mg, tab 40 mg, tab 80 mg)	Tier 1	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valsartan (tab 160 mg, tab 320 mg, tab 40 mg, tab 80 mg)	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)	Tier 1	
captopril (tab 100 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)	Tier 1	
enalapril maleate (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 5 mg)	Tier 1	
fosinopril sodium (tab 10 mg, tab 20 mg, tab 40 mg)	Tier 1	
lisinopril (tab 10 mg, tab 2.5 mg, tab 20 mg, tab 30 mg, tab 40 mg, tab 5 mg)	Tier 1	
moexipril hcl (tab 15 mg, tab 7.5 mg)	Tier 1	
perindopril erbumine (tab 2 mg, tab 4 mg, tab 8 mg)	Tier 1	
quinapril hcl (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)	Tier 1	
ramipril (cap 1.25 mg, cap 10 mg, cap 2.5 mg, cap 5 mg)	Tier 1	
trandolapril (tab 1 mg, tab 2 mg, tab 4 mg)	Tier 1	
ANTIARRHYTHMICS		
amiodarone hcl (tab 100 mg, tab 200 mg, tab 400 mg)	Tier 2	
disopyramide phosphate (cap 100 mg, cap 150 mg)	Tier 2	
dofetilide (cap 125 mcg (0.125 mg), cap 250 mcg (0.25 mg), cap 500 mcg (0.5 mg))	Tier 2	
flecainide acetate (tab 100 mg, tab 150 mg, tab 50 mg)	Tier 2	
mexiletine hcl (cap 150 mg, cap 200 mg, cap 250 mg)	Tier 2	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MULTAQ 400 MG TAB	Tier 3	QL (2 PER 1 DAYS)
propafenone hcl (tab 150 mg, tab 225 mg, tab 300 mg)	Tier 2	
quinidine sulfate (200 mg tab, 300 mg tab, tab 200 mg, tab 300 mg)	Tier 2	
sotalol hcl (afib/afl) (tab 120 mg, tab 160 mg, tab 80 mg)	Tier 2	
sotalol hcl (tab 120 mg, tab 160 mg, tab 240 mg, tab 80 mg)	Tier 2	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (cap 200 mg, cap 400 mg)	Tier 2	
atenolol (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 1	
betaxolol hcl (tab 10 mg, tab 20 mg)	Tier 2	
bisoprolol fumarate (tab 10 mg, tab 5 mg)	Tier 2	
carvedilol (tab 12.5 mg, tab 25 mg, tab 3.125 mg, tab 6.25 mg)	Tier 1	
labetalol hcl (tab 100 mg, tab 200 mg, tab 300 mg)	Tier 2	
metoprolol succinate (tab er 24hr 100 mg (tartrate equiv), tab er 24hr 200 mg (tartrate equiv), tab er 24hr 25 mg (tartrate equiv), tab er 24hr 50 mg (tartrate equiv))	Tier 2	
metoprolol tartrate (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 1	
nadolol (tab 20 mg, tab 40 mg, tab 80 mg)	Tier 2	
nebivolol hcl (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 20 mg (base equivalent), tab 5 mg (base equivalent))	Tier 2	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pindolol (tab 10 mg, tab 5 mg)	Tier 2	
propranolol hcl (40 mg/5ml solution, cap er 24hr 120 mg, cap er 24hr 160 mg, cap er 24hr 60 mg, cap er 24hr 80 mg, oral soln 20 mg/5ml, tab 10 mg, tab 20 mg, tab 40 mg, tab 60 mg, tab 80 mg)	Tier 2	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (tab 10 mg (base equivalent), tab 2.5 mg (base equivalent), tab 5 mg (base equivalent))	Tier 1	
felodipine (tab er 24hr 10 mg, tab er 24hr 2.5 mg, tab er 24hr 5 mg)	Tier 2	
nicardipine hcl (cap 20 mg, cap 30 mg)	Tier 2	
nifedipine (cap 10 mg, cap 20 mg, tab er 24hr 30 mg, tab er 24hr 60 mg, tab er 24hr 90 mg, tab er 24hr osmotic release 30 mg, tab er 24hr osmotic release 60 mg, tab er 24hr osmotic release 90 mg)	Tier 2	
nimodipine cap 30 mg	Tier 2	
NYMALIZE 6 MG/ML SOLUTION	Tier 3	QL (1260 PER 21 OVER TIME)
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
diltiazem hcl (cap er 12hr 120 mg, cap er 12hr 60 mg, cap er 12hr 90 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, tab 120 mg, tab 30 mg, tab 60 mg, tab 90 mg)	Tier 2	

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diltiazem hcl coated beads (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, cap er 24hr 360 mg, tab er 24hr 180 mg, tab er 24hr 240 mg, tab er 24hr 300 mg, tab er 24hr 360 mg, tab er 24hr 420 mg)	Tier 2	
diltiazem hcl extended release beads (cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, cap er 24hr 360 mg, cap er 24hr 420 mg)	Tier 2	
verapamil hcl (cap er 24hr 100 mg, cap er 24hr 120 mg, cap er 24hr 180 mg, cap er 24hr 200 mg, cap er 24hr 240 mg, cap er 24hr 300 mg, tab 120 mg, tab 40 mg, tab 80 mg, tab er 120 mg, tab er 180 mg, tab er 240 mg)	Tier 2	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	Tier 2	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (tab 125 mg, tab 250 mg)	Tier 2	
aliskiren fumarate (tab 150 mg (base equivalent), tab 300 mg (base equivalent))	Tier 2	PA
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 2	
amlodipine besylate-benazepril hcl (cap 10-20 mg, cap 10-40 mg, cap 2.5-10 mg, cap 5-10 mg, cap 5-20 mg, cap 5-40 mg)	Tier 1	
amlodipine besylate-olmesartan medoxomil (tab 10-20 mg, tab 10-40 mg, tab 5-20 mg, tab 5-40 mg)	Tier 2	
amlodipine besylate-valsartan (tab 10-160 mg, tab 10-320 mg, tab 5-160 mg, tab 5-320 mg)	Tier 1	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amlodipine-valsartan-hydrochlorothiazide (tab 10-160-12.5 mg, tab 10-160-25 mg, tab 10-320-25 mg, tab 5-160-12.5 mg, tab 5-160-25 mg)	Tier 2	
atenolol & chlorthalidone (tab 100-25 mg, tab 50-25 mg)	Tier 1	
benazepril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg, tab 5-6.25 mg)	Tier 1	
bisoprolol & hydrochlorothiazide (tab 10-6.25 mg, tab 2.5-6.25 mg, tab 5-6.25 mg)	Tier 2	
candesartan cilexetil-hydrochlorothiazide (tab 16-12.5 mg, tab 32-12.5 mg, tab 32-25 mg)	Tier 2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	Tier 1	
CORLANOR (5 MG TAB, 7.5 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
CORLANOR 5 MG/5ML SOLUTION	Tier 3	PA, QL (20 PER 1 DAYS)
digoxin (0.05 mg/ml solution, oral soln 0.05 mg/ml)	Tier 3	
digoxin tab 125 mcg (0.125 mg)	Tier 2	QL (1 PER 1 DAYS)
digoxin tab 250 mcg (0.25 mg)	Tier 2	PA, QL (1 PER 1 DAYS)
enalapril maleate & hydrochlorothiazide (tab 10-25 mg, tab 5-12.5 mg)	Tier 1	
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
fosinopril sodium & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg)	Tier 1	
irbesartan-hydrochlorothiazide (tab 150-12.5 mg, tab 300-12.5 mg)	Tier 1	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lisinopril & hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)	Tier 1	
losartan potassium & hydrochlorothiazide (tab 100-12.5 mg, tab 100-25 mg, tab 50-12.5 mg)	Tier 1	
metoprolol & hydrochlorothiazide (tab 100-25 mg, tab 100-50 mg, tab 50-25 mg)	Tier 2	
metyrosine cap 250 mg	Tier 2	
olmesartan medoxomil-amlodipine-hydrochlorothiazide (tab 20-5-12.5 mg, tab 40-10-12.5 mg, tab 40-10-25 mg, tab 40-5-12.5 mg, tab 40-5-25 mg)	Tier 2	
olmesartan medoxomil-hydrochlorothiazide (tab 20-12.5 mg, tab 40-12.5 mg, tab 40-25 mg)	Tier 2	
pentoxifylline tab er 400 mg	Tier 2	
PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)	Tier 2	
quinapril-hydrochlorothiazide (tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg)	Tier 1	
ranolazine (tab er 12hr 1000 mg, tab er 12hr 500 mg)	Tier 2	QL (2 PER 1 DAYS)
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 2	
TEKTURNA HCT (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB)	Tier 3	PA
telmisartan-hydrochlorothiazide (tab 40-12.5 mg, tab 80-12.5 mg, tab 80-25 mg)	Tier 1	
triamterene & hydrochlorothiazide (cap 37.5-25 mg, tab 37.5-25 mg, tab 75-50 mg)	Tier 2	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valsartan-hydrochlorothiazide (tab 160-12.5 mg, tab 160-25 mg, tab 320-12.5 mg, tab 320-25 mg, tab 80-12.5 mg)	Tier 1	
VYNDAMAX 61 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
bumetanide (inj 0.25 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	
furosemide (8 mg/ml solution, inj 10 mg/ml, oral soln 10 mg/ml)	Tier 2	
furosemide (tab 20 mg, tab 40 mg, tab 80 mg)	Tier 1	
torsemide (tab 10 mg, tab 100 mg, tab 20 mg, tab 5 mg)	Tier 2	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl tab 5 mg	Tier 2	
eplerenone (tab 25 mg, tab 50 mg)	Tier 2	
spironolactone (tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
DIURETICS, THIAZIDE		
chlorothiazide (500 mg tab, tab 500 mg)	Tier 2	
chlorthalidone (tab 25 mg, tab 50 mg)	Tier 2	
hydrochlorothiazide (cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg)	Tier 1	
indapamide (tab 1.25 mg, tab 2.5 mg)	Tier 2	
metolazone (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
choline fenofibrate (cap dr 135 mg (fenofibric acid equiv), cap dr 45 mg (fenofibric acid equiv))	Tier 2	
fenofibrate (tab 145 mg, tab 160 mg, tab 48 mg, tab 54 mg)	Tier 2	
fenofibrate micronized (cap 130 mg, cap 134 mg, cap 200 mg, cap 43 mg, cap 67 mg)	Tier 2	
gemfibrozil tab 600 mg	Tier 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (tab 10 mg (base equivalent), tab 20 mg (base equivalent), tab 40 mg (base equivalent), tab 80 mg (base equivalent))	Tier 1	
fluvastatin sodium (cap 20 mg (base equivalent), cap 40 mg (base equivalent))	Tier 1	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	Tier 2	
lovastatin (tab 10 mg, tab 20 mg, tab 40 mg)	Tier 1	
pravastatin sodium (tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg)	Tier 1	
rosuvastatin calcium (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg)	Tier 1	
simvastatin (tab 10 mg, tab 20 mg, tab 40 mg, tab 5 mg, tab 80 mg)	Tier 1	
DYSLIPIDEMICS, OTHER		
cholestyramine (powder 4 gm/dose, powder packets 4 gm)	Tier 2	
cholestyramine light (powder 4 gm/dose, powder packets 4 gm)	Tier 2	

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
colesevelam hcl (packet for susp 3.75 gm, tab 625 mg)	Tier 2	
colestipol hcl (granule packets 5 gm, granules 5 gm, tab 1 gm)	Tier 2	
ezetimibe tab 10 mg	Tier 2	
ezetimibe-simvastatin (tab 10-10 mg, tab 10-20 mg, tab 10-40 mg, tab 10-80 mg)	Tier 2	
icosapent ethyl cap 0.5 gm	Tier 2	QL (8 PER 1 DAYS)
icosapent ethyl cap 1 gm	Tier 2	QL (4 PER 1 DAYS)
JUXTAPID (40 MG CAP, 60 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
JUXTAPID 10 MG CAP	Tier 3	PA, LA, QL (6 PER 1 DAYS)
JUXTAPID 20 MG CAP	Tier 3	PA, LA, QL (3 PER 1 DAYS)
JUXTAPID 30 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)
JUXTAPID 5 MG CAP	Tier 3	PA, LA, QL (12 PER 1 DAYS)
niacin (antihyperlipidemic) (tab er 1000 mg (antihyperlipidemic), tab er 750 mg (antihyperlipidemic))	Tier 2	QL (2 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	Tier 2	
niacin tab er 500 mg (antihyperlipidemic)	Tier 2	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	Tier 2	
omega-3-acid ethyl esters cap 1 gm	Tier 2	QL (4 PER 1 DAYS)
REPATHA 140 MG/ML SOLN PRSYR	Tier 3	PA, QL (2 PER 28 OVER TIME)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	Tier 3	PA, QL (3.5 PER 28 OVER TIME)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	Tier 3	PA, QL (2 PER 28 OVER TIME)

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

CARDIOVASCULAR AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VASCEPA 0.5 GM CAP	Tier 3	QL (8 PER 1 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (tab 10 mg, tab 100 mg, tab 25 mg, tab 50 mg)	Tier 2	
minoxidil (tab 10 mg, tab 2.5 mg)	Tier 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (tab 10 mg, tab 20 mg, tab 30 mg, tab 5 mg)	Tier 2	
ISOSORBIDE DINITRATE ER 40 MG TAB ER	Tier 2	
isosorbide mononitrate (10 mg tab, 20 mg tab, tab 10 mg, tab 20 mg, tab er 24hr 120 mg, tab er 24hr 30 mg, tab er 24hr 60 mg)	Tier 2	
NITRO-BID 2 % OINTMENT	Tier 3	
nitroglycerin (sl tab 0.3 mg, sl tab 0.4 mg, sl tab 0.6 mg, td patch 24hr 0.1 mg/hr, td patch 24hr 0.2 mg/hr, td patch 24hr 0.4 mg/hr, td patch 24hr 0.6 mg/hr)	Tier 2	
NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)	Tier 3	
RECTIV 0.4 % OINTMENT	Tier 3	QL (30 PER 30 OVER TIME)

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphetamine (cap er 24hr 10 mg, cap er 24hr 15 mg, cap er 24hr 20 mg, cap er 24hr 25 mg, cap er 24hr 30 mg, cap er 24hr 5 mg, tab 30 mg)	Tier 2	QL (2 PER 1 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amphetamine-dextroamphetamine (tab 10 mg, tab 15 mg, tab 5 mg, tab 7.5 mg)	Tier 2	QL (4 PER 1 DAYS)
amphetamine-dextroamphetamine tab 12.5 mg	Tier 2	QL (5 PER 1 DAYS)
amphetamine-dextroamphetamine tab 20 mg	Tier 2	QL (3 PER 1 DAYS)
dextroamphetamine sulfate (cap er 24hr 10 mg, tab 10 mg, tab 5 mg)	Tier 2	QL (6 PER 1 DAYS)
dextroamphetamine sulfate (cap er 24hr 15 mg, tab 15 mg)	Tier 2	QL (4 PER 1 DAYS)
dextroamphetamine sulfate cap er 24hr 5 mg	Tier 2	QL (12 PER 1 DAYS)
dextroamphetamine sulfate tab 20 mg	Tier 2	QL (3 PER 1 DAYS)
dextroamphetamine sulfate tab 30 mg	Tier 2	QL (2 PER 1 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl (cap 10 mg (base equiv), cap 18 mg (base equiv), cap 25 mg (base equiv))	Tier 2	QL (4 PER 1 DAYS)
atomoxetine hcl (cap 100 mg (base equiv), cap 60 mg (base equiv), cap 80 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
atomoxetine hcl cap 40 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
clonidine hcl tab er 12hr 0.1 mg	Tier 2	
dexmethylphenidate hcl (tab 10 mg, tab 2.5 mg, tab 5 mg)	Tier 2	QL (2 PER 1 DAYS)
guanfacine hcl (adhd) (tab er 24hr 1 mg (base equiv), tab er 24hr 2 mg (base equiv), tab er 24hr 3 mg (base equiv), tab er 24hr 4 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
methylphenidate hcl (tab 10 mg, tab er 10 mg)	Tier 2	QL (6 PER 1 DAYS)

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

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methylphenidate hcl (tab 20 mg, tab er 20 mg)	Tier 2	QL (3 PER 1 DAYS)
methylphenidate hcl tab 5 mg	Tier 2	QL (12 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (12 MG TAB, 9 MG TAB)	Tier 3	PA, QL (4 PER 1 DAYS)
AUSTEDO 6 MG TAB	Tier 3	PA, QL (8 PER 1 DAYS)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tier 2	PA, QL (48 PER 30 OVER TIME), NDS
FIRDAPSE 10 MG TAB	Tier 3	PA, LA, QL (8 PER 1 DAYS)
INGREZZA (60 MG CAP, 80 MG CAP)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
INGREZZA 40 & 80 MG CAP THPK	Tier 3	PA, LA, QL (28 PER 28 OVER TIME)
INGREZZA 40 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)
riluzole tab 50 mg	Tier 2	
tetrabenazine tab 12.5 mg	Tier 2	PA, LA, QL (8 PER 1 DAYS)
tetrabenazine tab 25 mg	Tier 2	PA, LA, QL (4 PER 1 DAYS)
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR)	Tier 3	PA, QL (3 PER 1 DAYS)
DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR)	Tier 3	PA, QL (2 PER 1 DAYS)
duloxetine hcl (cap 20 mg (base eq), cap 60 mg (base eq))	Tier 2	QL (2 PER 1 DAYS)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	Tier 2	QL (3 PER 1 DAYS)
pregabalin (cap 100 mg, cap 150 mg, cap 25 mg, cap 50 mg, cap 75 mg)	Tier 2	QL (3 PER 1 DAYS)
pregabalin (cap 200 mg, cap 225 mg, cap 300 mg)	Tier 2	QL (2 PER 1 DAYS)

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

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pregabalin soln 20 mg/ml	Tier 2	QL (30 PER 1 DAYS)
SAVELLA (100 MG TAB, 12.5 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	Tier 3	PA, QL (55 PER 28 OVER TIME)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO (14 MG TAB, 7 MG TAB)	Tier 3	PA, LA, QL (1 PER 1 DAYS)
AVONEX 30 MCG KIT	Tier 3	PA, QL (4 PER 28 OVER TIME)
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	Tier 3	PA, QL (4 PER 28 OVER TIME)
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	Tier 3	PA, QL (4 PER 28 OVER TIME)
BETASERON 0.3 MG KIT	Tier 3	PA, QL (15 PER 30 OVER TIME)
dalfampridine tab er 12hr 10 mg	Tier 2	PA, QL (2 PER 1 DAYS)
dimethyl fumarate (capsule delayed release 120 mg, capsule delayed release 240 mg, capsule dr starter pack 120 mg & 240 mg)	Tier 2	PA, QL (2 PER 1 DAYS)
EXTAVIA 0.3 MG KIT	Tier 3	PA, QL (15 PER 30 OVER TIME)
GILENYA 0.5 MG CAP	Tier 3	PA, QL (1 PER 1 DAYS)
glatiramer acetate soln prefilled syringe 20 mg/ml	Tier 2	PA, QL (30 PER 30 OVER TIME)
PLEGRIDY (125 MCG/0.5ML SOLN PEN, 125 MCG/0.5ML SOLN PRSYR)	Tier 3	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PEN	Tier 3	PA, LA
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	Tier 3	PA, LA, QL (1 PER 28 OVER TIME)
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	Tier 3	PA, QL (6 PER 28 OVER TIME)

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

CENTRAL NERVOUS SYSTEM AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	Tier 3	PA, QL (6 PER 28 OVER TIME)
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	Tier 3	PA, QL (4.2 PER 28 OVER TIME)
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	Tier 3	PA, QL (4.2 PER 28 OVER TIME)
TYSABRI 300 MG/15ML CONC	Tier 3	PA, LA

DENTAL AND ORAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DENTAL AND ORAL AGENTS		
chlorhexidine gluconate soln 0.12%	Tier 2	
KEPIVANCE 6.25 MG RECON SOLN	Tier 3	BvD
pilocarpine hcl (oral) (tab 5 mg, tab 7.5 mg)	Tier 2	
triamcinolone acetonide dental paste 0.1%	Tier 2	

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ACNE AND ROSACEA AGENTS		
acitretin (cap 10 mg, cap 17.5 mg, cap 25 mg)	Tier 2	
adapalene gel 0.1%	Tier 2	PA
isotretinoin (cap 10 mg, cap 20 mg, cap 30 mg, cap 40 mg)	Tier 2	

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

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tazarotene cream 0.1%	Tier 2	
TAZORAC 0.05 % CREAM	Tier 3	
tretinoin (cream 0.025%, cream 0.05%, cream 0.1%, gel 0.01%, gel 0.025%)	Tier 2	PA
DERMATITIS AND PRURITUS AGENTS		
alclometasone dipropionate oint 0.05%	Tier 2	
betamethasone dipropionate (topical) (cream 0.05%, lotion 0.05%)	Tier 2	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	Tier 2	
betamethasone dipropionate augmented oint 0.05%	Tier 2	
betamethasone valerate (cream 0.1% (base equivalent), lotion 0.1% (base equivalent), oint 0.1% (base equivalent))	Tier 2	
clobetasol propionate (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)	Tier 2	
clobetasol propionate emollient base cream 0.05%	Tier 2	
desonide (cream 0.05%, oint 0.05%)	Tier 2	
desoximetasone (cream 0.25%, oint 0.25%)	Tier 2	
fluocinolone acetonide (cream 0.01%, cream 0.025%, oil 0.01% (body oil), oil 0.01% (scalp oil), oint 0.025%, soln 0.01%)	Tier 2	
fluocinonide (cream 0.05%, gel 0.05%, oint 0.05%, soln 0.05%)	Tier 2	
fluocinonide emulsified base cream 0.05%	Tier 2	
fluticasone propionate (cream 0.05%, oint 0.005%)	Tier 2	

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

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
halobetasol propionate (cream 0.05%, oint 0.05%)	Tier 2	QL (200 PER 28 OVER TIME)
hydrocortisone (rectal) (cream 1%, cream 2.5%)	Tier 2	
hydrocortisone (topical) (cream 2.5%, lotion 2.5%, oint 1%, oint 2.5%)	Tier 2	
hydrocortisone butyrate (0.1 % solution, soln 0.1%)	Tier 2	ST
hydrocortisone valerate cream 0.2%	Tier 2	ST
lactic acid (ammonium lactate) (cream 12%, lotion 12%)	Tier 2	
mometasone furoate solution 0.1% (lotion)	Tier 2	
selenium sulfide lotion 2.5%	Tier 2	
tacrolimus (topical) (oint 0.03%, oint 0.1%)	Tier 2	ST, QL (100 PER 30 OVER TIME)
triamcinolone acetonide (topical) (cream 0.025%, cream 0.1%, cream 0.5%, lotion 0.025%, lotion 0.1%, oint 0.025%, oint 0.1%, oint 0.5%)	Tier 2	
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene (cream 0.005%, oint 0.005%, soln 0.005% (50 mcg/ml))	Tier 2	
clotrimazole w/ betamethasone (cream 1-0.05%, lotion 1-0.05%)	Tier 2	
diclofenac sodium (actinic keratoses) gel 3%	Tier 2	PA, QL (300 PER 365 OVER TIME)
FLUOROURACIL (2 % SOLUTION, 5 % SOLUTION)	Tier 2	
fluorouracil cream 5%	Tier 2	
imiquimod cream 5%	Tier 2	QL (24 PER 30 OVER TIME)
nystatin-triamcinolone (cream 100000-0.1 unit/gm-%, oint 100000-0.1 unit/gm-%)	Tier 2	

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

DERMATOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTEZLA 30 MG TAB	Tier 3	PA, QL (2 PER 1 DAYS)
podofilox soln 0.5%	Tier 2	
REGRANEX 0.01 % GEL	Tier 3	PA, QL (15 PER 2 OVER TIME)
SANTYL 250 UNIT/GM OINTMENT	Tier 3	QL (180 PER 30 OVER TIME)
silver sulfadiazine cream 1%	Tier 2	
SKYRIZI 600 MG/10ML SOLUTION	Tier 3	PA
STELARA 130 MG/26ML SOLUTION	Tier 3	PA
TOLAK 4 % CREAM	Tier 3	
PEDICULICIDES/SCABICIDES		
LINDANE 1 % SHAMPOO	Tier 2	
malathion lotion 0.5%	Tier 3	
permethrin cream 5%	Tier 2	
TOPICAL ANTI-INFECTIVES		
acyclovir oint 5%	Tier 2	PA, QL (30 PER 30 OVER TIME)
ciclopirox solution 8%	Tier 2	
clindamycin phosphate (topical) (gel 1%, lotion 1%, soln 1%)	Tier 2	
ERY 2 % PAD	Tier 2	
erythromycin (acne aid) (gel 2%, soln 2%)	Tier 2	
mupirocin oint 2%	Tier 2	
SULFAMYLON 85 MG/GM CREAM	Tier 3	

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTE/MINERAL REPLACEMENT		
amino acid electrolyte infusion 8.5%**	Tier 2	BvD
amino acid infusion 15%**	Tier 2	BvD
AMINOSYN (10 % SOLUTION, 8.5 % SOLUTION)	Tier 2	BvD
AMINOSYN II (10 % SOLUTION, 8.5 % SOLUTION)	Tier 2	BvD
AMINOSYN II 15 % SOLUTION	Tier 3	BvD
AMINOSYN-HBC 7 % SOLUTION	Tier 3	BvD
AMINOSYN-PF 10 % SOLUTION	Tier 2	BvD
AMINOSYN-PF 7 % SOLUTION	Tier 3	BvD
AMINOSYN-RF 5.2 % SOLUTION	Tier 2	BvD
AMINOSYN/ELECTROLYTES (AMINOSYN/ELECTROLYTES 7 % SOLUTION, AMINOSYN/ELECTROLYTES 8.5 % SOLUTION)	Tier 2	BvD
carglumic acid soluble tab 200 mg	Tier 2	PA, LA
CRYSVITA 10 MG/ML SOLUTION	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
CRYSVITA 20 MG/ML SOLUTION	Tier 3	PA, LA, QL (8 PER 28 OVER TIME)
CRYSVITA 30 MG/ML SOLUTION	Tier 3	PA, LA, QL (6 PER 28 OVER TIME)
FREAMINE III 10 % SOLUTION	Tier 2	BvD
HEPATAMINE 8 % SOLUTION	Tier 3	BvD
INTRALIPID (20 % EMULSION, 30 % EMULSION)	Tier 3	BvD
KCL IN DEXTROSE-NACL (20-5-0.225 MEQ/L-%-% SOLUTION, 20-5-0.33 MEQ/L-%-% SOLUTION, 40-5-0.9 MEQ/L-%-% SOLUTION)	Tier 2	
NORMOSOL-M IN D5W SOLUTION	Tier 2	

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUTRILIPID 20 % EMULSION	Tier 3	BvD
potassium chloride (10 meq/100ml solution, 20 meq/100ml solution, 40 meq/100ml solution, cap er 10 meq, cap er 8 meq, inj 10 meq/100ml, inj 2 meq/ml, inj 20 meq/100ml, inj 40 meq/100ml, oral soln 10% (20 meq/15ml), oral soln 20% (40 meq/15ml), tab er 10 meq, tab er 20 meq (1500 mg), tab er 8 meq (600 mg))	Tier 2	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	Tier 2	
potassium chloride in dextrose & sodium chloride (20 meq/l (0.15%) in dextrose 5%nacl 0.2% inj, 20 meq/l (0.15%) in dextrose 5%nacl 0.45% inj, 20 meq/l (0.15%) in dextrose 5%nacl 0.9% inj)	Tier 2	
POTASSIUM CHLORIDE IN NACL (20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION, KCL 20 MEQ/L (0.15%)0.9% INJ, KCL 40 MEQ/L (0.3%)0.9% INJ)	Tier 2	
potassium chloride microencapsulated crystals er (crys er tab 10 meq, crys er tab 15 meq, crys er tab 20 meq)	Tier 2	
potassium citrate (alkalinizer) (tab er 10 meq (1080 mg), tab er 15 meq (1620 mg), tab er 5 meq (540 mg))	Tier 2	
PREMASOL 10 % SOLUTION	Tier 2	BvD
sodium chloride (0.9 % solution, inj 2.5 meq/ml (14.6%), iv soln 0.45%, iv soln 0.9%, iv soln 3%, iv soln 5%, preservative free (pf) inj 0.9%)	Tier 2	
SYNTHAMIN 17 10 % SOLUTION	Tier 2	BvD

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRAVASOL 10 % SOLUTION	Tier 2	BvD
TROPHAMINE 10 % SOLUTION	Tier 2	BvD
ELECTROLYTE/MINERAL/METAL MODIFIERS		
deferasirox (tab 180 mg, tab 360 mg, tab 90 mg, tab for oral susp 125 mg, tab for oral susp 250 mg, tab for oral susp 500 mg)	Tier 2	
deferiprone tab 1000 mg	Tier 2	PA
deferiprone tab 500 mg	Tier 2	PA, LA
FERRIPROX 100 MG/ML SOLUTION	Tier 3	PA, LA
trientine hcl cap 250 mg	Tier 2	PA, QL (8 PER 1 DAYS)
PHOSPHATE BINDERS		
AURYXIA 1 GM 210 MG(FE) TAB	Tier 3	PA, QL (12 PER 1 DAYS)
calcium acetate (phosphate binder) (cap 667 mg (169 mg ca), tab 667 mg)	Tier 2	
sevelamer carbonate tab 800 mg	Tier 2	
POTASSIUM BINDERS		
*sodium polystyrene sulfonate (*powder**, oral susp 15 gm/60ml)*	Tier 2	
SPS 15 GM/60ML SUSPENSION	Tier 2	
VELTASSA (16.8 GM PACKET, 25.2 GM PACKET, 8.4 GM PACKET)	Tier 3	
VITAMINS		
dextrose (inj 10%, inj 5%)	Tier 2	
dextrose 5% in lactated ringers	Tier 2	

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dextrose w/ sodium chloride (2.5% w/ sodium chloride 0.45%, 5% w/ sodium chloride 0.2%, 5% w/ sodium chloride 0.225%, 5% w/ sodium chloride 0.3%, 5% w/ sodium chloride 0.33%, 5% w/ sodium chloride 0.45%, 5% w/ sodium chloride 0.9%)	Tier 2	
DEXTROSE-NACL (10-0.2 % SOLUTION, 10-0.45 % SOLUTION, 2.5-0.45 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION)	Tier 2	
DEXTROSE-SODIUM CHLORIDE (5-0.225 % SOLUTION, 5-0.3 % SOLUTION)	Tier 2	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	Tier 2	
lactated ringer's for irrigation	Tier 2	
lactated ringer's solution	Tier 2	
LACTATED RINGERS SOLUTION	Tier 2	
levocarnitine tab 330 mg	Tier 2	
NEONATAL PLUS 27-1 MG TAB	Tier 3	
POTASSIUM CHLORIDE IN DEXTROSE (20 MEQ/L (0.15%)5% INJ, 40-5 MEQ/L-% SOLUTION)	Tier 2	
PRENATAL PLUS 27-1 MG TAB	Tier 3	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	Tier 3	
prenatal vitamins	Tier 3	
ringer's solution	Tier 2	
ringer's solution for irrigation	Tier 2	
SMOFLIPID 20 % EMULSION	Tier 3	BvD
sodium fluoride (chew tab 0.25 mg f (from 0.55 mg naf), chew tab 0.5 mg f (from 1.1 mg naf), chew tab 1 mg f (from 2.2 mg naf), soln 0.5 mg/ml f (from 1.1 mg/ml naf))	Tier 2	

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TPN ELECTROLYTES CONC	Tier 3	BvD

GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-CONSTIPATION AGENTS		
AMITIZA (24 MCG CAP, 8 MCG CAP)	Tier 3	QL (2 PER 1 DAYS)
lactulose (encephalopathy) solution 10 gm/15ml	Tier 2	
lactulose solution 10 gm/15ml	Tier 2	
LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)	Tier 3	QL (1 PER 1 DAYS)
LUBIPROSTONE (24 MCG CAP, 8 MCG CAP)	Tier 3	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 2	
RELISTOR (12 MG/0.6ML SOLUTION, 8 MG/0.4ML SOLUTION)	Tier 3	PA
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 2	
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION	Tier 3	
ANTI-DIARRHEAL AGENTS		
alosetron hcl (tab 0.5 mg (base equiv), tab 1 mg (base equiv))	Tier 2	PA
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	Tier 2	

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

GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loperamide hcl cap 2 mg	Tier 2	
XERMELO 250 MG TAB	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (cap 10 mg, tab 20 mg)	Tier 2	PA
glycopyrrolate (tab 1 mg, tab 2 mg)	Tier 2	
GASTROINTESTINAL AGENTS, OTHER		
GATTEX 5 MG KIT	Tier 3	PA, LA
GAVILYTE-C 240 GM RECON SOLN	Tier 2	
MYALEPT 11.3 MG RECON SOLN	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (soln 236 gm, soln 240 gm)	Tier 2	
SKYRIZI 360 MG/2.4ML SOLN CART	Tier 3	PA
ursodiol (cap 300 mg, tab 250 mg, tab 500 mg)	Tier 2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (tab 200 mg, tab 300 mg, tab 400 mg, tab 800 mg)	Tier 2	
cimetidine hcl (300 mg/5ml solution, soln 300 mg/5ml)	Tier 2	
famotidine (tab 20 mg, tab 40 mg)	Tier 2	
nizatidine (150 mg cap, 300 mg cap, cap 150 mg, cap 300 mg)	Tier 2	
PROTECTANTS		
misoprostol (tab 100 mcg, tab 200 mcg)	Tier 2	
sucralfate tab 1 gm	Tier 2	

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

GASTROINTESTINAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROTON PUMP INHIBITORS		
lansoprazole cap delayed release 15 mg	Tier 2	
lansoprazole cap delayed release 30 mg	Tier 2	QL (2 PER 1 DAYS)
omeprazole (cap delayed release 10 mg, cap delayed release 20 mg)	Tier 2	
omeprazole cap delayed release 40 mg	Tier 2	QL (2 PER 1 DAYS)
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 2	
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 2	QL (2 PER 1 DAYS)
rabeprazole sodium ec tab 20 mg	Tier 2	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine powder for oral solution**	Tier 2	
ALDURAZYME 2.9 MG/5ML SOLUTION	Tier 3	LA, BvD
ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN)	Tier 3	LA, BvD
BYLVAY (PELLETS) 200 MCG CAP SPRINK	Tier 3	PA, LA, QL (30 PER 1 DAYS)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	Tier 3	PA, LA, QL (10 PER 1 DAYS)

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BYLVAY 1200 MCG CAP	Tier 3	PA, LA, QL (5 PER 1 DAYS)
BYLVAY 400 MCG CAP	Tier 3	PA, LA, QL (15 PER 1 DAYS)
CERDELGA 84 MG CAP	Tier 3	PA, LA, QL (2 PER 1 DAYS)
CEREZYME 400 UNIT RECON SOLN	Tier 3	PA, LA
CHOLBAM 250 MG CAP	Tier 3	PA, QL (5 PER 1 DAYS)
CHOLBAM 50 MG CAP	Tier 3	PA, QL (4 PER 1 DAYS)
CREON (12000 UNIT CP DR PART, 24000-76000 UNIT CP DR PART, 3000-9500 UNIT CP DR PART, 36000 UNIT CP DR PART, 6000 UNIT CP DR PART)	Tier 3	
cromolyn sodium oral conc 100 mg/5ml	Tier 2	
CYSTAGON (150 MG CAP, 50 MG CAP)	Tier 3	PA, LA
CYSTARAN 0.44 % SOLUTION	Tier 3	PA, LA, QL (60 PER 28 OVER TIME)
FABRAZYME 35 MG RECON SOLN	Tier 3	LA, BvD
miglustat cap 100 mg	Tier 2	PA, LA, QL (3 PER 1 DAYS)
NAGLAZYME 1 MG/ML SOLUTION	Tier 3	LA, BvD
nitisinone (cap 10 mg, cap 2 mg, cap 5 mg)	Tier 2	PA
NITYR (10 MG TAB, 2 MG TAB, 5 MG TAB)	Tier 3	PA, LA
PROCYSBI (25 MG CAP DR, 300 MG PACKET, 75 MG CAP DR, 75 MG PACKET)	Tier 3	PA, LA
PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)	Tier 3	LA, BvD
RAVICTI 1.1 GM/ML LIQUID	Tier 3	PA, LA, QL (525 PER 30 OVER TIME)

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sapropterin dihydrochloride (powder packet 100 mg, powder packet 500 mg)	Tier 2	PA
sapropterin dihydrochloride tab 100 mg	Tier 2	PA
sodium phenylbutyrate (oral powder 3 gm/teaspoonful, tab 500 mg)	Tier 2	PA
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION)	Tier 3	PA, LA
STRENSIQ 80 MG/0.8ML SOLUTION	Tier 3	PA, LA, QL (38.4 PER 28 OVER TIME)
VYNDAQEL 20 MG CAP	Tier 3	PA, LA, QL (4 PER 1 DAYS)
ZENPEP (10000-32000 UNIT CP DR PART, 15000-47000 UNIT CP DR PART, 20000-63000 UNIT CP DR PART, 25000-79000 UNIT CP DR PART, 3000-10000 UNIT CP DR PART, 3000-14000 UNIT CP DR PART, 40000-126000 UNIT CP DR PART, 5000-24000 UNIT CP DR PART)	Tier 3	

GENITOURINARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTISPASMODICS, URINARY		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	Tier 3	
oxybutynin chloride (syrup 5 mg/5ml, tab 5 mg, tab er 24hr 10 mg, tab er 24hr 15 mg, tab er 24hr 5 mg)	Tier 2	
solifenacin succinate (tab 10 mg, tab 5 mg)	Tier 2	QL (1 PER 1 DAYS)

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

GENITOURINARY AGENTS

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL	Tier 3	PA, LA
alclometasone dipropionate cream 0.05%	Tier 2	
betamethasone dipropionate augmented (cream 0.05%, lotion 0.05%)	Tier 2	
betamethasone dipropionate oint 0.05%	Tier 2	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clobetasol propionate emollient base cream 0.05%	Tier 2	
CORTISONE ACETATE 25 MG TAB	Tier 2	
CORTROPHIN 80 UNIT/ML GEL	Tier 3	PA, LA
dexamethasone (0.5 mg tab, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, elixir 0.5 mg/5ml, tab 0.5 mg, tab 0.75 mg, tab 1.5 mg, tab 2 mg, tab 4 mg, tab 6 mg)	Tier 2	
dexamethasone sodium phosphate (inj 10 mg/ml, inj 100 mg/10ml, sod phosphate preservative free inj 10 mg/ml)	Tier 2	BvD
dexamethasone sodium phosphate (inj 120 mg/30ml, inj 20 mg/5ml, inj 4 mg/ml)	Tier 2	
fludrocortisone acetate tab 0.1 mg	Tier 2	
HEMADY 20 MG TAB	Tier 3	PA, QL (2 PER 1 DAYS)
hydrocortisone butyrate oint 0.1%	Tier 2	ST
hydrocortisone valerate oint 0.2%	Tier 2	
KORLYM 300 MG TAB	Tier 3	PA, LA, QL (4 PER 1 DAYS)
methylprednisolone (tab 16 mg, tab 32 mg, tab 4 mg, tab 8 mg, tab therapy pack 4 mg (21))	Tier 2	
methylprednisolone acetate (40 mg/ml suspension, inj susp 40 mg/ml, inj susp 80 mg/ml)	Tier 2	
methylprednisolone sod succ (inj 125 mg (base equiv), inj 40 mg (base equiv))	Tier 2	
mometasone furoate (cream 0.1%, oint 0.1%)	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (25 MG/5ML SOLUTION, SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE))	Tier 2	

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prednisolone soln 15 mg/5ml	Tier 2	
prednisone (5 mg/5ml solution, tab 1 mg, tab 10 mg, tab 2.5 mg, tab 20 mg, tab 5 mg, tab 50 mg)	Tier 2	
PREDNISONE INTENSOL 5 MG/ML CONC	Tier 2	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin acetate (inj 4 mcg/ml, preservative free (pf) inj 4 mcg/ml, tab 0.1 mg, tab 0.2 mg)	Tier 2	
desmopressin acetate nasal spray soln 0.01%	Tier 2	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Tier 2	
EGRIFTA 1 MG RECON SOLN	Tier 3	PA, LA, QL (60 PER 30 OVER TIME)
EGRIFTA SV 2 MG RECON SOLN	Tier 3	PA, LA, QL (30 PER 30 OVER TIME)
INCRELEX 40 MG/4ML SOLUTION	Tier 3	PA, LA
NORDITROPIN FLEXPRO (10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN, 5 MG/1.5ML SOLN PEN)	Tier 3	PA
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	Tier 3	PA, LA

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANABOLIC STEROIDS		
ANADROL-50 50 MG TAB	Tier 3	
oxandrolone (tab 10 mg, tab 2.5 mg)	Tier 2	
ANDROGENS		
ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR)	Tier 3	PA, QL (1 PER 1 DAYS)
danazol (cap 100 mg, cap 200 mg, cap 50 mg)	Tier 2	
testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel, td gel 12.5 mg/act (1%), td gel 25 mg/2.5gm (1%), td gel 50 mg/5gm (1%))	Tier 2	PA, QL (300 PER 30 OVER TIME)
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution, im inj in oil 100 mg/ml, im inj in oil 200 mg/ml)	Tier 2	
testosterone enanthate (200 mg/ml solution, im inj in oil 200 mg/ml)	Tier 2	QL (5 PER 30 OVER TIME)
ESTROGENS		
DEPO-ESTRADIOL 5 MG/ML OIL	Tier 3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 2	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	Tier 2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 2	
drospirenone-ethinyl estradiol (tab 3-0.02 mg, tab 3-0.03 mg)	Tier 2	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
estradiol (patch twice weekly 0.025 mg/24hr, patch twice weekly 0.0375 mg/24hr, patch twice weekly 0.05 mg/24hr, patch twice weekly 0.075 mg/24hr, patch twice weekly 0.1 mg/24hr)	Tier 2	PA, QL (16 PER 28 OVER TIME)
estradiol (patch weekly 0.025 mg/24hr, patch weekly 0.0375 mg/24hr (37.5 mcg/24hr), patch weekly 0.05 mg/24hr, patch weekly 0.06 mg/24hr, patch weekly 0.075 mg/24hr, patch weekly 0.1 mg/24hr)	Tier 2	PA, QL (8 PER 28 OVER TIME)
estradiol (tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	PA
estradiol vaginal (cream 0.1 mg/gm, tab 10 mcg)	Tier 2	
ESTRING 2 MG RING	Tier 3	QL (1 PER 84 OVER TIME)
ethynodiol diacet & eth estrad (ethinyl estradiol tab 1 mg-35 mcg, ethinyl estradiol tab 1 mg-50 mcg)	Tier 2	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 2	QL (1 PER 28 OVER TIME)
levonorgestrel & eth estradiol (ethinyl estradiol tab 0.1 mg-20 mcg, ethinyl estradiol tab 0.15 mg-30 mcg)	Tier 2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 2	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	Tier 3	PA
norethin acet & estrad-fe (ethinyl estradiol-fe tab 1 mg-20 mcg, ethinyl estradiol-fe tab 1.5 mg-30 mcg)	Tier 2	

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
norethindrone & eth estradiol (ethinyl estradiol tab 0.4 mg-35 mcg, ethinyl estradiol tab 0.5 mg-35 mcg, ethinyl estradiol tab 1 mg-35 mcg)	Tier 2	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 2	
norethindrone acet & eth estra (ethinyl estradiol tab 1 mg-20 mcg, ethinyl estradiol tab 1.5 mg-30 mcg)	Tier 2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 2	PA
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 2	PA
norethindrone-eth estradiol (triphasic) (tab 0.5-35/0.75-35/1-35 mg-mcg, tab 0.5-35/1-35/0.5-35 mg-mcg)	Tier 2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Tier 2	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	Tier 3	PA
PREMARIN 0.625 MG/GM CREAM	Tier 3	
PREMPHASE 0.625-5 MG TAB	Tier 3	PA
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	Tier 2	

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

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
levothyroxine sodium (tab 100 mcg, tab 112 mcg, tab 125 mcg, tab 137 mcg, tab 150 mcg, tab 175 mcg, tab 200 mcg, tab 25 mcg, tab 300 mcg, tab 50 mcg, tab 75 mcg, tab 88 mcg)	Tier 2	

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline tab 0.5 mg	Tier 2	QL (16 PER 30 OVER TIME)
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	Tier 3	
FIRMAGON 80 MG RECON SOLN	Tier 3	
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	Tier 3	PA
leuprolide acetate inj kit 5 mg/ml	Tier 2	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	Tier 3	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	Tier 3	
LUPRON DEPOT (4-MONTH) 30 MG KIT	Tier 3	
LUPRON DEPOT (6-MONTH) 45 MG KIT	Tier 3	
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT, 7.5 MG KIT)	Tier 3	
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG (PED) KIT)	Tier 3	

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

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

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

HORMONAL AGENTS, SUPPRESSANT (THYROID)

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

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	Tier 3	PA, LA
CINRYZE 500 UNIT RECON SOLN	Tier 3	PA, LA
HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN)	Tier 3	PA, LA
icatibant acetate inj 30 mg/3ml (base equivalent)	Tier 2	PA, QL (36 PER 60 OVER TIME)
RUCONEST 2100 UNIT RECON SOLN	Tier 3	PA, LA
IMMUNOGLOBULINS		
BIVIGAM (10 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA, LA
FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 2.5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
GAMMAGARD (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
GAMMAGARD S/D LESS IGA (10 GM RECON SOLN, 5 GM RECON SOLN)	Tier 3	PA
GAMMAKED (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
GAMMAPLEX (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA, LA

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMMAPLEX 10 GM/200ML SOLUTION	Tier 3	PA
GAMUNEX-C (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 10 GM/50ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION)	Tier 3	PA, LA
PRIVIGEN (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 3	PA
VARIZIG 125 UNIT/1.2ML SOLUTION	Tier 3	
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	Tier 3	PA, LA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	Tier 3	PA, LA, QL (4 PER 28 OVER TIME)
ILARIS 150 MG/ML SOLUTION	Tier 3	PA, LA
OTEZLA 10 & 20 & 30 MG TAB THPK	Tier 3	PA, QL (55 PER 28 OVER TIME)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	Tier 3	PA
SKYRIZI 150 MG/ML SOLN PRSYR	Tier 3	PA
SKYRIZI PEN 150 MG/ML SOLN A-INJ	Tier 3	PA
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	Tier 3	PA
TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)	Tier 3	PA, LA, QL (1 PER 28 OVER TIME)

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XELJANZ (10 MG TAB, 5 MG TAB)	Tier 3	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	Tier 3	PA, QL (10 PER 1 DAYS)
XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)	Tier 3	PA, LA
IMMUNOSTIMULANTS		
ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION	Tier 3	PA, LA
INTRON A (10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN, 6000000 UNIT/ML SOLUTION)	Tier 3	LA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	Tier 3	PA, QL (2 PER 30 OVER TIME)
PEGASYS 180 MCG/ML SOLUTION	Tier 3	PA, QL (4 PER 30 OVER TIME)
PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ	Tier 3	PA, QL (2 PER 30 OVER TIME)
SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT)	Tier 3	LA
IMMUNOSUPPRESSANTS		
AZATHIOPRINE SODIUM 100 MG RECON SOLN	Tier 2	BvD
azathioprine tab 50 mg	Tier 2	BvD
cyclosporine (cap 100 mg, cap 25 mg, iv soln 50 mg/ml)	Tier 2	BvD
cyclosporine modified (for microemulsion) (cap 100 mg, cap 25 mg, cap 50 mg, oral soln 100 mg/ml)	Tier 2	BvD
ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	Tier 3	PA

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

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	Tier 3	PA
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 3	PA
everolimus (immunosuppressant) (tab 0.25 mg, tab 0.5 mg, tab 0.75 mg, tab 1 mg)	Tier 2	PA
HUMIRA (10 MG/0.1ML PREF SY KT, 10 MG/0.2ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	Tier 3	PA
HUMIRA PEDIATRIC CROHNS START (40 MG/0.8ML PREF SY KT, 80 MG/0.8ML & 40MG/0.4ML PREF SY KT, 80 MG/0.8ML PREF SY KT)	Tier 3	PA
HUMIRA PEN (40 MG/0.4ML PEN KIT, 40 MG/0.8ML PEN KIT, 80 MG/0.8ML PEN KIT)	Tier 3	PA
HUMIRA PEN-CD/UC/HS STARTER (40 MG/0.8ML PEN KIT, 80 MG/0.8ML PEN KIT)	Tier 3	PA
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	Tier 3	PA
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT	Tier 3	PA
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	Tier 3	PA
leflunomide (tab 10 mg, tab 20 mg)	Tier 2	
methotrexate sodium (250 mg/10ml solution, for inj 1 gm, inj 50 mg/2ml (25 mg/ml), inj pf 1000 mg/40ml (25 mg/ml), inj pf 250 mg/10ml (25 mg/ml), inj pf 50 mg/2ml (25 mg/ml))	Tier 2	BvD

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methotrexate sodium tab 2.5 mg (base equiv)	Tier 2	
mycophenolate mofetil (cap 250 mg, for oral susp 200 mg/ml, tab 500 mg)	Tier 2	BvD
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	Tier 2	BvD
mycophenolate sodium (tab dr 180 mg (mycophenolic acid equiv), tab dr 360 mg (mycophenolic acid equiv))	Tier 2	BvD
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	Tier 3	PA
REZUROCK 200 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	Tier 3	PA, QL (56 PER 365 OVER TIME)
SANDIMMUNE 100 MG/ML SOLUTION	Tier 3	BvD
sirolimus (oral soln 1 mg/ml, tab 0.5 mg, tab 1 mg, tab 2 mg)	Tier 2	BvD
tacrolimus (cap 0.5 mg, cap 1 mg, cap 5 mg)	Tier 2	BvD
XATMEP 2.5 MG/ML SOLUTION	Tier 3	PA
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	Tier 3	PA, QL (1 PER 1 DAYS)
VACCINES		
ACTHIB RECON SOLN	Tier 3	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	Tier 3	
BCG VACCINE 50 MG RECON SOLN	Tier 3	
BEXSERO SUSP PRSYR	Tier 3	

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

IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	Tier 3	
DAPTACEL 23-15-5 SUSPENSION	Tier 3	
DENGVAXIA RECON SUSP	Tier 3	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	Tier 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	Tier 3	BvD
GARDASIL 9 (SUSP PRSYR, SUSPENSION)	Tier 3	
HAVRIX (1440 EL U/ML SUSPENSION, 720 EL U/0.5ML SUSPENSION)	Tier 3	
HIBERIX 10 MCG RECON SOLN	Tier 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	Tier 3	
INFANRIX 25-58-10 SUSPENSION	Tier 3	
IPOL INJECTABLE	Tier 3	
IXIARO SUSPENSION	Tier 3	
KINRIX (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	
M-M-R II RECON SOLN	Tier 3	
MENACTRA SOLUTION	Tier 3	
MENQUADFI SOLUTION	Tier 3	
MENVEO RECON SOLN	Tier 3	
PEDIARIX SUSP PRSYR	Tier 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	Tier 3	
PENTACEL RECON SUSP	Tier 3	
PREHEVBRIO 10 MCG/ML SUSPENSION	Tier 3	BvD
PRIORIX RECON SUSP	Tier 3	

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IMMUNOLOGICAL AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROQUAD RECON SUSP	Tier 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	
RABAVERT RECON SUSP	Tier 3	
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION, 5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	Tier 3	BvD
ROTARIX RECON SUSP	Tier 3	
ROTATEQ SOLUTION	Tier 3	
SHINGRIX 50 MCG/0.5ML RECON SUSP	Tier 3	QL (2 PER 365 OVER TIME)
TDVAX 2-2 LF/0.5ML SUSPENSION	Tier 3	
TENIVAC 5-2 LFU INJECTABLE	Tier 3	
TICOVAC (1.2 MCG/0.25ML SUSP PRSYR, 2.4 MCG/0.5ML SUSP PRSYR)	Tier 3	
TRUMENBA SUSP PRSYR	Tier 3	
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	Tier 3	BvD
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	Tier 3	
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	Tier 3	
VARIVAX 1350 PFU/0.5ML INJECTABLE	Tier 3	
YF-VAX INJECTABLE	Tier 3	
ZOSTAVAX 19400 UNT/0.65ML RECON SUSP	Tier 3	QL (1 PER 365 OVER TIME)

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

INFLAMMATORY BOWEL DISEASE AGENTS

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

METABOLIC BONE DISEASE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (40 mg tab, 5 mg tab, tab 10 mg, tab 35 mg, tab 5 mg, tab 70 mg)	Tier 1	
calcitonin (salmon) nasal soln 200 unit/act	Tier 2	QL (3.7 PER 30 OVER TIME)
calcitriol (1 mcg/ml solution, cap 0.25 mcg, cap 0.5 mcg, oral soln 1 mcg/ml)	Tier 2	BvD
cinacalcet hcl (tab 30 mg (base equiv), tab 60 mg (base equiv), tab 90 mg (base equiv))	Tier 2	BvD
doxercalciferol (cap 0.5 mcg, cap 1 mcg, cap 2.5 mcg, inj 4 mcg/2ml (2 mcg/ml))	Tier 2	BvD

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

METABOLIC BONE DISEASE AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ETIDRONATE DISODIUM 200 MG TAB	Tier 2	
FORTEO 600 MCG/2.4ML SOLN PEN	Tier 3	PA
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	Tier 2	PA
ibandronate sodium tab 150 mg (base equivalent)	Tier 2	
NATPARA (100 MCG CARTRIDGE, 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE)	Tier 3	PA, LA, QL (2 PER 28 OVER TIME)
paricalcitol (cap 1 mcg, cap 2 mcg, cap 4 mcg, iv soln 2 mcg/ml, iv soln 5 mcg/ml)	Tier 2	BvD
PROLIA 60 MG/ML SOLN PRSYR	Tier 3	PA
risedronate sodium (tab 150 mg, tab 35 mg, tab 5 mg)	Tier 2	
TYMLOS 3120 MCG/1.56ML SOLN PEN	Tier 3	PA, QL (1.56 PER 28 OVER TIME)
XGEVA 120 MG/1.7ML SOLUTION	Tier 3	PA, QL (1.7 PER 28 OVER TIME)
zoledronic acid (4 mg recon soln, 4 mg/100ml solution, inj conc for iv infusion 4 mg/5ml, iv soln 5 mg/100ml)	Tier 2	BvD

MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE ALCOHOL PREP PADS 70 % PAD	Tier 2	
ALCOHOL 70% PADS	Tier 2	

MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALCOHOL PREP (70 % PAD, PAD)	Tier 2	
ALCOHOL PREP PADS 70 % PAD	Tier 2	
ALCOHOL WIPES 70 % MISC	Tier 2	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	Tier 2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	Tier 2	
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC	Tier 2	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	Tier 2	
BD Pen Needle Mini U/F 31G X 5 MM MISC	Tier 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	Tier 2	
BD Pen Needle Nano U/F 32G X 4 MM MISC	Tier 2	
BD Pen Needle Original U/F 29G X 12.7MM MISC	Tier 2	
BD Pen Needle Short U/F 31G X 8 MM MISC	Tier 2	
BIOGUARD GAUZE SPONGES 2"X2" PAD	Tier 2	
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC	Tier 2	
CARETOUCH INSULIN SYRINGE (X 5/16" 0.5 ML MISC, X 5/16" 1 ML MISC)	Tier 2	
CARETOUCH PEN NEEDLES 29G X 12MM MISC	Tier 2	
COMFORT TOUCH ALCOHOL PREP 70 % PAD	Tier 2	

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

MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	Tier 2	
CVS ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
DROPSAFE ALCOHOL PREP 70 % PAD	Tier 2	
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	Tier 2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC)	Tier 2	
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	Tier 2	
gauze pads 2"x2"	Tier 2	
GAUZE PADS 2"X2" PAD	Tier 2	
GNP ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
GNP STERILE GAUZE 2"X2" PAD	Tier 2	
GNP ULTICARE PEN NEEDLES (31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	Tier 2	

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MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	Tier 2	
INSULIN PEN NEEDLES	Tier 2	
INSULIN SYRINGE 0.3 ML	Tier 2	
INSULIN SYRINGE 0.5 ML	Tier 2	
INSULIN SYRINGE 1 ML	Tier 2	
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC	Tier 2	
ISOPROPYL ALCOHOL 70 % MISC	Tier 2	
ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
MEDPURA ALCOHOL PADS 70 % MISC	Tier 2	
methylergonovine maleate tab 0.2 mg	Tier 2	
novofine 32g x 6 mm misc	Tier 2	
novotwist 32g x 5 mm misc	Tier 2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
PREVENT DROPSAFE PEN NEEDLES (31G X 6 MM MISC, 31G X 8 MM MISC)	Tier 2	
QC UNIFINE PENTIPS 32G X 4 MM MISC	Tier 2	
RA ISOPROPYL ALCOHOL WIPES 70 % MISC	Tier 2	
RELION PEN NEEDLES (31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 2	
RUZURGI 10 MG TAB	Tier 3	PA, LA, QL (10 PER 1 DAYS)
TRUE COMFORT PEN NEEDLES (31G X 8 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	Tier 2	

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MISCELLANEOUS THERAPEUTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUE COMFORT PRO ALCOHOL PREP 70 % PAD	Tier 2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 ML MISC)	Tier 2	
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 2	
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC	Tier 2	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 33G X 4 MM MISC)	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT (30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	Tier 2	

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

MISCELLANEOUS THERAPEUTIC AGENTS

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

OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS, OTHER		
ATROPINE SULFATE 1 % SOLUTION	Tier 2	

OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atropine sulfate ophth soln 1%	Tier 2	
bacitracin-polymyxin b ophth oint	Tier 2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Tier 2	
DORZOLAMIDE HCL-TIMOLOL MAL 22.3-6.8 MG/ML SOLUTION	Tier 2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Tier 2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2	
neomycin-polymy-dexameth (oint 0.1%, susp 0.1%)	Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	Tier 2	
RESTASIS 0.05 % EMULSION	Tier 3	QL (60 PER 30 OVER TIME)
RESTASIS MULTIDOSE 0.05 % EMULSION	Tier 3	QL (5.5 PER 30 OVER TIME)
ROCKLATAN 0.02-0.005 % SOLUTION	Tier 3	QL (2.5 PER 25 OVER TIME)
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 2	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl ophth soln 0.05%	Tier 2	
cromolyn sodium ophth soln 4%	Tier 2	
olopatadine hcl (soln 0.1% (base equivalent), soln 0.2% (base equivalent))	Tier 2	

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OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	Tier 2	
erythromycin ophth oint 5 mg/gm	Tier 2	
GENTAK 0.3 % OINTMENT	Tier 2	
gentamicin sulfate ophth soln 0.3%	Tier 2	
LEVOFLOXACIN 1.5 % SOLUTION	Tier 2	
levofloxacin ophth soln 0.5%	Tier 2	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	Tier 2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 2	
NATACYN 5 % SUSPENSION	Tier 3	
ofloxacin ophth soln 0.3%	Tier 2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	Tier 2	
sulfacetamide sodium ophth soln 10%	Tier 2	
tobramycin ophth soln 0.3%	Tier 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX 0.2 % SUSPENSION	Tier 3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	Tier 2	
diclofenac sodium ophth soln 0.1%	Tier 2	
fluorometholone ophth susp 0.1%	Tier 2	
flurbiprofen sodium (0.03 % solution, ophth soln 0.03%)	Tier 2	
ILEVRO 0.3 % SUSPENSION	Tier 3	QL (1.7 PER 30 OVER TIME)

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OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketorolac tromethamine (ophth) (soln 0.4%, soln 0.5%)	Tier 2	
loteprednol etabonate ophth susp 0.5%	Tier 2	
PREDNISOLONE ACETATE 1 % SUSPENSION	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	Tier 2	
PROLENSA 0.07 % SOLUTION	Tier 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl ophth soln 0.5%	Tier 2	
CARTEOLOL HCL 1 % SOLUTION	Tier 2	
levobunolol hcl (0.5 % solution, ophth soln 0.5%)	Tier 2	
METIPRANOLOL 0.3 % SOLUTION	Tier 2	
timolol maleate (ophth) (gel forming soln 0.25%, gel forming soln 0.5%, soln 0.25%, soln 0.5%)	Tier 2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide cap er 12hr 500 mg	Tier 2	
ALPHAGAN P 0.1 % SOLUTION	Tier 3	
apraclonidine hcl ophth soln 0.5% (base equivalent)	Tier 2	
AZOPT 1 % SUSPENSION	Tier 3	
brimonidine tartrate (soln 0.15%, soln 0.2%)	Tier 2	
brinzolamide ophth susp 1%	Tier 2	
dorzolamide hcl ophth soln 2%	Tier 2	
methazolamide (tab 25 mg, tab 50 mg)	Tier 2	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	Tier 3	

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

OPHTHALMIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pilocarpine hcl (soln 1%, soln 2%, soln 4%)	Tier 2	
RHOPRESSA 0.02 % SOLUTION	Tier 3	QL (2.5 PER 25 OVER TIME)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost ophth soln 0.03%	Tier 2	ST, QL (5 PER 30 OVER TIME)
latanoprost (0.005 % solution, ophth soln 0.005%)	Tier 2	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 PER 30 OVER TIME)
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Tier 2	QL (5 PER 30 OVER TIME)

OTIC AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTIC AGENTS		
CIPROFLOXACIN HCL 0.2 % SOLUTION	Tier 2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 2	
COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION	Tier 3	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	Tier 3	
DERMOTIC 0.01 % OIL	Tier 3	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 2	
neomycin-polymyxin-hc (otic) (soln 1%, susp 3.5 mg/ml-10000 unit/ml-1%)	Tier 2	
ofloxacin otic soln 0.3%	Tier 2	

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

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
budesonide (inhalation) (susp 0.25 mg/2ml, susp 0.5 mg/2ml, susp 1 mg/2ml)	Tier 2	BvD
FLOVENT DISKUS (100 MCG/ACT AER POW BA, 50 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 OVER TIME)
FLOVENT DISKUS 250 MCG/ACT AER POW BA	Tier 3	QL (240 PER 30 OVER TIME)
FLOVENT HFA (110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL)	Tier 3	QL (24 PER 30 OVER TIME)
FLOVENT HFA 44 MCG/ACT AEROSOL	Tier 3	QL (22 PER 30 OVER TIME)
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 2	ST, QL (50 PER 30 OVER TIME)
fluticasone propionate nasal susp 50 mcg/act	Tier 2	QL (16 PER 30 OVER TIME)
PULMICORT FLEXHALER (180 MCG/ACT AER POW BA, 90 MCG/ACT AER POW BA)	Tier 3	QL (2 PER 30 OVER TIME)
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	Tier 3	QL (21.2 PER 30 OVER TIME)
ANTIHISTAMINES		
azelastine hcl (0.1% (137 mcg/), 0.15% (205.5 mcg/))	Tier 2	QL (30 PER 25 OVER TIME)
cyproheptadine hcl tab 4 mg	Tier 2	PA
hydroxyzine hcl (tab 10 mg, tab 25 mg, tab 50 mg)	Tier 2	PA
levocetirizine dihydrochloride tab 5 mg	Tier 2	
promethazine hcl (inj 25 mg/ml, inj 50 mg/ml, syrup 6.25 mg/5ml)	Tier 2	PA

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

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTILEUKOTRIENES		
montelukast sodium (chew tab 4 mg (base equiv), chew tab 5 mg (base equiv), oral granules packet 4 mg (base equiv), tab 10 mg (base equiv))	Tier 2	QL (1 PER 1 DAYS)
zafirlukast (tab 10 mg, tab 20 mg)	Tier 2	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	Tier 3	QL (25.8 PER 30 OVER TIME)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	Tier 3	QL (30 PER 30 OVER TIME)
ipratropium bromide inhal soln 0.02%	Tier 2	BvD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 2	QL (30 PER 30 OVER TIME)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 2	QL (45 PER 30 OVER TIME)
SPIRIVA HANDIHALER 18 MCG CAP	Tier 3	QL (30 PER 30 OVER TIME)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	Tier 3	QL (4 PER 30 OVER TIME)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol 90mcg hfa inhaler (generic proair)	Tier 2	QL (17 PER 30 OVER TIME)
albuterol 90mg hfa inhaler (generic proair)	Tier 2	QL (17 PER 30 OVER TIME)
albuterol 90mg hfa inhaler (generic proventil)	Tier 2	QL (13.4 PER 30 OVER TIME)
albuterol 90mg hfa inhaler (generic ventolin)	Tier 2	QL (36 PER 30 OVER TIME)
albuterol sulfate (soln nebu 0.083% (2.5 mg/3ml), soln nebu 0.5% (5 mg/ml), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv))	Tier 2	BvD

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

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
albuterol sulfate (tab 2 mg, tab 4 mg)	Tier 2	
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	Tier 2	QL (24 PER 365 OVER TIME)
epinephrine (anaphylaxis) (solution auto-injector 0.15 mg/0.3ml (1:2000), solution auto-injector 0.3 mg/0.3ml (1:1000))	Tier 2	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	Tier 2	QL (24 PER 365 OVER TIME)
levalbuterol hcl (soln nebu 0.31 mg/3ml (base equiv), soln nebu 0.63 mg/3ml (base equiv), soln nebu 1.25 mg/3ml (base equiv), soln nebu conc 1.25 mg/0.5ml (base equiv))	Tier 2	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	Tier 2	QL (30 PER 30 OVER TIME)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 OVER TIME)
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	Tier 3	QL (4 PER 30 OVER TIME)
CYSTIC FIBROSIS AGENTS		
CAYSTON 75 MG RECON SOLN	Tier 3	PA, LA, QL (84 PER 28 OVER TIME)
KALYDECO (150 MG TAB, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	Tier 3	QL (150 PER 30 OVER TIME), BvD
SYMDEKO (100-150 & 150 MG TAB THPK, 50-75 & 75 MG TAB THPK)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
TOBI PODHALER 28 MG CAP	Tier 3	PA, LA, QL (224 PER 28 OVER TIME)
tobramycin nebu soln 300 mg/4ml	Tier 2	PA, QL (224 PER 28 OVER TIME)

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

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tobramycin nebu soln 300 mg/5ml	Tier 2	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (100-50-75 & 150 MG TAB THPK, 50-25-37.5 & 75 MG TAB THPK)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
MAST CELL STABILIZERS		
cromolyn sodium soln nebu 20 mg/2ml	Tier 2	BvD
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP 250 MCG TAB	Tier 3	PA, QL (28 PER 180 OVER TIME)
DALIRESP 500 MCG TAB	Tier 3	PA, QL (1 PER 1 DAYS)
ELIXOPHYLLIN 80 MG/15ML ELIXIR	Tier 2	
roflumilast tab 250 mcg	Tier 2	PA, QL (28 PER 180 OVER TIME)
roflumilast tab 500 mcg	Tier 2	PA, QL (1 PER 1 DAYS)
theophylline (elixir 80 mg/15ml, soln 80 mg/15ml, tab er 12hr 100 mg, tab er 12hr 200 mg, tab er 12hr 300 mg, tab er 12hr 450 mg, tab er 24hr 400 mg, tab er 24hr 600 mg)	Tier 2	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	Tier 3	PA, LA, QL (3 PER 1 DAYS)
ambrisentan (tab 10 mg, tab 5 mg)	Tier 2	PA, LA, QL (1 PER 1 DAYS)
bosentan tab 125 mg	Tier 2	PA, LA, QL (2 PER 1 DAYS)
bosentan tab 62.5 mg	Tier 2	PA, LA, QL (4 PER 1 DAYS)
OPSUMIT 10 MG TAB	Tier 3	PA, LA, QL (1 PER 1 DAYS)
sildenafil citrate for suspension 10 mg/ml	Tier 2	PA, QL (6 PER 1 DAYS)

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

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sildenafil citrate tab 20 mg	Tier 3	PA, QL (3 PER 1 DAYS)
tadalafil tab 20 mg (pah)	Tier 2	PA, QL (2 PER 1 DAYS)
TRACLEER 32 MG TAB SOL	Tier 3	PA, LA, QL (4 PER 1 DAYS)
VENTAVIS 10 MCG/ML SOLUTION	Tier 3	LA, QL (270 PER 30 OVER TIME), BvD
VENTAVIS 20 MCG/ML SOLUTION	Tier 3	LA, QL (90 PER 30 OVER TIME), BvD
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	Tier 3	PA, LA, QL (9 PER 1 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	Tier 3	PA, LA, QL (2 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	Tier 2	PA, QL (5 PER 1 DAYS)
pirfenidone tab 267 mg	Tier 2	PA, QL (9 PER 1 DAYS)
pirfenidone tab 801 mg	Tier 2	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (soln 10%, soln 20%)	Tier 2	BvD
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 OVER TIME)
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 PER 28 OVER TIME)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	Tier 3	QL (4 PER 30 OVER TIME)
FLUTICASONE-SALMETEROL (113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA, 55-14 MCG/ACT AER POW BA)	Tier 2	QL (1 PER 30 OVER TIME)
fluticasone-salmeterol (aer powder ba 100-50 mcg/act, aer powder ba 250-50 mcg/act, aer powder ba 500-50 mcg/act)	Tier 2	QL (60 PER 30 OVER TIME)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	BvD

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

RESPIRATORY TRACT/PULMONARY AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	Tier 3	PA, LA, QL (3 PER 30 OVER TIME)
NUCALA 40 MG/0.4ML SOLN PRSYR	Tier 3	PA, LA, QL (0.4 PER 28 OVER TIME)
ribavirin for inhal soln 6 gm	Tier 2	BvD
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 OVER TIME)

SKELETAL MUSCLE RELAXANTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKELETAL MUSCLE RELAXANTS		
carisoprodol tab 350 mg	Tier 2	PA, QL (4 PER 1 DAYS)
cyclobenzaprine hcl (tab 10 mg, tab 5 mg)	Tier 2	PA
methocarbamol (tab 500 mg, tab 750 mg)	Tier 2	PA

SLEEP DISORDER AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SLEEP PROMOTING AGENTS		
estazolam (tab 1 mg, tab 2 mg)	Tier 2	QL (1 PER 1 DAYS)
eszopiclone (tab 1 mg, tab 2 mg, tab 3 mg)	Tier 2	QL (1 PER 1 DAYS)
HETLIOZ 20 MG CAP	Tier 3	PA, LA, QL (1 PER 1 DAYS)
ramelteon tab 8 mg	Tier 2	QL (1 PER 1 DAYS)
temazepam cap 15 mg	Tier 2	QL (2 PER 1 DAYS)

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

SLEEP DISORDER AGENTS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
temazepam cap 30 mg	Tier 2	QL (1 PER 1 DAYS)
triazolam tab 0.125 mg	Tier 2	QL (4 PER 1 DAYS)
triazolam tab 0.25 mg	Tier 2	QL (2 PER 1 DAYS)
zaleplon cap 10 mg	Tier 2	QL (2 PER 1 DAYS)
zaleplon cap 5 mg	Tier 2	QL (4 PER 1 DAYS)
zolpidem tartrate tab 10 mg	Tier 2	QL (1 PER 1 DAYS)
zolpidem tartrate tab 5 mg	Tier 2	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
modafinil tab 100 mg	Tier 2	QL (3 PER 1 DAYS)
modafinil tab 200 mg	Tier 2	QL (2 PER 1 DAYS)
XYREM 500 MG/ML SOLUTION	Tier 3	PA, LA, QL (540 PER 30 OVER TIME)

Non-Part D Drugs

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

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

Non-Part D Drugs

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

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

Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM, OTHER		
acetaminophen ((tab 325 mg, tab 500 mg), tab 325 mg)	Tier 4	NPD
phentermine hcl ((cap 15 mg, cap 30 mg), cap 15 mg)	Tier 4	PA, NPD
QSYMIA ((11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H, 3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H), 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H, 3.75-23 MG CAP ER 24H)	Tier 4	PA, NPD
DERMATITIS AND PRURITUS AGENTS		
CALAMINE LOTION	Tier 4	NPD
hydrocortisone (topical) ((cream 0.5%, cream 1%, oint 0.5%), cream 0.5%, cream 1%)	Tier 4	NPD
MONISTAT SOOTHING CARE ITCH 1 % CREAM	Tier 4	NPD
selenium sulfide lotion 1%	Tier 4	NPD
DERMATOLOGICAL AGENTS, OTHER		
benzoyl peroxide ((cream 10%, gel 10%, liq 10%), cream 10%, gel 10%)	Tier 4	NPD
CALAMINE LOTION	Tier 4	NPD
CALAMINE-ZINC OXIDE 8-8 % SUSPENSION	Tier 4	NPD
EQ CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
GOODSENSE CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
RA CALAMINE 8-8 % SUSPENSION	Tier 4	NPD
RA DAYLOGIC ACNE FOAMING WASH 10 % FOAM	Tier 4	NPD
PEDICULICIDES/SCABICIDES		
NIX COMPLETE LICE TREATMENT 1 & 0.25 % KIT	Tier 4	NPD

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

Non-Part D Drugs

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

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

Non-Part D Drugs

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

Non-Part D Drugs

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

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

Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pyridoxine hcl ((tab 100 mg, tab 50 mg), tab 100 mg)	Tier 4	NPD
RA OYSTER SHELL CALCIUM/D2 500-5 MG-MCG TAB	Tier 4	NPD
riboflavin ((tab 100 mg, tab 50 mg), tab 100 mg)	Tier 4	NPD
thiamine hcl tab 100 mg	Tier 4	NPD
thiamine mononitrate tab 100 mg	Tier 4	NPD
vitamin a cap 3 mg (10000 unit)	Tier 4	NPD
vitamin e ((cap 180 mg (400 unit), cap 268 mg (400 unit), cap 400 unit), cap 180 mg (400 unit), cap 268 mg (400 unit))	Tier 4	NPD
VITAMIN K 100 MCG TAB	Tier 4	NPD
ANTI-CONSTIPATION AGENTS		
bisacodyl ((suppos 10 mg, tab delayed release 5 mg), suppos 10 mg)	Tier 4	NPD
docusate sodium ((cap 100 mg, cap 250 mg, liquid 150 mg/15ml), cap 100 mg, cap 250 mg)	Tier 4	NPD
glycerin (laxative) ((suppos 1 gm, suppos 1.2 gm, suppos 2 gm, suppos 2.1 gm, suppos 80.7%), suppos 1 gm, suppos 1.2 gm, suppos 2 gm, suppos 2.1 gm)	Tier 4	NPD
magnesium citrate soln	Tier 4	NPD
polyethylene glycol 3350 ((oral packet 17 gm, oral powder 17 gm/scoop), oral packet 17 gm)	Tier 4	NPD
sennosides tab 8.6 mg	Tier 4	NPD
ANTI-DIARRHEAL AGENTS		
ANTI-DIARRHEAL 1 MG/5ML LIQUID	Tier 4	NPD

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

Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loperamide hcl ((liq 1 mg/5ml (0.2 mg/ml), liq 1 mg/7.5ml, tab 2 mg), liq 1 mg/5ml (0.2 mg/ml), liq 1 mg/7.5ml)	Tier 4	NPD
GASTROINTESTINAL AGENTS, OTHER		
ALLI 60 MG CAP	Tier 4	PA, NPD
alum & mag hydrox-simethicone ((mag hydroxide-simethicone susp 200-200-20 mg/5ml, mag hydroxide-simethicone susp 400-400-40 mg/5ml), mag hydroxide-simethicone susp 200-200-20 mg/5ml)	Tier 4	NPD
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	Tier 4	NPD
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	Tier 4	NPD
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg	Tier 4	NPD
bismuth subsalicylate ((chew tab 262 mg, susp 525 mg/15ml, tab 262 mg), chew tab 262 mg, susp 525 mg/15ml)	Tier 4	NPD
calcium carbonate (antacid) ((chew tab 500 mg, chew tab 750 mg), chew tab 500 mg)	Tier 4	NPD
CALCIUM CARBONATE ANTACID 648 MG TAB	Tier 4	NPD
simethicone ((cap 125 mg, chew tab 80 mg, susp 40 mg/0.6ml), cap 125 mg, chew tab 80 mg)	Tier 4	NPD
SM FOAMING ANTACID 80-20 MG CHEW TAB	Tier 4	NPD
sodium bicarbonate tab 325 mg	Tier 4	NPD
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
famotidine tab 10 mg	Tier 4	NPD

Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROTON PUMP INHIBITORS		
omeprazole delayed release tab 20 mg	Tier 4	NPD
GENITOURINARY AGENTS, OTHER		
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	Tier 4	NPD
VCF VAGINAL CONTRACEPTIVE ((12.5 % FOAM, 4 % GEL), 12.5 % FOAM)	Tier 4	NPD
PROGESTINS		
levonorgestrel tab 1.5 mg	Tier 4	NPD
METABOLIC BONE DISEASE AGENTS		
ergocalciferol ((cap 1.25 mg (50000 unit), soln 200 mcg/ml (8000 unit/ml)), cap 1.25 mg (50000 unit))	Tier 4	NPD
VITAMIN D2 10 MCG (400 UNIT) TAB	Tier 4	NPD
MISCELLANEOUS THERAPEUTIC AGENTS		
AEROCHAMBER MINI CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER MV MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU LARGE MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU SMALL MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLO-VU W/MASK MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
AEROCHAMBER PLUS FLOW VU MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD

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

Non-Part D Drugs

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

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

Non-Part D Drugs

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

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

Non-Part D Drugs

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

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

Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPTIHALER ((DEVICE, MISC), DEVICE)	Tier 4	QL (2 PER 365 OVER TIME), NPD
POCKET CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
POCKET SPACER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
PRO COMFORT SPACER ADULT MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
PRO COMFORT SPACER CHILD MISC	Tier 4	QL (2 PER 365 OVER TIME), NPD
PRO COMFORT SPACER INFANT DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
PROCARE SPACER/ADULT MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
PROCARE SPACER/CHILD MASK DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
RITEFLO DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
saline nasal spray 0.65%	Tier 4	NPD
SAXENDA 18 MG/3ML SOLN PEN	Tier 4	PA, NPD
VALVED HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
WATCHHALER DEVICE	Tier 4	QL (2 PER 365 OVER TIME), NPD
OPHTHALMIC AGENTS, OTHER		
eye wash	Tier 4	NPD
MURO 128 2 % SOLUTION	Tier 4	NPD
naphazoline w/ pheniramine ophth soln 0.027-0.315%	Tier 4	NPD
polyvinyl alcohol ophth soln 1.4%	Tier 4	NPD
sodium chloride hypertonic ophth soln 5%	Tier 4	NPD

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

Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC ANTI-ALLERGY AGENTS		
ketotifen fumarate ophth soln 0.025% (base equiv)	Tier 4	NPD
OTIC AGENTS		
carbamide peroxide 6.5% otic soln	Tier 4	NPD
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
NASACORT ALLERGY 24HR 55 MCG/ACT AEROSOL	Tier 4	NPD
NASACORT ALLERGY 24HR CHILDREN 55 MCG/ACT AEROSOL	Tier 4	NPD
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	Tier 4	NPD
ANTIHISTAMINES		
cetirizine hcl ((tab 10 mg, tab 5 mg), tab 10 mg)	Tier 4	NPD
chlorpheniramine maleate syrup 2 mg/5ml	Tier 4	NPD
diphenhydramine hcl ((cap 25 mg, elixir 12.5 mg/5ml, liquid 12.5 mg/5ml, tab 25 mg), cap 25 mg, elixir 12.5 mg/5ml, liquid 12.5 mg/5ml)	Tier 4	NPD
fexofenadine hcl ((tab 180 mg, tab 60 mg), tab 180 mg)	Tier 4	NPD
loratadine ((rapidly-disintegrating tab 10 mg, tab 10 mg), rapidly-disintegrating tab 10 mg)	Tier 4	NPD
BRONCHODILATORS, SYMPATHOMIMETIC		
NASAL DECONGESTANT ((30 MG/5ML LIQUID, 30 MG/5ML SYRUP), 30 MG/5ML LIQUID)	Tier 4	NPD
pseudoephedrine hcl ((tab 30 mg, tab 60 mg), tab 30 mg)	Tier 4	NPD

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

Non-Part D Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT AGENTS, OTHER		
benzonatate ((cap 100 mg, cap 200 mg), cap 100 mg)	Tier 4	NPD
guaifenesin liquid 100 mg/5ml	Tier 4	NPD
guaifenesin-codeine soln 100-10 mg/5ml	Tier 4	QL (420 PER 30 OVER TIME), NDS, NPD
HYCODAN 5-1.5 MG/5ML SOLUTION	Tier 4	QL (210 PER 30 OVER TIME), NDS, NPD
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	Tier 4	QL (210 PER 30 OVER TIME), NDS, NPD
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
promethazine-dm ((6.25-15 mg/5ml solution, syrup 6.25-15 mg/5ml), 6.25-15 mg/5ml solution)	Tier 4	PA, NPD
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 4	PA, QL (240 PER 30 OVER TIME), NDS, NPD
triprolidine & pseudoephedrine tab 2.5-60 mg	Tier 4	NPD

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

Index of Covered Drugs

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

List of Drugs by Medical Condition

Blue Shield of California Promise Health Plan
601 Potrero Grande Drive, Monterey Park, CA 91755

Дискриминация запрещена законом

План Blue Shield of California Promise Health Plan соблюдает действующее федеральное законодательство и законы штата в части гражданских прав и не допускает дискриминации, не отказывает в предоставлении услуг и не меняет своего отношения к людям на основании их расы, цвета кожи, национальной или этнической принадлежности, состояния здоровья, генетической информации, происхождения, вероисповедания, пола, семейного положения, гендерной принадлежности, гендерной самоидентификации, сексуальной ориентации, возраста, психической или физической инвалидности.

План Blue Shield of California Promise Health Plan предлагает:

- Лицам с инвалидностью следующие бесплатные услуги и средства обеспечения эффективного взаимодействия:
  - услуги квалифицированных сурдопереводчиков;
  - письменные материалы в других форматах (крупный шрифт, аудиоформат, удобные для восприятия электронные форматы и другое).
- Тем, для кого английский не является родным языком, следующие бесплатные услуги языковой поддержки:
  - услуги квалифицированных устных переводчиков;
  - письменные материалы на других языках.

Если вам нужны эти услуги, обратитесь к координатору плана Blue Shield of California Promise Health Plan по гражданским правам.

Если вы считаете, что план Blue Shield of California Promise Health Plan не выполняет обязательства по предоставлению данных услуг или допускает дискриминацию каким-либо другим способом по признаку расы, цвета кожи, национальной или этнической принадлежности, состояния здоровья, генетической информации, происхождения, вероисповедания, пола, семейного положения, гендерной принадлежности, гендерной самоидентификации, сексуальной ориентации, возраста, психической или физической инвалидности, вы можете подать претензию, воспользовавшись контактной информацией ниже:

Blue Shield of California Promise Health Plan
Civil Rights Coordinator
601 Potrero Grande Dr.
Monterey Park, CA 91755
Телефон: (844) 883-2233 (TTY: 711)
Факс: (323) 889-2228
Адрес электронной почты: BSCPHPCivilRights@blueshieldca.com

Вы можете обратиться лично либо направить претензию по обычной или электронной почте или по факсу. Если вам потребуется помощь, обратитесь к координатору по гражданским правам.

Кроме того, жалобу о нарушении гражданских прав можно подать в отдел гражданских прав Министерства здравоохранения и социального обеспечения США (U.S. Department of Health and Human Services, Office for Civil Rights) через электронный портал подачи жалоб https://ocrportal.hhs.gov/ocr/portal/lobby.jsf либо направить по следующему адресу или телефону:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY 800-537-7697)
Электронный портал подачи жалоб: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

Бланки жалоб можно найти на веб-сайте http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Notice

English:

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-855-905-3825. (TTY: 711).

繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-905-3825（TTY：711）。

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-905-3825 (TTY: 711)번으로 전화해 주십시오.

Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-905-3825 (телетайп: 711).

Italiano (Italian):

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-905-3825 (TTY: 711).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-905-3825 (TTY: 711) تماس بگیرید.

हिंदी (Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-905-3825 (TTY: 711) पर कॉल करें।

Hmong (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-905-3825 (TTY: 711).

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-905-3825 (TTY: 711).

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-905-3825 (TTY: 711).

Tagalog (Tagalog - Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-905-3825 (TTY: 711).

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-905-3825 (رقم هاتف الصم والبكم: 711).

ພາສາລາວ (Lao):
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-855-905-3825 (TTY: 711).

日本語 (Japanese):
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-905-3825（TTY:711）まで、お電話にてご連絡ください。

ภาษาไทย (Thai):
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-905-3825 (TTY: 711).

ਪੰਜਾਬੀ ਦੇ (Punjabi):
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-905-3825 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-905-3825 (TTY: 711)។

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-855-905-3825 (TTY (հեռատիպ)՝711):

Этот справочник обновлен **<xx/xx/xxxx>** . Для получения обновленной информации или по другим вопросам обращайтесь в центр поддержки участников программы Blue Shield Promise Cal MediConnect Plan по тел. 1-855-905-3825 (телетайп: 711), с 8:00 до до 20:00, без выходных, или посетите веб-страницу: www.blueshieldca.com/promise/calmediconnect.

Если у вас есть вопросы, звоните в центр поддержки участников программы Blue Shield Promise Cal MediConnect Plan по номеру 1-855-905-3825 (телетайп: 711), с 8:00 до 20:00, без выходных. Звонок бесплатный. **Для получения дополнительной информации** посетите веб-сайт www.blueshieldca.com/promise/calmediconnect.